



State of Louisiana
Louisiana Department of Health
Office of Public Health

May 14th, 2020

Dear Clinician:

I want to call your attention to Hepatitis C virus (HCV), an important public health issue across the country and in our community. Chronic HCV is a leading cause of liver failure, cancer, and transplantation, and HCV kills more Americans than any other infectious disease.¹ It is estimated that over 3.5 million people in the United States are chronically infected with HCV and in 2015, the latest year for which data is available, there were nearly 20,000 deaths from the disease. Furthermore, the opioid epidemic is fueling increases in injection drug use, which is driving a surge in new, or acute, HCV infections among people who inject drugs, especially young people.

However, we have a new tool to address this significant public health challenge: recently-developed treatment regimens that are shorter in duration and have significantly fewer side effects compared with older interferon-based treatment regimens, and most importantly, are curative. Over 95% of patients treated using the new regimens are cured. When patients with HCV are cured, they experience a 50% reduction in all-cause mortality, a 75% reduction in liver cancer risk, and an improved quality of life.

With curative treatment, eliminating HCV as a public health threat is a real possibility.² But while new drugs are curative and better tolerated than the previous generation of treatment, there are significant challenges to reaching that goal of elimination. One major challenge is that approximately half of people with HCV remain undiagnosed and are unaware of being infected.³

Healthcare providers play a critical role in identifying people who are HCV infected and ensuring appropriate care and treatment for their patients. **I am asking healthcare providers to take the following actions now:**

¹ Centers for Disease Control and Prevention. Hepatitis C Kills More Americans than Any Other Infectious Disease. <http://www.cdc.gov/nchstp/newsroom/2016/hcv-press-release.html>

² National Academies of Sciences, Engineering, and Medicine. A National Strategy for the Elimination of Hepatitis B and C: Phase Two Report. <http://www.nationalacademies.org/hmd/Reports/2017/national-strategy-for-the-elimination-of-hepatitis-b-and-c.aspx>

³ Chhatwal, J., et al. Hepatitis C disease burden in the United States in the era of oral direct-acting antivirals. *Hepatology*. 2016; doi: 10.1002/hep.28571. The 1945-1965 birth cohort maintains the highest burden of chronic HCV in the United States, and the US Preventive Services Task Force recommends screening all members of this birth cohort once and without prior risk elicitation. Risk-based screening is recommended for those with risk factors including current or past injection drug use, blood transfusion prior to 1992, or accidental blood exposure or needlestick.

- Universal HCV Screening at least once in their lifetime for all persons ages 18 years and older regardless of risk factors. This action will identify the majority of persons infected.
- Hepatitis C screening for all pregnant women during each pregnancy.
- Screen all persons with ongoing risk factors for HCV regularly, including persons who inject drugs (even one time). All HIV-positive MSM should be tested annually. All pregnant women should be tested during their pregnancy. For complete risk factor information, visit:
<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-c-screening1> and www.cdc.gov/hepatitis/hcv/guidelinesc.htm.
- Screen any person who requests HCV testing, regardless of disclosure of risk. Many persons may be reluctant to disclose stigmatizing risks.
- Confirm HCV infections by performing HCV RNA tests on all patients who screen antibody-positive.
- Follow up with antibody-positive patients in your practice to ensure they receive a confirmatory RNA test and are linked to care for treatment.
- Refer and link for confirmatory testing if HCV RNA testing is not conducted within your healthcare setting. If already RNA-confirmed, patients should be referred and assessed for treatment.
- Implement systems to promote screening and care. These systems include standing orders for nurses and medical assistants to screen for HCV, electronic medical records (EMR) prompts and reminders, and clinical decision support tools in your EMR to track and follow up with patients with HCV.
- Counsel HCV-positive persons on adherence for those receiving treatment, transmission prevention, and liver health. Counsel HCV-negative persons on harm reduction information.
- Consult the most up-to-date HCV screening, prevention, and treatment guidelines at www.hcvguidelines.org.

To support your efforts to carry out these actions, a representative from the Office of Public Health may discuss this with you. You may contact Dr. Frederic McCall at Frederic.McCall@LA.gov or (919) 920-6707, or Dr. Brandon Mizroch at Brandon.Mizroch@LA.gov at any time for questions or assistance.

Thank you for your commitment to public health and your work in this important effort.



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Assistant Secretary