By testing and diagnosing all baby boomers with chronic HCV infection, we can get many people into care and cured, averting at least 120,000 deaths. — DHHS. National Viral Hepatitis Action Plan, 2017-2020

**CDC, USPSTF, and AASLD/IDSA Hepatitis C Virus Screening Recommendations**

An individual meeting **at least 1 of the criteria** should receive either **1-time screening** or **annual screening** for HCV infection, depending on the criteria:

- **Age**
  - Born between 1945 and 1965
  - Child born to anti-HCV–positive mother
  - History of long-term hemodialysis
  - History of transfusion with blood or organ transplantation before July 1992
  - Received a tattoo in an unregulated setting
  - Was ever in prison
  - Healthcare worker with accidental exposure
  - Chronic liver disease/hepatitis with unknown cause, elevated liver enzymes*
  - History of illicit injection drug use or intranasal illicit drug use
  - HIV infection, not MSM
  - HIV infection, MSM
  - Ongoing illicit injection drug use

- **Risk**

**1-time screening**

1-3

**Annual screening**

3

*Individuals with chronic hepatitis C infection can present with liver enzyme levels in normal range. American College of Gastroenterology guidelines recommend testing for HCV when aminotransferase levels range from borderline elevated (< 2 x ULN) through severely elevated (> 15 x ULN). MSM, men who have sex with men. ULN; upper limit of normal.
**Recommended Testing Sequence for Identifying Current Hepatitis C Virus Infection**[6]

- **HCV antibody test**
  - Reactive
    - Nonreactive
      - Additional screening as appropriate*
  - Not detected
    - No current HCV infection; additional screening as appropriate

  *If potentially exposed to HCV within past 6 months, perform HCV RNA test. In settings with nonimmunocompromised individuals where HCV RNA testing is not feasible, may instead perform a follow-up HCV antibody test to demonstrate seroconversion.

- **HCV RNA test**
  - Detected
    - Current HCV infection

- **NEXT STEPS:**
  - □ Brief alcohol screening and (if clinically indicated) counseling[7]
  - □ Provide care or link to care
  - □ Document baseline viral load with quantitative HCV RNA test[8]
  - □ Determine HCV genotype to guide choice of antiviral therapy[8]

- **Reactive**
  - Detected
  - Current HCV infection

- **Nonreactive**
  - Not detected
  - No current HCV infection; additional screening as appropriate

- **Additional screening as appropriate***

- **Repeat HCV RNA testing if (a) potential HCV exposure within past 6 months, (b) clinical indications of HCV disease, or (c) potentially compromised test specimen**

- **Consider testing with another HCV antibody assay to differentiate whether patient had past, resolved HCV infection vs false positive with initial HCV antibody test**

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**References**