This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for hepatitis C virus infection in adolescents and adults. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from August 27, 2019 to September 23, 2019. The Task Force welcomes your comments.

Screening for Hepatitis C Virus Infection in Adolescents and Adults

The Task Force issued a draft recommendation statement on Screening for Hepatitis C Virus Infection in Adolescents and Adults. Based on its review of the evidence, the Task Force recommends screening for hepatitis C infection in all adults ages 18 to 79.

What is hepatitis C infection?

Hepatitis C infection is a virus that can damage the liver. The virus is transmitted through infected blood, usually as a result of sharing needles or other equipment used to inject drugs.

Facts About Hepatitis C Infection

Millions of Americans are infected with the hepatitis C virus, but many of them don’t know it. Today, there are more than three times as many new cases of hepatitis C infection each year than there were a decade ago. And, it is the most common cause of death from an infectious disease.

Hepatitis C infection can be a short-term illness—one out of four cases clear on their own—but most infections lead to long-term, or chronic, hepatitis C infection. If left untreated, the infection can lead to liver disease, liver cancer, and even death. Most people with hepatitis C infection do not develop symptoms for decades, so they do not know they have the condition.

Today, hepatitis C infection affects a younger population than in the past. The most important risk factor for hepatitis C infection is past or current use of injection drugs.

Screening and Treatment for Hepatitis C Infection

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 a second test that determines the level of virus in the blood. When used together, these two tests accurately identify whether a person has hepatitis C infection.

Not everyone who is infected with the hepatitis C virus needs immediate treatment. Many people without signs of liver damage can be monitored and treated only if the virus becomes active.

For people who need treatment, hepatitis C infection can usually 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 the infection.

Potential Benefits and Harms of Screening for Hepatitis C Infection

A primary benefit of screening for hepatitis C is that it identifies people who are infected with the virus so they can be treated.
before the infection causes serious damage to the liver and other negative health outcomes, including death. Screening is important because many people who are infected with hepatitis C virus do not know it because they do not look or feel sick.

The Task Force found that screening is beneficial for all adults ages 18 to 79 years old. Most adults only need to be screened once for hepatitis C infection. People who are at continued risk for infection, such as those who use injection drugs, should be screened periodically. Screening may also be beneficial in people under age 18 and older than 79 years of age who are at high risk for infection.

The Task Force looked at potential harms of screening and treatment and found they are small. Screening may result in anxiety or feelings of stigma. Treatment can lead to side effects such as fatigue, headache, nausea, and diarrhea.

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

Here is the Task Force’s draft recommendation on screening for hepatitis C virus infection in adolescents and adults. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues a **B Grade**, it recommends screening because it has more potential benefits than harms.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

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1. The USPSTF recommends screening for *hepatitis C virus (HCV) infection* in adults ages 18 to 79 years.

   **(B Grade)**

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**Notes**

1. **screening**
   
   Blood tests to see whether a person is infected with hepatitis C virus.

   **hepatitis C virus (HCV) infection**
   
   A virus that can damage the liver. It is transmitted through infected blood, usually as a result of sharing needles or other equipment used to inject drugs.
What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer 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, and 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 website.

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<th>Grade</th>
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<tr>
<td>A</td>
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<td>Recommendation depends on the patient’s situation.</td>
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<td>D</td>
<td>Not recommended.</td>
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Click Here to Comment on the Draft Recommendation

The Task Force welcomes comments on this draft recommendation.

Comments must be received between August 27, 2019 and September 23, 2019.

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