



Dear Colleague,

An estimated 2.5-4 million persons are infected with hepatitis C virus (HCV). Data indicates that three fourths of all HCV infections occur among persons born between 1945-1965, many of whom are unaware of their infection. Persons with mental and substance use disorders have significant risk for HCV infection. Injection drug use is a major risk factor, with rates of HCV seropositivity as high as 95% in some populations. People with mental disorders have significantly higher rates of HCV infection than the general public. Studies have shown high rates of HCV in those with serious mental illness ranging from 8.5%-30% which is significantly higher than HCV rates for the general population (1.8%). HCV can be asymptomatic for decades and a high proportion of patients have no reported exposure risk. SAMHSA urges all providers of behavioral healthcare, including both providers of substance abuse and mental health services, to implement routine HCV screening for all patients at high risk for infection.

In addition to existing risk-based testing, the Centers for Disease Control and Prevention (CDC) has recommended a one-time HCV screening for persons born during 1945-1965⁽³⁾ and recently issued an update of guidance for clinicians on testing for HCV infection⁽⁴⁾. Additionally, in June 2013, the US Preventive Services Task Force upgraded the HCV screening recommendation and now unequivocally recommends offering all adults born during 1945-1965 a 1-time screening for HCV.⁽⁵⁾

SAMHSA strongly supports this recommendation. Early detection can save lives. New treatments are expected to be available in the near future that should greatly reduce the time, cost, and side effects of treatment, underscoring the benefits of HCV testing.

With an increase in screening, there will be an increased need for treatment for our patients. We urge you to develop referral sources for your patients that show evidence of current, active HCV infection. The following website provides CDC materials to increase provider and patient awareness of the importance of screening and treatment for HCV: http://www.cdc.gov/hepatitis/HCV/HCVfaq.htm#section3

SAMHSA encourages you to contact the Viral Hepatitis Prevention Coordinator (VHPC) in your state, funded by the Centers for Disease Control and Prevention (CDC) for assistance in implementing HCV testing in your program. The Viral Hepatitis Prevention Coordinators are an excellent resource on the needs and available services within a state and may have recommendations for how to set up an HCV testing and linkage to care program most effectively.

To find out who the VHPC in your state is, please visit the CDC Division of Viral Hepatitis website at http://www.cdc.gov/hepatitis/Partners/HepatitisCoordsList.htm. Should you have additional questions about HCV testing, Dr. Tony Campbell is available for questions. He can be reached by email at Tony.Campbell@samhsa.hhs.gov or by telephone at (240) 276-2702.

Sincerely,

Elinore F. McCance-Katz, MD, PhD Chief Medical Officer

References

- 1. Paintsil E, He H, Peters C, Lindenbach BD, Heimer R: Survival of hepatitis C virus in syringes: implication for transmission among injection drug users. J Infect Dis. 2010 202(7):984-90.
- 2. Himelhoch S, Goldberg R, Calmes C, et al.: Screening for and prevalence of HIV and hepatitis C among an outpatient urban sample of people with serious mental illness and co-occurring substance abuse. J Community Psychol 2011 39(2): 231-239.
- 3. Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945-1965 *MMWR Recomm Rep.* 2012;61(RR-4):1-32
- 4. Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians *MMWR* 2012;62:362-65
- 5. U.S. Preventative Services Task Force. Screening for Hepatitis C Virus Infection in Adults http://wvvw .uspreventiveservicestaskforce.org/uspstf/uspshepc.htm