

This document is information about the Hepatitis C Screening algorithm that we received from our CDC mentors on 2/24/2018

Trigger Options:

- Record opened
- Specific tab selected/opened (e.g., a preventive services or wellness tab; or a reminders
- Any venipuncture is ordered (so, if collecting sample for some other test, physician is prompted to consider adding recommended HCV screen) (probably best)

Where to Test:

- Minimum target setting: office visits (preventive, evaluative) in primary care settings
- Additional settings/encounters of interest:
 - outpatient office visits w/specialty care providers
 - Urgent care or ER visits (without admission)
 - Inpatient visit during hospital stay
 - Retail clinic visits? Any way to link quickly with or query PCPs' records (e.g., through HIE)?

When to Test: At same visit where eligibility is determined

- If not possible, then 1) at follow-on lab only visit scheduled before patient leaves; else 2) next office visit/encounter

Who to Test—Inclusion Criteria:

- All patients whose DOB falls within the following range (inclusive of end dates): 01/01/1945 and 12/31/1965
- Persons who have not previously been tested
 - No HCV lab test result in their record
 - No limits on time since test (i.e., look-back period is lifetime, up to and including date of visit)

Who Not to Test—Exclusion Criteria:

- Persons with active HCV infections
 - Current infection: Acute or chronic HCV diagnoses listed on problem list
- Persons with any history of a previous diagnosis (including those who were previously infected but whose infections have resolved)
 - Spontaneous clearance following diagnosis of acute HCV
 - Sustained viral response indicative of cure following treatment
- **NOTE:** Patient attestation of previous testing would **not** be a qualifying exclusion

Which Test(s): See testing algorithm at https://www.cdc.gov/hepatitis/hcv/pdfs/hcv_flow.pdf

- Initial screen: FDA-approved HCV antibody test
- Confirmatory test: FDA-approved nucleic acid test (NAT) for HCV RNA

Workflow and Test Order Configuration Note: ideally, the screening test (test #1) order would support reflex testing such that a patient would not have to return to the physician's office just to provide blood sample for the confirmatory (HCV RNA) test.

In other words, the screening test order would be configured such that the phlebotomist collects a sufficiently sized single sample—or, two separate samples—to support running both the initial HCV antibody test and, if reactive, the subsequent HCV RNA test.

Test Interpretation: See table at https://www.cdc.gov/hepatitis/hcv/pdfs/hcv_graph.pdf

- First test: FDA-approved HCV antibody test
 - If negative: Not infected--STOP
 - If positive: Presumptive HCV infection-- Continue to second test
- Second test: FDA-approved nucleic acid test (NAT) for HCV RNA
 - If HCV RNA detected: Current HCV infection--Link to care
 - If HCV RNA not detected: No Current HCV Infection--STOP
 - EXCEPTION TO STOP: the person tested is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease.
 - UNDER THE ABOVE CIRCUMSTANCES, repeat HCV RNA testing