CDC Recommendations for Hepatitis C Screening Among Adults

**Hepatitis C screening among all adults**

Hepatitis C screening at least once in a lifetime for all adults aged ≥18 years, except in settings where the prevalence of hepatitis C virus (HCV) infection (HCV RNA-positivity) is <0.1%*

**Hepatitis C screening among pregnant women in every pregnancy**

Hepatitis C screening for all pregnant women during each pregnancy, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is <0.1%*

**Any person who requests hepatitis C testing**

Hepatitis C testing for any person who requests it, regardless of age or setting prevalence or disclosure of risk, because many persons might be reluctant to disclose stigmatizing risks

**Hepatitis C testing regardless of age or setting prevalence among persons with recognized conditions or exposures:**

- Persons with HIV
- Persons who ever injected drugs or shared needles, syringes, or other drug preparation equipment, including those who injected once or a few times many years ago
- Persons with selected medical conditions, including persons who ever received maintenance hemodialysis and persons with persistently abnormal ALT levels
- Prior recipients of transfusions or organ transplants, including persons who
  - received clotting factor concentrates produced before 1987
  - received a transfusion of blood or blood components before July 1992
  - received an organ transplant before July 1992
  - were notified that they received blood from a donor who later tested positive for HCV infection
- Health care, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to HCV-positive blood
- Children born to mothers with HCV infection


*In the absence of existing data for hepatitis C prevalence, health care providers should initiate universal hepatitis C screening until they establish that the prevalence of HCV RNA positivity in their population is <0.1%, at which point universal screening is no longer explicitly recommended but might occur at the provider’s discretion.*