Understanding Task Force Recommendations

Screening for Hepatitis C Virus Infection in Adults

The U.S. Preventive Services Task Force (Task Force) has issued a final recommendation statement on Screening for Hepatitis C Virus Infection in Adults.

This final recommendation statement applies to adults who have no signs or symptoms of hepatitis C infection and who have not been diagnosed with liver disease or liver function problems.

The Task Force reviewed recent research studies on screening for and treatment of hepatitis C.

What is hepatitis C infection?

Hepatitis C is one of several viruses that can damage the liver. The virus is transmitted through infected blood or body fluids. The most common way that people get infected today is by sharing needles or other equipment used to inject drugs. Rarely, hepatitis C can be transmitted during sex.

Facts About Hepatitis C Virus Infection

Millions of Americans are infected with the hepatitis C virus, but many of them don't know it. It is possible to have chronic (long-term) hepatitis C infection but not to develop any symptoms for decades.

Over time, hepatitis C infection can lead to cirrhosis (scarring) of the liver, end-stage liver disease, and liver cancer. In the United States, chronic hepatitis C infection is a leading cause of liver disease and liver transplants. Each year, more than 15,000 people in the United States are thought to die of complications from chronic hepatitis C infection.

The most important risk factor for hepatitis C infection is the use of injection drugs. Other risk factors include having had a blood transfusion before 1992, having multiple sex partners, and getting a tattoo with an unsterilized needle.

Screening and Treatment for Hepatitis C Infection

Hepatitis C screening involves testing a blood sample to see whether it contains antibodies (disease-fighting proteins) that react specifically to the hepatitis C virus. This test is followed by a second test that determines the level of virus in the blood. When used together, these two tests accurately identify whether a person has hepatitis C infection.

For some people, once hepatitis C infection is identified it can be successfully treated with medicines to get rid of the virus. The goal of treatment is to prevent long-term damage to the liver from the infection.

In the past few years, diagnosis and treatment of hepatitis C infection has greatly improved. This makes it more valuable to identify the infection so that a person can start treatment, if necessary. Not everyone who is infected with the hepatitis C virus needs immediate treatment. Many people without signs of liver damage can be monitored and treated only if the virus becomes active.
Screening for Hepatitis C Virus Infection in Adults

Potential Benefits and Harms of Screening and Treatment

The Task Force reviewed studies on the benefits and potential harms of screening for and treatment of hepatitis C infection.

The Task Force found that screening for hepatitis C is likely to identify people who are infected with the virus. Screening can detect the infection before it has caused serious damage to a person’s liver.

Screening is most beneficial for people at high risk for being infected with hepatitis C, such as those who have ever injected drugs. People who received a blood transfusion before 1992 also are at increased risk. In 1992, the United States started checking blood donations for the virus. Since then, the risk of infection from donated blood has become very, very low.

The Task Force also found that 1-time screening of people born between 1945 and 1965 has benefits. Three of four people who are infected with hepatitis C were born during those years. They may have been infected after a blood transfusion or from a high-risk behavior that they do not know about or have not told their doctor about. Most of the infected people in this group have been living with the disease for many years without symptoms. Some may never develop symptoms, but for many others, the infection will eventually result in liver disease. Identifying the hepatitis C virus in these people can help them and their doctors make decisions about monitoring or treatment.

The Task Force looked at potential harms of screening and treatment and found that they are small. Screening may result in anxiety or feelings of stigma. For many people, hepatitis C treatments have substantial side effects, such as tiredness, headaches, and flu-like symptoms. These side effects last for many months during treatment. However, most side effects go away after treatment ends.

The Final Recommendation Statement on Screening for Hepatitis C Virus Infection in Adults:
What Does It Mean?

Here is the Task Force’s final recommendation statement on screening for hepatitis C virus infection in adults. The recommendation statement has letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of the screening. It also is based on the size of the potential benefits and harms. Task Force evidence grades are explained in the box at the end of this fact sheet.

When the Task Force recommends screening (Grades A or B), it is because it has more potential benefits than potential harms. The Notes next to the recommendation explain key ideas.

Visit the Task Force Web site to read the full final recommendation statement. The statement explains the evidence the Task Force reviewed and how it decided on the grade. Two evidence reports, one on screening and one on treatment, provide more detail about the studies the Task Force reviewed.
The Task Force recommends **screening** for hepatitis C infection in **persons at high risk for infection**. The Task Force also recommends **offering 1-time screening** for HCV infection to **adults born between 1945 and 1965**. **Grade B**

**Should You Be Screened for Hepatitis C Infection?**

Getting the best health care means making smart decisions about what screening tests, counseling services, and preventive medicines to get and when to get them. Many people don’t get the tests or counseling they need. Others get tests or counseling they don’t need or that may be harmful to them.

Task Force recommendations can help you learn about screening tests, counseling services, and preventive medicines. These services can keep you healthy and prevent disease. The Task Force recommendations do not cover diagnosis (tests to find out why you are sick) or treatment of disease. Task Force recommendations also apply to some groups of people, but not others. For example, this recommendation does not apply to people who do not have symptoms of hepatitis C infection or who have been diagnosed with liver disease.
Deciding Whether to Get Screened for Hepatitis C Infection

The Task Force recommends that adults at high risk for hepatitis C infection be screened for the infection. People who currently use injection drugs should be screened regularly. The Task Force also recommends that doctors or nurses should offer 1-time hepatitis C screening to adults born between 1945 and 1965.

Even though the Task force recommends that doctors and nurses offer you a hepatitis C test, you can choose to decline. If you have questions, talk to your doctor or nurse about hepatitis C infection, the test, and the meaning of positive and negative results. Be comfortable that all your questions have been answered. When deciding whether to get screened, think about your own lifestyle (both now and in the past), personal beliefs, and preferences for health care. Consider scientific recommendations, like this one from the Task Force. Use this information to become fully informed and to decide whether getting a hepatitis C test is right for you.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed. Recommendations only address services offered in the primary care setting or services referred by a primary care clinician.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the Task Force Web site.

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