



News and Updates

USFPTF Recommends Wider Testing for HCV Infection

The United States Preventive Services Task Force (USPSTF) has taken a monumental step toward helping the United States achieve the World Health Organization's (WHO) viral hepatitis elimination targets by recommending screening for HCV infection in adults aged 18 to 79 years regardless of known risk factors with a B-recommendation. ¹ Nancy Reau, MD, Rush's chief of hepatology, shares this plan and explains the impact this shift toward wider testing will make a on eliminating hepatitis C.

Eliminating Hepatitis

The WHO has tasked the medical community with a vision of "a world where viral hepatitis transmission is halted and everyone living with hepatitis has access to safe, affordable, and effective care and treatment services." Their plan is to eliminate viral Hepatitis as a major health threat by the year 2030. Elimination is not equivalent to eradication but the WHO defines elimination as a reduction in new infection by 90%, treatment of 80% of eligible persons with chronic HCV infection, and a 65% reduction in mortality for viral hepatitis. ³

The B-recommendation indicates that insurance companies will provide reimbursement for hepatitis C testing without cost-sharing by patients. This shift in screening should help propel the United States towards finding those Americans infected with HCV to facilitate linkage to curative therapy. Although this might sound like an easy task, few western societies are on track to eliminate HCV by 2030. ²

Why is this important?

Hepatitis C kills more Americans than any other infectious disease. The CDC found that annual hepatitis C-related mortality in 2013 surpassed the total combined number of deaths from 60 other infectious diseases reported to the organization, including HIV, pneumococcal disease, and tuberculosis. ⁴ HCV is a curable infection with short course, highly effective, well tolerated oral therapies. When used correctly, over 98% of individuals are cured. Curing HCV is associated with a decrease in not just liver related morbidity and mortality, but all-cause mortality. ⁵ Simply put, curing HCV saves lives.

Why the shift in screening?

Screening recommendations for hepatitis C have evolved over the last two decades. Original risk-based guidelines failed to identify the majority of chronically infected Americans, but in 2012 the CDC expanded HCV screening to a defined high-risk birth cohort (born between 1945-1965) in addition to existing risk-based screening. ⁶ This was a major accomplishment as birth cohort screening helped destigmatize testing in the group of individuals at highest risk for not just infection, but also more advanced liver disease.

However, the demographics of HCV are changing. In 2017, the CDC issued an alert outlining a new high-risk demographic: a rapid increase in young people with the highest number of new infections being among 20- to 29-year-olds. ⁷ This uptick in HCV infection was felt to be a direct result of increasing injection drug use linked to the opioid epidemic. The new bi-modal HCV distribution resulted in a number of changes in society screening recommendations. As this demographic includes women of childbearing age, the AASLD/IDSA first added universal HCV testing for all pregnant women in their screening guideline before expanding to all individuals 18 years and older in November 2019. ⁵ This was in stark contrast to ACOG (the American College of Obstetricians and Gynecologists) and SMFM (Society for Maternal-Fetal Medicine) screening recommendations in pregnancy. Now that the USFPTF supports both near universal screening as well as screening in pregnancy, these recommendations should have better uptake.



Identification is Key to Elimination

When first approved, access to HCV therapy was often limited by multiple barriers such as drug screening, extensive lab testing, fibrosis restrictions, and provider restrictions. Although these may still linger in some states, most have removed constraints. Finding those infected with the virus and linking them to a provider that can administer curative therapy has eclipsed other gaps in the care cascade.

What Step You Can Take

- Talk to your IT department about updating your BPA: Most electronic medical records (EMRs) have best practice alerts (BPAs). A BPA alerts a clinician when a patient presents and testing is recommended. Many of the EMRs have BPAs to screen for the previously defined birth cohort (born between 1945-1965). These should be updated to now alert for everyone age 18-79.
- Remember to continue to ask your patients about high risk behaviors. A test done prior to exposure to the virus will satisfy the EMR BPA while missing infection and allowing for transmission.
- Make sure your lab is using reflex testing to HCV PCR for all positive anti-HCV tests. This allows screening to reflex to confirmation, eliminating an important delay in diagnosis.
- Communicate with your peers! With such rapid evolution in guidelines, clinicians may be unaware that screening recommendations changed. This is a great opportunity for an educational program.

What's Next?

We expect the CDC to update their guidelines to also be more inclusive. Although AASLD/IDSA recommends HCV testing in all pregnant women and USPSTF also support testing in this demographic, OB/GYN guidelines have not yet embraced this recommendation. It is also important to know your local rules. Gaps in the care cascade still limit access to treatment in some states but rules are changing. Society guidelines recommending treating all HCV infection including acute infection and those actively engaged in high risk behaviors. Effective screening is the first step in helping the United States achieve WHO elimination targets.

Reference:

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