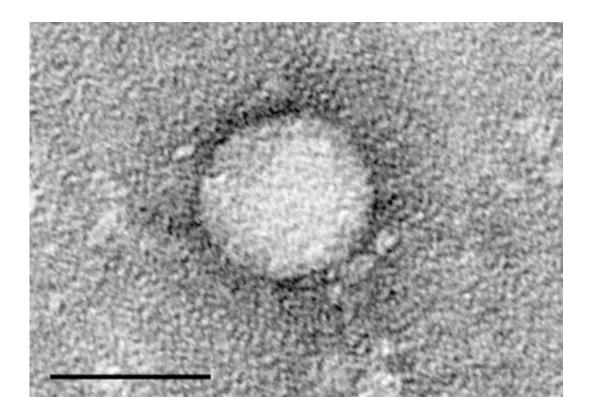# Hepatitis C guideline recommends screening for all people born 1945-1975

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Electron micrographs of hepatitis C virus purified from cell culture. Scale bar is 50 nanometers. Credit: Center for the Study of Hepatitis C, The Rockefeller University.

A key recommendation in a new Canadian guideline on managing chronic hepatitis C virus (HCV) is to screen all people born between 1945 and 1975 for the disease, a departure from previous guidelines. The guideline, which contains comprehensive recommendations for

diagnosing and managing the disease in diverse patient populations, is published in *CMAJ (Canadian Medical Association Journal)*.

"The treatment recommendations in this guideline update are markedly changed from the previous Canadian Association for the Study of the Liver treatment [guidelines](link) because of multiple advances in the field since their publication," write Drs. Jordan Feld and Hemant Shah, Toronto Centre for Liver Disease and University Health Network, Toronto, Ontario, with coauthors.

Chronic HCV is a major public health problem in Canada with serious health effects leading to premature death. In 2013, about 252 000 Canadians were infected with HCV. People born between 1945 and 1975 have the highest rates of HCV, although an estimated 70% of this group have not been tested.

The guideline, created by the Canadian Association for the Study of the Liver, is aimed at physicians and other [health](link) care professionals to help them manage adult patients with chronic HCV infection. "Simplification of treatment regimens and better tolerability allows for expansion of the treater pool to primary care providers in Canada," notes Hemant Shah. The guideline also contains quick-reference boxes and tables that describe who to test, suggested pre-HCV treatment workup, a list of Health Canada-approved direct-acting antivirals and recommended regimens for patients.

It differs significantly from a recent guideline from the Canadian Task Force on Preventive Health Care published in April 2017, which recommended against screening people who are not at high-risk of infection. However, the guideline is broadly consistent with those from other societies in Europe and the United States.

The authors recommend birth cohort screening for people born between

1945 and 1975 based on high rates of HCV in this group, evidence showing cost-effectiveness of detection and recent lower prices for HCV therapy in Canada that make treating HCV less expensive than in the past. In most provinces and territories in Canada, every infected person can now access therapy for Hepatitis C.

"We advocate for screening this baby boomer cohort because HCV prevalence is highest in this age group (1.55%), accounting for an estimated 63% of all HCV infections in Canada. Between 45% and 70% of Canadians infected with HCV are unaware they have the disease, which can lead to liver disease and death. It seems evident that the current policy of screening based on risk factors has not worked," say the authors.

In a related commentary, Drs. Jawad Ahmad and James Crismale, Icahn School of Medicine at Mount Sinai, New York, New York, write "The updated Canadian Association for the Study of the Liver guideline takes an important step in continuing the fight against HCV in Canada, expanding screening indications to the baby boomer cohort and recommending curative therapy to all individuals affected by HCV."

 More information: *CMAJ* (2018). www.cmaj.ca/lookup/doi/10.1503/cmaj.170453

CMAJ (2018). www.cmaj.ca/lookup/doi/10.1503/cmaj.170931

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