



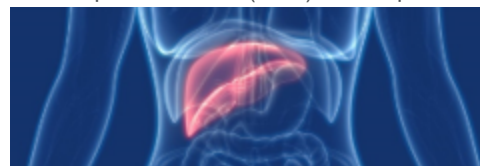
Provider Update

May 2nd, 2023

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) Standards and Tool include updates to the preventive services criteria related to Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) 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.

Pediatric Screening	<p><u>Risk Assessment:</u> Newborn to 21 years</p> <p><u>Risk Groups:</u></p> <ul style="list-style-type: none"> • Persons born in the US with parents from regions with higher prevalence are also at increased risk of HBV infection during birth or early childhood, particularly if they do not receive appropriate passive and active immunoprophylaxis (and antiviral therapy for pregnant women with a high viral load) • Current or past injection drug use • Men who have sex with men • Persons with HIV • Sex partners • Needle-sharing contacts • Household contacts of persons known to be HBsAg positive <p><u>Screening:</u> 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>
Adult Screening	<p><u>Risk Assessment:</u> Assess all adults for risk of acquiring HBV at each well visit.</p> <p><u>Risk Groups:</u></p> <ul style="list-style-type: none"> • Persons born in countries and regions with a high prevalence of HBV infection ($\geq 2\%$), such as sub-Saharan Africa and Central and Southeast Asia (Egypt, Algeria, Morocco, Libya, Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore, etc.). • U.S.-born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection ($\geq 8\%$). • Current or past injection drug use • Men who have sex with men • Persons with HIV • Household contacts of persons known to be HBsAg positive <p><u>Screening:</u> 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>
Documentation	<p>• Immunization status • Specific risk factors • Risk assessment/screening results • Follow-up, if indicated</p>

Screening	<p><u>Risk Groups:</u></p> <ul style="list-style-type: none"> • Current or past injection drug use <p><u>Screening:</u> Test at least once between the ages 18 to 79. If positive screen, reassess annually.</p>
Adult Screening	<p><u>Risk Assessment:</u> All adults 18 to 79 years old shall be assessed for risk of HCV exposure at each well visit.</p> <p><u>Risk Groups:</u></p> <ul style="list-style-type: none"> • All Adults 18 to 79 should be tested once • Current or past injection drug use • Medical Conditions: Long term hemodialysis, persons who received clotting factor concentrates produced before 1987; HIV infection; Persistent abnormal alanine aminotransferase levels (ALT). • Prior recipients of transfusions or organ transplants before July 1992 or donors who later tested positive for HCV infection. <p><u>Screening:</u> 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	<ul style="list-style-type: none"> • Specific risk factors • Risk assessment/screening results • Follow-up, if indicated

[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:

[American Academy of Pediatrics – Recommendations for Pediatric Health Care](#)

[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 FSR Resources](#).

Please do not hesitate to contact Provider Relations at
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