

New CDC recommendations on hepatitis C screening

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Without other risk factors, all Americans born between 1945 and 1965 should have a one-time screening for the hepatitis C virus (HCV) according to new recommendations being published early online today in *Annals of Internal Medicine*, the flagship journal of the American College of Physicians. The Centers for Disease Control and Prevention (CDC) also recommends that all persons identified with HCV should receive a brief alcohol screening and intervention and be referred to appropriate care and treatment services for HCV and related conditions.

Up to 3.9 million people in the United States are infected with HCV, a virus that can cause inflammation and permanent [liver damage](#). The infection is most prevalent among people born from 1945 through 1965, and approximately 50 to 75 percent of those with HCV are unaware that they are infected. This is a problem because HCV progresses slowly, and the risk of serious complications increases as time passes.

The recommendation developers sought to identify testing strategies that would increase the proportion of HCV-infected persons who know their status. In particular, whether a testing strategy based on year of birth would identify persons living with HCV infection who have not been identified by risk-based testing. They conducted a systematic review of evidence published between 1995 and February 2012 to assess the prevalence of HCV and clinical outcomes. They found that the proportion of people born between 1945 and 1965 with HCV antibody was higher than that of the general population. Among that cohort, the recommendation authors found strong evidence that achieving sustained

virologic response (SVR) was associated with reduced risk for death and [liver cancer](#).

The CDC recommends that persons identified with HCV have a brief [alcohol screening](#) and intervention, as alcohol use has been shown to accelerate the progression of [liver disease](#). The recommendation authors considered evidence from a systematic review of 22 randomized, controlled trials published since 2010 to determine the effects of a brief alcohol intervention versus no intervention on reduction of alcohol use. The research showed that patients who had a brief alcohol reduction intervention reduced their weekly alcohol consumption by an average of 38.42 grams compared with those who had no intervention.

Previously, the CDC recommended antibody screening only of individuals with health or lifestyle indicators suggesting potential infection. These indicators include a history of injecting drugs, having a blood transfusion before 1992, or being a chronic hemodialysis patient. Low case identification may result from the difficulty of implementing risk-based screening given the limited time of primary care visits and unease in discussing behavioral risks.

Provided by American College of Physicians

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