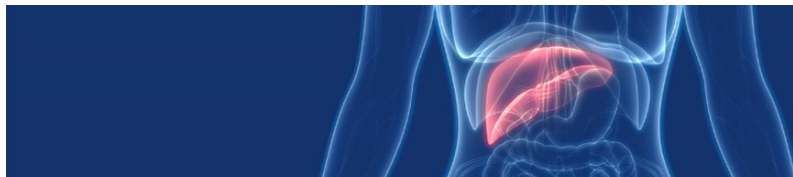




May 2, 2022

FSR Provider Pearl: Hepatitis B & C

There is an estimated 257 million people and 71 million people living with chronic hepatitis B and chronic hepatitis C worldwide, respectively ([HHS, 2021](#)). The California Department of Health Care Services (DHCS) Medical Record Review (MRR) 2022 Standards and Tool include updates to the preventive services criteria related to hepatitis B and C screenings.



The U.S. Preventive Services Task Force (USPSTF) recommends screening for HBV in adolescents and adults at increased risk for infection ([Source](#)) and for HCV in adults aged 18-79 ([Source](#)).



Providers should document immunization status and specific factors or behaviors that elevate risk for HBV and HCV infection in the medical record. An Individual Health Education Behavioral Assessment (IHEBA) is a tool that may capture specific behaviors that would elevate a member's risk for HBV or HCV, such as alcohol and other drug use and sex behaviors.

	Hepatitis B	Hepatitis C
Screening - Pediatric	<p>Pending guidance from AAP</p> <p>-USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection.</p>	<p>-Per AAP, all individuals 18 and older should be assessed for risk of hepatitis C virus (HCV) infection</p> <p>-Per USPSTF and CDC, test at least once between the ages of 18 and 79. Persons with increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually</p>
Screening - Adult	<p>-Assess all adults for risk of acquiring Hepatitis B Virus (HBV) at each well visit.</p> <p>-Screening those at risk: three HBV screening seromarkers (HBsAg, antibody to HBsAg [anti-HBs], and antibody to hepatitis B core antigen [anti-HBc]) so that persons can be classified into the appropriate hepatitis B category and properly recommended to receive vaccination, counseling, and linkage to care and treatment.</p>	<p>-All adults 18 to 79 years old shall be assessed for risk of Hepatitis C Virus (HCV) exposure at each well visits.</p> <p>-Testing should be initiated with anti-HCV. For those with reactive test results, the anti-HCV test should be followed with an HCV RNA.</p>
Documentation	<p>Immunization status</p> <p>Specific risk factors</p> <p>Risk assessment/screening results</p> <p>Follow-up, if any</p>	<p>Specific risk factors</p> <p>Risk assessment/screening results</p> <p>Follow-up, if any</p>

The linked CDC table, [The ABCs of Hepatitis – for Health Professionals](#), summarizes key information for hepatitis, including statistics, routes of transmission, incubation period, symptomology, risk factors, serologic tests, treatment, and vaccination recommendations.

Resources:

[San Francisco Department of Public Health Disease Prevention & Control – Hepatitis Education](#)

[Centers for Disease Control and Prevention – Hepatitis B](#)

[Centers for Disease Control and Prevention – Hepatitis C](#)

References:

Photo from <https://www.cdc.gov/hepatitis/index.htm>

“Provider Pearls” are monthly articles written to help you prepare for the California Department of Health Care Services (DHCS) FSR review processes. If a clinic manager, office manager, nurse manager, or operations person, can take the time to independently self-monitor clinic practices with the aid of SFHP checklists and DHCS standards at least annually, we can all work together to strive toward improved quality standards in office practice operations.

For any questions about the Facility Site Review or Medical Record Review processes or tools, please contact Jackie at jhagg@sfhp.org or by her direct line at 1(415) 615-5637. You may also go to: [SFHP Website MRR Resources](#)

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