Thinking about Hepatitis C

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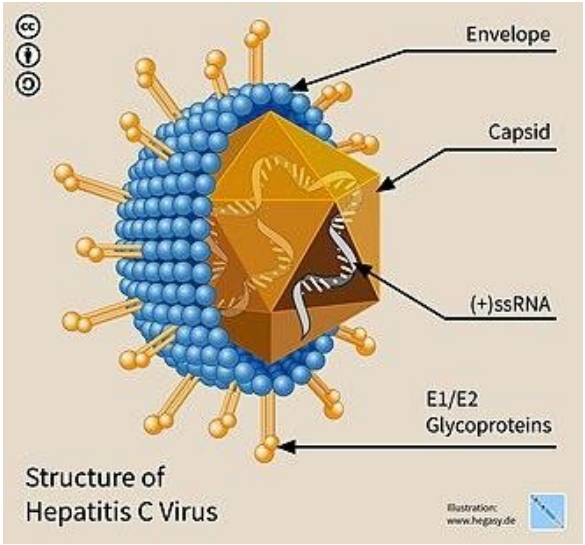
Health Department

HENRY FORD HEALTH℠
Global Health Initiative

Background

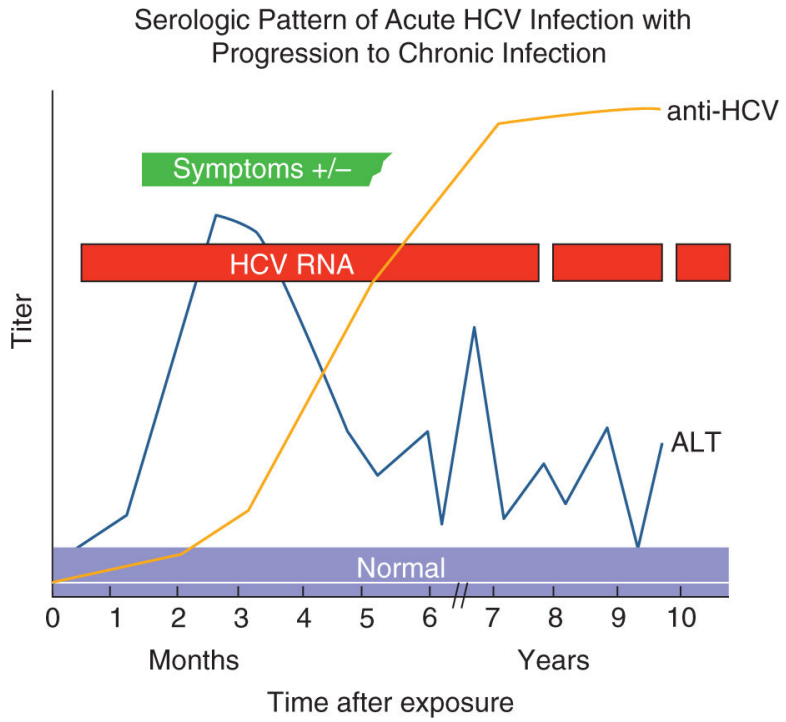
Causative Agent - HCV

- Flavivirus
- A small spherical structure with a lipid envelope
- Glycoproteins on its envelope
- A spherical capsid
- Single strand of positive RNA
- 6 genotypes



Acute Hepatitis (HCV) C Infection

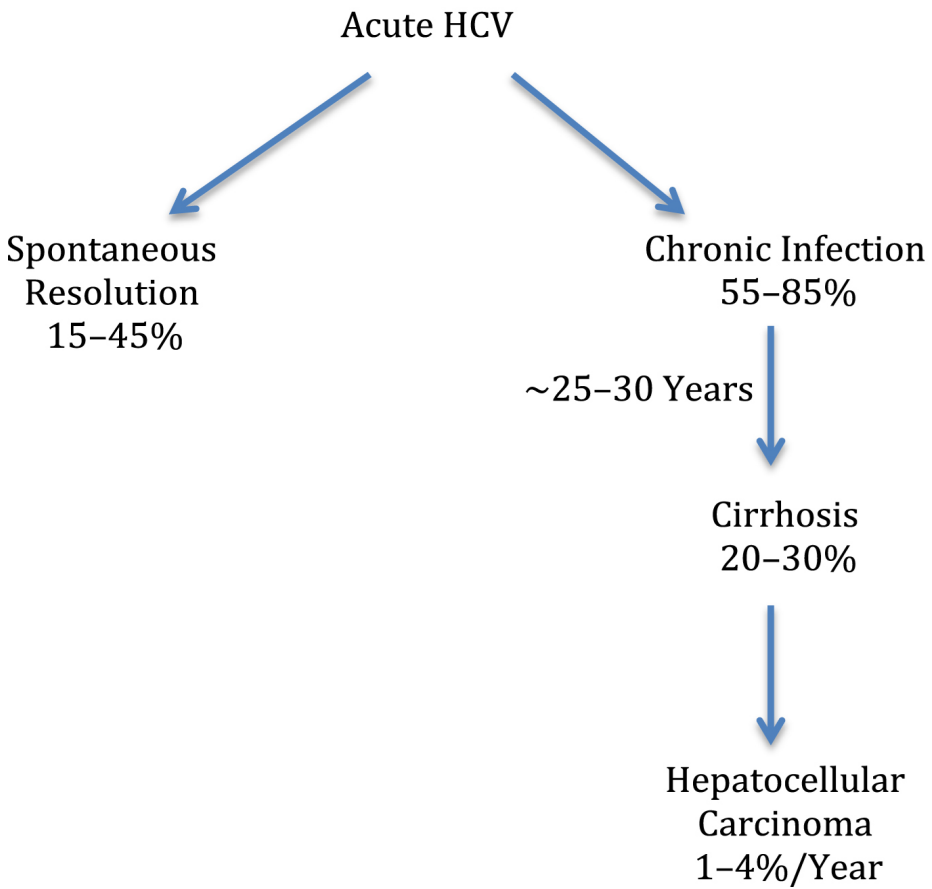
- Majority = asymptomatic
- 15-25% develop symptoms
  - Jaundice
  - Abdominal pain,
  - Stool and urine changes
  - Fever
  - Fatigue
- By definition - acute = duration <= 6 months



https://obgynkey.com/hepatitis/#ch19en38

Chronic HCV can cause multiple health problems:

- Liver problems
  - Cirrhosis
  - Cancer
- DM
- Glomerulonephritis
- Essential mixed cryoglobulinemia
- Porphyria cutanea tarda
- Non-hodgkin's lymphoma



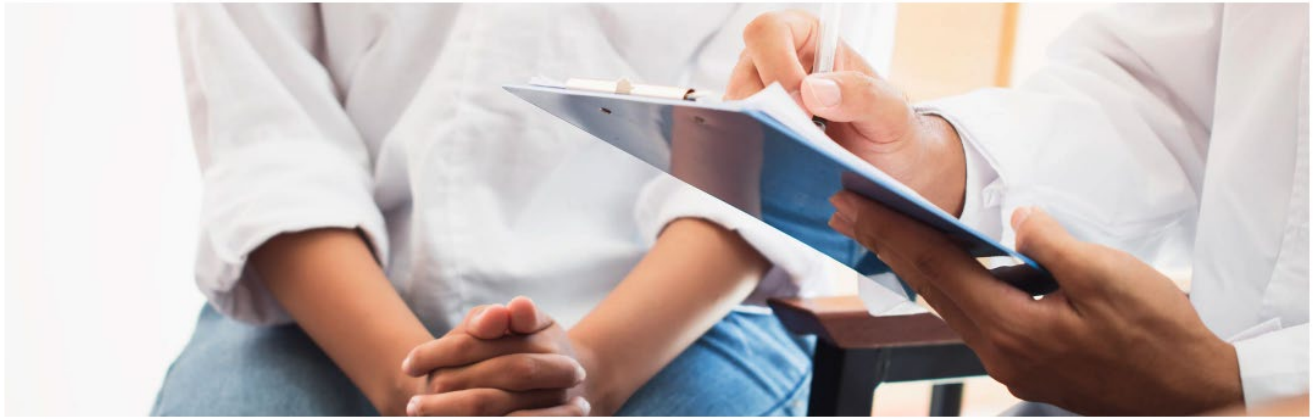
Lingala S, Ghany MG. Natural History of Hepatitis C. Gastroenterol Clin North Am. 2015;44:717-34.

Final Recommendation Statement

Hepatitis C Virus Infection in Adolescents and Adults: Screening

March 02, 2020

Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.



Read the Full Recommendation | Read the Full Recommendation in *JAMA* (FREE) | Download *JAMA* PDF

Recommendation Summary

Population	Recommendation	Grade
Adults aged 18 to 79 years	The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.	B

USPSTF 2020

Who to test and screen

Universal screening

Clinicians should universally screen:

- All adults 18 and older at least once in their lifetime, except in settings where the prevalence of hepatitis C virus (HCV) infection (HCV RNA-positivity) is under 0.1%.
- All pregnant women during each pregnancy, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is under 0.1%.

Routine periodic testing

CDC also recommends routine periodic testing for patients with ongoing risk factors (regardless of setting prevalence), including:

- People who currently inject drugs and share needles, syringes, or other drug preparation equipment.
- People with selected medical conditions, including people who receive maintenance hemodialysis.

One-time testing

CDC recommends one-time hepatitis C testing for people with recognized risk factors or exposures, including:

- People who currently or have previously injected drugs and shared needles, syringes, or other drug preparation equipment.
- People with human immunodeficiency virus (HIV).
- People with selected medical conditions, including people who have ever received maintenance hemodialysis and persons with persistently abnormal alanine aminotransferase (ALT) levels.
- Prior recipients of transfusions or organ transplants, including:
  - People who received clotting factor concentrates produced before 1987.
  - People who received a transfusion of blood or blood components before July 1992.
  - People who received an organ transplant before July 1992.
  - People who 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.
- Infants born to people with known hepatitis C.

Who to test and screen

Universal screening

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- All pregr HCV infe

Test anyone who requests it

Clinicians should test anyone who requests a hepatitis C test, regardless of stated risk factors, because patients may be hesitant to share stigmatizing risks.

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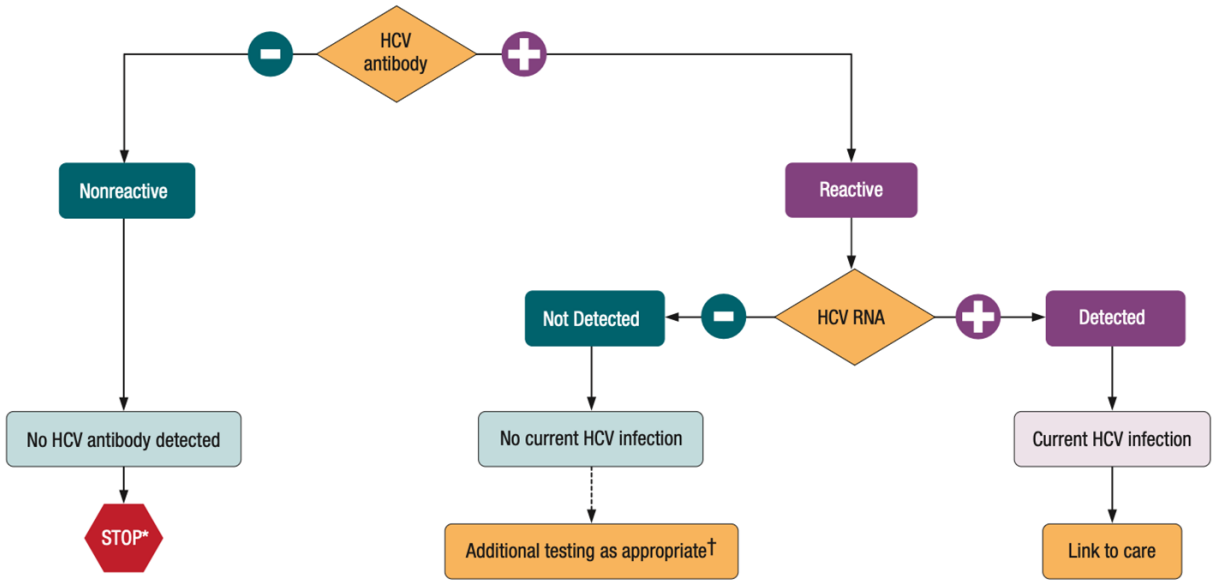
Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection



* For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended. For persons who are immunocompromised, testing for HCV RNA can be considered.

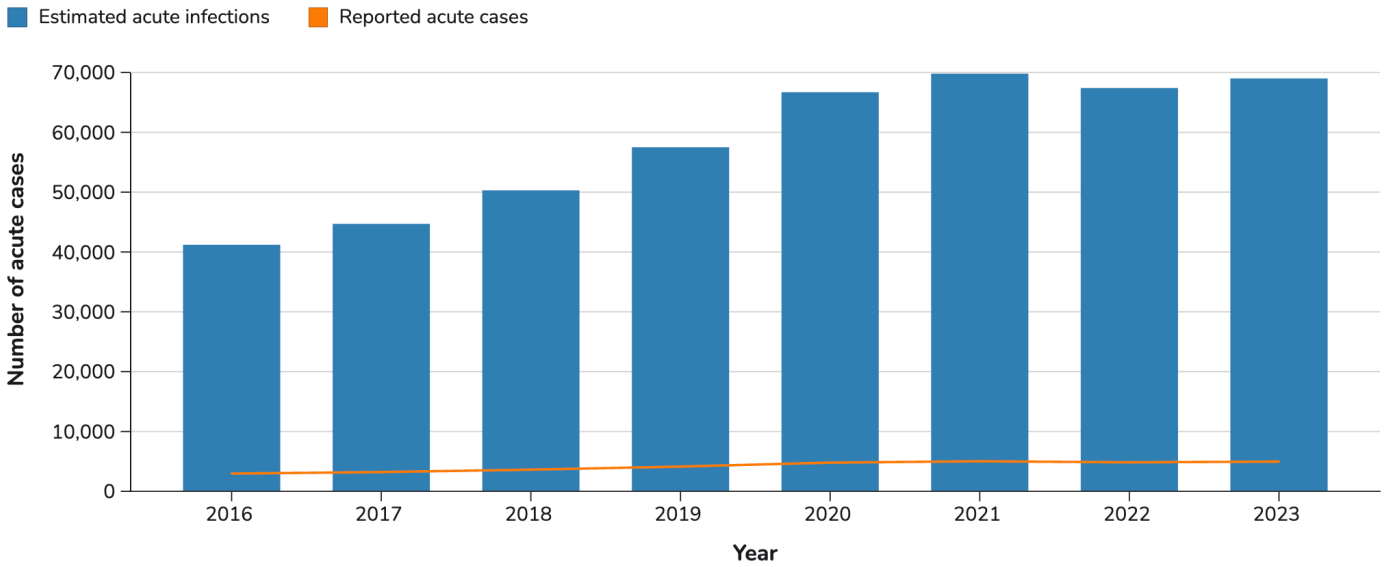
† To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV antibody assay can be considered. Repeat HCV RNA testing if the person tested is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease, or if there is concern regarding the handling or storage of the test specimen.

Source: CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. MMWR 2013;62(18).

MMWR 2013;62(18)

Trends

Number of reported cases* and estimated infections† of acute hepatitis C — United States, 2016–2023

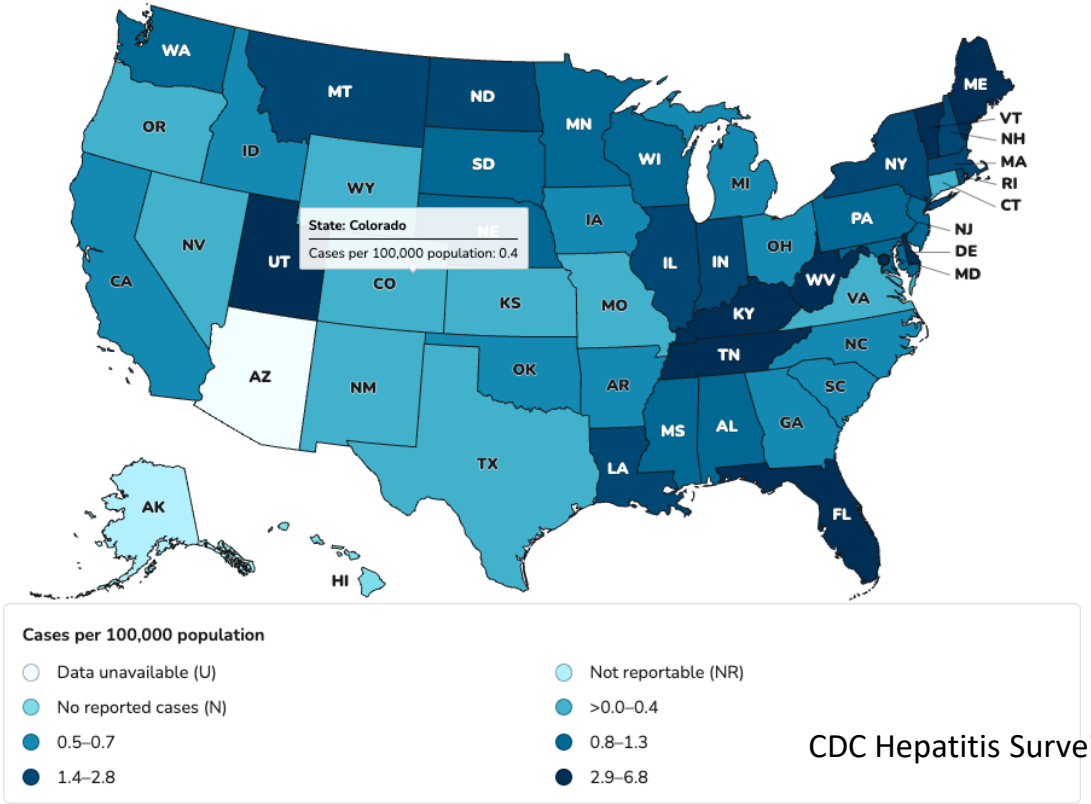


Data Table

	2016	2017	2018	2019	2020	2021	2022	2023
Estimated acute infections	41,200	44,700	50,300	57,500	66,700	69,800	67,400	69,000
Reported acute cases	2,967	3,216	3,621	4,136	4,798	5,023	4,848	4,9

eport

Rates* of reported cases† of acute hepatitis C, by state or jurisdiction — United States, 2023



CDC Hepatitis Surveillance 2023 Report

Michigan

2020	ACUTE HEPATITIS C	2024
139	**Total Cases** (-39%)	85
90	**Male Cases** (-39%)	55
49	**Female Cases** (-39%)	30
1.4	**Michigan Rate per 100,000** (-39%)	0.9
1.5	**U.S. Rate per 100,000** (-100%)	1.4*

(% change since 2020)

*U.S. incidence rate is calculated from 2023 data

- Total acute hepatitis C cases in 2024 increased slightly from the 2023 total but reflects a nearly 40% decrease over the past five years.
- Seventy five percent of cases reported were among white individuals, while the highest incidence rate occurred among American Indian/Alaska Native individuals.
- Use of illicit drugs remains the most prevalent risk factor among new cases; however both illicit drug use and IDU decreased significantly in 2024, by 21% and 24%, respectively.
    - Drug use data indicates possible reduction in injection as primary route of administration.

Most Commonly Reported Risk Factors for Acute Hepatitis C, Michigan, 2024

Used Illicit Drugs	Received a Tattoo	Incarceration Longer Than 6 Months
24%	**24%**	**19%**
(-21%)	(-3%)	(-4%)

(change in proportion from 2023) - excludes missing/unknown data

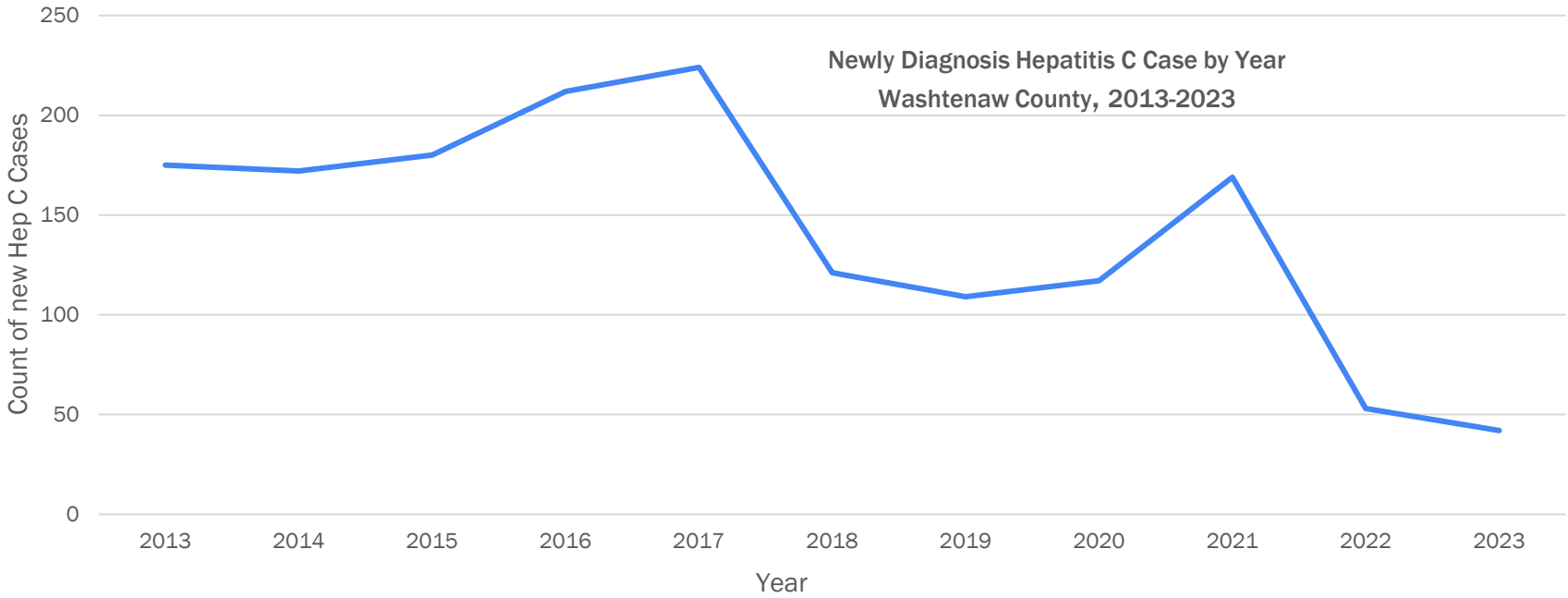
MDHHS Viral Hepatitis Reports 2024

Washtenaw County Health Department | June 2024

2023 Washtenaw County Hepatitis C Data Brief

Newly Diagnosed Hepatitis C (HCV) cases are decreasing in Washtenaw County

Hepatitis C Cases are divided into Acute or Chronic cases. Diagnosis of either requires a series of blood test for confirmation. Cases without confirmatory testing are labeled as probable.



2023 HCV Elimination Information

We Treat Hep C Initiative Launched

- April 2021, by State of Michigan.
- Aim to **eliminate**.

Advent of direct acting antiviral (DAA)

- with a >90 % cure rate
- Elimination is possible.

HPC work-up for hepatitis C

- Includes blood tests and imaging.

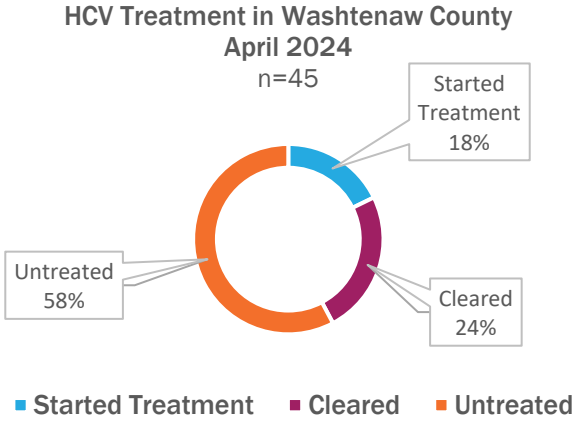
Length of treatment is **8 to 12 weeks**

Gold standard for Clearance/cures

- Sustained Viral Response (SVR) test at 12 weeks **post-treatment**.

Through this initiative,

- One DAA chosen (pan-genetic)
- No prior authorization required
- Available to all Medicaid and Healthy Michigan
- Low cost ($1 copay).
- Alternate (DAA)
- Require prior authorization and a $3 copay.



The Changing Landscape of Hepatitis C Care

New Treatments	Lower Cost, Better Access
Introduction of First Direct-Acting Antivirals (DAA), in 2013	We Treat Hep C Initiative, launched in 2021
Initial cost was $80,000 for a 12-week course	Encourage PCPs to Screen and Treat
Common restrictions included: Required Prior Authorization Required Rx by **Specialists** Excluded active **substance use**	**MDHHS partnered with AbbVie** Offer MAVYRET for cost **$1** Medicaid and Healthy Michigan **NO** Prior Authorization Needed

A Needs-Assessment, a mixed-methods exploration of . . .

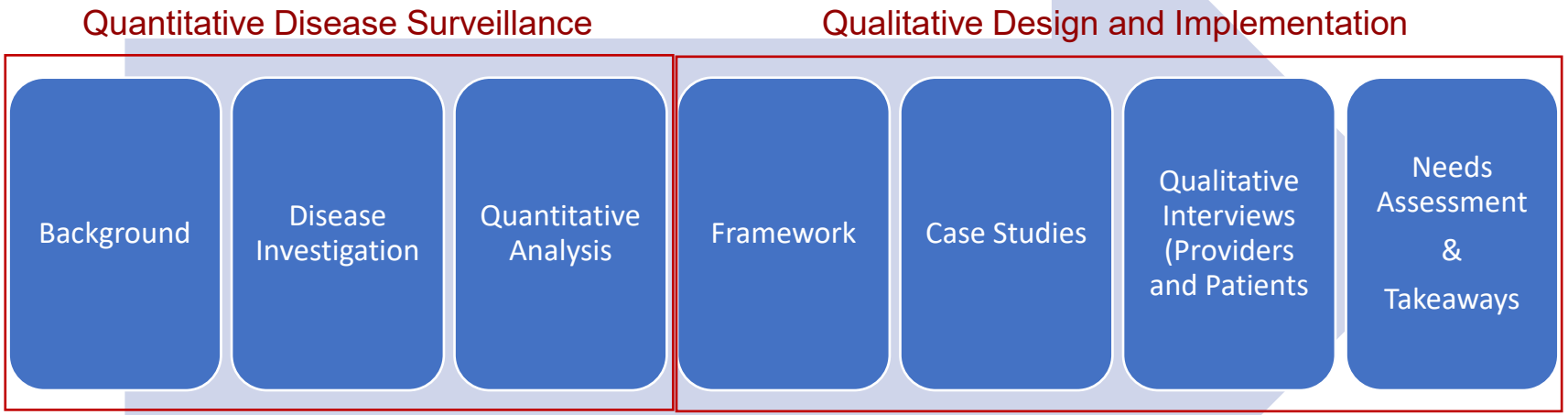
Who is being missed?

Where are the gaps in diagnosis and treatment?

What are the barriers and challenges?

How do we find these?

Changing Landscape:
A Hepatitis C (HCV) Needs Assessment



Qualitative Design and Implementation

Framework

Develop from the Univ of Washington Care HCV Continuum

Expands nuances with each components

Case Studies

Graphical representation of patient path through the **Framework**

Patient chosen to illustrate **common problem**

Patient chosen to represent **relevant subpopulation**

Provider Interviewers

Common names in the records

Different kinds of practices (PCP, Speciality)

Multilevel: MD, PAs, RN

Patient Interviews

Random sample

Bilingual interviews

Qualitative Interviews

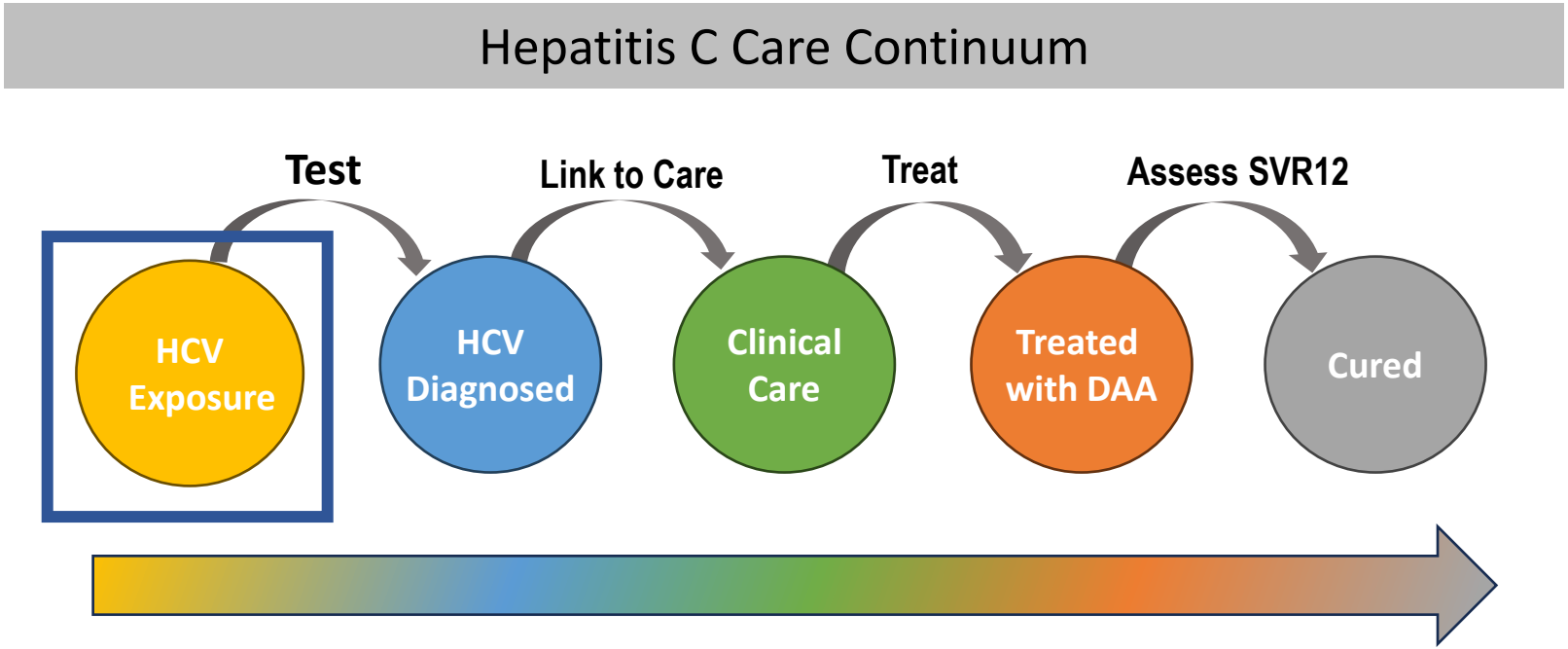
Providers (6)

Spoke to 6 providers
Two advance practice professionals
Two practices, PCPs and Specialist

Patient Interviews (5)

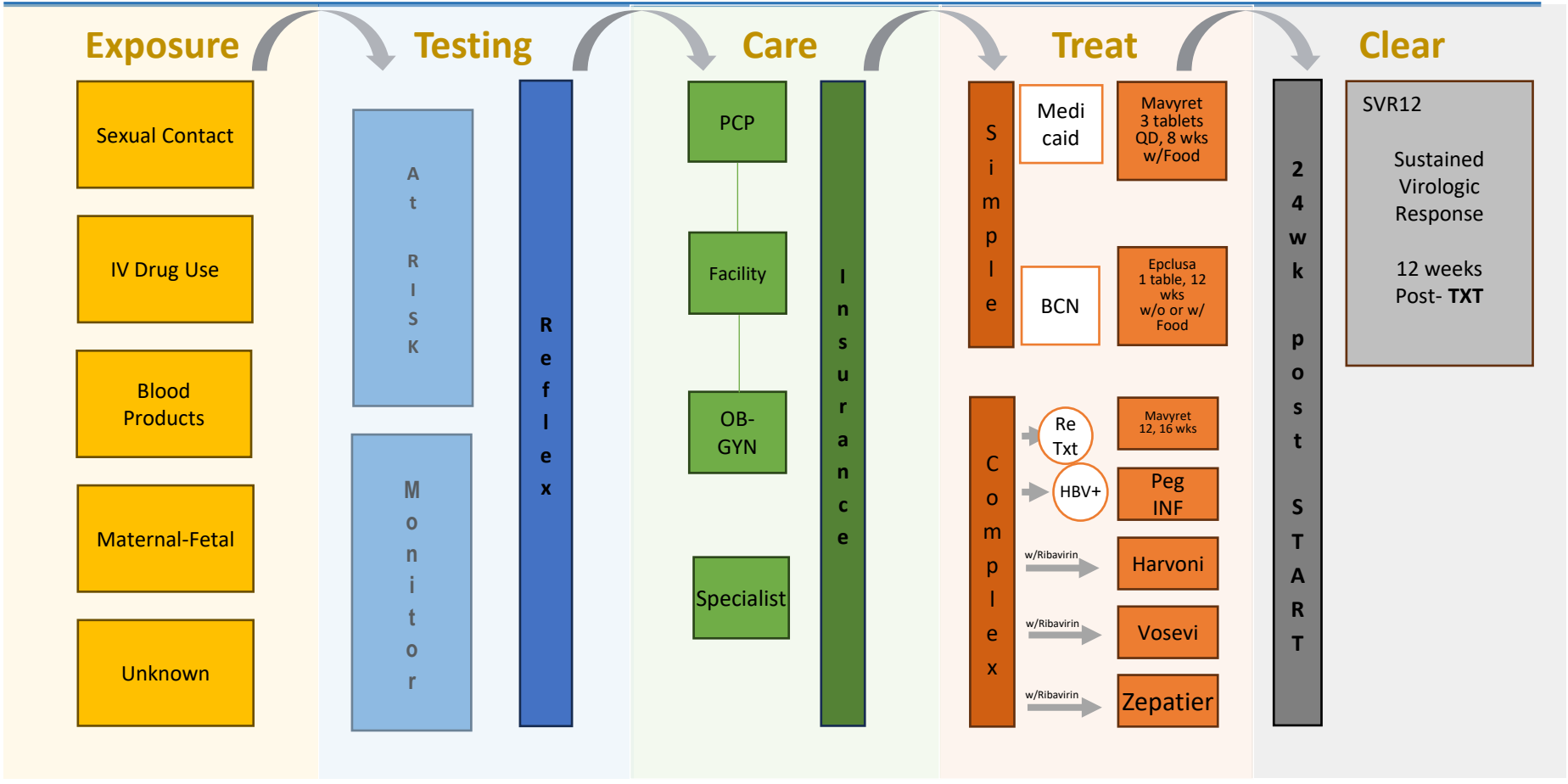
Random sample: M (3), F(2)| W (2), AA(2), H(1)
Treated(2), Not Treated (2), Incomplete (1)
Age range: 39-65 year $\mu = 52.6$
Eager responses, multiple returned calls
Bilingual Interview, Spanish and English

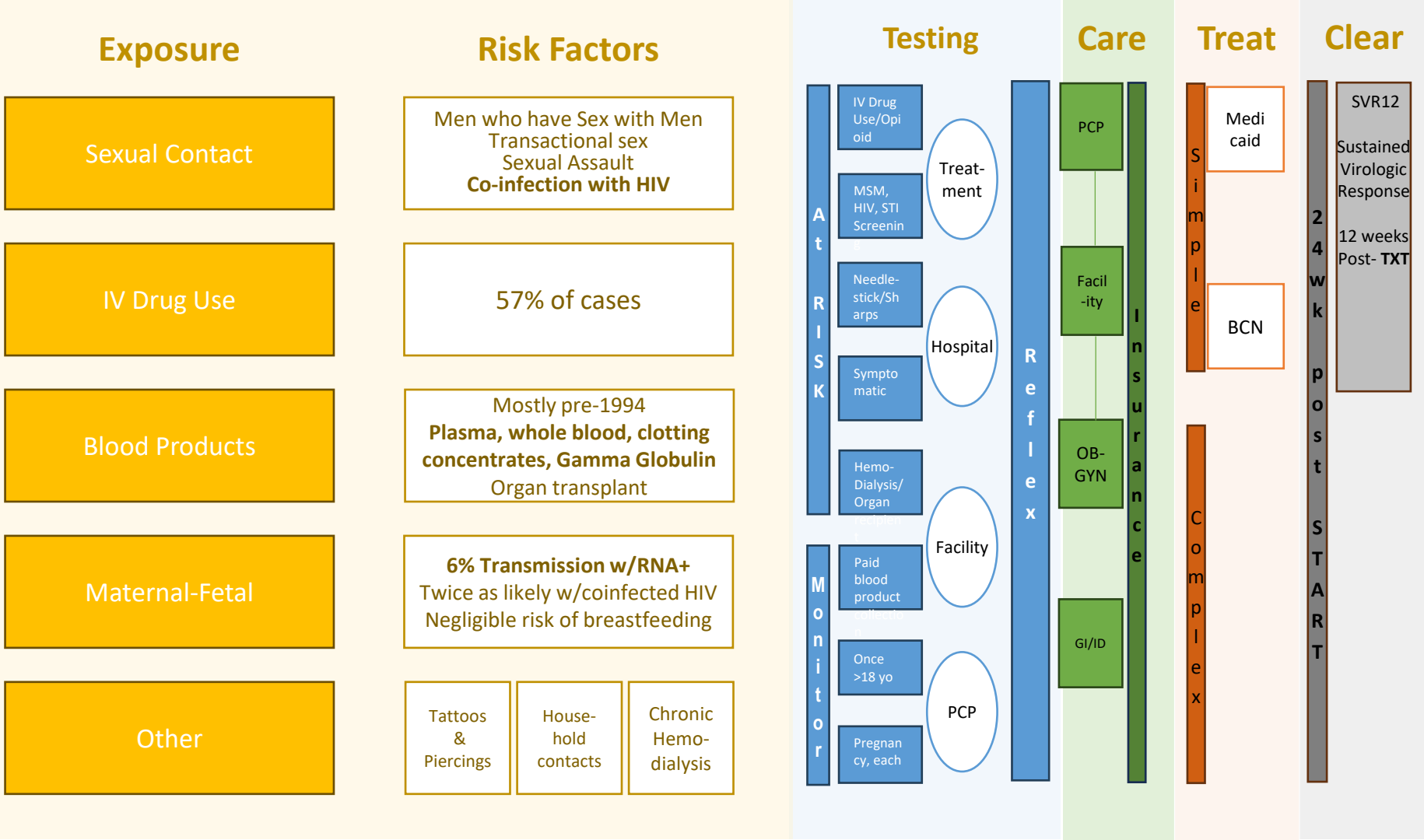
The Hepatitis C (HCV) Care Continuum[1]



[1]Adapted from www.hepatitisc.uw.edu. Assessed 25 April 2024

Framework for Hepatitis C




Exposure
Risk Factors
Testing
Care
Treat
Clear
Sexual Contact
Men who have Sex with Men
Transactional sex
Sexual Assault
Co-infection with HIV
IV Drug Use
57% of cases
Blood Products
Mostly pre-1994
Plasma, whole blood, clotting concentrates, Gamma Globulin
Organ transplant
Maternal-Fetal
6% Transmission w/RNA+
Twice as likely w/coinfected HIV
Negligible risk of breastfeeding
Other
Tattoos & Piercings
House-hold contacts
Chronic Hemo-dialysis
At RISK
IV Drug Use/Opioid
MSM, HIV, STI Screenin
Needle-stick/Sharps
Sympto matic
Hemo-Dialysis/ Organ
Monitor
Paid blood product
Once >18 yo
Pregnancy, each
Treat-ment
Hospital
Facility
PCP
Reflex
PCP
Facil-ity
OB-GYN
GI/ID
Insurance
Simple
Medicaid
BCN
Complex
24wk post START
SVR12
Sustained Virologic Response
12 weeks Post- TXT

From Providers

In my opinion the barriers are:

{Specialist 1}: Lag time

{Specialist 2}: Moralism

{Private Clinic}: Sobriety

Case Study 1

Multiple Issues

Exposure

Blood Products

Patient is a healthy & physically active older AA man in his 70s. Believes he was exposed by blood products or needle stick in the 1970s.

NO IVDU

Partner Screened Neg. Pt initiated

Testing

Jan Annual

Screened by PCP

Feb 14 Ab +

QNS for RNA

Contacted for Redraw

Feb 17 Redraw

Genotype

Feb 17 Confirmed Chronic

Referred

Referred not Treated

Care

Feb 22 Specialist

University Hepatology

Review Meds

Ordered Fibroscan

2 month follow up

Wrote MAVYRET

Insurance Mismatch

Treat

Feb 22

Mavyret Ordered

Patient called for Payment Auth. (P

INS Hosp PCP

- Pt. Called for Payme Authorization (PA)
- Feb 22 National Pharmacy
- Feb 23 Hosp Pharmacy
- Mar 7 Hosp Pharmac
- Mar 9 PA to Ins Special Financial Coordinator

Mar 18

Mavyret Denied

Mar 20

Epclusa Ordered

- Mar 21 Med Review
- Mar 23 PA from Ins
- Mar 31 Med and Supply Educ.
- Apr 1 Enrolled in Hosp Specialty Pharm.

Apr 4

Epclusa Started

Patient Experience

3 Visits

3 Blood Draws

5+ Phone Call

Clear

May 11

Post-tx Labs ordered

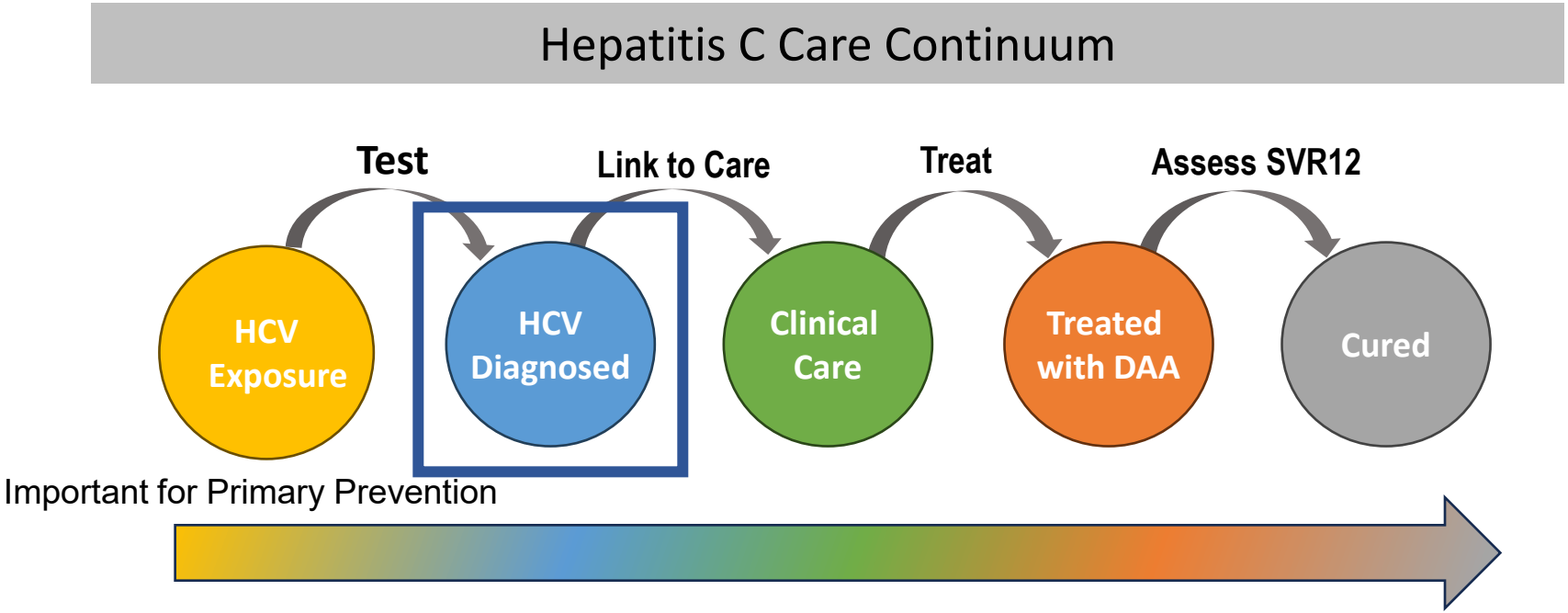
Sepr 19

Labs drawn

Cleared

Not Counted b/c Clear within year

The Hepatitis C (HCV) Care Continuum[1]



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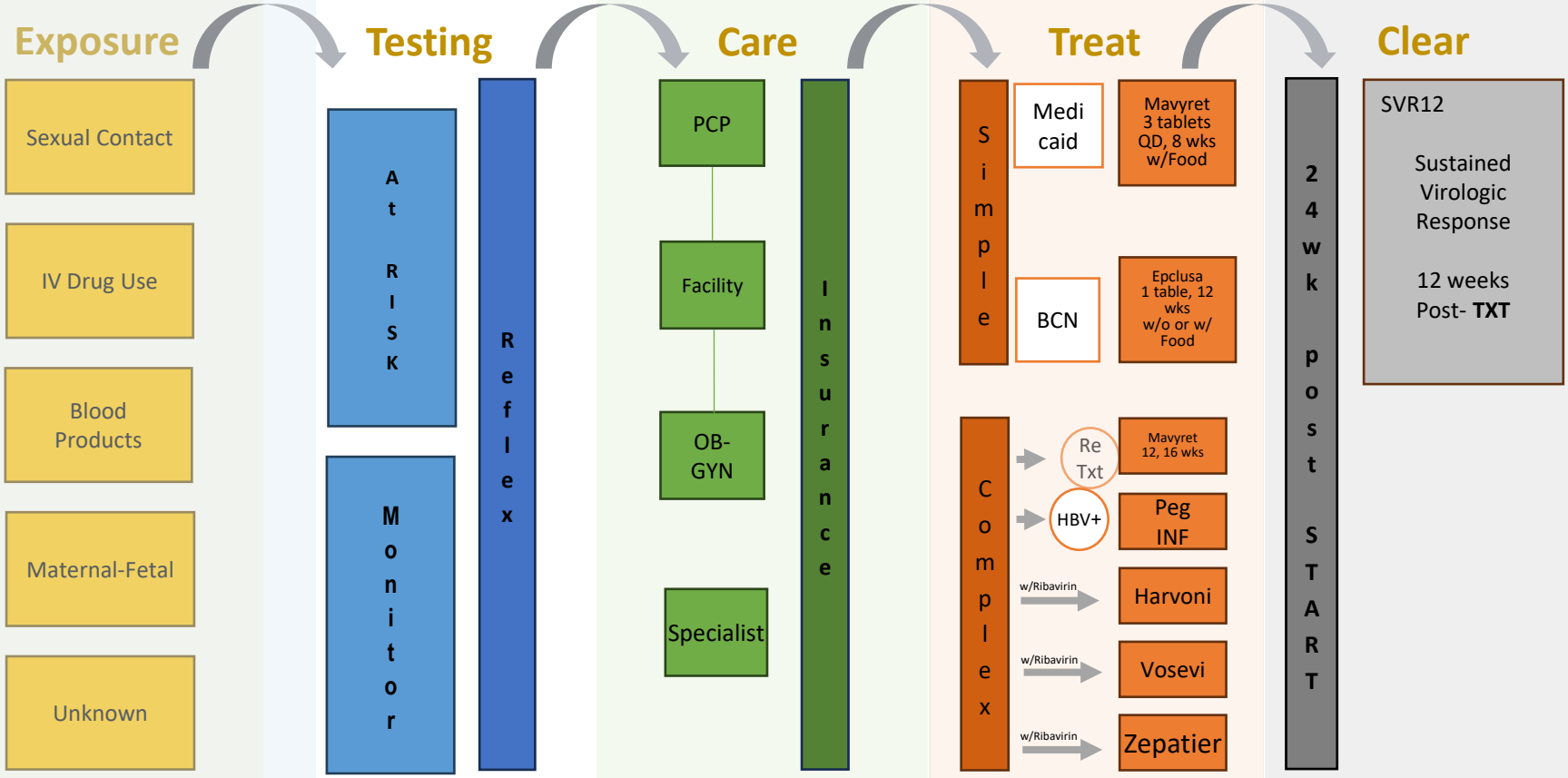

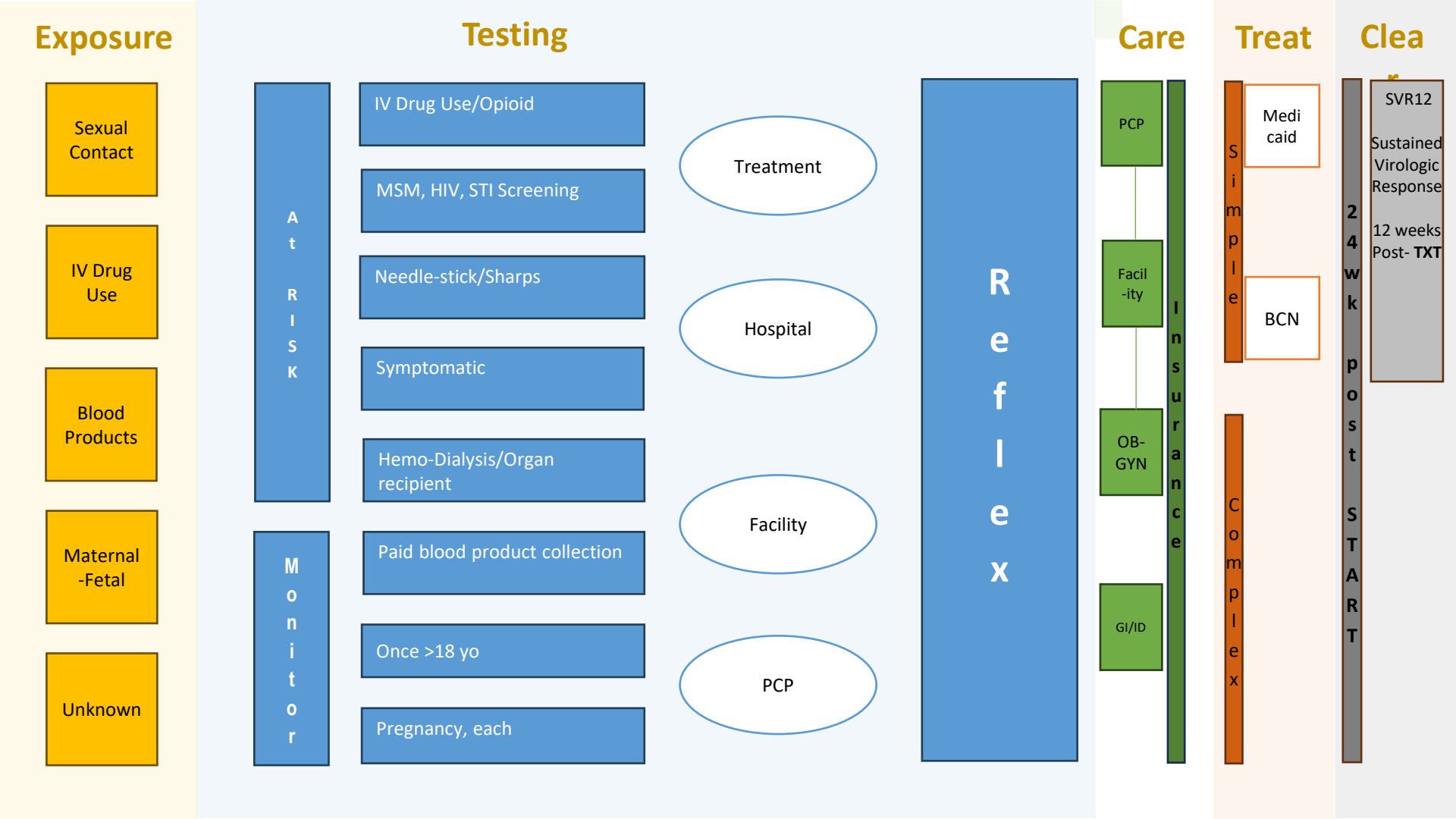
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Blood Products
Maternal -Fetal
Unknown
At RISK
Monitor
IV Drug Use/Opioid
MSM, HIV, STI Screening
Needle-stick/Sharps
Symptomatic
Hemo-Dialysis/Organ recipient
Paid blood product collection
Once >18 yo
Pregnancy, each
Treatment
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Case Study 3 – Testing Failure

Exposure	Testing	Care	Treat	Clear
IV Drug use Pt is a 20 year old w/ history of SUD. Pt is 9 months clean Polysubstance user w/o family support.	Feb SUD Tx Inpatient Tx Center Screened for history of IVDU Pos+ No Reflex	Nov ED Post-MVC Screened Pos+ No Reflex		

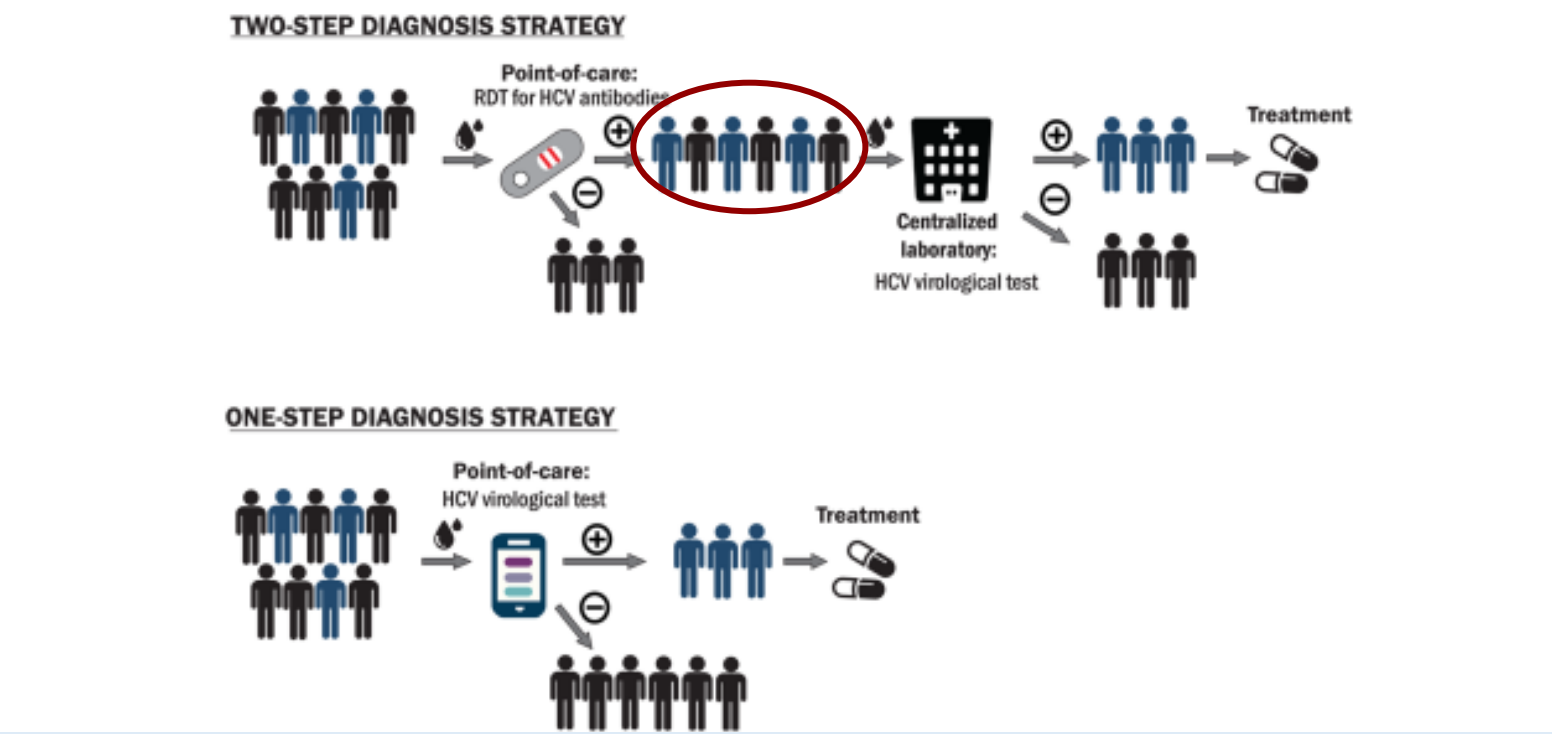
SUD Treatment screen without Reflex
ED Screen without Follow up

Issues with testing for Hepatitis (HCV) C Infection

- Before DAA treatment, screening-based on **risk factors.** (Primary Prevention)

- Screening with Ab test **with reflex to RNA test** is the standard of care.

Two-Step vs One Step Diagnosis



1. Reipold, E et. Al, (2017). Optimising diagnosis of viraemic hepatitis C infection: The development of a target product profile. BMC Infectious Diseases. 17. 10.1186/s12879-017-2770-5.

From Patients and Providers

Fear of getting blood drawn. Past bad experience

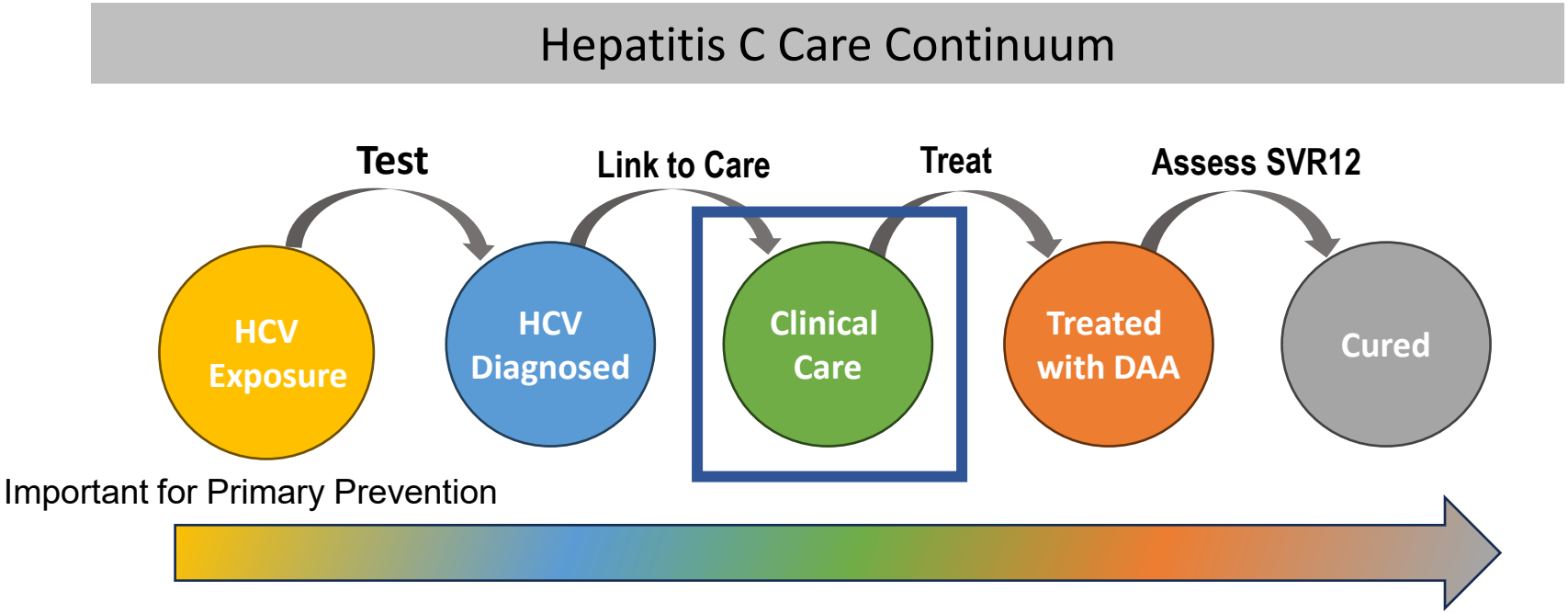
Genotype, though not really needed. Some insurance companies are holding on to this.

5. Are there initiatives or programs that would have helped you

❑ Get Tested earlier? (Specify) Finding a good blood draw person

PCP retired last year. I was never informed of test results. Never offered treatment.

The Hepatitis C (HCV) Care Continuum[1]



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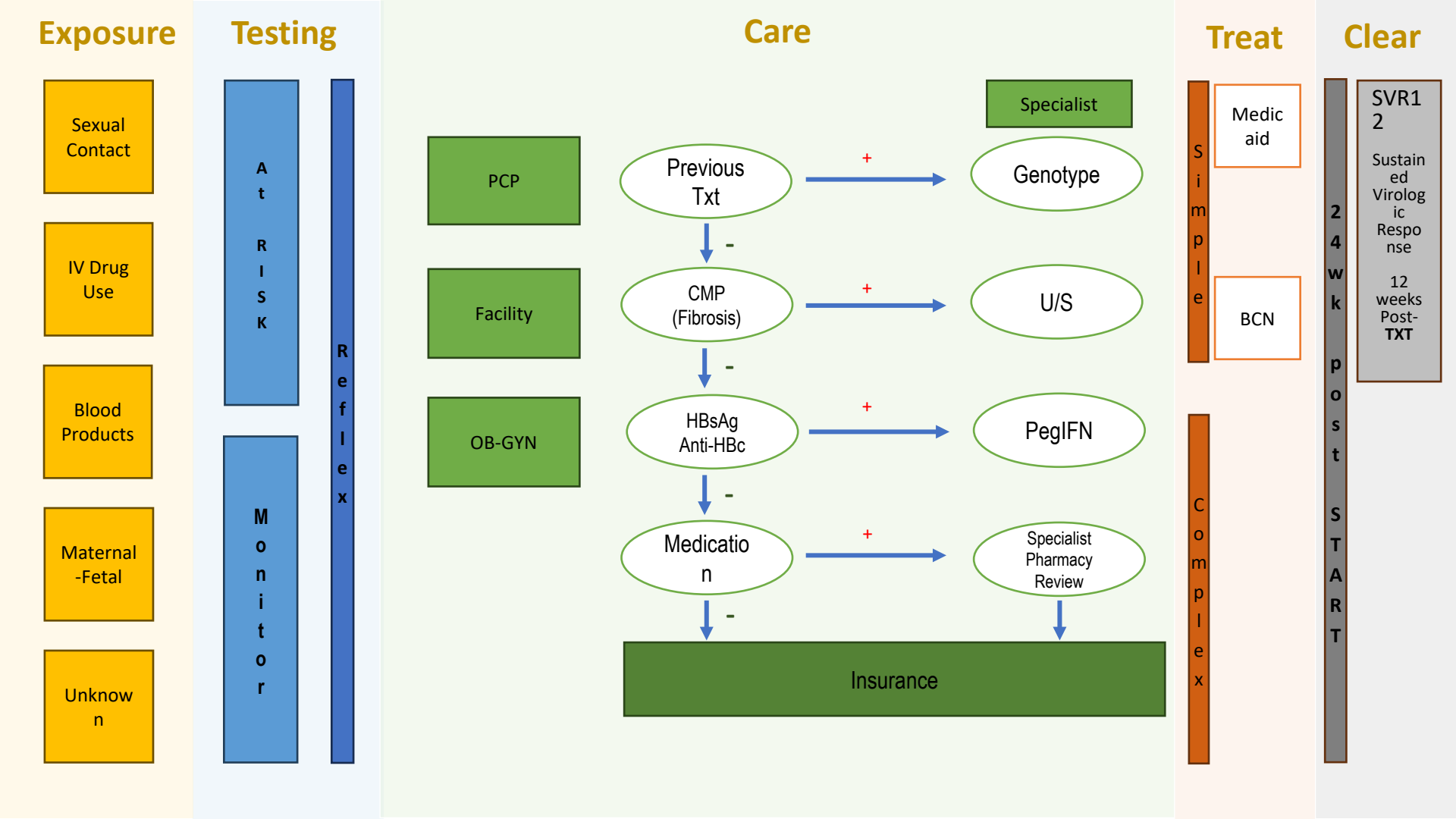
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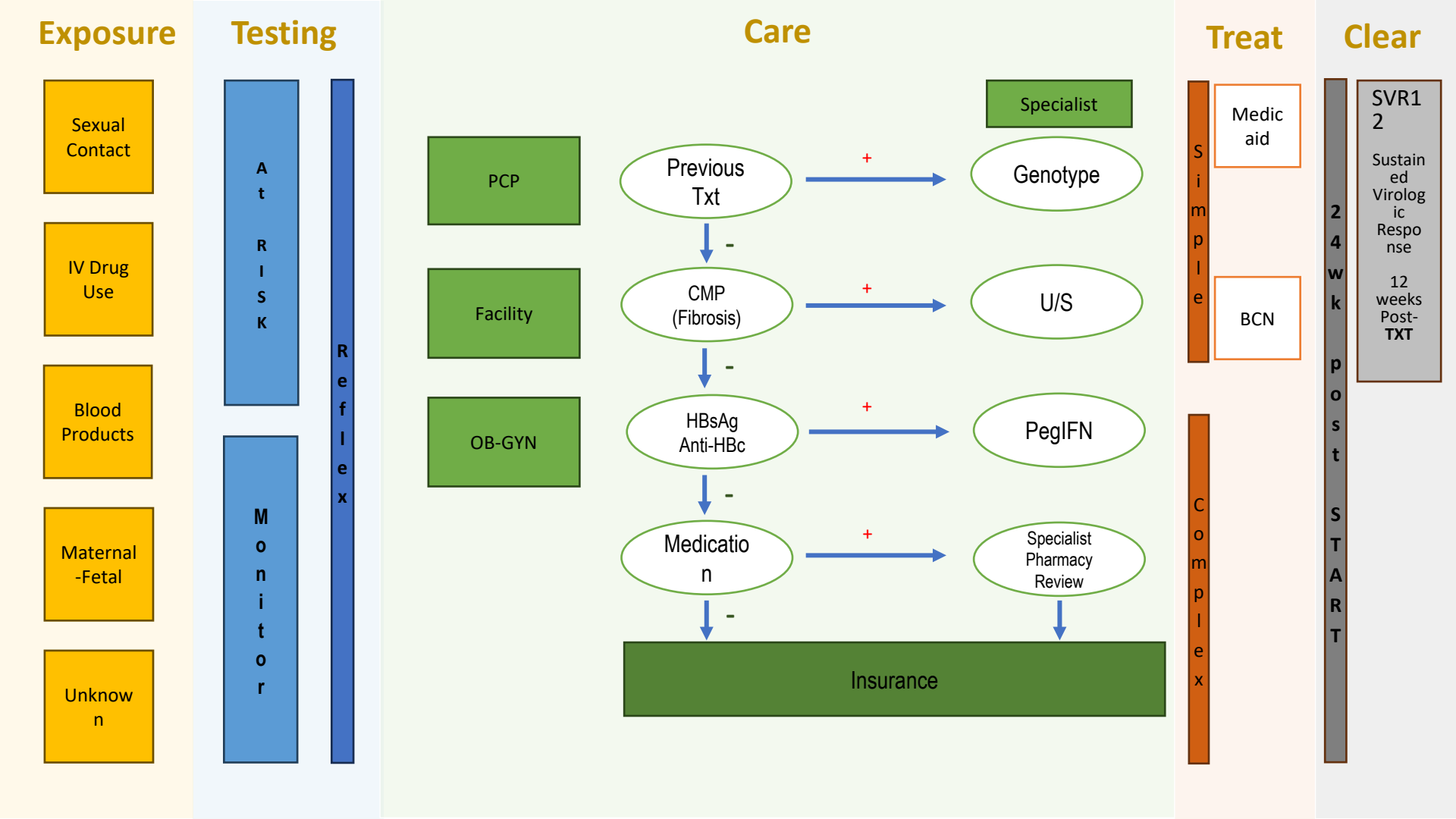
Provider Interviews Take-Aways

- Treat vs Refer

Important that specialist can talk with patients with out judgement. Engage with patients.

People I know work well with the patient population. Make a call for a “warm hand-off.”

Delays to see appointments, labs. My patient population “just walks away”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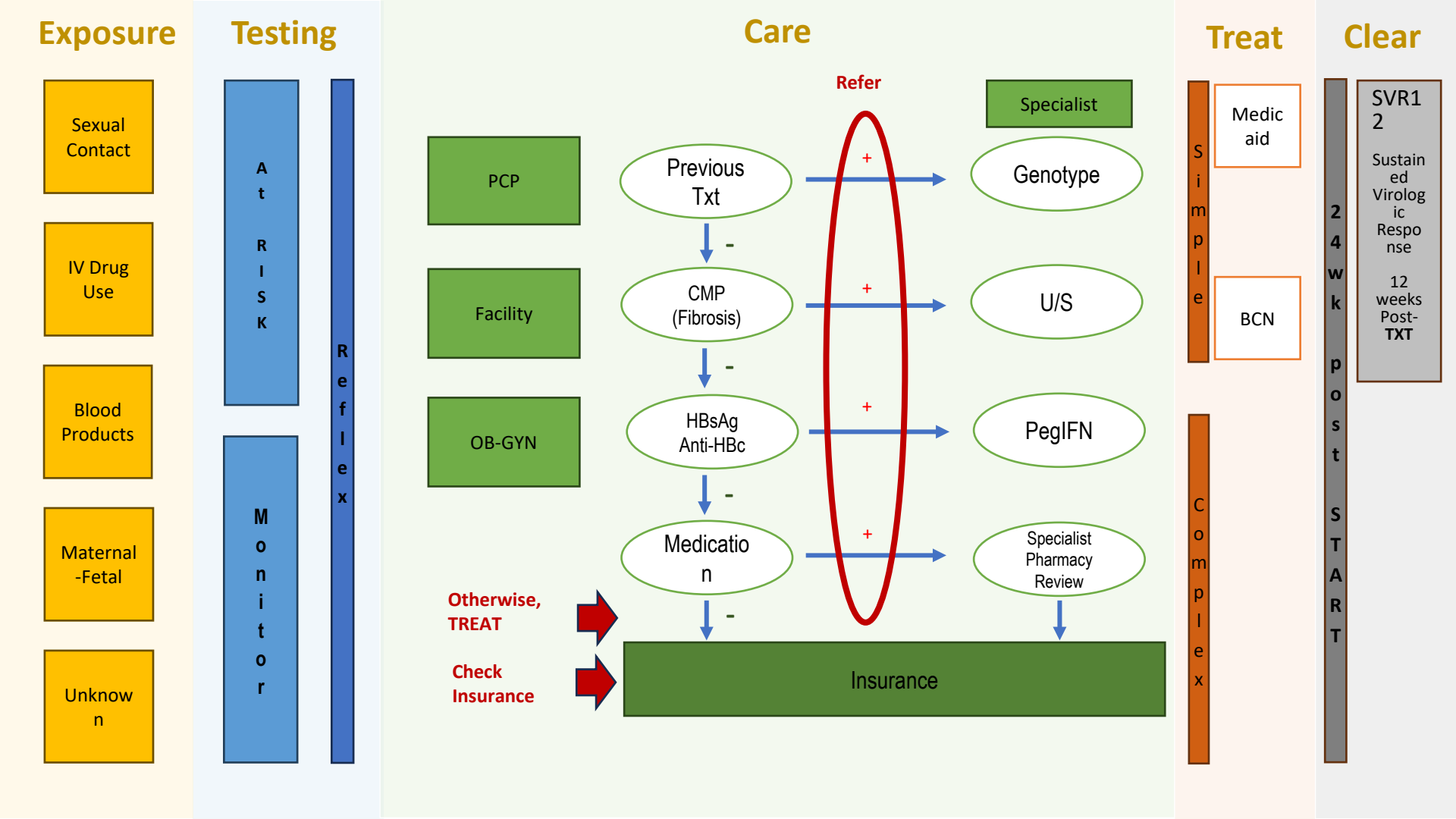
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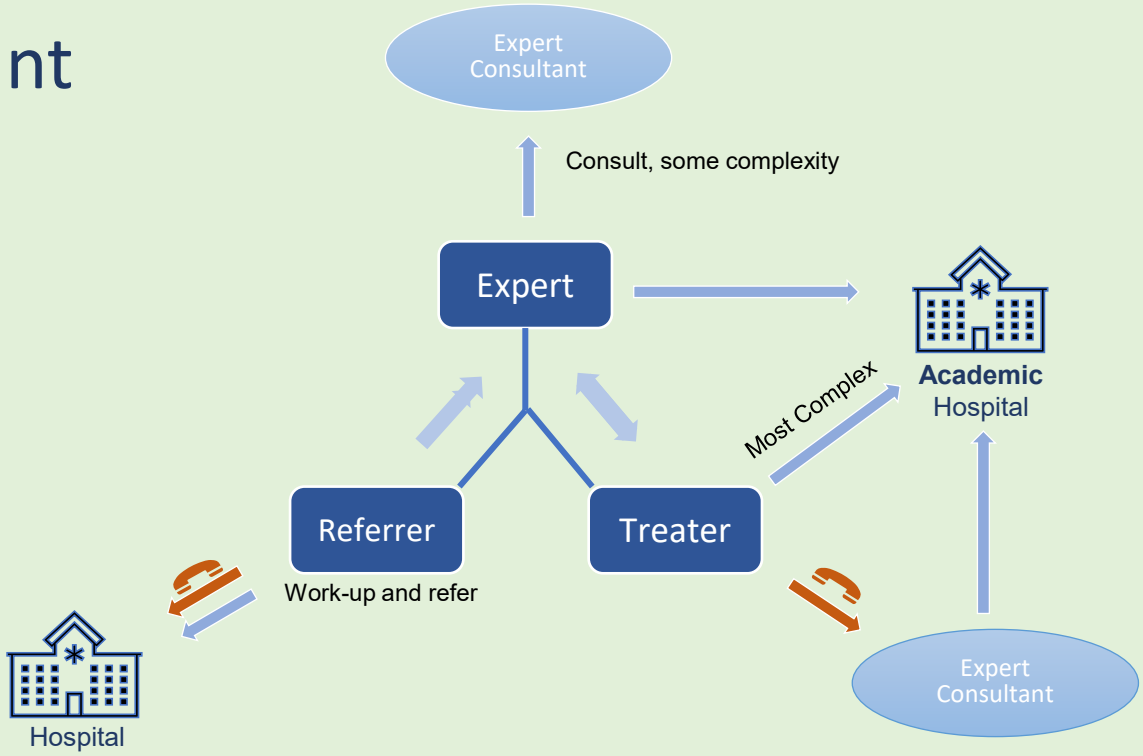
Provider Interviews Take-Aways

- Treat vs Refer
- Expert Consultant
- Practice Hub



Provider Interviews Take-Aways

- Case Management

I call them. Liver patients often have cognitive decline, liver fog. I do a phone education session. Letters with all the lab slips—with dates. I tell them the dates are approximate.

Treating her HCV will decrease likelihood of subsequent liver-related events.

Most often they have increased fatigue. I tell them it will get better after they complete the treatment. I do education and tell them to budget their energy. If they are going to work, maybe that's not the day to do the laundry, mow the lawn, go grocery shopping. Prioritize.

Case Study 4 – Successful Txt with complicated case

Exposure

35 yo female with **housing insecurity**.

History of Bipolar

No history of IDU

Testing

Feb PCP

Established care with new doctor.

Screened as part of routine blood work.

Acute Hep Panel

Referred

Specialist

Care

Mar Specialist

Confirmatory labs

Started Treatment

Medicaid

Treat

Mar
Started Mavyret

Clear

May Labs
RNA Detected (+) <12
End of treatment

June Labs
Ab+
RNA NOT Detected (-)
4 wks post-txt

Sep Labs
Ab+
RNA Not Detected (-)
18 Weeks post-txt

Oct Labs
Ab+
RNA Not Detected (-)
24 weeks post-txt

Cleared

Complicated Pt treated and cleared

Case Study 7 – PR Complex Medical and Social Confirmed, not treated

Exposure

64 yo female

w/COPD, Afib, thyroid disease, HTN, depression,, recent broken hip (May 2023),HCV and alcohol-related cirrhosis.

12-15 beers daily

Known Hep C 2018 (At least)

Ex-Husband was IV drug user. Called and told her he was positive.

Testing

Mar PCP

Annual Visit

Referred to Specialist

Mar RNA +

Mar Genotype

Referred → Specialist

Care

July Specialist

Repeat Labs

Insurance needed medical necessity auth. to repeat labs.

1.Labs Ordered
2. Labs, every 3 months
3.Fibroscan
4. U/S every 6 months

Clinic Calls
7/17
7/18
7/21
Which Lab drawn at??

Pt yells to stop calling

Treat

No treatment

Clear

The patient stated several times that this plan felt like a lot to her.

She is not able to drive on her own and depends on her friend and neighbor who was present for our visit.

The neighbor was very clear that labs every 3 months and US every 6 mo was too much for her to take the patient to.

Provider Interviews Take-Aways

- Stigma and Substance Use Disorder (SUD)

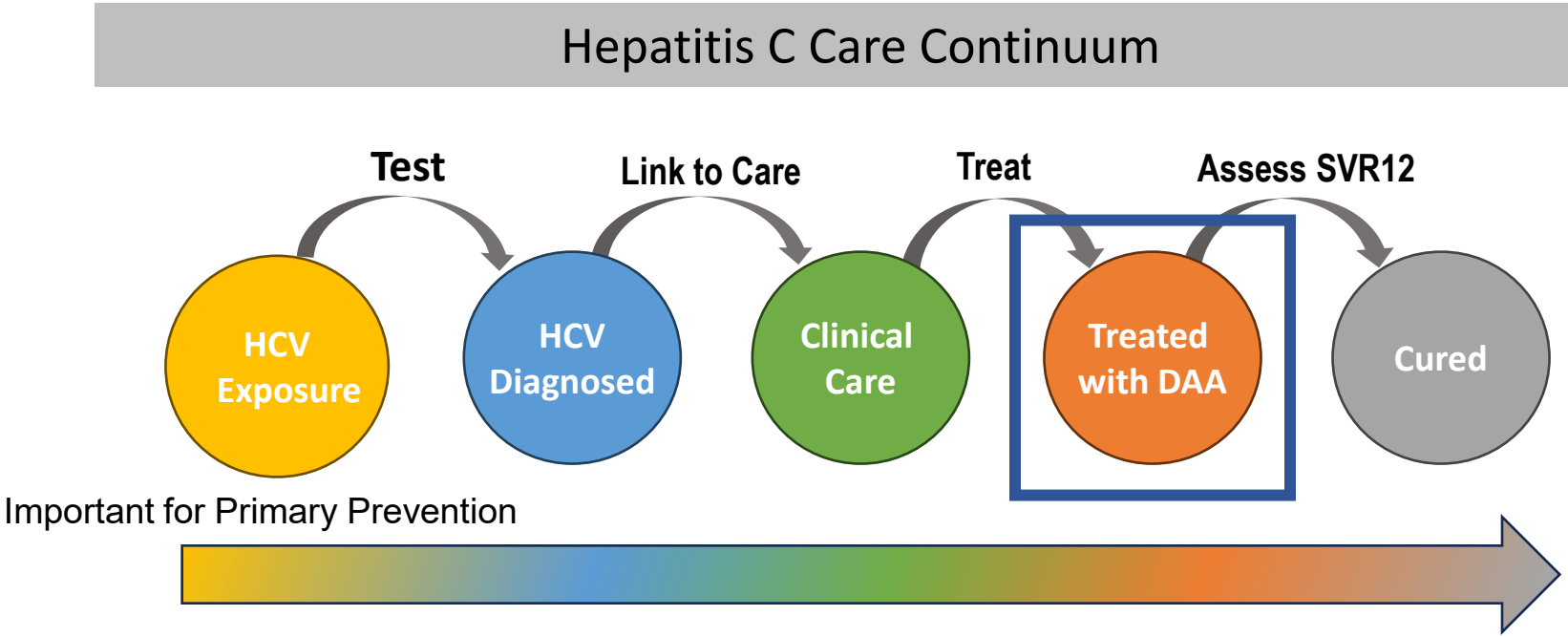
I ask them about their . . . you know . . . I really try to narrow down how they were likely exposed to the virus, when they acquired the virus. I ask about. . . you know . . . intravenous drug use . . . you know . . . any risk factors in terms of illicit drug use history

No longer abusing drugs for many years. Good treatment candidate-- Hepatologist

Treatment not recommended with active substance abuse.

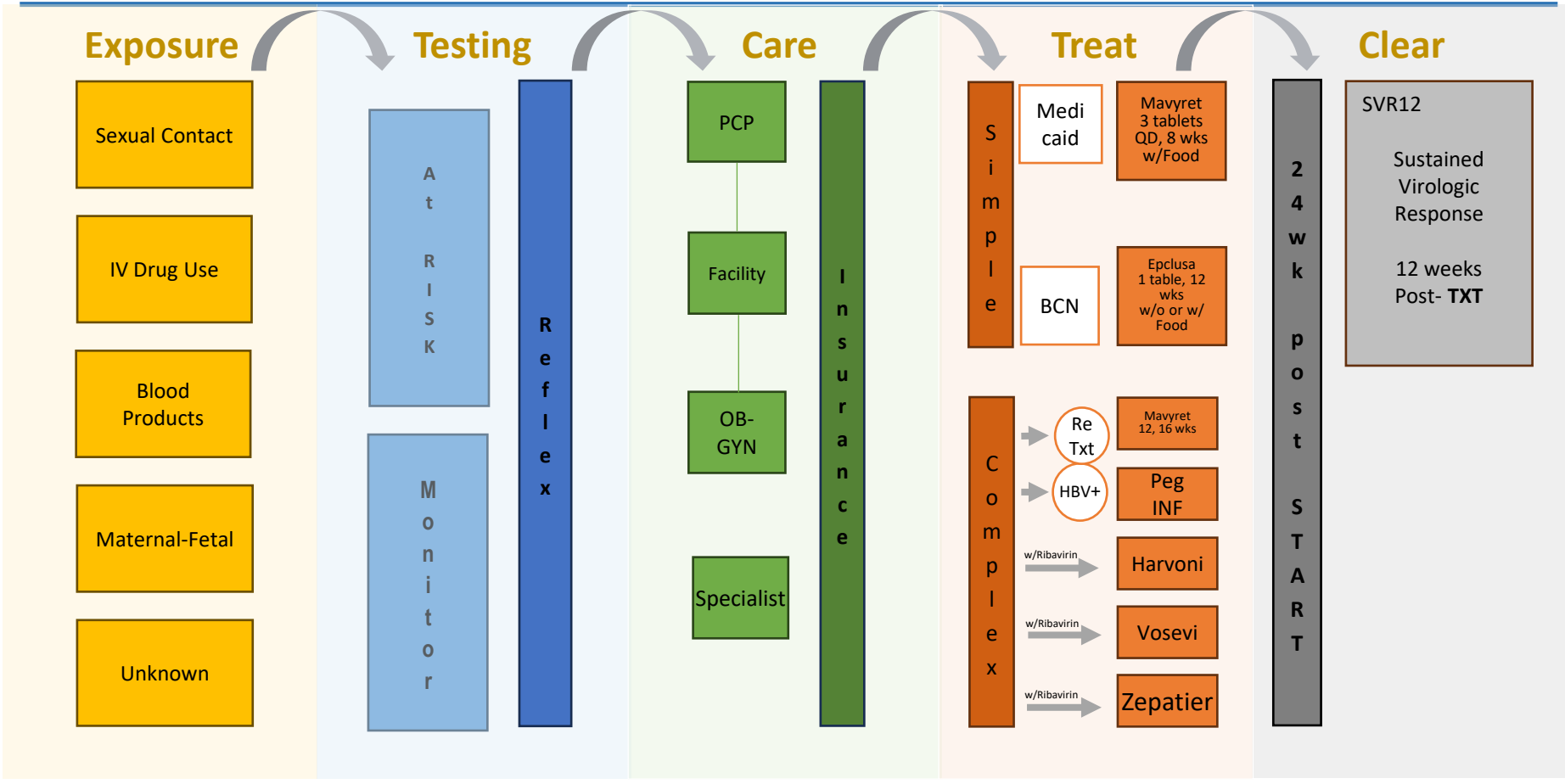
And if they're drinking, because sometimes it's not always the best time to treat if they’re actively using and they're concerned about compliance or relapsing.

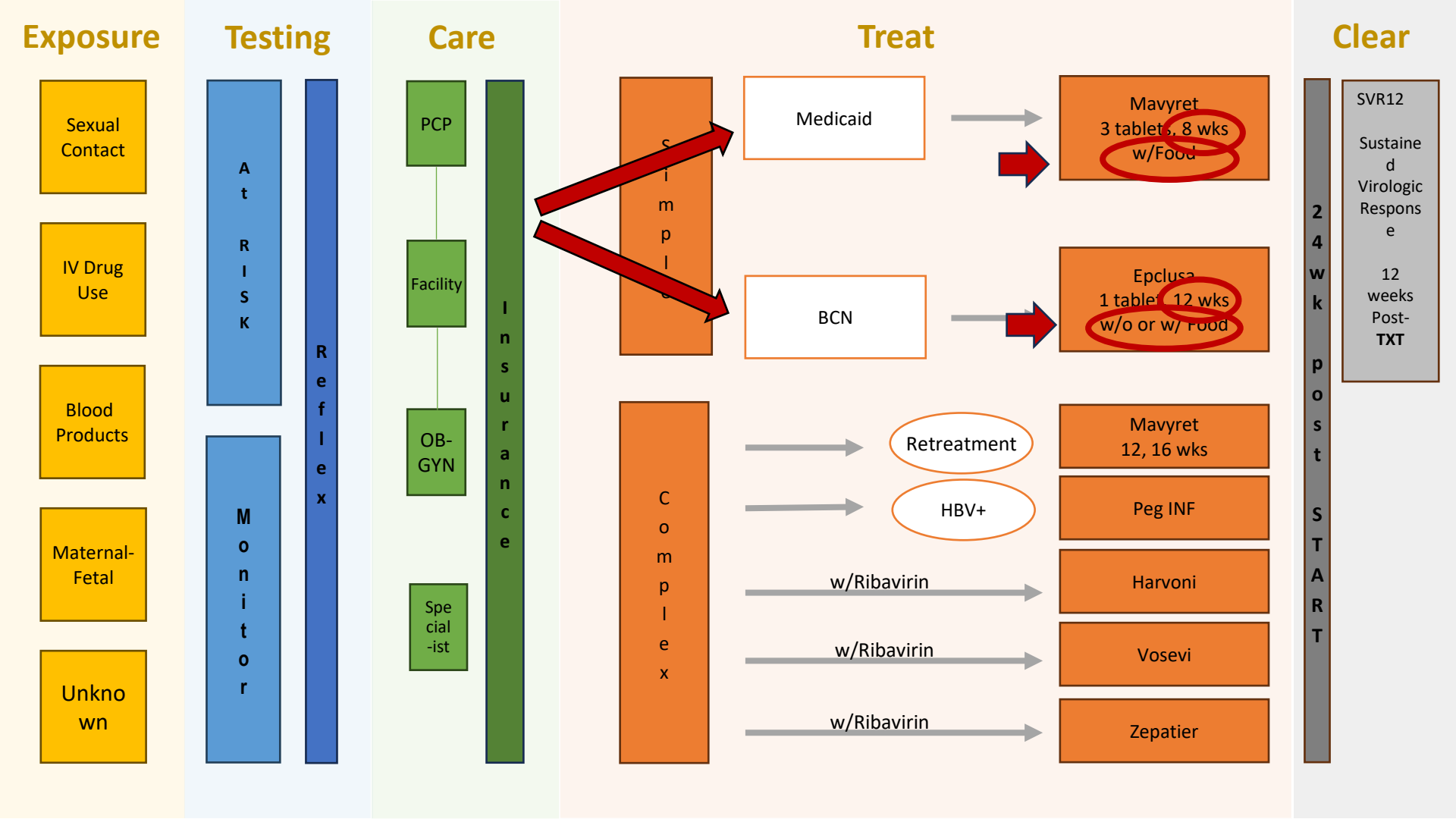
The Hepatitis C (HCV) Care Continuum[1]



[1]Adapted from www.hepatitisc.uw.edu. Assessed 25 April 2024

Framework for Hepatitis C




Exposure
Testing
Care
Treat
Clear
Sexual Contact
IV Drug Use
Blood Products
Maternal-Fetal
Unknown
At RISK
Monitor
Reflex
PCP
Facility
OB-GYN
Special-ist
Insurance
Simple
Medicaid
BCN
Mavyret 3 tablets, 8 wks w/Food
Epclusa 1 tablet, 12 wks w/o or w/ Food
Complex
Retreatment
HBV+
w/Ribavirin
w/Ribavirin
w/Ribavirin
Mavyret 12, 16 wks
Peg INF
Harvoni
Vosevi
Zepatier
24wk post START
SVR12
Sustained Virologic Response
12 weeks Post-TXT

Providers on Treatment

I've been doing this 25 years. Treatments have really changed. In the past there were treatments that caused the skin to fall off. Now these two are well tolerated. -Nurse

These are both, with two medication. One attacks the virus the other is "birth control" prevents replication of the virus. This is the big thing with viruses. Adherence is important, not missing does, so they can't mutate and develop resistance.--Nurse

Treating her HCV will decrease likelihood of subsequent liver-related events. --Provider

Tell them to set a cell-phone reminder, same time everyday. This is a 24 hr drug, so that makes it work better.

A lot of people were diagnosed a long time ago, but now we, now we finally have these better therapies

Patient Interviews-Take aways

Really bad. Felt totally out of it. Stopped after a week.

PCP retired last year. Never informed of test results. Never offered treatment

Treatment Lots of side Effect. But told there might be by doctor.

Side effects included dizziness, fatigue. First 3 weeks of alter state. But decreased to none by the end of the treatment.

Case Study 8

Treatment Failure - SUD complications

Exposure

49 yo male

w/history of IVDU
Sober 12 months

Current EtoH and tobacco use.

Dec 2020
Reports new sexual contact 6 months ago. Told him she gave him a STI.

Testing

July 2021 PCP1

Ab+

Referred to GI

Care

Oct 2021 GI Clinic

Oct 2021
Genotype 1a

Jan 2022
RNA +

Multiple providers?

Treat

Mavyret May 2022

Oct 2022
RNA **POS**

PCP2

11/16/22
Genotype 1a

PCP3

Mavyret May 2023

July 2023
RNA **NEG**

Nov 2023
RNA **POS**

Clear

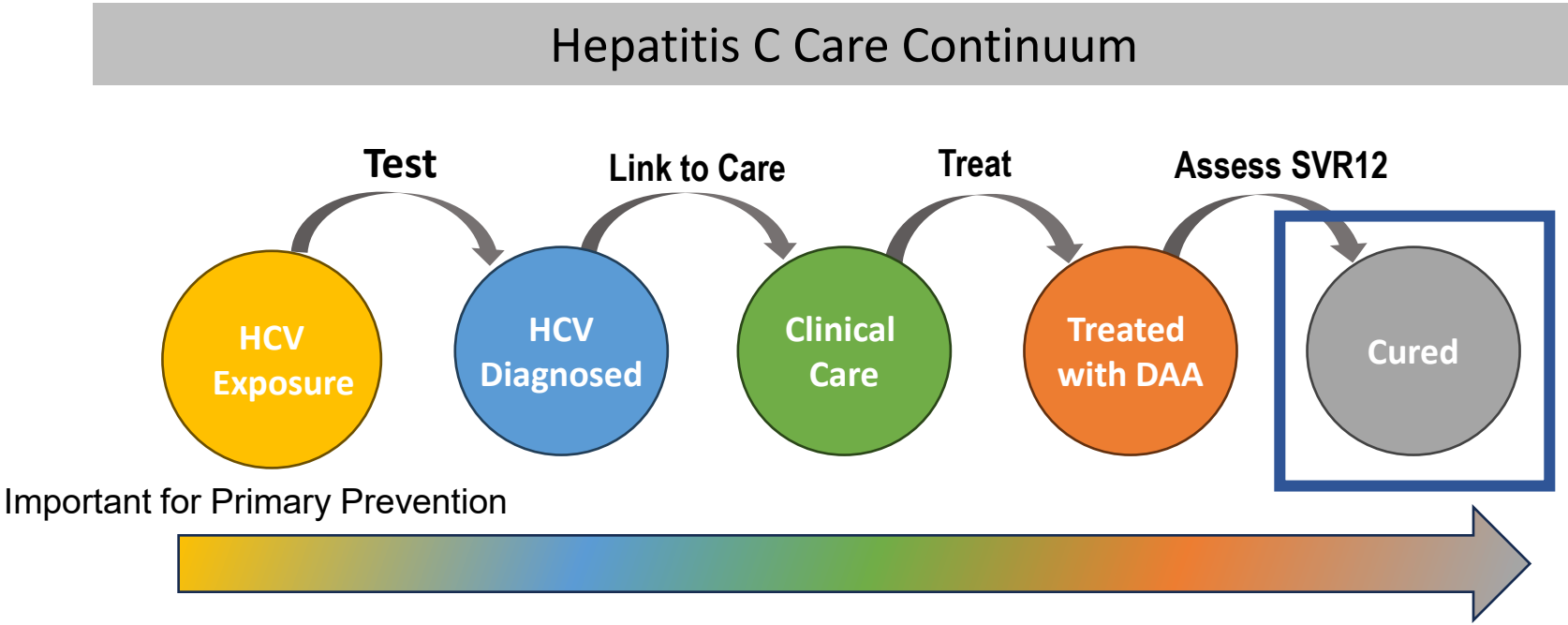
With Genotype 1, should be 16wks. Too Short?

FAILED

Missed doses.
EtOH use.

FAILED

The Hepatitis C (HCV) Care Continuum[1]



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Exposure

- IV Drug Use
- Sexual Contact
- Blood Products
- Maternal-Fetal

Testing

- At RISK
- Monitor
- Reflex

Care

- PCP
- Hospitalist
- OB-GYN
- Specialist
- Insurance

Treat

Simple

- Medicaid → Mavyret 3 tablets QD, 8 wks w/Food
- BCN → Epclusa 1 table, 12 wks w/o or w/ Food

pa
n

Complex

- Re txt → Mavyret 12, 16 wks
- HBV+ → Peg INF
- w/Ribavirin → Harvoni
- w/Ribavirin → Vosevi
- w/Ribavirin → Zepatier

Clear

Gold Standard:
Sustained Virologic Response (SVR)

SVR12 weeks
POST-TREATMENT

Mavyret:

20 weeks from **START**

Epclusa:

24 weeks from **START**

24 weeks pos START

Clearance

- Five months is minimum time to treat and clear
- Current case definition does not track success
- Annual definition **biases** cases based on date

Patients really like the clearance test, I give them a copy.

Case Study 1

Multiple Issues

Exposure

Blood Products

Patient is a healthy & physically active older AA man in his 70s. Believes he was exposed by blood products or needle stick in the 1970s.

NO IVDU

Testing

Jan Annual

Screened by PCP

Feb 14 Ab +

QNS for RNA

Contacted for Redraw

Feb 17 Redraw

Genotype

Feb 17 Confirmed Chronic

Referred

Care

Feb 22 Specialist

University Hepatology

Review Meds

Ordered Fibroscan

2 month follow up

Wrote MAVYRET

INS Hosp PCP

Treat

Feb 22

Mavyret Ordered

Patient called for Payment Auth. (P

- Pt. Called for Payme Authorization (PA)
- Feb 22 Nat'l pharma
- Feb 23 Hosp Pharmacy
- Mar 7 Hosp Pharma
- Mar 9 PA to Ins Spe Financial Coordinat

Mar 18

Mavyret Denied

Mar 20

Epclusa Ordered

- Mar 21 Med Review
- Mar 23 PA from Ins
- Mar 31 Med and Supply Educ.
- Apr 1 Enrolled in Hosp Specialty Pharm.

Apr 4

Epclusa Started

Patient Experience

3 Visits

3 Blood Draws

5+ Phone Calls

Clear

May 11

Post-tx Labs ordered

Lab for Sept 19

Sepr 19

Labs drawn

Cleared

Partner Screened Neg. Pt initiated

Referred not Treated

Insurance Mismatch

Not Counted b/c Clear within year

Case Study 7 – PR Complex Medical and Social Confirmed, not treated

Exposure

64 yo female

w/COPD, Afib, thyroid disease, HTN, depression,, recent broken hip (May 2023),HCV and alcohol-related cirrhosis.

12-15 beers daily

Known Hep C 2018 (At least)

Ex-Husband was IV drug user. Called and told her he was positive.

Testing

Mar
PCP

Annual Visit

Referred to Specialist

Mar
RNA +

Mar
Genotype

Referred

Specialist

Care

July
Specialist

Repeat Labs

Insurance needed medical necessity auth. To repeat labs.

1.Labs Ordered
2. Labs, every 3 months
3.Fibroscan
4. U/S every 6 months

Clinic Calls
7/17
7/18
7/21
Which Lab drawn at??

Pt yells to stop calling

Treat

No treatment

Clear

The patient stated several times that this plan felt like a lot to her.

She is not able to drive on her own and depends on her friend and neighbor who was present for our visit.

The neighbor was very clear that labs every 3 months and US every 6 mo was too much for her to take the patient to.

Case Study 6 – PW

SUD pt Referred and Lost

Confirmed

Exposure	Testing	Care	Treat	Clear
39 yo male History of IDU-heroin Clean since Mar 2022 **Hep C +** **Mar 2022** Out of state	Mar Positive screen Mar Establish Care Visit HCV Ab Ser Ql Reflex! Referred Specialist	May Specialist Seen, Not Treated Why referred?	Lost to followup	

Takeaways

Public Health

Shift from surveillance to **linkage to care**

Technical note - using calendar year may **bias** surveillance of successfully treated patients

Support Development of **Rapid 1-Step Testing**

Healthcare providers

Standardize testing workflows (**automatic reflex**)

Encourage CME regarding txt & **case management**

Reduce **Stigma**

Understand patient **population**

Understand **barriers** that can lead to treatment not being completed

Washtenaw County

- Local access isn't necessarily a limiting factor
  - Mix of providers DO provide Hep C treatment in Washtenaw County
- However, increasing access is important
  - Primary care providers for uncomplicated cases
  - Clinic provider champion is key
  - Easy access to consult service is also important
- Understand first line treatment by payer to expedite treatment
- Importance of consistency of care

Questions?

Resources

List of resources from MDHHS (We Treat Hep C)

- We Treat Hep C Initiative: Impact on Hepatitis C in Michigan - **public-facing** fact sheet on the impact of We Treat Hep C on HCV in Michigan.
- We Treat Hepatitis C: Clinical Fact Sheet – **provider-facing** fact sheet on hepatitis C, the We Treat Hep C Initiative, CDC hepatitis C testing recommendations, and provider trainings and resources.
- We Treat Hepatitis C: Patient Fact Sheet – **public-facing** fact sheet summarizing hepatitis C, the We Treat Hep C Initiative, CDC hepatitis C testing recommendations, hepatitis C treatment, and resources for the public.
- Simplified HCV Treatment Algorithm for Treatment-Naive Adults Without Cirrhosis – HCV treatment algorithm from AASLD/IDSA on treatment for treatment-naïve adults without cirrhosis.

If you talk to anyone who is interested in getting rapid HCV tests, the contact here for that is Teresa Wong (wongt@michigan.gov)