

This fact sheet explains the Task Force's draft recommendations on screening for hepatitis C infection in adults. It also tells you how you can send comments about the draft recommendations to the Task Force. Comments may be submitted from November 27 to December 24, 2012. The Task Force welcomes your comments.

Screening for Hepatitis C Infection in Adults

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

This draft recommendation statement applies to all adults without signs or symptoms of hepatitis C infection. It does not apply to people who have not been diagnosed with liver disease or liver function problems.

What is hepatitis C infection?

Hepatitis C is one of several viruses that cause inflammation of 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.

Hepatitis C Infection

Hepatitis C infection is the most common blood-borne infection in the United States. Millions of Americans are infected with the hepatitis C virus, but many of them don't know it because they may not have any symptoms.

Although many people who are infected with the hepatitis C virus develop chronic (long-term) infection, most do not develop any symptoms for decades. In the United States, however, chronic hepatitis C infection is a leading cause of cirrhosis (scarring) of the liver, end-stage liver disease, liver cancer, and liver transplants. The Centers for Disease Control and Prevention recently announced that 15,000 people in the United States die each year of complications from chronic hepatitis C infection.

Major risk factors for hepatitis C infection include injecting drugs and having had a blood transfusion before 1992. About three-fourths of the people with hepatitis C infection today were born between 1945 and 1965, and their infections likely occurred because of a blood transfusion or risky behaviors, such as injecting drugs.

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 polymerase chain reaction (PCR) testing, which determines the level of virus in the blood. When used together, these two tests are very accurate.

There is no cure for hepatitis C infection, but some people 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 hepatitis C infection.

Screening for Hepatitis C 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 and have a better chance of preventing future liver damage.

Even with the latest advances, however, not everyone with hepatitis C infection will benefit from the available treatments. Some patients will not respond to these treatments. In others, infection with the virus will not lead to complications. As a result, they may receive treatment they do not need.

Potential Benefits and Harms

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

The Task Force found that screening for hepatitis C infection is effective. Screening is most useful for people at high risk for being infected with hepatitis C. People who have ever injected drugs are at very high risk for being infected. Also, people who received a blood transfusion or blood product before 1992 are at high risk. This was the year when the United States began checking blood donations for the virus. People at high risk have about a 50 percent of being infected.

The Task Force also considered whether offering screening to people born between 1945 and 1965 would be effective. Overall, in the United States, 3 to 4 percent of people in this group have chronic hepatitis C infection. The Task Force concluded that while the benefit of screening this group would be less than for high-risk people, there is a small, but real, benefit to screening them.

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

The Draft Statement on Screening for Hepatitis C Infection: What Does It Mean?

Here are the Task Force's draft recommendations on screening for hepatitis C infection. The draft recommendations have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of this screening. They are also based on the size of the potential benefits and harms. The Task Force evidence grades are explained in the box at the end of this fact sheet.

When the Task Force recommends (Grade A or B) a screening test, it is because the screening has much more potential benefit than potential harm. When the evidence shows that a screening test has at least a small overall benefit, the Task Force gives it a Grade C. The Notes explain key ideas.

Before you send comments to the Task Force, you may want to read the full [draft 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.

- 1 The Task Force recommends *screening* for hepatitis C virus infection in *adults at high risk*, including those with any history of *intravenous drug use* and *blood transfusions before 1992*. **Grade B**

- 2 The Task Force recommends that *clinicians* consider offering hepatitis C infection screening in *adults born between 1945 and 1965*. **Grade C**

Notes

- 1 *screening*
Taking a blood test to see whether a person is infected with hepatitis C virus.

- adults at high risk*
Adults who are very likely to be infected with the hepatitis C virus.

- intravenous drug use*
Injecting drugs into a blood vein.

- blood transfusions before 1992*
Before 1992, blood transfusion was a leading way that the hepatitis C virus was transmitted from one person to another. In 1992, blood banks began to screen all blood for hepatitis C virus. The chances of transmitting the virus in this way are now extremely small.

- 2 *clinicians*
Health care professionals, including doctors, nurse practitioners, physician assistants, and nurses.

- adults born between...*
Three-fourths of the people with hepatitis C infection today were born during this time. This group is at higher risk of infection than people born before or after. In 2012, people born during this time are between the ages of 47 and 67.

 [Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received **between November 27 and December 24, 2012**.



All comments will be considered for use in writing final recommendations.

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.

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](#).

USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

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