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PUBLIC HEALTH ADVISORY

To: All HAN Recipients
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: Addressing Substantial Gaps in Hepatitis C Diagnosis and Treatment
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Maine CDC is working to develop an up-to-date list of practices and clinicians who are providing hepatitis C treatment in Maine and to expand the accessibility of this care for all affected Mainers. The survey can be accessed at https://redcap.link/MECDC_HepC_Treatment_Survey. The deadline for completing the survey is July 15, 2024.

Addressing Substantial Gaps in Hepatitis C Diagnosis and Treatment

Summary

Hepatitis C infections have risen nationally in recent years, with Maine reporting the highest rate of acute infections in the country in 2020, 2021, and 2022. The rise in hepatitis C infections across the country has been linked to injection drug use and significant gaps in diagnosis, treatment, and prevention.

Universal and risk-based screening is the entry point into the HCV continuum of care and is a crucial and necessary component of any HCV elimination strategy. The U.S. Centers for Disease Control and Prevention (U.S. CDC) recommends universal screening for individuals aged 18 years old and older and periodic risk-based screening for any persons with certain risk factors, screening during each pregnancy and for exposed infants, and confirmatory testing with a hepatitis C virus (HCV) nucleic acid test (NAT). All diagnosed individuals should receive follow-up care and treatment with direct-acting antivirals that can cure over 95% of patients in 8–12 weeks. Treatment is recommended for all infected persons, including persons living with HIV and persons with active substance use.

This health advisory provides a comprehensive overview of recommendations and strategies for increased screening, diagnosis, treatment, and prevention services for persons with or at risk for acquiring hepatitis C.

Background

Hepatitis C is a significant [public health concern](#) in Maine and across the U.S. Chronic hepatitis C is a leading cause of liver cancer and the leading cause of liver transplants in the U.S. Maine had the [highest rate](#) of confirmed acute hepatitis C infections in the U.S. in 2020, 2021, and 2022. In 2023, Maine reported 79 new acute infections and 841 new chronic infections, a decrease of 39% and 37%, respectively, from 2022.¹

Drug use is the leading risk factor for hepatitis C infection in Maine: in 2023, 60% of people with new acute infections report injection drug use and 48% report non-injection drug use. In Maine, 33% of people infected with hepatitis C have achieved sustained virologic response.²

Nationally, new cases of hepatitis C are on the rise. New infections approximately doubled from 2013–2022, primarily in association with injection drug use which was [reported](#) in 52% of cases for which this information was available. Nationally, hepatitis C viral clearance among persons with hepatitis C is at 34%, well below the established hepatitis C viral clearance goal of >80%.

A recent [study](#) of over 1.7 million people ever infected with hepatitis C between 2013–2022 in the U.S. found substantial gaps in diagnosis, treatment, and prevention, largely driven by social determinants of health, opioid use, misinformation about treatment, and stigma. Approximately 40% of people living with chronic hepatitis C were unaware of their status. Despite the availability of effective and well-tolerated oral medication, only one-third of people with a documented hepatitis C diagnosis nationally were cured. For people without health insurance, only one in six were cured.

Screening, Diagnosis, and Treatment Recommendations

Universal and risk-based screening recommendations

- Every individual 18 years old and older should be offered an HCV screening test.
- Additionally, routine periodic screening is recommended for patients of any age who identify as having ongoing risk factors, including persons who inject drugs and share needles, syringes, or other drug preparation equipment.
- Given the high HCV prevalence among persons in the U.S. correctional system, jails and prisons should implement opt-out HCV testing.

Screening during pregnancy and for exposed infants

- Universal HCV screening is recommended during each pregnancy, ideally at the first prenatal visit along with HIV, syphilis and hepatitis B virus.
- If initial results are negative, hepatitis C screening should be repeated later in pregnancy in pregnant persons with persistent or new risk factors for hepatitis C infection (e.g. new or ongoing use of injected or intranasal illicit drugs).
- It is important to communicate the hepatitis C status of each pregnant person to the pediatrician in a timely manner. Testing during pregnancy allows for the identification of infants who should be tested at a pediatric visit. Testing of exposed infants consists of HCV NAT testing at 2–6 months of age.

Diagnosis and linkage to care

- For initial HCV testing, perform HCV antibody screening with reflex to HCV NAT to establish the presence of active infection. HCV NAT test should be performed on the same specimen, or a second specimen should be collected at the same time as the initial HCV screening test specimen in order to be able to later confirm diagnosis of current infection.

¹ Preliminary data

² Preliminary data

- All individuals with detectable HCV RNA via NAT should be offered follow-up hepatitis C care and treatment or referred to a clinician who can provide follow-up hepatitis C care and treatment.

Treatment

- All persons identified with a hepatitis C infection should receive follow-up medical care and hepatitis C treatment. The development of new and simple DAAs allows for more than 95% of patients to be cured. Currently available treatments with DAAs can cure most people in 8–12 weeks.
- Treatment is recommended for all individuals with hepatitis C infection, including persons living with HIV and those with active substance use. Active or recent substance use or concern for reinfection is not a contraindication to HCV treatment.
- Infected children aged <3 years should be monitored in consultation with a pediatric infectious disease specialist or pediatric gastroenterologist. DAA treatment is not approved for children aged <3 years.

Prevention

- Early detection and treatment of hepatitis C infections in people who inject drugs and other people who use drugs is an effective approach to preventing further transmission (“treatment-as-prevention”).
- People with hepatitis C infection should be counseled about measures to reduce the risk of transmission to others and offered linkage to harm reduction services, including intranasal naloxone, syringe service programs, medications for opioid use disorder, and other substance use disorder treatment programs.
- Vaccination against hepatitis A and hepatitis B is recommended for all susceptible persons with HCV infection.
- HCV-infected persons should be tested for HIV antibody and hepatitis B surface antigen (HBsAg), using standard screening assays, because of overlapping risk factors and benefits associated with identification and treatment.
- Co-localization of HCV screening, evaluation, and treatment with other medical or social services in settings with high hepatitis C prevalence (e.g., correctional facilities, syringe service programs, substance use treatment centers, and harm reduction programs) may help overcome several treatment barriers and increase the proportion of patients with hepatitis C infection who begin treatment and are cured.

Reporting

Acute hepatitis C infections and chronic hepatitis C infections are reportable conditions in the State of Maine. New cases of acute hepatitis C or a new case of chronic hepatitis C are reportable through electronic laboratory reporting (ELR). If ELR is unavailable providers can call 1-800-821-5821 or fax at 1-800-293-7534.

Maine CDC Resources

Education

- [Hepatitis C and Pregnancy: A Guide for Pregnant People with Hep C \(PDF\)](#)
- [Hepatitis C Fact Sheet \(PDF\)](#)
- [Hepatitis C Pocket Card \(PDF\)](#)
- [Hepatitis C Flyer \(PDF\)](#)

Linkage to Care

- [Linkage to Care Palm Card \(PDF\)](#)
- [Hepatitis C Linkage to Care Form](#) or at https://redcap.link/HCV_Linkage – this form is for people who have questions about Hepatitis C testing and treatment, and for anyone who would like help connecting to care for Hepatitis C

Testing and Treatment

- [Algorithm for Screening and Treating Hepatitis C in Pregnant and Postpartum Women \(PDF\)](#)

- [Algorithm for Screening and Treating Hepatitis C in Perinatally Exposed Infants \(PDF\)](#)
- [Navigating Health Insurance for Viral Hepatitis in Maine \(PDF\)](#)

For more information

- [Hepatitis C Practice Guidelines](#) (American Association for the Study of Liver Diseases)
- [Hepatitis C Testing and Treatment in Correctional Settings](#) (AASLD)
- [Hepatitis C in Children](#) (AASLD)
- [U.S. CDC: Hepatitis C](#)