



HIV COUNSELOR PERSPECTIVES *Supplement*

Rapid Hepatitis C Testing by HIV Test Counselors

Hepatitis C virus (HCV) is the most common chronic blood-borne infection in the United States.¹ Approximately 3.2 million Americans, including an estimated half million people in California, are living with chronic hepatitis C infection.^{1,2} Chronic HCV infection can lead to liver disease, liver cancer, and cirrhosis, the need for a liver transplant, and death.³ In 2013, the Centers for Disease Control and Prevention (CDC) noted that, “Although drug therapy has extended the life expectancy of people with HIV, liver disease—much of which is related to HCV and HBV [the hepatitis B virus]—has become the leading cause of non-AIDS-related deaths.”⁴ For a more extensive discussion of hepatitis C and of the relationship between HIV and hepatitis C, please see our 2009 *Perspectives* issue, “Update on Hepatitis C.”⁵

Transmission and Testing

HIV and HCV are both transmitted by blood-to-blood contact (for example, when people share injection needles, or when accidental needle sticks occur in health care settings, or from mother to child during pregnancy and delivery). In the past, some cases of both HIV and hepatitis C occurred through use of infected blood products or organ or tissue donations (though these materials have been screened

against this possibility since 1992). There is also some evidence that HCV, like HIV, can be transmitted sexually, particularly when HIV is also present.⁶ Because HIV and HCV transmission routes are similar, many of the people at risk for HIV are also at highest risk for HCV, especially injection drug users and men who have sex with men.⁴ In fact, 80 percent of HIV-positive injection drug users are also living with HCV.⁴

Last year, the California state legislature changed the Health and Safety Code (Section 120917) to allow rapid hepatitis C testing at HIV test counseling sites by HIV test counselors who are trained by the California Department of Public Health.⁷ The test being used is the OraQuick Rapid HCV Antibody Test, which was approved for use in the United States in 2010, and was waived under the Clinical Laboratory Improvement Amendments (CLIA) in 2011. This waiver allows testing sites to create a lab-like environment to run a test that would normally occur in a formal laboratory setting.

Current rapid HIV test counselors will notice the great similarity between the OraQuick Rapid HCV Antibody Test and the OraQuick Rapid HIV-1/2 Antibody Test that California Office of AIDS-funded test sites currently use. In fact, HCV rapid test materials are nearly

identical to those used for the HIV rapid test. There are a few key differences: First, the HCV test must be done using blood; there is not the option to use oral fluid. As a result, testers will have to conduct either a finger stick or a venipuncture to obtain a sample. Second, the appropriate storage temperature range for the HCV test kits is slightly different: 36 to 86 degrees, instead of the 35 to 80 degrees for rapid HIV tests.⁸ Third, the meanings of a “reactive” result for the hepatitis C and HIV tests are different, and require a different counseling message.

The Counseling Message

With HIV, a “preliminary positive” result on an antibody test means that it is highly likely that the client is infected with HIV, and that a confirmatory test must be done (often on-site, at the same place that the rapid test was done). There is only a tiny chance that the confirmatory HIV test will reveal that the person is not actually infected. And once a person gets HIV, they always have it, even though treatment can greatly reduce HIV’s harmful effects.

HCV is different. About 15 percent to 25 percent of people who are initially infected with the hepatitis C virus actually “clear” the virus on their own, without any treatment. The other 75

percent to 85 percent go on to develop chronic (or ongoing) hepatitis C infection. The people who cleared the virus on their own are no longer at risk for the complications of chronic hepatitis C, but they will still show up as “hepatitis C antibody reactive” on the rapid HCV test. So it is crucial that counselors advise people who test HCV-reactive to undergo further medical testing to determine whether they are living with chronic HCV. Physicians who are knowledgeable about hepatitis C can run further tests to determine if a person is chronically HCV-infected, and advise the client about treatment options if they are chronically infected.

Treating Chronic HCV

As with HIV disease, early intervention can make a lifesaving difference for people living with chronic HCV. Most people with chronic hepatitis C do not show signs of illness for many years, and so they may be unlikely to seek treatment until the virus has greatly damaged their livers. By screening for hepatitis C, sites can help chronically HCV-infected people get treatment earlier, which may make it more effective for them,⁹ and can help prevent further transmission of the virus. Combination therapies, including those using pegylated interferon and ribavirin,⁶ are available, and eradicate the disease in many people. People have different reactions to treatment, and some HCV therapies are difficult to tolerate. For a list of screening and treatment services offered by county, visit the Viral Hepatitis Services Referral Guide at <http://calhep.org/referralguide.asp>.

Getting More Information

During 2013, The California State Office of AIDS is scheduling Train-the-Trainer sessions for county coordinators

and site supervisors who are interested in training their existing California certified HIV test counselors on how to conduct rapid HCV testing. Beginning Fall 2013 the UCSF Alliance Health Project will be training new HIV test counselors to be proficient in administering, running, and reading both the OraQuick HIV and HCV rapid tests as part of the Basic Counselor Skills Training. Supervisors who are interested in having their staff attend a training can contact their county coordinators, who will in turn contact Karin Hill, Training Coordinator, California Department of Health, Office of AIDS, at Karin.Hill@cdph.ca.gov. Additional information about rapid hepatitis C testing can be found in the Hepatitis C Testing in Non-Healthcare Settings Guidelines at www.cdph.ca.gov/hcvtest. ■

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