January 28, 2020

Dear Colleague:

As you may know, Hepatitis C Virus (HCV) is a silent epidemic impacting nearly 2.4 million persons in the United States\(^1\). Unfortunately, up to 75% of these individuals may be entirely unaware of their infection\(^2\). Consequently, these undiagnosed persons do not receive evaluation, effective care, or treatment of viral hepatitis. They also remain chronically at risk for progression of liver disease, liver failure, and hepatocellular carcinoma. Hepatitis C is a public health concern, and transmission from person-to-person can only be diminished with identification, education, and treatment. Hepatitis C is now curable in over 90% of typical patients\(^1\).

The Missouri Department of Health and Senior Services urges all primary care practices to implement Centers for Disease Control and Prevention recommendations for screening patients at risk for HCV\(^1\).

The following populations should be screened:

- Current or former injection drug users, including those who injected only once many years ago
- Everyone born from 1945 through 1965
- Recipients of clotting factor concentrates made before 1987, when less advanced methods for manufacturing those products were used
- Recipients of blood transfusions or solid organ transplants prior to July 1992, before better testing of blood donations became available
- Chronic hemodialysis patients
- People with known exposures to HCV, such as
  - health care workers after needle sticks involving HCV-positive blood
  - recipients of blood or organs from a donor who tested HCV-positive
- People with HIV infection
- Children born to HCV-positive mothers

U.S. Preventive Services Task Force also recommends testing for:

- Incarcerated persons,
- People who use intranasal drugs,
- People who get an unregulated tattoo

Of every 100 people infected with HCV approximately 75 to 85% of patients will go on to develop chronic infection\(^1\). Untreated, HCV leads to liver cirrhosis in 10 to 20% of patients and is a common cause of liver transplantation and liver cancer\(^1\). Treatment is curative and easy to tolerate. Also, insurance and Medicaid/Medicare is covering patients earlier in the disease process.
More comprehensive screening combined with improved treatments would result in a cost-effective decrease in hepatitis-related morbidity and mortality. Missouri primary care practices can improve patient outcomes by implementing recommended HCV screening. When screening your at-risk patients for hepatitis C, ensure the HCV Antibody lab order reflexes to an HCV RNA. This test is necessary to determine if your patients have an active virus. You can order the Hepatitis C Antibody with Reflex to HCV, RNA, Quantitative PCR [(Quest 8472, CPT code: 86803) and (LabCorp 144050, CPT code 86803)].

A specialist is not always required to treat hepatitis C. Missouri Show-Me ECHO (Extension for Community Healthcare Outcomes) is available for hepatitis C treatment guidance and assistance for providers, if needed. You may contact Show-Me ECHO at 573-884-3753 for more information.

Thank you for your dedication to patient care, for decreasing healthcare costs by incorporating HCV screening into your practice, and most importantly, for saving lives. If you have questions please contact the Viral Hepatitis Prevention Program at (573) 751-6439 or at Hepatitis@health.mo.gov.

Sincerely,

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References: