

Single-visit sample collection recommended for hepatitis C testing

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Use of strategies that require multiple visits to collect blood for hepatitis

C virus (HCV) testing should be discontinued and replaced by single-visit sample collection, according to research published in the July 14 issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*.

Noting that current HCV testing guidance recommends a two-step testing sequence for [diagnosis](#), Emily J. Cartwright, M.D., from the CDC in Atlanta, and colleagues address the issue of incomplete testing, which is historically observed in about one-third of patients.

The authors note that to achieve national HCV elimination goals, performing an HCV RNA test is critical whenever an HCV antibody test is reactive (complete testing). All sites performing HCV screening should ensure single-visit sample collection, allowing for automatic HCV RNA testing when an HCV antibody test is reactive. Use of strategies requiring multiple [visits](#) should be discontinued.

Operational strategies that allow for single-visit sample collection include collection of two specimens in separate tubes from a single venipuncture: one tube for initial antibody testing and a second for HCV RNA testing if necessary; use of the same venipuncture blood for initial antibody testing and for HCV RNA testing if reactive; and submission of a separate blood sample for HCV RNA testing if the initial antibody testing uses finger-stick [blood](#).

"Using a single visit to conduct both steps of the HCV testing sequence will increase complete diagnosis of current HCV infection, which will increase the percentage of patients with current HCV infection who are linked to care and receive curative antiviral therapy," the authors write.

More information: Emily J. Cartwright et al, Updated Operational Guidance for Implementing CDC's Recommendations on Testing for Hepatitis C Virus Infection, *MMWR. Morbidity and Mortality Weekly*

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