Viral Hepatitis Resources & Recommendations for Clinicians

Hepatitis C Testing & Reflex Testing

- In 2020, the CDC's guidance was updated to recommend universal hepatitis C screening for all adults aged 18 and older and for all pregnant women during every pregnancy.
- In July 2023, the CDC updated its guidance to recommend automatic HCV RNA testing on all HCV antibody reactive samples.
- Virginia laboratories and health systems should examine how their system may need to evolve to include reflex testing for all antibody positive HCV test results.
- Per current CDC guidance, the use of HCV testing strategies that require multiple visits to collect HCV testing samples should be discontinued. Healthcare providers should begin implementing a two-step testing sequence for the diagnosis of HCV infections, which includes automatic reflex testing for HCV RNA on all HCV antibody reactive samples.

Viral Hepatitis Testing During Pregnancy

- Per Virginia Code § 32.1-35, all pregnant patients must be tested for hepatitis B surface antigen (HBsAg) within 15 days after initiating care with a provider. A second prenatal test for HBsAg must be conducted at the beginning of the third trimester for patients who are at an increased risk of contracting hepatitis B.
- The Virginia Perinatal Hepatitis B Prevention (VPHBP) Program, within VDH, is a collaborative effort with local health departments and private providers to identify HBsAg-positive pregnant women, their household contacts, and sexual partners.
- VPHBP tracks contacts and infants of HBsAg-positive pregnant women to ensure that appropriate treatment is received, attempting to eliminate the transmission of perinatal hepatitis B.

Virginia's Viral Hepatitis Elimination Plan

- VDH and a coalition of community partners, providers, and people with lived experience have collaborated to publish a statewide viral hepatitis elimination plan. This plan includes objectives and strategies designed to better reach priority populations, expand testing and treatment, and improve disease reporting.
- VDH encourages health systems and laboratories not currently reporting negative test results to consider adopting this practice. Reporting all hepatitis B and C results, including negative results, supports VDH in disease surveillance and monitoring, and allows for more accurate data reporting.

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VDH Virginia Department of Health — Office of Epidemiology, Division of Disease Prevention

Viral Hepatitis Health Systems Survey & Laboratory Needs Assessment Survey, 2023

VDH conducted the 2023 Viral Hepatitis Health Systems and Laboratory Needs Assessment Survey to explore barriers around conducting and reporting hepatitis B and hepatitis C tests. All health systems and labs that were queried serve members of priority populations outlined in VDH's statewide Viral Hepatitis Elimination Plan. These priority populations include communities at an increased risk for viral hepatitis infection.

Surveys were distributed to Virginia's top five health systems and the four highest-volume CLIA-certified laboratories that report 80% or more HCV antibody tests and HBV tests in the jurisdiction. The health systems were chosen based on a calculation of patient discharges.

Summary of Findings

- **Reflex Confirmatory Testing**: Eight of nine (89%) of surveyed labs and health systems conduct reflex confirmatory testing on all positive HCV antibody specimens.
- **Reporting Undetectable and Negative Results**: Four of the labs/health systems surveyed reported negative or undetectable HBV DNA or HCV RNA test results to VDH.
- **Pregnancy/ ALT & Bilirubin Levels**: Seventy-five percent of labs and health systems surveyed report pregnancy, ALT, and/or Bilirubin levels for patients who test positive on HBV or HCV tests ONLY if a clinician orders the additional tests during the same encounter as the hepatitis test.

Successes	Challenges

• All health systems and labs that were queried serve members of priority populations outlined in VDH's statewide Viral Hepatitis Elimination plan. These priority populations include communities at an increased risk of viral hepatitis infection.
• Priority populations include (but are not limited to):
  ▪ People born from 1945-1965
  ▪ People with a history of incarceration
  ▪ Uninsured and under-insured individuals
  ▪ People experiencing homelessness
• Four of nine (44%) of surveyed health systems and labs voluntarily report negative and undetectable viral hepatitis test results to VDH.
	• Reported barriers that prevent labs from conducting HCV reflex testing include:
	  ▪ Limited staffing
	  ▪ Current laboratory testing policies
	  ▪ System challenges that require high-level approval for testing changes
	• Barriers to labs/health systems reporting pregnancy, ALT, and/or bilirubin tests (unless the test is ordered at the same encounter as the hepatitis test) include:
	  ▪ Laboratory information systems challenges
	  ▪ The inability to link results when tests are ordered under different sample IDs