Nebraska Department of Health and Human Services

Health Alert Network

Update

December 08, 2025

Screening, Testing, and Treatment of Hepatitis C

Nationally, an estimated 2.5 to 4 million people are living with chronic Hepatitis C, with about 100,000 new cases diagnosed each year. In Nebraska, 393 new chronic cases were reported in 2024, a level that has remained steady but still signals a persistent public health burden. Rising HCV infections nationwide, driven in part by injection drug use, underscore that *anyone can be at risk, making universal screening essential.* Hepatitis C is now highly curable: available therapies can cure more than 95% of people within 8 to 12 weeks. Without treatment, Hepatitis C can progress to cirrhosis, liver cancer, and a significantly shortened life expectancy.

Background

The Hepatitis C virus (HCV) is a bloodborne virus that can cause serious liver damage, cirrhosis, and is a cause of hepatocellular carcinoma. HCV can survive on surfaces for up to six weeks, with ~30% of cases resulting from activities not usually considered high risk, such as manicures/pedicures, sharing razors or toothbrushes. There are now direct acting antivirals (DAAs) for all HCV genotypes, including genotype-agnostic options.

Who Should be Screened/Tested

Because up to 85% of people with HCV infection are asymptomatic or have non-specific symptoms, many do not know they are infected and can unintentionally spread the virus. Thus, CDC recommends universal screening.

HCV Screening vs. HCV Testing

- **HCV screening** is the first step to determine if a person has *ever been exposed* to HCV. Screening is done using an FDA-approved HCV antibody test.
- **HCV testing** is performed if the antibody screening test is reactive and is necessary to confirm if the person has a *current, active infection*. Testing is done using a nucleic acid test (NAT) for HCV RNA.
- **CDC recommends hepatitis C screening for the following groups:**
    - All adults 18 yrs and older at least once in their lifetime.
    - All pregnant women (during *each* pregnancy).
- **CDC recommends these high-risk groups be tested at least once:**
    - People who currently inject drugs or who have ever injected, even once or a long time ago.
    - People with human immunodeficiency virus (HIV).
    - People with abnormal liver tests, liver disease, or who are on hemodialysis.
    - People who received blood transfusions or organ transplants before July 1992.
    - People who received clotting factor concentrates before 1987.
    - Healthcare, emergency medical services, and public safety personnel after needle sticks, sharps, or mucosal exposure to HCV-positive blood.
    - Infants and children who are born to someone with known HCV infection.
- **CDC recommends periodic testing for:**
    - People with ongoing risk factors, including anyone who injects drugs and shares needles, syringes, or other drug equipment.
    - People with certain medical conditions, including those who have ever received maintenance hemodialysis.
    - Anyone who requests HCV testing *regardless of disclosed risk factors*.

Testing

Testing should include an FDA-approved HCV antibody test, followed by an HCV RNA NAT test if the antibody result is positive/reactive. CDC recommends that clinicians collect all necessary samples needed to diagnose HCV infection in a single visit and automatically (reflex) order an HCV NAT test in the event the HCV antibody test is reactive. A positive HCV NAT test is confirmatory evidence of a current, active HCV infection.

Pretreatment Assessment

Before starting treatment in patients with confirmed HCV infection, clinicians should complete the following:

- Pregnancy test in females of childbearing age.
- Hepatitis B virus (HBV) and HIV testing.
- Assess level of cirrhosis, as this affects monitoring and treatment decisions such as the necessity of additional medication or viral genotyping.
  - Calculate FIB-4 score.
  - **Cirrhosis assessment:** A liver biopsy is not required. For the purpose of this guidance, a patient is presumed to have cirrhosis if they have a FIB-4 score >3.25 **or** any of the following findings from a previously performed test:
    - Transient elastography (e.g., FibroScan stiffness >12.5 kPa).
    - Noninvasive serologic tests above proprietary cutoffs indicating cirrhosis (e.g., FibroSure, Enhanced Liver Fibrosis Test).
    - Clinical evidence of cirrhosis (e.g., liver nodularity and/or splenomegaly on imaging, platelet count <150,000/mm^3).
    - Prior liver biopsy indicating cirrhosis.
  - **Medication reconciliation:** Record current medications, including prescriptions, over-the-counter drugs, and herbal/dietary supplements.
  - **Potential drug-drug interaction assessment:** Drug-drug interactions can be assessed using the AASLD/IDSA guidance or the University of Liverpool drug interaction checker.
    - In patients with HIV coinfection, the simplified treatment approach should not be used in those on TDF containing regimens with eGFR <60 ml/min due to the need of additional monitoring.
  - **Education:** Educate the patient on how to take medications, the importance of adherence, and steps to take to prevent reinfection.

Treatment

CDC recommends all patients with HCV infection be evaluated for potential treatment with a curative direct acting antiviral (DAA) in accordance with the American Association for the Study of Liver Diseases (AASLD)/Infectious Disease Society of America's (IDSA) guidance. Providers should counsel HBV-coinfected patients on the risk of reactivation infection and monitor them closely following treatment initiation.

Additional Information

AASLD/IDSA Guidance and Additional Medications
UCSF National Clinician Consultation Center for testing and treatment
CDC Screening/Testing Guidance
CDC Treatment Guidance
CDC Clinical Overview

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