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“State Compliance on the CDC Recommendations for Hepatitis C Testing”

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RPUB 496: Honors Thesis

Professor Martin

May 17, 2013

Abstract:

Last August, the CDC updated its recommendations regarding what populations are at risk and should get tested for the hepatitis C virus, adding that those born from 1945 through 1965, or “baby boomers”, should receive a one-time Hepatitis C test due to the disproportionate number of cases in the age group. My goal was to identify which states are in compliance with these recommendations, and how many include the latest update. I collected data by searching specific terms about Hepatitis C within each state’s department of health website; I found that 34% of states were fully in line with the CDC and so far 54% of states include that baby boomers should get tested. In addition, the majority of state sites have links to the CDC’s Hepatitis C pages and over 2/3 of states have some sort of guidelines or prevention plan dedicated to the virus.

Introduction:

Hepatitis C is a contagious liver disease resulting from the hepatitis C virus (HCV) that can be either acute or chronic. Acute HCV infection occurs within the first 6 months of exposure to the virus, and about 75% - 85% of these cases become chronic. Chronic HCV infection is a more severe version of the virus which can lead to severe liver problems over time.¹ According to the CDC, 60% - 70% of HCV-positive persons will develop chronic liver disease, 5% - 20% of HCV-positive persons will develop cirrhosis after 20 to 30 years of having the virus, and 1% - 5% of HCV-positive persons will end up dying due to their chronic infection, from either liver

¹ "Hepatitis C Information for the Public: Hepatitis C FAQs for the Public." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 22 Oct. 2012. Web. Jan 2013. <<http://www.cdc.gov/hepatitis/C/cFAQ.htm#overview>>.

cancer or cirrhosis.² HCV is the most common chronic bloodborne infection in the United States³ and has an estimated prevalence of 3.2 million people in this country alone;⁴ this number is well over the estimated 1.2 million HIV-infected persons in the U.S..⁵

The majority of the CDC's current recommendations for HCV testing were published in 1998; the guidelines grouped factors by those who should be tested based on their risk for infection, those who should be tested based on a recognized exposure, those who should not be tested (unless they have a risk factor), and those for whom the need for testing is uncertain. No new groups or risk factors were added to the recommendations until 2009, when the guidelines were updated to include that all HIV-infected patients should be tested for HCV. The most recent update to the CDC guidelines came in August 2012, when Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945-1965 was published; as indicated by the title, it is now recommended that all persons born from 1945 through 1965 receive one-time testing for HCV "without prior ascertainment of HCV risk factors".⁶ This update is extremely important considering that as much as 75% of HCV-infected

² "Hepatitis C Information for Health Professionals: Hepatitis C FAQs for Health Professionals." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 7 May 2013. Web. Jan. 2013. <<http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>>.

³ Chen, Stephen, and Timothy Morgan. "The Natural History of Hepatitis C Virus (HCV) Infection." *International Journal of Medical Sciences*. 3.2 (2006): 47-52. Web. 17 May. 2013. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1415841/>>.

⁴ Ibid 2.

⁵ "U.S. Statistics: HIV in the United States." AIDS.gov. U.S. Department of Health & Human Services, 6 Jun 2012. Web. 17 May 2013. <<http://aids.gov/hiv-aids-basics/hiv-aids-101/statistics/>>.

⁶ "Hepatitis C Information for Health Professionals: Testing Recommendations for Chronic Hepatitis C Virus Infection." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 14 May 2013. Web. Jan. 2013. <<http://www.cdc.gov/hepatitis/HCV/GuidelinesC.htm>>.

persons fall within that age group and due to the asymptomatic nature of the disease, a significant number of these people are unaware of their infection.⁷

Although the disease can be severe if left undiagnosed and untreated for a long period of time, new promising medications are becoming available that make the identification of the virus critical in improving the health and lives of infected individuals. Treatment for HCV in the past has largely consisted of injecting peginterferon, a general immune stimulant with toxic side effects in high doses often required for treatment, preventing many from being able to use it.⁸ A recent study has revealed the success of using a combination of oral sofosbuvir and ribavirin, antiviral drugs that work to attack HCV and prevent it from replicating, in treating and eventually eliminating the virus.⁹

The goal of my research was to determine what state health departments recommend for HCV testing compared to the CDC recommendations, how this information is presented publicly on state department of health websites, and the extent of interstate variation.

Methods:

I began my research by educating myself more about Hepatitis C. I looked up aspects including what the hepatitis C virus is, the history of the virus, whether it is treatable or curable and how, and statistics such as the prevalence and incidence of HCV in the United States. I also spent some time going through the CDC's pages on HCV and used the list of testing

⁷ "Hepatitis C." Viral Hepatitis Action Coalition. Viral Hepatitis Action Coalition, Inc., 2013. Web. April 2013. <<http://www.viralhepatitisaction.org/hepatitis-c>>.

⁸ Blouin, Melissa Lutz. "New antiviral drugs clear Hepatitis C in patients without treatment options." University of Florida News. University of Florida , 26 Apr. 2013. Web. May 2013. <<http://news.ufl.edu/2013/04/26/hep-nejm/>>.

⁹ Jacobson, Ira, Stuart Gordon, et. al. "Sofosbuvir for Hepatitis C Genotype 2 or 3 in Patients without Treatment Options." The New England Journal of Medicine (2013): n. pag. Web. <<http://www.nejm.org/doi/full/10.1056/NEJMoa1214854>>.

recommendations¹⁰ found in the section for health professionals to base the organization of my research tables on. To prepare for collecting data from each state, I created two spreadsheets, Table 1 and Table 2. Table 1: “References by State” consists of all the websites I used to obtain my information, functioning as reference list categorized by state, and Table 2: “Hepatitis C Risk Factors by State” lists the various risk factors and groups mentioned in the CDC recommendations and how each state includes them in their own recommendations. The table is coded using 0, 1, and 9 to represent that the state does not recommend testing for the risk factor, does recommend testing, or if the need for testing is considered uncertain respectively (0 = testing not recommended, 1 = testing recommended, and 9 = unsure of need for testing).

Initially I spent a lot of time looking for state legislation on HCV requirements, but found very little in terms of who is and isn’t included in testing. I shifted my focus to state recommendations, using the information found on each state’s department of health website. A number of states have nongovernmental organizations dedicated to HCV, but I stuck only to what was found to be recommended by the states, not the other groups.

I was also interested in figuring out the recommendations for counseling those getting tested for or who have HCV. I divided counseling into “pre-test counseling”, “post-test counseling”, and “risk reduction counseling” and created Table 3: “Hepatitis C Guidelines, Counseling, and Plans by State” to add the information for each state. After going through a few states, I decided to include additional relevant information to Table 3: whether the state has guidelines or a strategic plan for HCV, if the state website has separate pages or links for health care professionals, and whether or not there was information about training to provide counseling for HCV. Like with Table 2, Table 3 is coded using 0, 1, and 9, here 0 indicates the variable is

¹⁰ Ibid 6.

not included, 1 that it is included, and 9 was used only in the strategic plan section to indicate if the state had a plan that included Hepatitis but was not dedicated to it.

The terms used to search the state department of health websites were consistent for every state, though some did not require all of the terms be searched since the information was easily found through pages I had already accessed. To complete Table 2, I searched the terms “hepatitis c”, “hepatitis”, “hepatitis c testing”, and if I couldn’t find the right data from those, “hepatitis c screening”. Table 3 required a bit more work to complete, and the search terms used were:

- “hepatitis c counseling”,
- “hepatitis c provider”,
- “hepatitis c professional”,
- “hepatitis c training”,
- “counseling training” (within the HCV pages),
- “hepatitis c strategic plan”,
- “hepatitis c prevention plan”,
- “hepatitis c guidelines”, and
- “counseling guidelines”.

I chose the terms based first off of what I was specifically looking for, then played with the wording to ensure nothing was missed, an example being that I had to search for “providers” as well as “professionals” because some websites only include one of the terms but are meant for the same group of people.

Once data collection for Tables 2 and 3 was complete, the information within them was used to create the remaining tables. Table 4: “Percent of States Recommending Testing for

Specific Risk Groups”, Table 5: “Level of State Compliance with CDC Recommendations for HCV Testing (excluding where the CDC is “unsure””, and Table 6: “State Compliance With CDC Recommendations Including Factors for Which the CDC is Uncertain of the Need for Testing” were each created using Table 2, and Table 7: “State Recommendations Listed on Department of Health Websites” was created using Table 3. These additional tables are summaries of the other two that are easier for viewing.

Results:

Table 4, “Percent of States Recommending Testing for Specific Risk Groups”, lists all of the risk groups mentioned in the CDC guidelines, grouped by whether the CDC recommends they be offered testing, the CDC recommends they not be tested unless they have another risk factor, or the CDC is unsure whether testing is needed. The list of risk groups is on the left, and the right columns indicate the fraction of states (N=50, excluding District of Columbia) that recommend testing or are unsure for each category. Some interesting findings from the table include:

- More than half the states, 54%, have already added that those born from 1945 through 1965 should be tested for HCV.
- For the following risk groups: “current injecting drug users”, “ever injected drugs, including only once or many years ago”, “received a transfusion of blood, blood components, or an organ transplant before July 1992”, and “healthcare, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to

HCV-positive blood”, 100% of states were in compliance for recommending these groups get tested for HCV.

- For the following risk groups: “healthcare, emergency medical, and public safety workers”, “pregnant women” and “the general population”, 100% of states were in compliance for stating these groups do not need testing unless they also have another risk factor.
- Only one group of those for whom testing is not recommended by the CDC had any discrepancy and that was “household (nonsexual) contacts of HCV-positive persons”, where 10% of states said testing is recommended, but this is mostly because those states overlapped this category with those who may become exposed to blood through sharing objects such as razors or nail clippers.
- Of the risk groups where the CDC is uncertain of the need for testing, only two of the factors “recipients of transplanted tissue” and “persons with a history of tattooing or body piercing - done with sterile materials or unspecified” had no states recommend that they be tested.
- The risk groups in the category “Risk Groups with Unclear Testing Recommendations from the CDC” were the only groups to possess any states that are uncertain of whether testing is needed.

Table 5, “Level of State Compliance with CDC Recommendations for HCV Testing (excluding where the CDC is “unsure”)”, lists the levels of state compliance, including the number of factors differing from the CDC guidelines in parenthesis; the percent of states at each level; and the specific states falling into each category. The compliance levels consist of “Total (0)”, “High (1 or 2)”, “Moderate (3 or 4)”, and “Low (5+)”. Fortunately, the percentage of states

at each level were in descending order with the largest amount of states, 34%, being in total compliance and the smallest group of states, 18%, having the least compliance.

Table 6, “State Compliance With CDC Recommendations Including Factors for Which the CDC is Uncertain of the Need for Testing”, categorizes states based off of the number of risk groups for which they consider the need for testing to be uncertain out of all of the groups for which the CDC is unsure of. From this table, it can be seen that 14% of states are in 100% compliance with the CDC’s recommendations for HCV testing based upon risk groups, including matching up all the groups where the CDC considers the need for testing uncertain. An additional 6% of states included one or two of the uncertain risk groups as such, but no states included more than that that didn’t list every other uncertain risk group. The table includes Nebraska as one of the states in complete compliance, but it should be noted that the state’s guidelines recommend that those tattooed or pierced with non-sterile materials should get tested and that if the materials used were sterile the need is uncertain; the CDC does not make the distinction between sterile and non-sterile tattoos and piercings so I am still considering Nebraska to be fully in line since if the CDC did specify, it is likely that it would show the same stance as Nebraska.

Table 7, “State Recommendations Listed on Department of Health Websites”, lists numerous components about what is included within each state’s department of health pages on HCV or what the state recommends other than the risk groups found in Table 4. Some important takeaways from this table are:

- The majority of states, 88%, include one or more links to the CDC’s HCV pages.
- More than half of states, 56%, have some form of Strategic, Harm Reduction, or Prevention Plan created to address HCV or all forms of Viral Hepatitis, and 34% of states

have separate written guidelines on testing and counseling. The plans tended to include sections about increasing awareness of the virus, expanding prevention education, the involvement of counseling, and the need for training among health care workers about HCV and other forms of hepatitis. The guidelines as a whole included more details specifically on the recommended counseling procedures.

- 30% of states currently that have neither plans nor guidelines regarding HCV.
- Referring back to Table 3 to see specific states, I found that every state that recommends pre-test counseling also recommends post-test counseling.
- When looking for what counseling or training to provide it entails, there were multiple cases where I would have needed to have an account with the site to view the information.
- Through the data collection process, I found that the majority of state HCV websites include either attached PDFs or lists within the site of locations within the state where one could go for testing, counseling, treatment, or find a support group. They locations are generally divided by either county or purpose (counseling centers, treatment center, etc.).

Discussion:

To recap, my research goals were to determine state compliance with the CDC recommendations for Hepatitis C testing, find how this information was presented by state department of health websites, and compare variations among states. I obtained my data from each state's department of health websites, going through each twice; the first time looking for

testing recommendations and the second time looking for details on state counseling guidelines and prevention plans. Some of the most important findings include that over half of states have already added that those born through 1945 and 1965 get tested; most states have links in their Hepatitis C information to the CDC website, an easy way to stay accurate; over 2/3 of states include some form of guidelines or strategic plans dedicated to Hepatitis (some covering all forms of Hepatitis, and others specifically Hepatitis C); and 60% of states have 2 or fewer discrepancies from the CDC's risk group categories. An observation I came across while searching for data is that in regards to recommending specific groups, states did often make an effort to inform the public if there had been an HCV outbreak in a hospital or similar setting and promote that anyone who may have been in the department within a given time frame should receive testing, help often boosted through media attention.

I found it interesting that a number of states had merged the Hepatitis section with their pages on HIV and sometimes STDs as well, but it made sense upon learning about the CDC's relatively new Program Collaboration and Service Integration (PCSI) initiative. According to the CDC, PCSI "is a mechanism for organizing and blending interrelated health issues, activities, and prevention strategies to facilitate comprehensive delivery of services".¹¹ The fact that multiple states have already merged these areas shows that the states either agree with the consolidation and or moving towards it to be better aligned with the CDC, or that a number of them already possessed that mindset and the CDC is taking their example.

In an article published in 2009 entitled "Consistency of State Statutes With the Centers for Disease Control and Prevention HIV Testing Recommendations for Health Care Settings",

¹¹ "Program Collaboration and Service Integration (PCSI) at NCHHSTP: About PCSI." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 13 Dec. 2012. Web. May 2013. <<http://www.cdc.gov/nchhstp/programintegration/About.htm>>.

A.P. Mahajan et. al. discussed the CDC's 2006 guidelines on HIV testing, how states are implementing the update, and whether state legislation surrounding HIV procedures hampered their ability to successfully implement the guidelines. The update consisted of recommending that "all patients in all health care settings be offered opt-out HIV screening without separate written consent and prevention counseling";¹² the change designed to increase the number of people getting tested and reduce the boundary of stigmatization over potential risk factors. An interesting inclusion in the recommendations is that personalized HIV risk reduction counseling should not be required for patients getting tested and that they should instead be offered a referral for counseling.¹³ The results showed that 68% of states have statutory frameworks that are either in-line or neutral to the CDC recommendations, and so in essence are compliant with the recommendations, and that the remaining states would need legislation changes in order to be able to fully implement the recommendations. Additionally, 9 of the states with policies consistent with the CDC were made so recently, indicating that more states are likely to follow this trend.¹⁴ The finding of 68% is double the amount of states fully compliant with the CDC's recommendations for HCV testing and risk groups, but the number of states compliant with the CDC's HIV testing may be lower than 68% since the percentage includes states with neutral policies and so they may or may not be being implemented there. A positive of there being fewer formal state policies on Hepatitis C is that there are fewer potential measures that would prevent the implementation of CDC recommendations, but the lack of legal attention has

¹² Mahajan, Anish, Lara Stemple, et al. "Consistency of State Statutes With the Centers for Disease Control and Prevention HIV Testing Recommendations for Health Care Settings." *Annals of Internal Medicine*. 150.4 (2009): 263. Print.

¹³ *Ibid* 12, pp. 264.

¹⁴ *Ibid* 12, pp. 265.

negatives as well, for HCV may then get less attention from policymakers and lobbyists who would have some power in making sure the CDC guidelines got enforced.

Hepatitis C has been deemed a “silent epidemic” due to the fact that the damage the virus does to one’s liver can go unnoticed for well over a decade, leading to severe ailments such as chronic liver disease, cirrhosis, liver cancer, and liver failure¹⁵. With a large number of cases being contracted in the 1970s and 1980s, is now critical for the “baby boomer generation”, born from 1945 through 1965, to receive testing for HCV since those in that group who unknowingly have the virus are likely to already have moderate to extensive liver damage, and the sooner these people get treatment the more likely they are to recover or gain some control over the virus. Considering that this age group consists of up to 75% of HCV cases in the U.S. and that a cure is possible, treating this population could play a substantial role in minimizing prevalence of HCV.

There were some limitations that may have altered or restricted my research. The time period available prevented me from looking into some factors further, and the fact that I added on some variables that I did not initially realize I would be looking for did not make for the most efficient research process. I began my work looking for legislation or formal policies directed towards Hepatitis C due the presence of several policies dedicate to HIV. There are some laws that include Hepatitis, such as those regarding communicable diseases, but they are more directed towards disease reporting, workers compensation post-exposure, and prisoners’ rights to testing and treatment rather than risk groups for whom testing should be directed or counseling requirements; I think further research would be to examine policies relating to HCV more in depth and compare them among the states.

¹⁵ The C. Everett Koop Institute. " The Silent Epidemic: Hepatitis C." Hepatitis C: An Epidemic for Anyone. Dartmouth-Hitchcock Medical Center, 2013 Web. March 2013.
<<http://www.epidemic.org/thefacts/hepatitisc/silentEpidemic/>>.

Future research should be done using additional search terms such as “follow-up”, because along the way I realized that some recommendations included checking up on patients over the course of time-once they had tested positive for HCV-to provide counseling or suggest treatments. The terminology used on each state’s website differed slightly, sometimes making it difficult to understand or categorize the information into my tables, an example being the distinction between at-risk groups versus those for whom testing is definitely recommended. Another aspect that should be explored is if any state health departments that may not be as up-to-date with their recommendations, or even including those that are, rely on additional nongovernmental or separate agencies more focused on HCV to create guidelines, spread awareness, or provide risk reduction education resources.

Hepatitis C is a significant issue in the United States, affecting about 3.2 million Americans, yet it is generally kept under the radar of attention from the general public. New research, especially within the last decade, promising improved medications and an increased chance of being completely cured, makes identifying HCV-positive individuals a more relevant task now than ever. It seems that along with the CDC’s release of the latest testing recommendations, a growing number of studies and attention has been given to the virus and potential treatment options, so hopefully the states falling short on compliance with the guidelines will soon be inspired to follow suit and make its residents more aware of this silent epidemic.

References:

Blouin, Melissa Lutz. "New antiviral drugs clear Hepatitis C in patients without treatment options." University of Florida News. University of Florida , 26 Apr. 2013. Web. May 2013. <<http://news.ufl.edu/2013/04/26/hep-nejm/>>.

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"Hepatitis C." Viral Hepatitis Action Coalition. Viral Hepatitis Action Coalition, Inc., 2013. Web. April 2013. <<http://www.viralhepatitisaction.org/hepatitis-c>>.

"Hepatitis C Information for Health Professionals: Hepatitis C FAQs for Health Professionals." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 7 May 2013. Web. Jan. 2013. <<http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>>.

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Jacobson, Ira, Stuart Gordon, et. al. "Sofosbuvir for Hepatitis C Genotype 2 or 3 in Patients without Treatment Options." The New England Journal of Medicine (2013). Web. <<http://www.nejm.org/doi/full/10.1056/NEJMoa1214854>>.

Mahajan, Anish, Lara Stemple, et al. "Consistency of State Statutes With the Centers for Disease Control and Prevention HIV Testing Recommendations for Health Care Settings." *Annals of Internal Medicine*. 150.4 (2009): 263-265. Print.

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"U.S. Statistics: HIV in the United States." AIDS.gov. U.S. Department of Health & Human Services, 6 Jun 2012. Web. 17 May 2013. <<http://aids.gov/hiv-aids-basics/hiv-aids-101/statistics/>>.

"What Each State is Doing About Hepatitis C." CCHC Group. CCHC Group, 9 Jun. 2010. Web. Feb. 2013. <<http://www.cchcgroup.org/marketing/states.html>>.

Table 1. References by State, continues on page 18.

State	Resources
Alabama	"Hepatitis C." Alabama Department of Public Health. Bureau of Communicable Disease. Web. Jan 2013. < http://www.adph.org/hepatitis/index.asp?id=6097 >.
Alaska	"Viral Hepatitis Information." Heath and Social Services: Epidemiology. State of Alaska. Web. Jan. 2013. < http://www.epi.hss.state.ak.us/id/hepatitis/default.htm >.
Arizona	"Hepatitis Program: Hepatitis C Basics." Arizona Department of Health Services. Arizona Department of Health Services, 28 Sep. 2012. Web. Feb. 2013. < http://azdhs.gov/phs/oids/hepc/hcvq.htm >.
Arkansas	"Frequently Asked Questions About Hepatitis C." Arkansas Department of Health. Arkansas Department of Health, 2011. Web. Feb. 2013. < http://www.healthy.arkansas.gov/programsServices/infectiousDisease/hivStdHepatitisC/Pages/HepatitisCFAQS.aspx >.
California	"Hepatitis C." California Department of Public Health. State of California, 3 May 2013. Web. Feb. 2013. < http://www.cdph.ca.gov/HealthInfo/discond/Pages/HepatitisC.aspx >.
Colorado	"Overview of Hepatitis A, B, and C." Colorado Department of Public Health and Environment. State of Colorado, 2013. Web. Feb. 2013. < http://www.colorado.gov/cs/Satellite/CDPHE-DCEED/CBON/1251607766410 >.
Connecticut	"Viral Hepatitis". Department of Public Health. State of Connecticut, 21 Aug. 2012. Web. Feb. 2013. < http://www.ct.gov/dph/cwp/view.asp?a=3135&q=393226&dphNav_GID=1601&dphPNavCtr=#47043 >.
Delaware	"Hepatitis C (Viral)." Delaware Health and Social Services: Division of Public Health. State of Delaware, 16 Jan. 2009. Web. Feb. 2013. < http://www.dhss.delaware.gov/dph/dpc/hepc.html >.
	"Hepatitis C Virus (HCV): Frequently Asked Questions." Delaware Health and Social Services: Division of Public Health. Delaware Health and Social Services, Dec. 2012. Web. Feb. 2013. < http://www.dhss.delaware.gov/dhss/dph/files/hepcfaq.pdf >.
Florida	"Adult Hepatitis Vaccination & Testing Program." Florida Department of Health. Florida Department of Health, 20 Aug. 2012. Web. Feb. 2013. < http://www.doh.state.fl.us/Disease_ctrl/aids/hep/hepvac.html >.
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	Hepatitis C Working Group of Georgia. "Hep C Handbook: A Resource Guide for Georgians 2nd Edition." Georgia Division of Public Health, 2008. Web. Mar. 2013. < http://health.state.ga.us/pdfs/epi/notifiable/hepatitis/2008%20GA%20HEP%20C%20HANDBOOK-FINAL.pdf >.
	"Viral Hepatitis: General Hepatitis Information." Georgia Department of Public Health. Georgia Department of Public Health. Web. Mar. 2013. < http://health.state.ga.us/epi/disease/hepatitis/ >.
Hawaii	"Testing & Vaccination." Hep Free Hawai'i. Hep Free Hawai'i, 2013. Web. Mar. 2013. < http://hepfreehawaii.org/?page_id=29 >.
Idaho	"Hepatitis: May is Hepatitis Awareness Month!" Idaho Department of Health and Welfare. Idaho Department of Health and Welfare. Web. Mar. 2013. < http://healthandwelfare.idaho.gov/Health/FamilyPlanningSTDHIV/Hepatitis/tabid/392/Default.aspx >.
Illinois	"Hepatitis C." Illinois Department of Public Health: Health Beat. Illinois Department of Public Health. Web. Mar. 2013. < http://www.idph.state.il.us/public/hb/hbhepc.htm >.
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Indiana	"Hepatitis C." Indiana State Department of Health. Indiana State Department of Health. Web. Mar. 2013. < http://www.in.gov/isdh/17433.htm >.
	"Related Links and Contacts." Indiana State Department of Health. Indiana State Department of Health. Web. Mar. 2013. < http://www.in.gov/isdh/17431.htm >.
Iowa	"Hepatitis C." Iowa Department of Public Health: Bureau of HIV, STD, and Hepatitis. Iowa Department of Public Health, 2013. Web. Mar. 2013. < http://www.idph.state.ia.us/HivStdHep/Hepatitis.aspx?prog=Hep&pg=HepC >.
	Iowa Department of Public Health and Iowa Viral Hepatitis Taskforce. "The Iowa Viral Hepatitis Strategic Plan 2012 - 2016." Iowa Department of Public Health. Iowa Department of Public Health. Web. Mar. 2013. < http://www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=5EAB2853-7634-46A4-89E1-37F761E27298 >.
Kansas	"Public Health Fact Sheet: Hepatitis C." Kansas Department of Health and Environment: Infectious Disease Epidemiology and Response. Kansas Department of Health and Environment, 27 Jul. 2012. Web. Mar. 2013. < http://www.kdheks.gov/epi/download/Hep_C_factsheet.pdf >.
Kentucky	"Hepatitis C." Kentucky Cabinet for Health and Family Services: Department for Public Health. Commonwealth of Kentucky, 2013. Web. Mar. 2013. < http://chfs.ky.gov/dph/diseases/Hepatitis+C.htm >.

Table 1. References by State, continued from page 17 and continues on page 19.

Louisiana	“Hepatitis C.” Department of Health & Hospitals: Center for Community and Preventive Health. Department of Health and Hospitals. Web. Mar. 2013. < http://dhh.louisiana.gov/index.cfm/page/1012 >.
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Minnesota	“Hepatitis C Disease.” Minnesota Department of Health. Minnesota Department of Health, 3 May 2013. Web. Mar. 2013. < http://www.health.state.mn.us/divs/idepc/diseases/hepc/disease.html >.
Mississippi	“Hepatitis C.” Mississippi State Department of Health. Mississippi State Department of Health. Web. Mar. 2013. < http://msdh.ms.gov/msdhsite/_static/14,4598,194,133.html >.
Missouri	“Hepatitis C.” Missouri Department of Health & Senior Services. Missouri Department of Health & Senior Services. Web. Mar. 2013. < http://health.mo.gov/living/healthcondiseases/communicable/hepatitis/c/index.php >.
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Nebraska	“Hepatitis C Virus Fact Sheet.” Nebraska Department of Health & Human Services. Nebraska Department of Health & Human Services, 20 Oct. 2011. Web. Mar. 2013. < http://dhhs.ne.gov/publichealth/Pages/epi_epihep_c.aspx >.
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New Mexico	“Hepatitis Prevention.” New Mexico Department of Health. New Mexico Department of Health. Web. Mar. 2013. < http://www.nmhealth.org/idb/hepatitis.shtml >.
New York	“Hepatitis Risk Assessment.” Department of Health. New York State Department of Health, Nov. 2010. Web. Mar. 2013. < http://www.health.ny.gov/diseases/communicable/hepatitis/assessment.htm#hepc >.
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Table 1. References by State, continued from page 18.

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Oklahoma	“Hepatitis C Fact Sheet.” Oklahoma State Department of Health. Oklahoma State Department of Health. Web. Mar. 2013. < http://www.ok.gov/health2/documents/HIV-HepatitisCFactSheet.pdf >.
Oregon	Ghany, Marc, Doris Strader, et. al. “AASLD Practice Guidelines: Diagnosis, Management, and Treatment of Hepatitis C: An Update.” <i>Hepatology</i> . 49.4 (2009): 1335-1374. Web. Mar. 2013. < http://www.aasld.org/practiceguidelines/Documents/Bookmarked%20Practice%20Guidelines/Diagnosis_of_HEP_C_Update.Aug%20_09pdf.pdf >.
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Pennsylvania	“Hepatitis C Fact Sheet.” Pennsylvania Department of Health. Pennsylvania Department of Health, 5 Jan. 2013. Web. Mar. 2013. < Sameh - Hepatitis C Fact Sheet 01-05-13.pdf >.
Rhode Island	“Hepatitis C (HCV).” State of Rhode Island Department of Health. State of Rhode Island Department of Health. Web. Mar. 2013. < http://www.health.ri.gov/diseases/hepatitis/c/index.php >.
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South Carolina	“S.C. DHEC: A - Z Index Listing.” South Carolina Department of Health and Environmental Control. South Carolina Department of Health and Environmental Control, 2012. Web. Mar. 2013. < http://www.scdhec.gov/a-z/h.asp >.
South Dakota	“Hepatitis C.” South Dakota Department of Health. South Dakota Department of Health. Web. Mar. 2013. < http://doh.sd.gov/DiseaseFacts/HepatitisC.aspx >.
Tennessee	“Health Fact Sheets: Hepatitis C.” Department of Health. Tennessee Department of Health. Web. Mar. 2013. < http://health.state.tn.us/FactSheets/hepc.htm >.
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Vermont	“Hepatitis C.” Department of Health: Agency of Human Services. Vermont Department of Health. Web. Apr. 2013. < http://healthvermont.gov/prevent/hepatitis_c/index.aspx >.
Virginia	“Hepatitis C.” Virginia Department of Health. Virginia Department of Health, 17 Jan. 2013. Web. Apr. 2013. < http://www.vdh.state.va.us/Epidemiology/factsheets/Hepatitis_C.htm >.
Washington	“Hepatitis C.” Washington State Department of Health. Washington State Department of Health. Web. Apr. 2013. < http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Hepatitis/HepatitisC.aspx >.
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Wisconsin	“Hepatitis C.” The Wisconsin HIV/STD/Hepatitis C Information & Referral Center. The Wisconsin HIV/STD/Hepatitis C Information & Referral Center. Web. Apr. 2013. < http://www.irc-wisconsin.org/hepatitisC.htm >.
Wyoming	“Hepatitis Facts.” Wyoming Department of Health. Wyoming Department of Health. Web. Apr. 2013. < www.health.wyo.gov/phsd/hep/facts.html >.

Table 2: Hepatitis C Risk Factors by State, continues on page 21.

STATE	Current IDUs	Former IDUs	Non-injecting drug users	Received clotting factors before 1987	Ever hemodialysis	Ever abnormal ALT/undiagnosed liver problems	Organ from HCV+	Blood Transfusion from HCV+	Blood transfusion before 1992	Organ before 1992	HCV work exposure	Worker with no known exposure	Children to HCV+ women
Alabama	1	1	0	1	1	1	1	1	1	1	1	0	1
Alaska	1	1	0	1	1	1	1	1	1	1	1	0	1
Arizona	1	1	0	1	1	0	1	1	1	1	1	0	0
Arkansas	1	1	0	1	1	1	0	0	1	1	1	0	1
California	1	1	0	1	1	1	1	1	1	1	1	0	1
Colorado	1	1	0	1	1	1	1	1	1	1	1	0	1
Connecticut	1	1	0	1	1	1	1	1	1	1	1	0	1
Delaware	1	1	1	1	1	0	0	0	1	1	1	0	1
Florida	1	1	0	1	0	0	0	0	1	1	1	0	1
Georgia	1	1	1	0	1	1	1	1	1	1	1	0	1
Hawaii	1	1	1	0	0	0	0	0	1	1	1	0	1
Idaho	1	1	0	1	1	1	1	1	1	1	1	0	1
Illinois	1	1	0	1	1	1	1	1	1	1	1	0	1
Indiana	1	1	0	1	1	1	1	1	1	1	1	0	1
Iowa	1	1	0	1	1	1	0	0	1	1	1	0	1
Kansas	1	1	0	1	1	0	1	1	1	1	1	0	1
Kentucky	1	1	0	1	1	1	0	0	1	1	1	0	1
Louisiana	1	1	1	1	1	0	0	0	1	1	1	0	1
Maine	1	1	0	1	1	1	1	1	1	1	1	0	1
Maryland	1	1	0	1	1	0	1	1	1	1	1	0	1
Massachusetts	1	1	9	1	1	1	1	1	1	1	1	0	1
Michigan	1	1	1	1	1	1	0	0	1	1	1	0	1
Minnesota	1	1	9	1	1	1	1	1	1	1	1	0	1
Mississippi	1	1	0	1	1	1	1	1	1	1	1	0	1
Missouri	1	1	9	1	1	1	1	1	1	1	1	0	1
Montana	1	1	0	1	1	1	1	1	1	1	1	0	1
Nebraska	1	1	9	1	1	1	1	1	1	1	1	0	1
Nevada	1	1	0	1	1	1	1	1	1	1	1	0	1
New Hampshire	1	1	0	1	1	1	1	1	1	1	1	0	1
New Jersey	1	1	0	1	1	1	0	0	1	1	1	0	0
New Mexico	1	1	9	1	1	1	1	1	1	1	1	0	1
New York	1	1	0	1	1	1	1	1	1	1	1	0	1
North Carolina	1	1	0	1	1	1	0	0	1	1	1	0	1
North Dakota	1	1	0	1	1	0	0	0	1	1	1	0	1
Ohio	1	1	1	0	0	0	0	0	1	1	1	0	0
Oklahoma	1	1	0	1	1	0	0	0	1	1	1	0	1
Oregon	1	1	0	1	1	1	1	1	1	1	1	0	1
Pennsylvania	1	1	0	1	1	0	1	1	1	1	1	0	1
Rhode Island	1	1	1	1	1	0	0	0	1	1	1	0	1
South Carolina	1	1	9	1	1	1	1	1	1	1	1	0	1
South Dakota	1	1	9	1	1	1	1	1	1	1	1	0	1
Tennessee	1	1	1	1	0	0	0	0	1	1	1	0	0
Texas	1	1	0	1	1	1	0	0	1	1	1	0	1
Utah	1	1	0	1	1	0	1	1	1	1	1	0	1
Vermont	1	1	0	1	1	1	0	0	1	1	1	0	1
Virginia	1	1	0	0	1	0	0	0	1	1	1	0	1
Washington	1	1	0	1	1	1	1	1	1	1	1	0	1
West Virginia	1	1	0	1	1	1	1	1	1	1	1	0	1
Wisconsin	1	1	0	1	1	1	1	1	1	1	1	0	1
Wyoming	1	1	0	0	1	1	0	0	1	1	1	0	0

Table 2. Hepatitis C Risk Factors by State, continued from page 20.

STATE	Pregnant women	Household contacts of HCV+	Long-term sex partners of HCV+	History of STDs	History of multiple sex partners	Tattoos/piercings	Tattoos/Piercings with non-sterile items	Received Transplanted Tissue	HIV+	Baby boomers	Prisoners	Other specific groups	Link to CDC on state site	General Population
Alabama	0	0	0	0	0	0	1	0	1	1	0	0	1	0
Alaska	0	0	0	0	0	0	1	0	1	1	0	0	1	0
Arizona	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Arkansas	0	0	0	0	0	0	1	0	0	0	0	0	1	0
California	0	0	0	0	0	0	1	0	1	1	0	1	1	0
Colorado	0	0	0	0	0	0	1	0	1	0	0	1	1	0
Connecticut	0	0	0	0	0	0	9	0	1	1	0	0	1	0
Delaware	0	0	0	1	1	0	1	0	0	1	0	0	0	0
Florida	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Georgia	0	0	1	0	1	0	1	0	1	0	0	0	1	0
Hawaii	0	0	1	1	1	0	1	0	0	1	0	0	1	0
Idaho	0	0	9	0	0	0	9	0	1	1	0	0	1	0
Illinois	0	0	9	0	0	0	9	0	0	0	0	0	1	0
Indiana	0	1	1	0	1	0	1	0	0	0	0	1	1	0
Iowa	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Kansas	0	0	0	0	0	0	1	0	1	0	0	0	1	0
Kentucky	0	0	1	0	1	0	0	0	0	0	0	0	1	0
Louisiana	0	1	1	1	1	0	0	0	0	1	0	0	1	0
Maine	0	0	0	0	0	0	1	0	1	1	0	0	1	0
Maryland	0	0	0	1	1	0	0	0	1	0	0	0	0	0
Massachusetts	0	0	9	9	9	9	9	9	1	1	0	0	1	0
Michigan	0	1	1	1	1	0	1	0	1	1	0	1	1	0
Minnesota	0	0	9	9	9	9	9	9	1	1	0	0	1	0
Mississippi	0	0	0	0	0	0	1	0	1	1	0	0	1	0
Missouri	0	0	9	9	9	9	9	9	1	1	0	0	1	0
Montana	0	0	0	0	0	0	0	0	1	1	0	0	1	0
Nebraska	0	0	9	9	9	9	1	9	1	1	0	1	1	0
Nevada	0	0	0	0	0	0	1	0	1	0	0	1	1	0
New Hampshire	0	1	0	0	0	0	1	0	0	1	0	0	1	0
New Jersey	0	0	0	0	1	0	0	0	1	1	0	0	1	0
New Mexico	0	0	9	9	9	9	9	9	1	1	0	0	1	0
New York	0	0	0	0	0	0	1	0	1	1	0	1	1	0
North Carolina	0	0	0	1	1	0	0	0	1	1	0	0	1	0
North Dakota	0	0	0	0	0	0	1	0	1	0	0	0	1	0
Ohio	0	0	1	0	0	0	1	0	1	1	0	1	1	0
Oklahoma	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Oregon	0	0	1	0	0	0	0	0	1	0	0	0	1	0
Pennsylvania	0	0	1	0	0	0	1	0	1	1	0	1	0	0
Rhode Island	0	1	1	0	1	0	0	0	0	0	0	0	1	0
South Carolina	0	0	9	9	9	9	9	9	1	1	0	0	1	0
South Dakota	0	0	9	9	9	9	9	9	1	1	0	0	1	0
Tennessee	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Texas	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Utah	0	0	0	0	0	0	1	0	1	1	0	0	1	0
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Virginia	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Washington	0	0	1	0	0	0	1	0	1	0	0	0	1	0
West Virginia	0	0	1	0	0	0	1	0	1	1	0	1	1	0
Wisconsin	0	0	1	0	0	0	0	0	0	0	0	0	1	0
Wyoming	0	0	0	0	0	0	0	0	1	0	0	0	1	0

Table 3. Hepatitis C Guidelines, Counseling, and Plans by State

STATE	Guidelines	Separate Page or Section of Links for Professionals/Health Care Providers	Training Links/Info	Pre-test counseling provided	Risk Reduction Counseling	Post-test counseling provided	Strategic, Harm Reduction, or Prevention Plan
Alabama	0	0	0	0	0	0	0
Alaska	0	0	0	0	0	0	0
Arizona	0	1	1	0	0	1	9
Arkansas	0	0	0	0	0	0	0
California	0	1	0	0	0	1	0
Colorado	1	1	1	1	1	1	1
Connecticut	0	1	0	0	0	1	0
Delaware	0	0	0	0	0	0	9
Florida	0	0	1	0	1	1	1
Georgia	1	1	0	1	1	1	1
Hawaii	0	1	1	1	1	1	1
Idaho	0	1	1	0	0	1	0
Illinois	0	0	0	0	0	0	0
Indiana	0	1	0	1	1	1	1
Iowa	0	0	1	1	1	1	1
Kansas	1	1	0	1	1	1	0
Kentucky	0	1	0	0	0	1	0
Louisiana	1	0	0	0	1	1	0
Maine	0	0	1	1	1	1	1
Maryland	1	0	1	1	1	1	1
Massachusetts	1	1	0	0	0	1	0
Michigan	0	0	0	0	0	0	1
Minnesota	0	1	0	0	0	1	1
Mississippi	0	0	0	1	1	1	0
Missouri	0	1	0	0	0	0	0
Montana	0	0	0	0	0	0	0
Nebraska	0	0	0	1	1	1	1
Nevada	1	0	0	1	1	1	1
New Hampshire	0	0	0	1	1	1	1
New Jersey	0	0	0	1	1	1	1
New Mexico	1	0	1	1	1	1	1
New York	1	0	1	1	1	1	1
North Carolina	0	1	1	0	0	0	0
North Dakota	1	1	1	1	1	1	0
Ohio	0	0	0	1	1	1	1
Oklahoma	0	0	0	0	0	0	0
Oregon	1	0	0	0	1	1	0
Pennsylvania	1	0	1	1	1	1	0
Rhode Island	1	1	0	1	1	1	1
South Carolina	0	0	1	1	0	1	1
South Dakota	1	0	0	1	1	1	0
Tennessee	1	0	0	1	1	1	1
Texas	0	0	0	1	1	1	1
Utah	0	1	0	1	1	1	1
Vermont	0	1	0	1	1	1	1
Virginia	0	0	0	1	1	1	1
Washington	1	1	0	1	1	1	1
West Virginia	0	1	0	0	0	1	0
Wisconsin	1	1	0	1	1	1	1
Wyoming	0	1	1	1	1	1	0

Table 4. Percent of States Recommending Testing for Specific Risk Groups

Risk Group	Percent of States Recommending Testing	Percent of States Unsure if Testing is Needed
Risk Groups Recommended for Testing by CDC		
Adults born during 1945 through 1965	54	0
Current injecting drug users	100	0
Ever injected drugs, including only once or many years ago	100	0
Received clotting factor concentrates produced before 1987	90	0
Were ever on long-term hemodialysis	92	0
Have persistently abnormal alanine aminotransferase levels (ALT)	70	0
Received blood from a donor who later tested positive for HCV	62	0
Received a transfusion of blood, blood components, or an organ transplant before July 1992	100	0
Healthcare, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood	100	0
Children born to HCV-positive women	90	0
Persons with HIV	64	0
Risk Groups Not Recommended for Testing by CDC (unless they have an above risk factor)		
Healthcare, emergency medical, and public safety workers	0	0
Pregnant women	0	0
Household (nonsexual) contacts of HCV-positive persons	10	0
General Population	0	0
Risk Groups with Unclear Testing Recommendations from CDC		
Recipients of transplanted tissue (e.g. corneal, musculoskeletal, skin, ova, sperm)	0	14
Intranasal and non-injecting illegal drug users	16	14
Persons with a history of tattooing or body piercing		
• Done with sterile materials or unspecified	0	14
• Done with unsterile materials	46	18
Persons with a history of multiple sex partners	28	14
Persons with a history of sexually transmitted diseases	12	14
Long-term steady sex partners of HCV-positive persons	26	18

Table 5.

Level of State Compliance with CDC Recommendations for HCV Testing (excluding where the CDC is "unsure")		
Compliance (factors different)	% of States	Specific States
Total (0)	34	Alabama, Alaska, California, Connecticut, Idaho, Maine, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Mexico, New York, South Carolina, South Dakota, and West Virginia
High (1 or 2)	26	Colorado, Georgia, Illinois, Kansas, Maryland, Nevada, New Hampshire, North Carolina, Oregon, Pennsylvania, Utah, Washington, and Wisconsin
Moderate (3 or 4)	22	Arizona, Arkansas, Delaware, Indiana, Iowa, Kentucky, Michigan, New Jersey, North Dakota, Texas, and Vermont
Low (5+)	18	Florida, Hawaii, Louisiana, Ohio, Oklahoma, Rhode Island, Tennessee, Virginia, and Wyoming

Table 6.

State Compliance With CDC Recommendations Including Factors for Which the CDC is Uncertain of the Need for Testing		
# of the CDC's Uncertain Factors Listed as Uncertain	Percent of States	Specific States
All	14	Massachusetts, Minnesota, Missouri, Nebraska*, New Mexico, South Carolina, and South Dakota
1 or 2	6	Connecticut, Idaho, and Illinois
3 to 5	0	
* Nebraska guidelines recommend those tattooed or pierced with non-sterile materials get tested and that if sterile it is uncertain, but the CDC makes no distinction between sterile and non-sterile		

Table 7.

State Recommendations Listed on Department of Health Websites	Percent With
Presence of a Strategic/Harm Reduction/Prevention Plan	56
Presence of Written Guidelines (outside of plan)	34
Presence of Both State Plans and Guidelines	20
No State Plans or Guidelines	30
Separate Webpages or Links for Healthcare Workers	44
Presence of Links or Information for Healthcare Workers to Receive Training on Counseling	30
Risk Reduction Counseling Recommended	62
Pre-test Counseling Recommended	58
Post-test Counseling Recommended	80
Pre- and Post-test Counseling Recommended	58
Neither Pre- or Post-test Counseling Recommended	20
Includes Link(s) to CDC	88

* Michigan is listed in Table 3 as without having counseling recommendations, but is currently in process of making a plan/recommendations.