Hepatitis C Testing

The Importance of Expanding Age Based Screening and Developing a Standard of Care for Individuals with Opioid Use Disorder

The U.S. Centers for Disease Control and Prevention as well as the U.S. Preventive Services Task Force currently recommend one-time Hepatitis C virus (HCV) testing for people born between 1945 and 1965 (the Baby Boomer generation); additionally, there is a recommendation for testing in high-risk individuals (men having sex with men, people who inject drugs, etc.). However, recent trends in HCV infections throughout the country have revealed an increasing incidence among individuals aged 18 years and older, largely because of the ongoing opioid epidemic. The U.S. Substance Abuse and Mental Health Services Administration encourages screening for viral hepatitis in treatment facilities, but, as of yet, no standard of care recommendation exists. The results of recent studies highlight the need for an expansion of the recommendation for age-based HCV testing and the importance of incorporating HCV screening into Opioid Use Disorder (OUD) treatment.

The American Liver Foundation supports the expansion of age-based HCV testing to persons 18 years of age and older in addition to risk-based testing. According to a study published in *Clinical Infectious Diseases,* this expansion "appears to be cost-effective, leads to improved clinical outcomes and identified more persons with HCV than the current birth cohort recommendations" (Barocas, et al., 2018). Through identification of infected individuals early in disease progression, better individual health outcomes are possible with a reduction in long-term health care costs.

The American Liver Foundation urges formation of standard of care recommendations for individuals with OUD. An examination of the HCV care continuum in individuals with an OUD engaged in Medication Assisted Treatment (MAT) was published in the *Journal of Substance Abuse Treatment* (Brown, et al, 2017). This examination defined the HCV care continuum as beginning with antibody screening, followed by determination of active infection through viral load measurement, ultimately resulting in an endpoint of HCV treatment. This study identified gaps in this care continuum in people with OUD on MAT. The authors urge the importance of developing interventions to increase HCV testing, communicating HCV diagnosis and treatment information to patients, and linking individuals to appropriate medical care, specifically amid this population.

Further evidence of the importance of such interventions was reported by Dr. Preidt and colleagues. They found changes in the efficacy of opioid abuse therapy if patients are screened for HCV as part of the program. The "study showed awareness of HCV infection among this particular population may motivate them to reduce their consumption and hopefully high-risk behavior" (Preidt, 2017). After a year of tracking 2,400 patients from 43 addiction treatment clinics, researchers noted those who tested positive for HCV "were 33% more likely to significantly reduce their use of non-prescribed opioids, benzodiazepines and cocaine than those who tested negative" (Preidt, 2017). By capitalizing on existing points of care, such as a detoxification center, medication assisted treatment program, or long-term recovery center, it may be possible to not only identify more individuals with HCV but also improve outcomes related to OUD.

Sources utilized

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