



Hepatitis C Screening

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HCV Elimination ECHO: April 13, 2021

Outline

HCV Statistics

- US Data
- AI/AN Data

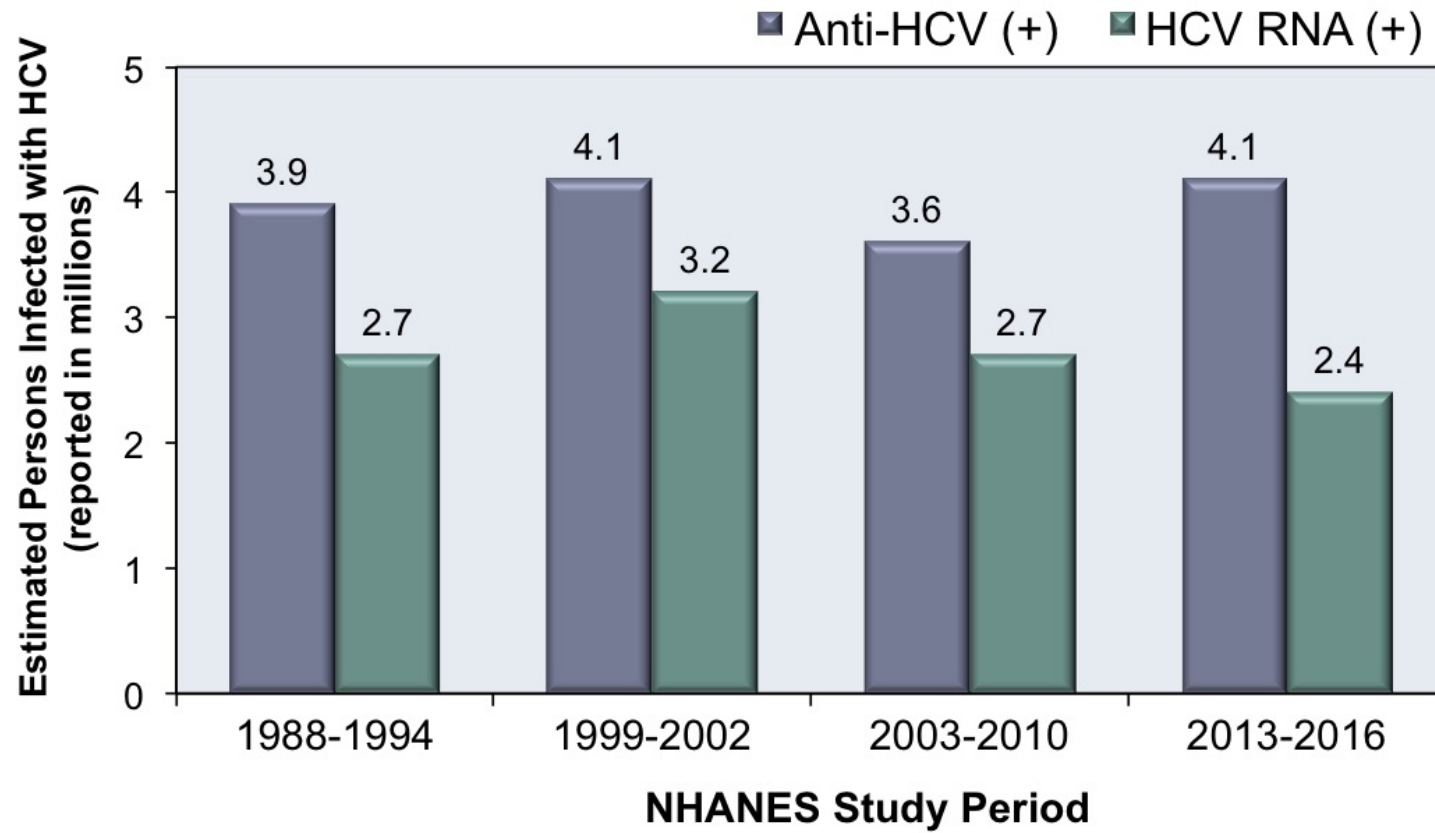
HCV Screening Recommendations

- CDC
- AASLD/IDSA
- IHS

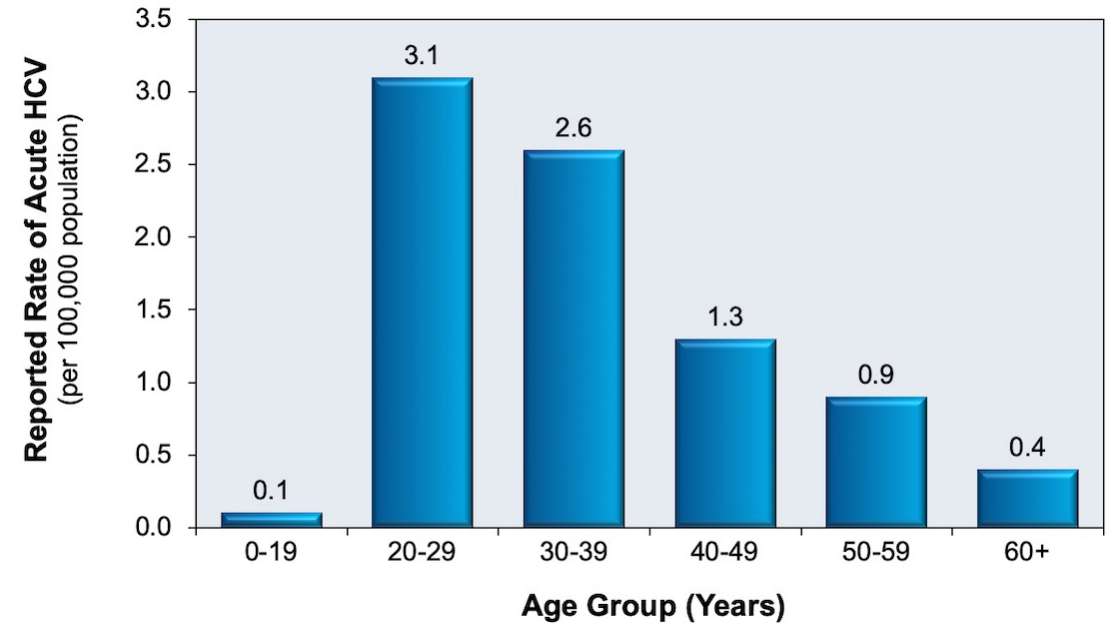
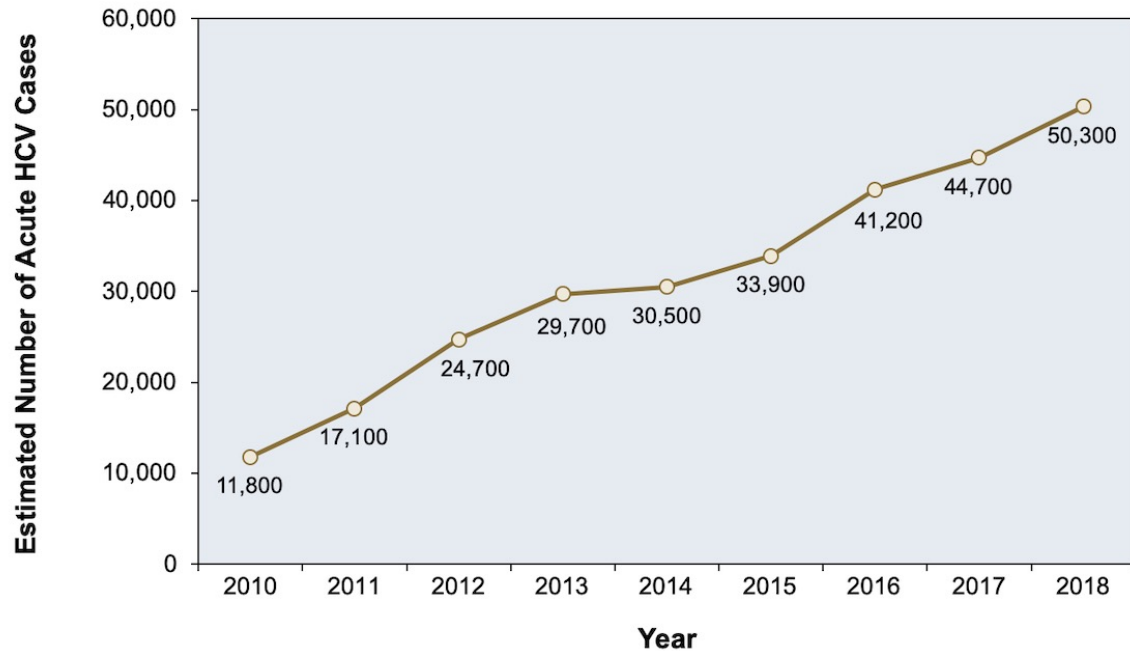
Sharing Cherokee Nation's Experience

- Universal Screening Implementation Strategies
- Results
- Challenges
- Successes

Estimated Number of Persons Infected with HCV in the United States

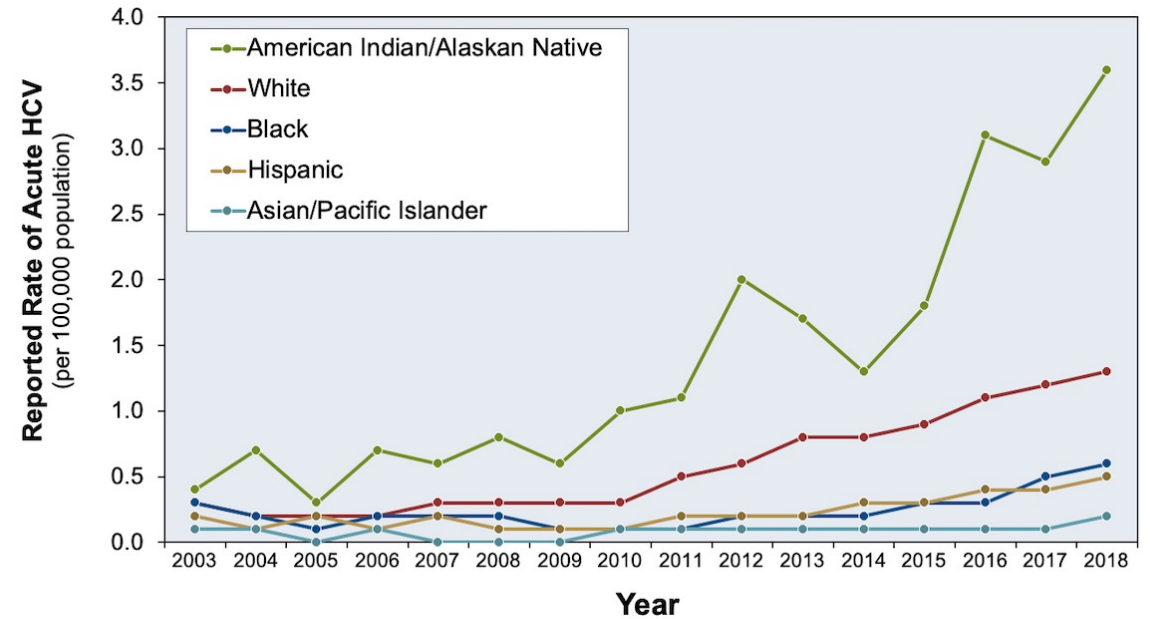
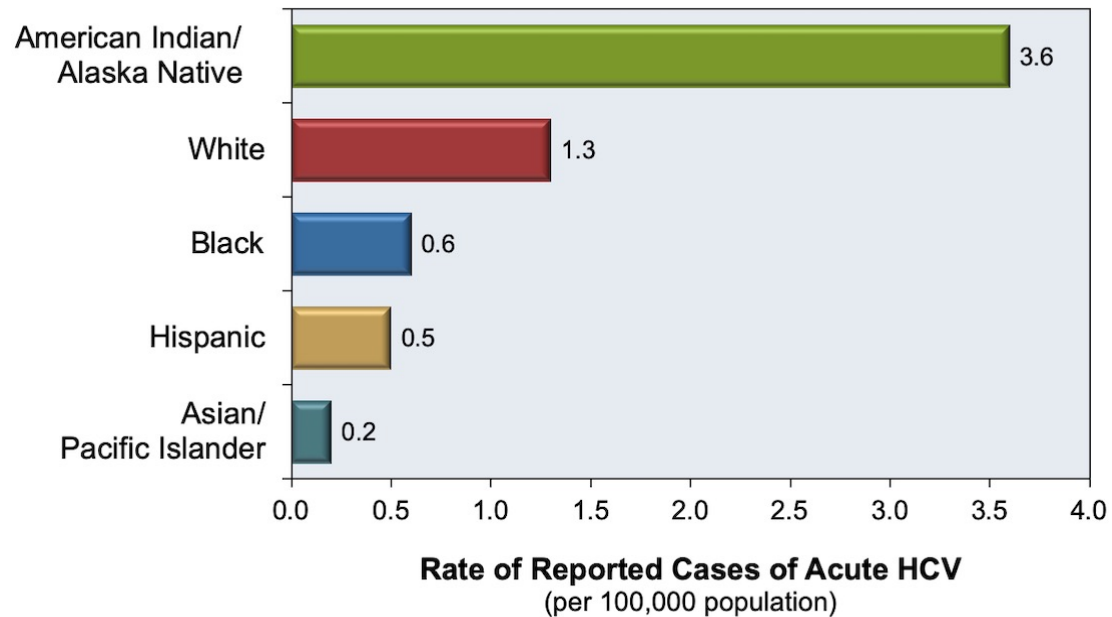


Acute HCV on the Rise: Younger People Affected

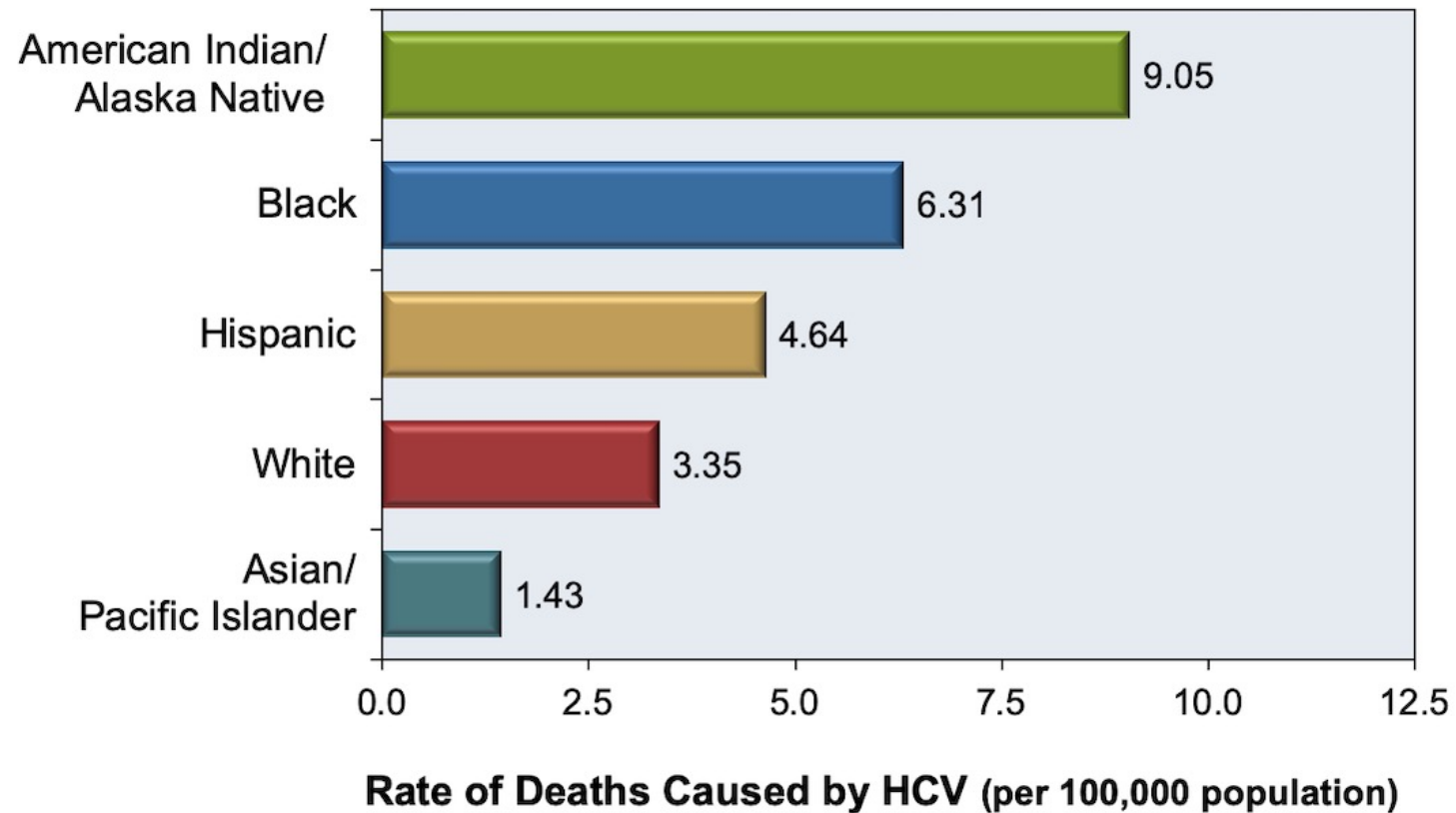


Estimated Number of Acute Hepatitis C Cases, United States, 2010-2018 and Reported Rate of Cases of Acute Hepatitis C, United States, by Age Group, 2018
Source: Centers for Disease Control and Prevention (CDC). Viral Hepatitis Statistics and Surveillance—United States, 2018. (www.hepatitisc.uw.edu)

Racial/Ethnic Disparities: Acute HCV



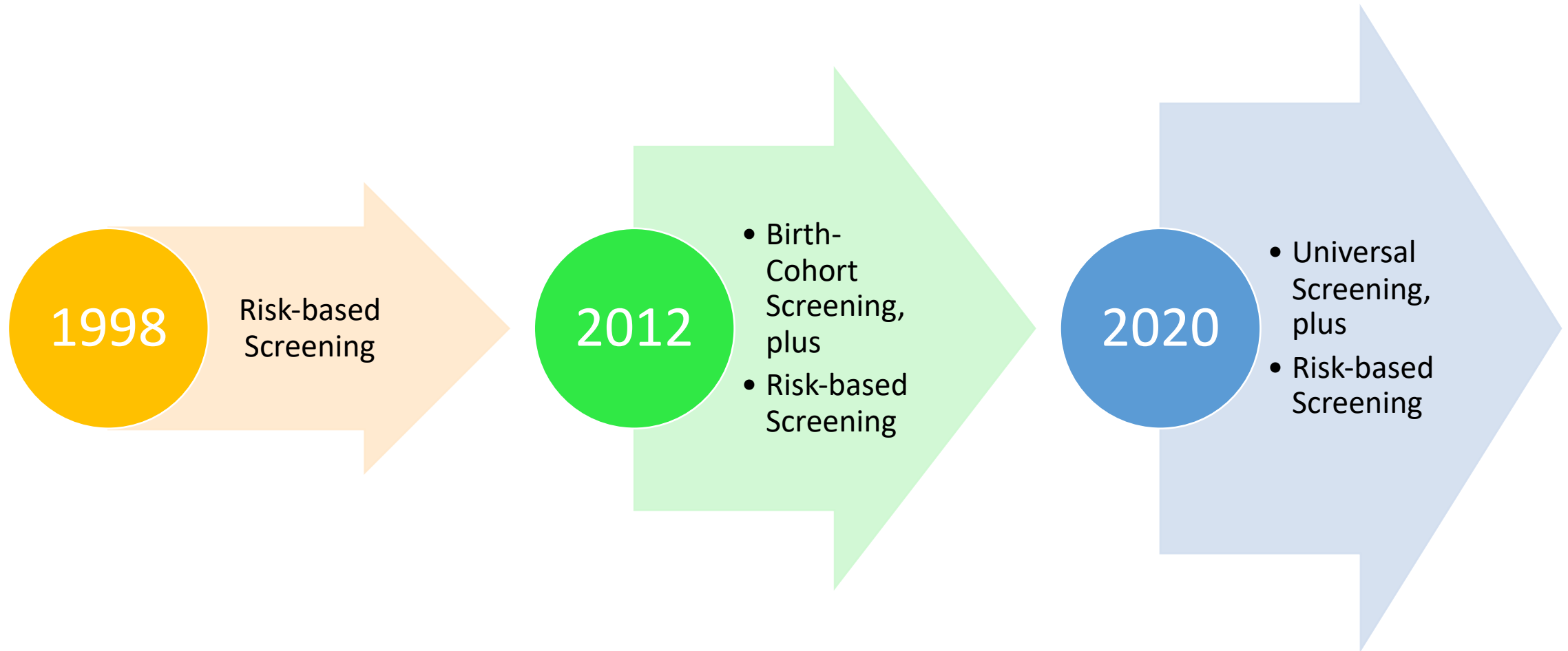
Racial/Ethnic Disparities: HCV Mortality



HCV as Cause of Death (Rate), by Race/Ethnicity, United States, 2018

Source: Centers for Disease Control and Prevention (CDC). Viral Hepatitis Statistics and Surveillance—United States, 2018. Published July 2020. (www.hepatitisc.uw.edu)

Evolution of HCV Screening Recommendations



CDC HCV Screening Recommendations

Persons Recommended for Screening

Universal hepatitis C screening:

- Hepatitis C screening at least once in a lifetime for all adults aged ≥ 18 years, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is $<0.1\%$
- Hepatitis C screening for all pregnant women during each pregnancy, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is $<0.1\%$

One-time hepatitis C testing regardless of age or setting prevalence among persons with recognized risk factors or exposures:

- Persons with HIV
- Persons who ever injected drugs and shared needles, syringes, or other drug preparation equipment, including those who injected once or a few times many years ago
- Persons with selected medical conditions, including persons who ever received maintenance hemodialysis and persons with persistently abnormal alanine aminotransferase (ALT) levels
- Prior recipients of transfusions or organ transplants, including persons who received clotting factor concentrates produced before 1987, persons who received a transfusion of blood or blood components before July 1992, persons who received an organ transplant before July 1992, and persons who were notified that they received blood from a donor who later tested positive for HCV infection
- Health care, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to HCV-positive blood
- Children born to mothers with HCV infection

Routine periodic testing for persons with ongoing risk factors, while risk factors persist:

- Persons who currently inject drugs and share needles, syringes, or other drug preparation equipment
- Persons with selected medical conditions, including persons who ever received maintenance hemodialysis

Any person who requests hepatitis C testing should receive it, regardless of disclosure of risk, because many persons might be reluctant to disclose stigmatizing risks

Further HCV Screening Recommendation Updates: CDC and ACOG

- April 10, 2020: newly released CDC recommendations include^[1]:

“Hepatitis C screening is recommended for **all pregnant women during each pregnancy except in settings where the prevalence of HCV infection is < 0.1%.”**

- April 2020 ACOG Practice Advisory^[2]:

“The American College of Obstetricians and Gynecologists (ACOG) is actively reviewing the new guidance from the CDC and USPSTF. Updated guidance from ACOG will be posted on ACOG’s website and published in *Obstetrics & Gynecology* when available. ACOG is also reviewing its current guidance on the screening and management of hepatitis for pregnant individuals in ACOG Practice Bulletin No. 86, *Viral Hepatitis in Pregnancy* (2007).”

AASLD/IDSA Recommendations

Recommendations for One-Time Hepatitis C Testing	
RECOMMENDED	RATING ⁱ
One-time, routine, opt out HCV testing is recommended for all individuals aged 18 years or older.	I, B
One-time HCV testing should be performed for all persons less than 18 years old with activities, exposures, or conditions or circumstances associated with an increased risk of HCV infection (see below).	I, B
Prenatal HCV testing as part of routine prenatal care is recommended with each pregnancy.	I, B
Periodic repeat HCV testing should be offered to all persons with activities, exposures, or conditions or circumstances associated with an increased risk of HCV exposure (see below).	IIa, C
Annual HCV testing is recommended for all persons who inject drugs, for HIV-infected men who have unprotected sex with men, and men who have sex with men taking pre-exposure prophylaxis (PrEP).	IIa, C

AASLD/IDSA Guidance: Testing for HCV During Pregnancy

- Previous HCV screening recommendation was based on risk (eg, prior blood transfusion, PWID and shared needles, persons with HIV, persons born to mother with HCV)
- In May 2018, guidance revised to recommend universal testing of pregnant women

Universal HCV Screening in Pregnancy

Recommended

As part of prenatal care, all pregnant women should be tested for HCV infection with each pregnancy, ideally at the initial visit

Rating

IIb, C

IHS HCV Screening Recommendations

National Hepatitis Testing Day – IHS now recommends hepatitis C testing for all adult patients

by Rick Haverkate, IHS National HIV/AIDS & HepC Program Coordinator

May 17, 2019



Millions of Americans have chronic viral hepatitis, and most of them don't know it. National Hepatitis Testing Day on May 19th is an opportunity to remind health care providers and the public about who should be tested for viral hepatitis.

The Indian Health Service is releasing a new [Special General Memorandum - Hepatitis C: Universal Screening and Treatment](#) that will expand screening for the hepatitis C virus, or HCV, to all IHS patients over the age of 18 years at least once in their lifetime, with additional risk-based screening as indicated. This will not only improve health outcomes for

American Indians and Alaska Natives, but can also [result in long-term cost savings for the agency](#) [↗](#).

HCV Screening: Beyond Baby Boomers and Primary Care

Universal Screening

Age-based

Without regard for risk factors

Expanded Sites

Opioid treatment programs

Behavioral health clinics

Emergency department/Urgent cares

Prisons/Jails

Homeless Shelters

Clinics on the move – mobile units

Community events

Surgery centers

Cherokee Nation HCV Screening Strategies

Universal Screening: November 2015

- Age-based
- Included screening in pregnancy, 3rd trimester

Face-to-Face Education

- Providers, Nurses, Lab personnel

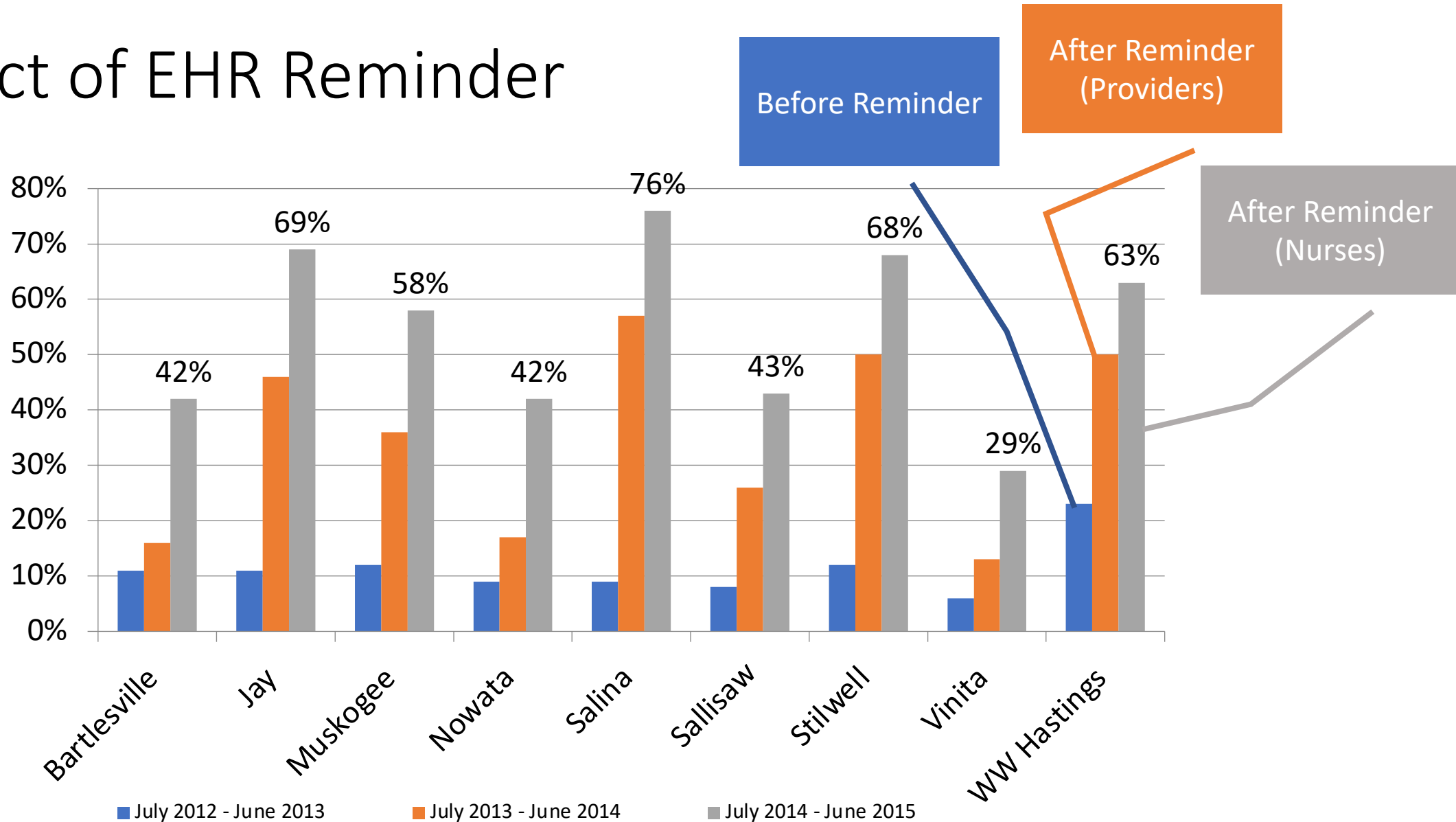
Expanded Screening Sites

- Emergency Department
- Urgent Care
- "Lab-triggered" Screening
- Dental Clinics
- Behavioral Health
- Homeless Shelter

Electronic Screening Reminder: July 2016

- Reminder set based on once per lifetime >18

Impact of EHR Reminder



HCV Screening Evolution at CNHS

Interventions and Outcomes

<u>Period</u>	<u>Interventions</u>	<u>Number of Unique Patients Screened</u> <u>(% seropositive)</u>	<u>Number of Patients Screened</u> <u>per month</u>	<u>% HCV Seropositive Patients</u> <u>Born after 1965</u>
2006 - 9/2012	<ul style="list-style-type: none">➤ High Risk Patients➤ Patients with cirrhosis➤ Patients with elevated LFT's	5,425 (10.8%)	57	?

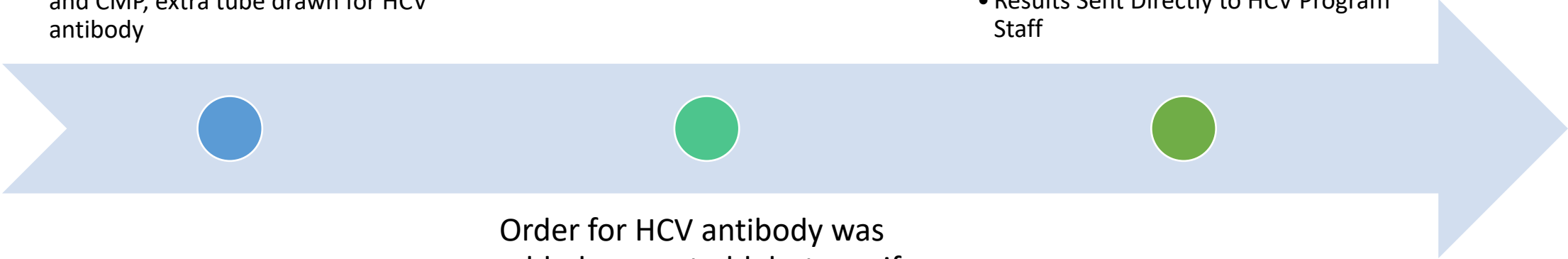
“Lab-triggered” HCV Screening

Presented to lab for routine/other phlebotomy

- Example: Emergency department visit for pneumonia, sent for CBC and CMP, extra tube drawn for HCV antibody

Process Completed by Hand – not an automated process

- Results Sent Directly to HCV Program Staff

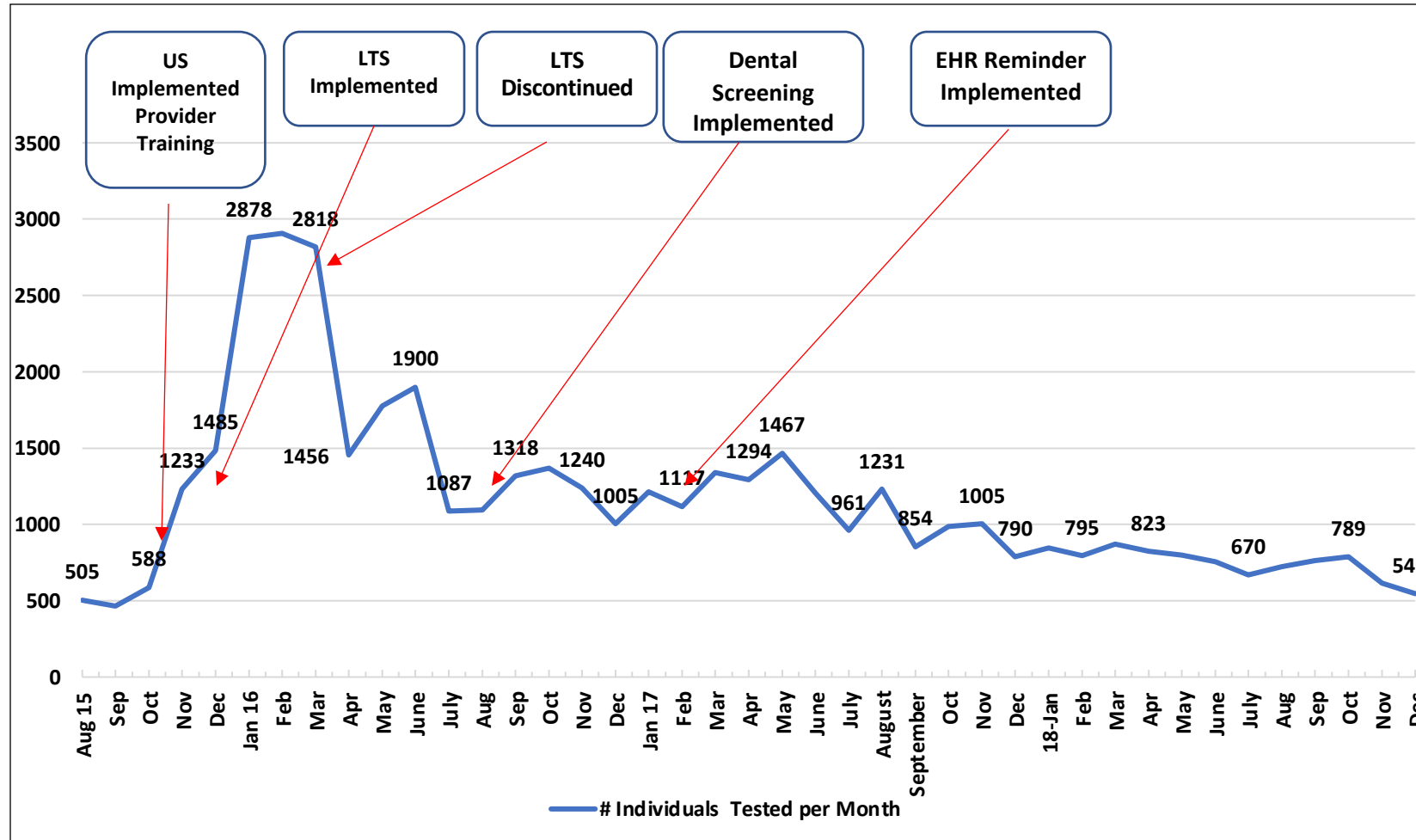


Order for HCV antibody was added-on post phlebotomy if criteria met for screening

- If screening was due
- If there was signed informed consent

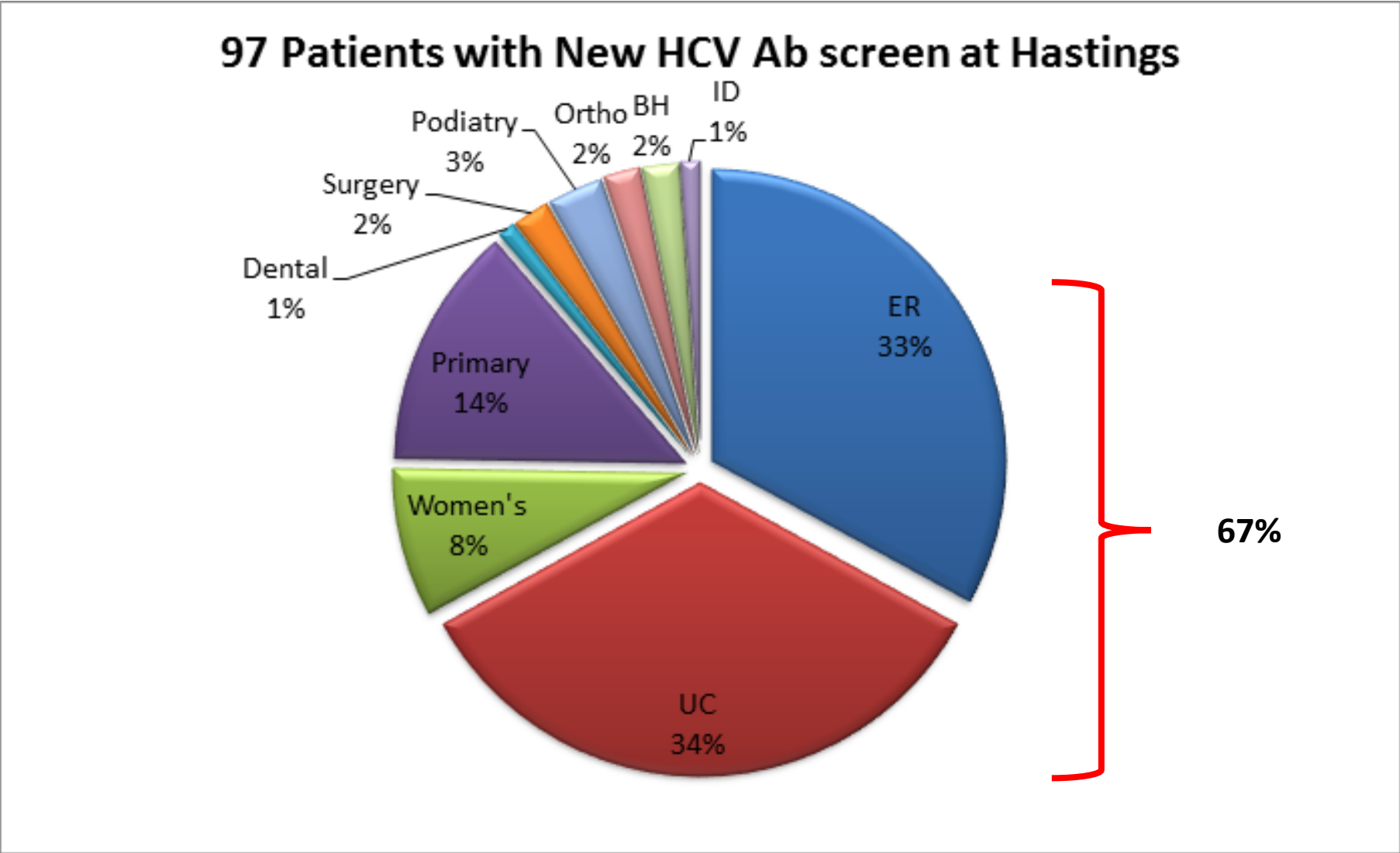
HCV Antibody Tests and Screening Interventions

November 2015 – December 2018



US: Universal Screening; LTS: Lab-triggered Screening; EHR: Electronic Health Record

Lab-triggered Screening Results: Positive Case Locations



Challenges

Time from Antibody to RNA to appointment

- Reflex testing did not start until almost 2 years into the program

"Lab-triggered" Screening

- Controversial
- Political and administrative support critical

Behavioral Health Clinic

- Multiple attempts unsuccessful in general BH clinic
 - Combination of staff/facility/structure issues
- *MAT specific clinic was successful*

Provider commitment/buy-in

- Time frequently mentioned as barrier
- Unsure what to do with positive results

Electronic reminder satisfaction

- Did not factor in risk behaviors: "One and done"
- No routine assessment of risk factors

Successes

Universal Screening

- Initiated 4 years prior to IHS recommendations; 5 years prior to CDC/AASLD

Face-to-Face HCV Screening Education

- Fostered direct connections with other providers

"Lab-triggered" Screening

- Ups and downs, but overall successful

Dental Clinic

- In the first year, more than 1,200 patients screened through 1 dental clinic
- Dental Director fully invested
- Dental staff wanted to know patients' HCV status

Summary and Recommendations

- Think outside of traditional screening sites
- Incentivize screening rate improvements
 - Include nurses, pharmacists, medical assistants, providers
- Utilize point of care testing when possible
 - Allows for immediate engagement in care
- Reflex RNA testing
- Develop site specific “lab-triggered” screening

References

- Centers for Disease Control and Prevention (CDC). Viral Hepatitis Statistics and Surveillance—United States, 2018.
- <https://www.hcvguidelines.org>
- <https://www.hcvguidelines.org/evaluate/testing-and-linkage>
- www.hepatitis.uw.edu