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TECHNICAL BULLETIN

DATE: October 6, 2023

TOPIC: Updated Operational Guidance for Implementation of CDC's Hepatitis C Infection Testing Recommendations

CONTACT: Elizabeth Kessler, Surveillance Unit Manager, Office of State Epidemiology

TO: Health Care Providers and Facilities Testing for Hepatitis C

BACKGROUND

The Centers for Disease Control and Prevention (CDC) has updated the operational guidance for implementing the recommendations related to testing for hepatitis C virus (HCV) infection.¹ Accurate and complete testing identifies persons with current HCV infections and allows for the initiation of curative antiviral therapy and linkage to care cascade. Approximately one third of patients tested for HCV have an incomplete test. When an HCV antibody test comes back reactive and the patient does not have a subsequent HCV RNA test performed, testing is considered incomplete. This results in the patient being unaware of a potential HCV infection diagnosis.

UPDATED HCV TESTING GUIDANCE

Persons with a reactive HCV antibody test result and detectable HCV RNA are determined to have current HCV infection and should be linked to care. Persons who received a reactive HCV antibody test result and undetectable HCV RNA likely have a resolved HCV infection, although falsely reactive HCV antibody tests can occur.² The 2013 CDC guidance for HCV testing has been updated to now offer three possible single-visit testing strategies to properly diagnose HCV:

1. From one single venipuncture, two specimens are collected in separate tubes: one tube for initial HCV antibody testing, and a second tube for HCV RNA testing if the HCV antibody test is reactive.
2. The same sample of venipuncture blood is used for initial HCV antibody testing that, if reactive, is reflexed for HCV RNA testing without another blood draw.
3. A separate blood sample is submitted for HCV RNA testing if the initial HCV antibody test used finger-stick blood.

CDC no longer recommends a two-visit approach, which requires an initial venipuncture test for HCV antibody and if reactive attempting to request the patient come back for another venipuncture to test for HCV RNA. According to CDC, this approach contributes to incomplete HCV testing.

¹ [Updated Operational Guidance for Implementing CDC's Recommendations on Testing for Hepatitis C Virus Infection | MMWR](#)

² [Prevalence of false-positive hepatitis C antibody results, National Health and Nutrition Examination Study \(NHANES\) 2007–2012 - ScienceDirect](#)

Implementing this new single-visit, two-sample testing system as recommended by the CDC allows all samples needed for complete testing to be collected in one visit to diagnose current HCV infection. This will allow for automatic HCV RNA testing on all HCV antibody reactive samples. Implementation of these testing strategies will allow more patients to be made aware of an HCV infection diagnosis and seek antiviral therapy and link them to care cascade.

Questions

For updated guidance, review [the Division of Public and Behavioral Health Technical Bulletin](#) web page regularly. Contact Elizabeth Kessler, Office of State Epidemiology Surveillance Unit Manager, at 775-447-4494, or email stateepi@health.nv.gov for other questions regarding hepatitis C testing recommendations.



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