

Most At-Risk Young People Are Not Tested for Hepatitis C

Marcia Frellick
October 05, 2018

SAN FRANCISCO — Only one-third of teens and young adults with opioid use disorder are being tested for hepatitis C, a study of more than 250,000 at-risk youth has shown.

This lack of testing could be because it is assumed that younger people are less likely to have hepatitis C and that if they are abusing opioids, they could be taking them orally so are not at increased risk for infection, said lead researcher Rachel Epstein, MD, from Boston Medical Center.

Hesitation to test could also be related to the cost of testing and treatment, she told reporters during a news conference here at IDWeek 2018.

Hepatitis C is the reportable infectious disease that is most likely to cause death; it killed more than 18,000 Americans in 2016. So this study — the first study to look at opioid use and hepatitis C testing in at-risk youth — is important, Epstein and her colleagues assert.

The team analyzed electronic medical records from OCHIN for 269,287 teens and young adults — 13 to 21 years of age — who visited one of 57 Federally Qualified Health Centers in 19 states from 2012 to 2017. The cohort was 54.7% female, 37.6% white, 33.5% Hispanic, 17.6% black, and 11.3% other.

The primary outcome was testing for hepatitis C during the 5-year study period. The researchers identified predictors of screening using multivariable logistic regression adjusted for age, sex, race or ethnicity, and substance use.

If someone gives a yes to a substance use disorder, then hepatitis C, HIV, and relevant sexually transmitted infections should be screened for.

Overall, 6849 patients were tested for hepatitis C at one of the health centers, and 153 (2.2%) tested positive. Of those, 11.0% had exposure to hepatitis C and 6.8% had evidence of chronic hepatitis C infection.

Those most likely to be treated for hepatitis C were black adolescents, people with any substance use disorder, and people 19 to 21 years of age.

More screening of people with substance use disorders is needed, said Donna Futterman, MD, from Montefiore Medical Center in the Bronx, New York, who moderated the news conference.

"If someone gives a yes to a substance use disorder, then hepatitis C, HIV, and relevant sexually transmitted infections should be screened for," she told *Medscape Medical News*.

She noted that only 728 of the 6849 (10.6%) young people in the study who were tested for hepatitis C were also tested for HIV.

Clinicians sometimes separate infectious diseases when they shouldn't, Futterman pointed out.

For example, "substance use disorder is an absolute indication for hep C and HIV testing. STI positivity is an indication for both of those things. We're not going to find all the people at risk if we don't do more universal screening," she explained.

Futterman said she hopes future guidelines take these findings into account. Current guidelines recommend screening if the patient is known to inject drugs, but injection drug use is not the only risk factor for infectious diseases, she pointed out.

"We learned early in HIV that crack use ended up putting you in sexually compromising situations and increased your HIV risk regardless of needle use," she explained. "We also know that hepatitis C is transmitted sexually," so risky sexual behavior and substance abuse should trigger screening.

Screening at-risk young people for hepatitis C is particularly important now that there are drugs approved for adolescents that can wipe out the disease, Epstein said.

The first direct-acting hepatitis C treatment for teens, [approved](#) by the US Food and Drug Administration in 2017, can eliminate the virus in 2 to 3 months.

Epstein and Futterman have disclosed no relevant financial relationships. IDWeek 2018: Abstract 2570. Presented October 4, 2018.