



**SCREENING FOR HEPATITIS C VIRUS INFECTION IN ADULTS
CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION**

Population	Persons at high risk for infection and adults born between 1945 and 1965
Recommendation	Screen for hepatitis C virus (HCV) infection. Grade: B

Risk Assessment	<p>The most important risk factor for HCV infection is past or current injection drug use. Additional risk factors include receiving a blood transfusion before 1992, long-term hemodialysis, being born to an HCV-infected mother, incarceration, intranasal drug use, getting an unregulated tattoo, and other percutaneous exposures.</p> <p>Adults born between 1945 and 1965 are more likely to be diagnosed with HCV infection, either because they received a blood transfusion before the introduction of screening in 1992 or because they have a history of other risk factors for exposure decades earlier.</p>
Screening Tests	<p>Anti-HCV antibody testing followed by confirmatory polymerase chain reaction testing accurately identifies patients with chronic HCV infection. Various noninvasive tests with good diagnostic accuracy are possible alternatives to liver biopsy for diagnosing fibrosis or cirrhosis.</p>
Screening Interval	<p>Persons with continued risk for HCV infection (such as injection drug users) should be screened periodically. Evidence on how often screening should occur in these persons is lacking. Adults born between 1945 and 1965 and persons who are at risk because of potential exposure before universal blood screening need only be screened once.</p>
Treatment	<p>Antiviral treatment prevents long-term health complications of HCV infection (such as cirrhosis, liver failure, and hepatocellular carcinoma). The combination of pegylated interferon (α-2a or α-2b) and ribavirin is the standard treatment for HCV infection. In 2011, the U.S. Food and Drug Administration approved the protease inhibitors boceprevir and telaprevir for the treatment of HCV genotype 1 infection (the predominant genotype in the United States).</p>
Balance of Benefits and Harms	<p>On the basis of the accuracy of HCV antibody testing and the availability of effective interventions for persons with HCV infection, the USPSTF concludes that there is a moderate net benefit to screening in populations at high risk for infection. The USPSTF concludes that there is also a moderate net benefit to 1-time screening in all adults in the United States born between 1945 and 1965.</p>
Other Relevant USPSTF Recommendations	<p>The USPSTF has made recommendations on screening for hepatitis B virus infection in adolescents, adults, and pregnant women. These recommendations are available at http://www.uspreventiveservicestaskforce.org/.</p>

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org/>.