



Department of Health

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Executive Deputy Commissioner

July 28, 2021

Dear Colleague:

In recognition of World Hepatitis Day, observed on July 28 each year, we ask for your commitment to help eliminate hepatitis C in New York State (NYS).

Hepatitis C virus (HCV) infection continues to be a major source of morbidity and mortality in NYS, with an estimated 116,000 New Yorkers living with HCV. HCV is transmitted primarily through parenteral exposures to infectious blood or body fluids that contain blood, most commonly through injection drug use. Driven primarily by the epidemic of opioid use disorder, the distribution of HCV cases over the past decade has shifted to a younger cohort of the population, including people of reproductive age (15-44 years). With no vaccine or effective pre- or post-exposure prophylaxis, timely screening, diagnosis, and access to curative treatments are key to halting transmission and achieving HCV elimination.

In 2020, the [Centers for Disease Control and Prevention](#) and the [U.S. Preventive Services Task Force](#) augmented previous HCV screening guidance to recommend HCV screening:

- At least once in a lifetime for all adults aged ≥ 18 years, regardless of risk.
- For all pregnant individuals, during each pregnancy, regardless of risk.
- Based on recognized conditions or exposures (see the [NYS Clinical Guidelines](#) for additional details).
- For any person who requests HCV testing regardless of disclosure of risk.

Identification of HCV infection requires two laboratory tests. The first test screens for HCV antibodies. If this initial HCV antibody test is reactive, it must be immediately followed with an HCV RNA confirmatory test on the same or a second specimen collected at the same time. If HCV RNA is detected, active HCV infection is confirmed. To ensure complete and timely diagnosis, HCV reflex testing is recommended to ensure that the HCV RNA test is performed following all reactive HCV antibody screening tests. Reflex testing allows active HCV infection to be confirmed or excluded with a single test order, obviates the need for the patient to return for follow-up testing, expedites identification of persons with current HCV infection, and allows for prompt linkage to HCV care and treatment.

All persons identified with HCV should receive follow-up medical care and HCV treatment. Treatment is recommended for **ALL** individuals with HCV infection, including persons living with HIV and those with active substance use. Currently available direct-acting antiviral treatments can cure most people in 8 to 12 weeks. [NYS Medicaid](#) recently removed prior authorization criteria allowing for more rapid initiation of HCV treatment.

Educational resources on HCV prevention, screening, care and treatment are available at [NY Cures Hep C](#).

Together we can eliminate hepatitis C by 2030 by ensuring your patients are tested, treated, and cured.

Sincerely,

Johanne E. Morne, MS
Deputy Director for Community Health

Resources:

[Hepatitis Screening Bookmark: Should You Be Tested for Hepatitis C?](#)

[NYSDOH AIDS Institute Clinical Education Initiative](#)

[NYSDOH Viral Hepatitis Web Resources](#)

[Centers for Disease Control and Prevention](#)

[American Association for the Study of Liver Disease](#)