

WHAT'S NEW

From the U.S. Preventive Services Task Force

An Overview of Recommendations

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Screening for Hepatitis C Virus Infection in Adults

What Does the U.S. Preventive Services Task Force Recommend?

The U.S. Preventive Services Task Force (USPSTF) recommends against routine screening for hepatitis C virus (HCV) infection for asymptomatic adults who are not at increased risk for infection. The USPSTF found insufficient evidence to recommend for or against routine screening for HCV infection in adults at high risk for infection.

How Effective Is Screening for HCV Infection?

Screening tests can detect HCV infection in asymptomatic adults who are not at increased risk for infection, but there is no evidence that such screening leads to improved long-term health outcomes such as decreased cirrhosis, hepatocellular cancer, or mortality. Because the prevalence of HCV infection in the general

population is low, so would be the yield of screening.

The yield of screening for HCV infection in adults at increased risk would be substantially higher than the yield of screening in the general population, but there is no evidence that such screening leads to improved long-term health outcomes.

There is no evidence that screening for HCV infection leads to improved long-term health outcomes.

Who May Be at Increased Risk for HCV Infection?

Established risk factors for HCV infection include current or past intravenous drug use, blood transfusion before 1990, dialysis, and being a child of an HCV-infected mother. High-risk sexual behavior (particularly sex with someone infected with HCV) and the

use of illegal drugs also have been associated with increased risk for HCV infection.

How Effective Is Treatment?

There is evidence that anti-viral therapy improves intermediate health outcomes, such as viremia, but there is no evidence that such treatment improves long-term health outcomes. There is currently no evidence that newer treatments for HCV infection, such as pegylated interferon plus ribavirin, improve long-term health outcomes. There is limited evidence that older therapies have some long-term health benefits for patients referred for treatment, but these studies were done outside the U.S.; it is not known whether these results can be generalized to the U.S. population.

The adverse effects of treatment are common and result in high patient dropout rates.

What's New from the U.S. Preventive Services Task Force is a series of fact sheets based on recommendations of the USPSTF. The USPSTF systematically reviews the evidence of effectiveness of a wide range of clinical preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent disease)—to develop recommendations for preventive care in the primary care setting. **This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.**

More detailed information on this subject is available in "Screening for Hepatitis C Virus Infection: Systematic Evidence Review for the U.S. Preventive Services Task Force" and in the USPSTF Recommendation Statement, which can be found on the Agency for Healthcare Research and Quality (AHRQ) Web site (www.preventiveservices.ahrq.gov) and through the National Guideline Clearinghouse (www.guideline.gov). The Summary of Evidence and the USPSTF Recommendation Statement are available in print through the AHRQ Clearinghouse (1-800-358-9295, or ahrqpubs@ahrq.gov).

www.ahrq.gov

There is limited evidence that available treatments are effective in preventing cirrhosis in patients with asymptomatic HCV infection.

What Are the Harms of Screening for HCV Infection?

Potential harms of screening for HCV include anxiety, negative effects on partner relationships, unnecessary biopsies, labeling, and treatment regimens that have a high incidence of adverse effects.

What Are the Harms of Treatment?

The majority of patients receiving interferon-based therapies alone or in combination with ribavirin experience adverse effects, the most common of

which is a flu-like syndrome, including myalgia, fatigue, headache, and fever. As a result of these adverse effects, the current treatment regimen is associated with a high patient dropout rate. Treatment regimens for HCV infection are long and costly.

For more information, contact the following organizations:

The Centers for Disease Control and Prevention

www.cdc.gov

healthfinder®

www.healthfinder.gov

National Institutes of Health

www.nih.gov



U.S. Department of Health and Human Services



Agency for Healthcare Research and Quality
www.ahrq.gov



U.S. Preventive Services Task Force

Members of the USPSTF represent the fields of family medicine, gerontology, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology. Members of the U.S. Preventive Services Task Force* are:

Alfred O. Berg, MD, MPH
Chair

Janet D. Allan, PhD, RN, CS
Vice-chair

Ned Calonge, MD, MPH

Paul S. Frame, MD

Joxel Garcia, MD, MBA

Russell Harris, MD, MPH

Mark S. Johnson, MD, MPH

Jonathan D. Klein, MD, MPH

Carol Loveland-Cherry, PhD, RN

Virginia A. Moyer, MD, MPH

C. Tracy Orleans, PhD

Albert L. Siu, MD, MSPH

Steven M. Teutsch, MD, MPH

Carolyn Westhoff, MD, MSc

Steven H. Woolf, MD, MPH

*Members of the USPSTF at the time the USPSTF recommendation on this topic was finalized.

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