The value of **universal screening** for hepatitis C

FQHCs have a **unique opportunity** to turn the tide on hepatitis C infection and improve their HCV outcomes

Hepatitis C remains a silent epidemic in the United States, where an estimated **2.4 million people are living with chronic hepatitis C**.[1] Hepatitis C virus (HCV) infection is associated with more deaths than the top 60 other reportable infectious diseases combined, including HIV.[2] With the latest data showing dramatic increases in HCV infection, particularly among younger people, federally qualified health centers (FQHCs) are being challenged to identify new cases, not only to successfully treat patients and prevent poor outcomes, but also to prevent further disease transmission in their communities.

20-39

YEARS OLD

Age range with the **highest rates of new HCV cases**[3]

Fortunately, new guidelines recommending universal screening in all adults can empower FQHCs to screen more patients to detect more infections. Utilizing simplified HCV therapies to treat sooner and clear more patients of the virus can **improve outcomes while preventing the spread of infection.**

The severity of the HCV epidemic

According to the Centers for Disease Control and Prevention (CDC)[3,4]:

- New hepatitis C cases are four times as high as they were 10 years ago.
- In 2018, the percentage of newly reported chronic infections was equal among baby boomers (born 1945–1965) and millennials (born 1981–1996), both around 36%, while Generation X (born 1966–1980) made up 23%.
- Younger adults 20–39 years old have the highest rates of new hepatitis C cases.
- The annual rate of reported acute hepatitis C tripled from 0.3 cases/100,000 population in 2009 to 1.2/100,000 in 2018.
- Rates of acute hepatitis C among people of reproductive age are increasing.
- Most new HCV infections are occurring in persons who inject drugs (PWID).

Increasing rates of acute hepatitis C among young adults, including reproductive-aged persons, have put multiple generations at risk for chronic hepatitis C.[4]

Today most people become infected with the hepatitis C virus by **sharing needles or other equipment to inject drugs.**

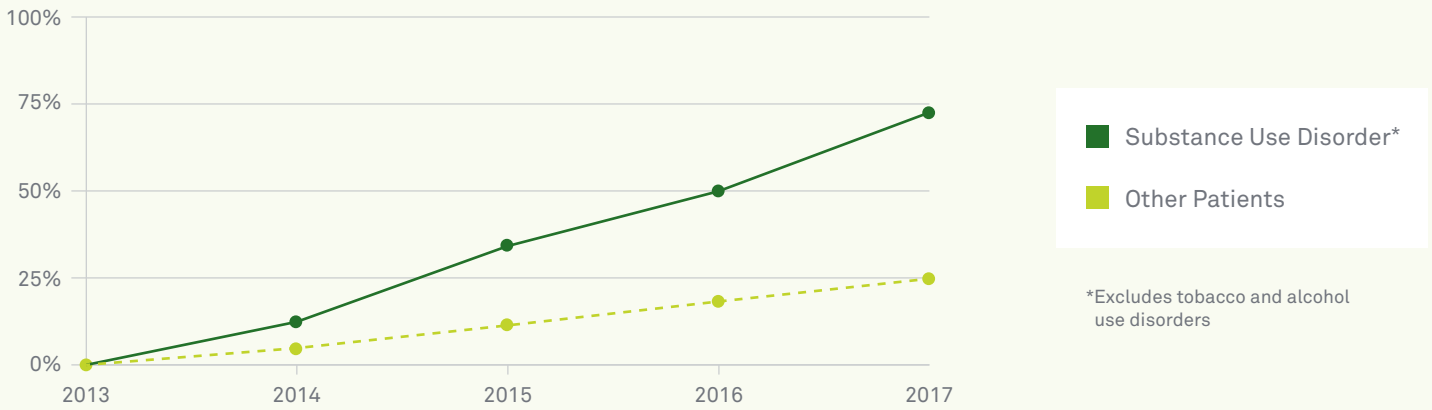
Centers for Disease Control and Prevention[5]

As HCV infection continues to emerge as a serious public health concern concurrent with the nation's opioid crisis, health centers have the opportunity to decrease its impact with **universal screening, linkage to care, and treatment protocols.**

Universal HCV screening: An opportunity for FQHCs

FQHCs are uniquely poised to address the resurgence of HCV because they see a disproportionate share of patients who are at elevated risk of exposure due to behavioral risk factors (eg, injection drug use, unprotected sex) and social-environmental risk factors (eg, rurality, transient housing, lack of syringe exchange programs). Many FQHCs are located in medically underserved rural and urban areas where the impact of the opioid crisis has been the most severe.

% growth in health center patients diagnosed with substance use disorder, 2013–2017[6]



Until recently, **HCV screening guidelines have not included universal screening,** instead focusing testing on at-risk groups, such as baby boomers and PWID. (Historically, the highest prevalence of chronic hepatitis C in the United States has been among baby boomers.[7]) This focused approach risked missing infections in patients whose risk profiles were incomplete—for example, in younger patients who had not disclosed use of illicit injectable drugs. In response to higher rates of HCV infection among younger people, leading medical authorities are now unanimous in recommending universal screening for all adults. A summary of their recommendations appears below.

HCV screening recommendations

HCVGuidelines.org[8]

American Association for the Study of Liver Diseases | Infectious Diseases Society of America

- One-time, routine, opt-out HCV testing for all individuals aged 18 years and older
- One-time HCV testing for all persons less than 18 years old with behaviors, exposures, or conditions or circumstances associated with an increased risk of HCV infection
- Periodic repeat HCV testing should be offered to all persons with behaviors, exposures, or conditions or circumstances associated with an increased risk of HCV exposure
- Annual HCV testing for all persons who inject drugs and for HIV-infected men who have unprotected sex with men

Centers for Disease Control and Prevention[9]

- Hepatitis C screening at least once in a lifetime for all adults aged 18 years and older, except in settings where the prevalence of HCV infection (HCV RNA positivity) is less than 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 less than 0.1%
- One-time hepatitis C testing regardless of age or setting prevalence among people with recognized conditions or exposures
- Routine periodic testing for people with ongoing risk factors:
  - People who currently inject drugs and share needles, syringes, or other drug preparation equipment
  - People who have received maintenance hemodialysis
- Any person who requests hepatitis C testing should receive it

US Preventive Services Task Force[10]

- Screening for HCV infection in adults aged 18 to 79 years

Some challenges for FQHCs—**and how to overcome them**

With universal screening now widely endorsed, FQHCs can feel empowered to increase HCV testing in their patient populations. There are challenges, however, including:

Access to testing for fully informed care. Many health centers are limited in the number of tests they can provide to under- and uninsured patients, especially where the cost of testing is high. This can result in a lack of confirmatory testing, leaving both patients and providers misinformed.

Access to patients for continuity of care. Health centers see a disproportionate number of patients with co-occurring substance use disorders. Coordinating visits for these patients and getting them to come through the door can be challenging, as can convincing them to be tested. Universal screening can succeed only if patients agree to be screened, and treatment can succeed only if patients commit to a schedule for care.

How might FQHCs overcome these obstacles?

Based on our experience serving hundreds of community health centers, here are some strategies that have proven successful:

1

Risk-stratify for judicious use of universal screening

Review your electronic health record (EHR) data to identify patients with known risk factors as well as those who, in your clinical judgment, may be at risk but have not disclosed any factors.

2

Limit screening according to the guidelines

In communities with low HCV and opioid abuse prevalence, follow the CDC recommendation to refrain from screening all adults and all pregnant women where the prevalence of HCV infection is less than 0.1%.

3

Combine testing

Reflexive testing with a single blood draw can be more effective in confirming a diagnosis, as it enables the clinician to screen and confirm a positive result with viral load baseline prior to a second visit, avoiding multiple visits that can increase the likelihood of a patient not returning, as well as allowing treatment to begin sooner.

Although some health centers have an on-site laboratory to conduct tests, others may require laboratory services to confirm results. Be sure to **choose a lab with seamless EHR integration and deep experience in setting up electronic test ordering** to make HCV testing easy to order and error-free. An additional benefit of error-free ordering is that primary care physicians can order HCV screening with confidence, creating the possibility of expanding screening beyond a center's infectious disease medical staff to serve a wider patient population for a healthier community overall.

Put universal screening to work for your patients and your center

Universal HCV screening can help FQHCs decrease and even minimize the impact of HCV infection on their patients and their communities. Detecting and treating more infections can improve patient outcomes while maintaining the high quality of care patients already receive, in addition to reducing viral transmissions overall. Together with today's highly effective drug therapies that can cure HCV infection in 8 to 12 weeks, universal screening can lead the charge to eradicate HCV once and for all.

As innovators in community health, working on the front lines of the HCV epidemic and the opioid crisis, FQHCs are ideally positioned to put universal screening into widespread practice and achieve that aim. They are where HCV screening can have its greatest impact. Strategic use of universal screening in line with center resources and accessing the right lab services can help FQHCs make the most of this promising new development.

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