- 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;
    - Children born to mothers with HCV infection.
- Routine periodic testing for people with ongoing risk factors while factors persist:
    - People who currently inject and/or share needles, syringes or other drug preparation equipment;
    - People with certain medical conditions, including people who have ever received maintenance hemodialysis.
- Any person who requests hepatitis C testing should receive it, regardless of disclosure of risk.

Testing for Hepatitis C Virus

The testing protocol for hepatitis C is adopted by the CDC Testing Algorithm. It is recommended by the CDC that a hepatitis blood test be a two-step testing sequence for the diagnosis of HCV. An antibody test should first be performed; if reactive, an RNA test should be performed. If an RNA test is not performed, testing is considered incomplete. If the antibody test is nonreactive, it means that the individual does not have an active HCV infection at the time of testing. If exposure is known, repeat testing should occur in six months.

The CDC recommends that enough blood sample be collected at the time of the client's first visit to avoid multiple visits; if the antibody test is reactive, the laboratory can automatically reflex to RNA testing on the same sample. Automatic HCV RNA testing on all antibody-reactive samples will increase the percentage of patients with current HCV infection who are diagnosed, linked to care and receive antiviral therapy to get cured.

Persons with a reactive HCV antibody test result and a detectable HCV RNA are determined to have current HCV infection and should be linked to care. Persons who received a reactive HCV antibody test result and undetectable HCV RNA likely have a resolved HCV infection, although falsely-reactive HCV antibody tests can occur. The 2013 CDC testing guidance describes four possible operational strategies to diagnose current HCV infection:

1. Blood from a subsequent venipuncture is submitted for HCV RNA testing if the blood sample collected is reactive for HCV antibody during initial testing;
2. From a single venipuncture, two specimens are collected in separate tubes; one tube for initial HCV antibody testing, and a second tube for HCV RNA testing if the HCV antibody test is reactive;