



SCREENING OF **HEPATITIS C**

Adapted from SAMHSA's Advisory
and the Centers for Disease Prevention
and Control



**SEXUAL HEALTH &
HARM REDUCTION
SERVICE**

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WHAT IS VIRAL HEPATITIS?

Viral hepatitis is the inflammation of the liver caused by a set of viral infections that can cause scarring, cirrhosis and liver failure. There are five types of viral hepatitis infections worldwide — hepatitis A, B, C, D and E — with A, B and C being predominant in the United States. Hepatitis D is seen mostly in people who also have the hepatitis B virus. The Centers for Disease Control and Prevention (CDC) notes that people who use drugs, as well as people who are living with HIV, are at an increased risk for acquiring and transmitting viral hepatitis.

People living with HIV (PLWH) should be vaccinated against hepatitis A and B, and should also be tested for hepatitis B and C. People with hepatitis B and C may not be aware of their status or seek available treatment.

Some common symptoms of hepatitis include:

- Fatigue
- Malaise
- Flu-like symptoms such as headache, body aches, low-grade fever
- Lack of appetite
- Nausea, vomiting, abdominal pain
- Jaundice
- Diarrhea
- Itching of the skin
- Tea- or dark-colored urine
- Pale bowel movements

	HEPATITIS A	HEPATITIS B	HEPATITIS C
MODES OF TRANSMISSION	<ul style="list-style-type: none"> • Close person-to-person contact with an infected person • Sexual contact with an infected person • Ingestion of contaminated food or water 	<ul style="list-style-type: none"> • Blood and other body fluids containing HBV • Sharing IDU equipment • Perinatal transmission • Unprotected sex • Accidental needle sticks • Blood transfusion (rare) 	<ul style="list-style-type: none"> • Sharing IDU equipment • Unprotected sex • Perinatal transmission
INCUBATION PERIOD	15-50 days (average 28 days)	60-150 days (average 90 days)	14-182 days (average 14-84 days)
% OF NEWLY INFECTED ADULTS WHO DEVELOP CHRONIC INFECTION	0%	2-6%	75-85%
IMMUNITY AFTER INFECTION	Yes	Yes	No
VACCINE AVAILABLE	Yes	Yes	No
TREATMENT	Supportive care	Yes, but not curative	Yes, curative

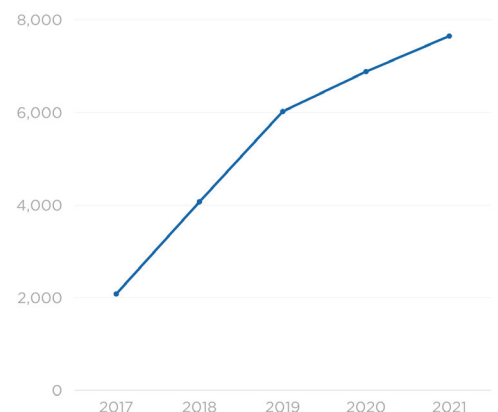
THE BURDEN OF VIRAL HEPATITIS

The National Burden of Viral Hepatitis

There are about 24,900 new hepatitis A infections, 22,600 new hepatitis B and 50,300 new hepatitis C infections each year in the United States. There are ~2.4million people living with hepatitis C and about 862,000 people living with hepatitis B in the United States (CDC, 2020). In 2021, there were an estimated 11,500 acute hepatitis A infections, 13,300 acute hepatitis B infections and 69,800 acute hepatitis C infections nationwide. Between January 2017 and March 2020, an estimated 640,000 adults were living with chronic HBV infection, while there were an estimated 2.2 million adults with HCV infection.

The Burden of Viral Hepatitis in Oklahoma

The state of Oklahoma has recorded an increase in chronic hepatitis C infections from 2017 to 2020, with 2,078 cases in 2017, 4,069 cases in 2018, 6,019 cases in 2019 and 6,879 cases in 2020. The number of cases reported continued to increase by 11.2% from 2020, with 7,648 cases reported in 2021. Despite an available cure and the ease of treatment and testing, many primary care doctors do not want to treat hepatitis C.





TRANSMISSION, SYMPTOMS AND OVERVIEW OF **HEPATITIS A, B AND C**

Each type of hepatitis virus affects the body in different ways, has different modes of transmission and has its own forms of treatment. As such, each viral hepatitis infection should be treated as a different form of infection.

Hepatitis A virus causes an acute infection that people are able to clear in a short amount of time, usually about six months. Most people are able to recover without the aid of treatment or medication. Hepatitis B and C, however, may develop into an acute infection that could lead to chronic liver disease.

About Hepatitis C (HCV)

Hepatitis C was discovered in 1989 and is a single-stranded RNA virus that is of the Flaviviridae family of viruses. A largely unstable virus, it has six major genotypes and more than 50 subtypes, which help it resist the body's immune system and even antiviral medications. For this reason, there is not a vaccine to prevent against HCV. The most common genotype in the U.S. is genotype 1, accounting for over 80% of people with HCV. Reinfection with HCV is possible, and people can be infected with more than one genotype of HCV. The medications available are genotype-specific, so the establishment of an HCV genotype is essential in treatment.

Who is at Risk for HCV?

Transmission of hepatitis C virus occurs through blood contact; injection drug use is a risk factor for HCV infection that is widely reported in both Oklahoma and the greater United States. While the risk of sexual transmission of hepatitis C is low, it increases with rough sexual practices that could involve the tearing or bruising of skin or membrane. This risk is particularly high with unprotected sex. Hepatitis C is not transmitted by kissing, hugging, breast milk, sharing a toilet, food or water. Healthcare workers could be at risk for hepatitis C through needlestick injuries or like exposure. Children born to mothers with hepatitis C are also at risk, as well as individuals who share needles and other equipment used to inject drugs, including intranasal drugs. While people born between 1945-1965 account for most of the chronic HCV cases in the U.S., there has been an increase in cases amongst younger populations.

HEPATITIS C TESTING PROTOCOL

Chronic hepatitis C infection affects more than 170 million worldwide, and is the leading cause of end-stage liver disease. Acute hepatitis C could lead to chronic infection that causes liver issues and even cirrhosis.

The CDC recommends:

- Universal hepatitis C screening for all adults age 18 and older at least once in their lives and all pregnant women during each pregnancy, except in settings where the prevalence of HCV infection is less than 0.1%.
- One-time hepatitis C testing regardless of age or setting prevalence among people with recognized conditions or exposures:
 - People with HIV;
 - People who have ever injected drugs and shared needles, syringes or other drug preparation equipment, including those who injected only once or a few times many years ago;
 - People with certain medical conditions, including:
 - People who ever received maintenance hemodialysis;
 - People with persistently abnormal 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;
 - 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:

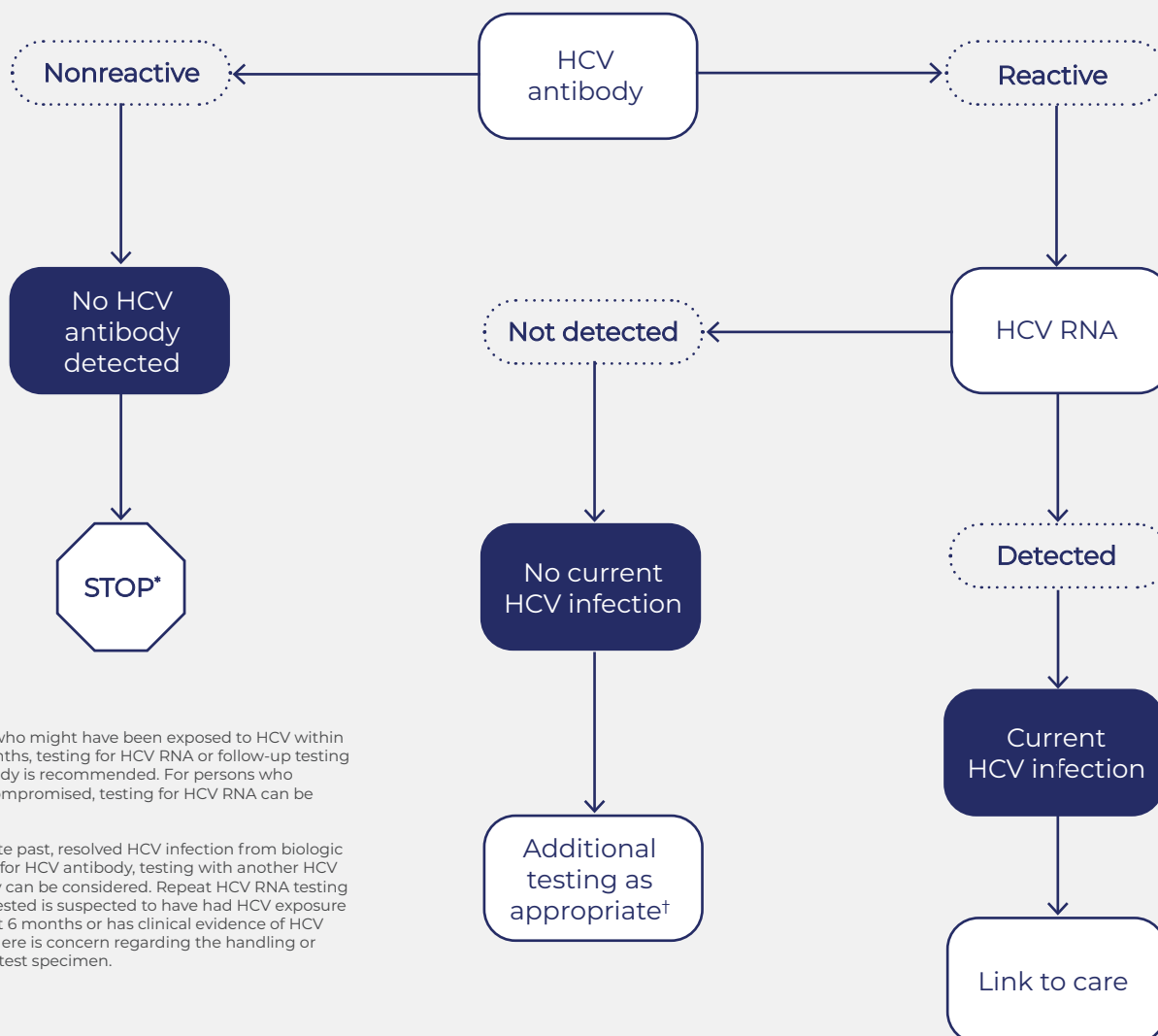
1. Blood from a subsequent venipuncture is submitted for HCV RNA testing if the blood sample collected is reactive for HCV antibody during initial testing;
2. From a single venipuncture, two specimens are collected in separate tubes; one tube for initial HCV antibody testing, and a second tube for HCV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

3. The same sample of venipuncture blood used for initial HCV antibody testing, if reactive, is reflexed for HCV RNA testing without another blood draw; and
4. A separate blood sample is submitted for HCV RNA testing if the initial testing of HCV antibody has used finger-stick blood. This blood sample should be collected at the same visit as the finger stick.

Operational strategies 2-4 allow for single-visit sample collection, which ensures that HCV RNA testing is performed automatically without requiring a separate health care visit. Operational strategy 1, however, requires two visits to a health care facility and therefore leased to missed opportunities for HCV diagnosis and linkage to curative HCV treatment.

OSDH recommends strategies 2 and 4 depending on the testing setting. Several studies show that the implementation of automatic HCV RNA testing increased the proportion of complete HCV testing.

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.

Figure. Clinical Summary: Screening for Hepatitis C Virus Infection in Adolescents and Adults

What does the USPSTF recommend?	For adults aged 18 to 79 years: Grade B Screen adults for hepatitis C virus (HCV) infection.
To whom does this recommendation apply?	All symptomatic adults (including pregnant persons) aged 18 to 79 years without known liver disease.
What's new?	This recommendation expands the population that should be screened. The USPSTF now recommends that all adults aged 18 to 79 be screened. Previously, it recommended screening adults born between 1945 and 1965 and others at high risk.
How to implement this recommendation?	<p>Screen. Screen adults aged 18 to 79 years with anti-HCV antibody testing followed by confirmatory polymerase reaction testing.</p> <ul style="list-style-type: none"> The USPSTF also suggests that clinicians consider screening persons younger than 18 years and older than 79 years who are at high risk for infection (e.g., those with past or current injection drug use). <p>Adults with a positive screening test result are usually followed up with a diagnostic evaluation using one of various noninvasive tests. Treatment typically consists of oral direct-acting antiviral regimens for 8 to 12 weeks.</p> <p>Important considerations include:</p> <ul style="list-style-type: none"> Communicating that screening is voluntary and undertaken only with the patient's knowledge. Informing patients about HCV infection, how it can (and cannot) be acquired, the meaning of positive and negative test results, and the benefits and harms of treatment. Providing patients the opportunity to ask questions and to decline screening.
How often?	<p>One-time screening for most adults.</p> <p>Periodically screen persons with continued risk for HCV infection (e.g., persons with past or current injection drug use). There is limited evidence to determine how often to screen persons at increased risk.</p>
What are other relevant USPSTF recommendations?	The USPSTF has made recommendations on screening for hepatitis B virus infection in pregnant persons, hepatitis B virus infection in adults, and HIV infection. These recommendations are available at uspreventiveservicetaskforce.org .
Where to read the full recommendation statement?	Visit the USPSTF website to read the full recommendation statement. This includes more details on the rationale of recommendation, including benefits and harms, supporting evidence and recommendations of others.

* USPSTF indicates US Preventive Services Task Force. The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision-making to the specific patient or situation.

Interpretation of Results of Tests for Hepatitis C Virus (HCV) Infection and Further Actions

TEST OUTCOME	INTERPRETATION	FURTHER ACTIONS
HCV antibody nonreactive	No HCV antibody detected	<p>Sample can be reported as nonreactive for HCV antibody. No further action required.</p> <p>If recent exposure in person tested is expected, test for HCV RNA.*</p>
HCV antibody reactive	Presumptive HCV infection	A repeatedly reactive result is consistent with current HCV infection, or past HCV infection that has resolved, or biologic false positivity for HCV antibody. Test for HCV RNA to identify current infection.
HCV antibody reactive, HCV RNA detected	Current HCV infection	Provide person tested with appropriate counseling and link person tested to care and treatment.†
HCV antibody reactive, HCV RNA not detected	No current HCV infection	<p>No further action required in most cases.</p> <p>If distinction between true positivity and biologic false positivity for HCV antibody is desired, and if sample is repeatedly reactive in the initial test, test with another HCV antibody assay.</p> <p>In certain situations,‡ follow up with HCV RNA testing and appropriate counseling.</p>

* If HCV RNA testing is not feasible and person tested is not immunocompromised, do follow-up testing for HCV antibody to demonstrate seroconversion. If the person tested is immunocompromised, consider testing for HCV RNA.

† It is recommended before initiating antiviral therapy to retest for HCV RNA in a subsequent blood sample to confirm HCV RNA positivity.

‡ If the person tested is suspected of having 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).



REFERRALS

When a blood sample is sent to the laboratory for hepatitis C testing, the results of that test could be positive (reactive) or negative (nonreactive). If the antibody test is positive, the laboratory automatically reflexes to nucleic acid testing (NAT) to determine the presence of HCV RNA in that sample. If the confirmatory NAT test is positive, it means that the individual being tested has a current hepatitis infection and needs to be linked to care, treatment and further testing. The provision of a low-barrier, trauma-informed, stigma-reducing, non-judgmental harm reduction approach is integral in providing hepatitis C services including delivering results and linkage of client care and other resources or services.

Hepatitis C medication may be covered for clients on SoonerCare (Oklahoma's Medicaid). If a client is eligible for Medicaid and there are services within your clinic that can help them get enrolled, making that connection is part of the linkage to care effort. Linkage to care in rural areas can be difficult; appendix A contains a list of hepatitis providers in Oklahoma, which will be used as a guide to refer clients to care. Clients can also be referred to their primary care provider for follow-up and treatment.

Persons who have been diagnosed with hepatitis C should also be vaccinated against hepatitis A and B. At county health departments, the communicable disease nurse is able to request SHHRS Twinrix Vaccines for the vaccination of these clients at no cost. These requests can be made by emailing testkitrequest@health.ok.gov.

Refer client to :

- Federally qualified health center (FQHC)
- Community-based organization

Talking with Clients About Living with Hepatitis C

An important purpose of this guide is to provide information about services available for people living with hepatitis C. If a client you tested has recently tested positive for HCV, it is important to let them know they are not alone. In the United States, there are more than 2.4 million adults living with hepatitis C; in 2021 there were 7,696 case of hepatitis C in Oklahoma.

- 1. Know your HCV status.** The only way to know for sure if you have hepatitis C is to get tested. In roughly 20% of HCV cases, a person's body is able to fight off the infection and clear the virus. An individual may test positive for antibodies but may not have a lifelong infection. In order to know if they have a lifelong (or chronic) infection, it is important to have a confirmatory test, such as an HCV RNA test. The CDC now recommends that people who test for HCV also complete an HCV RNA test right away, and that treatment should begin immediately in the event of a positive test. There is no need to wait to see if clearance will occur.
- 2. Get medical care.** Hepatitis C is known as a "silent epidemic" because people can live with the infection for many years without any noticeable symptoms. People with chronic hepatitis C should be monitored regularly for signs of liver disease; even though a person may not feel sick, damage to the liver can still occur. To evaluate the health of the liver, a provider may want to conduct an ultrasound or biopsy. People with HCV should receive medical care that includes:
 - An initial physical exam and medical history;
 - Liver function tests;
 - Viral load and genotype testing;
 - Vaccination for hepatitis A and B; and
 - Routine health maintenance and evaluation for other problems such as diabetes, high blood pressure and other diseases.
- 3. Encourage them to talk with their provider about treatment.** Antiviral medication, such as direct-acting antiviral treatment, can be used to treat most people with hepatitis C. Type of treatment is a decision the client would make in consultation with their medical provider. They may need further evaluation before treatment begins, and medical care for possible liver disease in addition to ongoing medical monitoring.

4. Reduce alcohol consumption. One of the most important steps that all people living with hepatitis can take to protect their health is to reduce or eliminate alcohol consumption. Even small amounts of alcohol — 2-3 drinks per day — may speed up liver damage in people with hepatitis C. People living with hepatitis C should talk with their doctor before taking prescription or over-the-counter medications, herbal supplements or vitamins. It is important to avoid large amounts (2000 mg) of acetaminophen (Tylenol and other non-aspirin pain relievers) because they are toxic to the liver.

5. Learn how to maximize their health. Persons with HCV should be informed about resources that are available within their communities, including providers of medical evaluation, harm reduction and social support. Other important steps that can help improve health and quality of life for people living with HCV include:

- Eating a healthy, balanced diet;
- Drinking plenty of water;
- Getting at least eight hours of sleep each night;
- Getting exercise; and
- Taking steps to reduce stress.



APPENDIX

Resources

- [Vital Signs: Newly Reported Acute and Chronic Hepatitis C Cases — United States, 2009-2018](#)
- [CDC Recommendations for Hepatitis C Screening Among Adults — United States, 2020](#)
- [CDC Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children — United States, 2023](#)
- [Dramatic increases in hepatitis C: CDC now recommends hepatitis C testing for all adults — Vital Signs fact sheet for consumers, partners and providers](#)
- [Recommended Testing Sequence for Identifying Current Hepatitis C Virus \(HCV\) Infection](#)
- [Interpretation of Results of Tests for Hepatitis C Virus \(HCV\) Infection and Further Actions](#)
- [Hepatitis C Medical Case Management Toolkit: Creating and Expanding Services](#)
- [CDC Recommended HCV Testing Sequence](#)
- [CDC Recommendations for Hepatitis C Screening Among Adults](#)

- [Testing Recommendations for Hepatitis C Virus Infection](#)
- [Division of Viral Hepatitis | CDC](#)
- [Morbidity and Mortality Weekly Report \(MMWR\)](#)
- [American Liver Foundation](#)
- [National Viral Hepatitis Roundtable \(nvhr.org\)](#)
- [Hepatitis Central](#)
- [Viral Hepatitis and Liver Disease \(va.gov\)](#)
- [The ABCs of Hepatitis - for Health Professionals](#)

Resources for Clients Living with Hepatitis C

- [Caring Ambassadors Hepatitis C Program](#)
- [Hepatitis C Connection: Education About Hepatitis C and Resources for Those Affected](#)

Facilities in Oklahoma That Screen for Hepatitis C Virus

The following are either community-based organizations (CBOs), federally-qualified health centers (FQHCs) or other health centers or clinics.

OKLAHOMA CITY (OKC METRO AREA)

Guiding Right Oklahoma City*

1420 NE 23rd St | 405.733.0771

Expressions Community Center*

2245 NW 39th St | 405.521.0897

The Diversity Center of Oklahoma*

2242 NW 39th St | 405.604.5217

Variety Care Lafayette Campus*

500 SW 44th St | 405.632.6688

Mary Mahoney Memorial Health Center**

12716 NE 36th St | 405.769.3301

Health Alliance for the Uninsured*

30000 United Founders Blvd #244
405.286.3343

Perry A Klassen Family Medical Center**

1901 Springlake Dr | 405.419.9800

Healing Hands Health Care Services (for those experiencing homelessness)**

411 NW 11th St | 405.272.0776

Latino Community Development Agency*

420 SW 10th St | 405.236.0701

Red Rock Behavioral Services*

4400 N Lincoln Blvd | 405.424.7711

Cedar Ridge Behavioral Hospital*

7600 NW 23rd St (Bethany)
405.605.6111

Equality Health Group Foundation**

4301 NW 63rd St, Ste 109
405.593.0583

Revan Health*

5601 NW 72nd St | 405.896.7975

New Hope Wellness Center*

2809 NW 31st St | 405.730.0771

Diversity Family Health**

1211 N Shartel Ave, Ste 606
405.848.0026

Oklahoma City Indian Clinic**

4913 W Reno | 405.948.4900

Variety Care Reno**

4000 W Reno Ave | 405.632.6688

Variety Care Baptist Portland*

5401 N Portland Ave
405.632.6688

Variety Care Britton*

721 W Britton | 405.632.6688

Variety Care Mid-Del*

3851 Tinker Diagonal (Del City)
405.632.6688

Variety Care NW 10th St*

4023 NW 10th St | 405.632.6688

Variety Care Norman Alameda*

1237 Alameda St (Norman)
405.632.6688

Variety Care Norman Himes*

317 E Himes (Norman)
405.632.6688

Variety Care N Portland*

5320 N Portland | 405.632.6688

Variety Care Straka Terrace*

1025 Straka Terrace | 405.632.6688

Variety Care Yukon*

508 W Vandament Ave #210
(Yukon)
405.632.6688

Variety Care at Northcare*

2617 General Pershing Blvd
405.632.6688

Variety Care at Pete White Health and Wellness Center*

4021 S Walker Ave, Ste 201
405.632.6688

Community Health at Trust Women**

1240 SW 44th St | 405.429.7940

TULSA

12 & 12 Tulsa**

6333 E Skelly Dr | 918.664.4224

Tulsa Cares*

3712 E 11th St | 918.834.4194

H.O.P.E. Tulsa**

3540 E 31st St #3 | 918.749.8378

Guiding Right Tulsa*

5555 S Peoria Ave | 918.896.8400
Diversity Family Health**
1822 E 15th St | 405.848.0026

Muscogee Creek Nation Council Oak Comprehensive Health**

Dr. Amanda Reed
10109 E 79th St
918.940.7542 or 539.286.4741

OTHER LOCATIONS

The Health and Wellness Center*

800.640.9741

- Checotah: 212 W Spaulding
- Eufala: 111 Forest Ave, Ste A
- McAlester: 628 E Creek Ave
- Poteau: 204 Wall St, Ste A
- Sallisaw: 1630 S Kerr Blvd
- Stigler: 1505 E Main
- Warner: 806 N Campbell St, Ste A
- Wilburton: 802 Hwy 2 North

Physicians Clinic (Stilwell)**

1401 W Locust St #102
918.696.4065

Cherokee Nation (Tahlequah)**

Dr. Jorge Mera
19600 E Ross St | 539.234.2183

Diversity Family Health (Ardmore)**

2530 S Commerce St
405.848.0026

Variety Care Anadarko*

718 W Petree Rd | 405.632.6688

Variety Care Fort Cobb*

111 W Main St | 405.632.6688

Variety Care Grandfield*

201 W 1st St | 405.632.6688

Arkansas Verdigris Valley Health Center

- Porter Health Center*
505 S Main | 918.483.0111
- Muskogee West Health Center**
201 N 32nd St | 918.912.2333
- Muskogee Health Center*
619 N Main St, Bldg D
918.682.0222
- Coweta Health Center*
607 S Broadway | 918.486.5564

Caring Hands Healthcare Center*

- McAlester: 3101 Elks Rd
918.426.2442
- McAlester: 200 S 3rd St, Ste B
918.426.2442
- Hartshorne: 511 Lehigh
918.297.2403

Central Oklahoma Family Medical Center*

- Konawa: 527 W 3rd St
580.925.3286
- Ada: 1221 Arlington, Ste B
580.436.5111
- Ada: 905 Colony Dr
580.436.5111
- Stratford: 302 W Smith St
580.925.3286

Community Health Centers of Northeast Oklahoma*

- Afton: 21965 Bison Dr
918.257.8029
- Welch: 343 S Commercial St
918.788.3918
- Grove: 10405 US Hwy 59N
918.801.7504
- Allensworth (Vinita):
244 S Scraper St | 918.276.2667
- Commerce: 220 S Mickey
Mantle Blvd | 918.257.8029

East Central Oklahoma Family Medical Center*

- Wetumka: 109 S Main
405.452.5400
- Henryetta: 104 E Shurden
Industrial Blvd | 918.652.9614
- Henryetta: 1102 W Main St
918.652.3673
- Wewoka: 121 N Mekuskey Ave
405.257.5422

Family Health Center of South Oklahoma*

- Tishomingo: 610 E 24th St
580.371.2343
- Atoka: 1556 S Virginia Ave
580.889.4746
- Coalgate: 107 E Post Ave
580.927.2828
- Kingston: 21 N Main
580.564.7885

Great Salt Plains**

- Cherokee: 405 S Oklahoma
580.596.2800
- Enid: 231 S 30th St
580.233.2900
- Medford: 619 N Front St
580.395.3200
- Canton: 310 E Walnut
580.886.2200

Kiamichi Family Medical Center*

- Battiest: 6026 Battiest Pickens Rd | 580.241.5294
- Idabel: 403 S Indian
580.286.6688
- Hugo: 204 E Jackson Rd
580.326.9555
- Broken Bow: 510 S Park Dr
580.286.6688

Lawton Community Health Center**

1202 NW Arlington Ave
580.248.2288

Panhandle Counseling and Health Center (Guymon)*

3247 Hwy 54 | 580.338.3553

Pushmataha Family Medical Center*

- Clayton: 1020 N Lawson Blvd
918.569.4143
- Boswell: 415 6th St
580.566.2530

Oklahoma Department of Corrections*

(Testing is offered upon intake to individuals who request or are at high risk. This is for individuals in correctional facilities only.)

GLOSSARY OF IMPORTANT TERMS

Abdomen - The portion of the body located between the chest and the pelvis. Contains the stomach, lower part of the esophagus, small and large intestines, liver, gallbladder, spleen, pancreas and bladder.

Acetaminophen - A type of medication used to relieve pain and fever (e.g., Tylenol).

Acute illness - Acute refers to the short-term, initial stage of infection.

Adipose tissues - Fatty tissues.

Alpha-fetoprotein (AFP) - A protein produced by cancerous liver cells.

Anemia - Condition in which there is a reduction in the number of circulating red blood cells, usually resulting in a decrease in the amount of oxygen in the blood.

Antibody - A molecule produced by the immune system in response to a foreign body such as a virus or bacteria. Antibodies circulate in the blood to protect against infection.

Antigen - A foreign substance that the body's immune system identifies as potentially harmful.

Ascites - Fluid accumulation in the abdomen.

Asymptomatic - Without symptoms or signs of illness.

Autoimmune - A condition in which the body produces antibodies against normal parts of the body to such an extent as to cause tissue injury.

Benign - Not recurrent or progressive.

Bile - A fluid that is stored in the gallbladder for release when needed. Bile is necessary for the digestion of fats — it dissolves fat into small globules (similar to the way detergent lifts oil off greasy plates). Bile also assists in the absorption of fat-soluble vitamins (i.e., vitamins A, D, E and K) and converts beta-carotene to vitamin A.

Bilirubin - A product of red blood cells.

Biopsy - The removal of a small piece of living tissue for examination under a microscope. Usually performed to establish a diagnosis.

Chemotherapy - Chemical agents that have a specific and toxic effect upon the disease-causing microorganism.

Cholesterol - A soft, waxy substance found in all parts of the body. It is made in the liver and is also found in animal and dairy products.

Chronic illness - An illness that lasts longer than six months.

Cirrhosis - Extensive scarring of the liver.

Decompensated cirrhosis - A condition in which the liver becomes so scarred that blood can no longer flow through it.

Encephalopathy - Disease of the brain. Symptoms include confusion, disorientation and insomnia, and can progress to coma.

Endemic - A disease that occurs continuously in a particular population.

Epidemiology - Investigation of the causes of, and ways to control, diseases.

Esophagus - The tube that carries food from the mouth to the stomach.

Fibrous - Composed of or containing fibers.

Fulminant - Sudden onset, most severe.

Gastroenterologist - A doctor that specializes in the function and disorders of the esophagus, stomach, pancreas, intestines and liver.

Glucose - A sugar formed during digestion.

Glycogen - A substance found in the liver and muscles that is easily converted to glucose for energy.

Hemodialysis - The process of filtering the accumulated wasted products from the blood of a person whose kidneys are not functioning properly, using a kidney machine.

Hepatitis - Inflammation of the liver. It may be caused by a variety of agents, including viral infections, bacterial invasion and physical or chemical agents. Symptoms include fever, jaundice and, usually, an enlarged liver.

Hepatitis A - Formerly called infectious hepatitis, it is caused by the hepatitis A virus (HAV). It is an acute infection and does not progress to chronic hepatitis or cirrhosis. Most patients recover completely within six to ten weeks. Hepatitis A is spread mainly via feces and contaminated food and water. A vaccine against the hepatitis A virus is available.

Hepatitis B - Formerly called serum hepatitis, it is caused by the hepatitis B virus (HBV). About 10% of cases progress to chronic infection. It is transmitted through sexual contact with an infected individual, injection drug use and other exposure to infected body fluids. A vaccine against the hepatitis B virus is available.

Hepatitis C - A form of hepatitis that was previously known as non-A, non-B hepatitis and is caused by the hepatitis C virus (HCV). The Centers for Disease Control estimates 26,000 new cases each year, a marked decline in new infections since the virus was identified in 1988. There is no vaccine against the hepatitis C virus.

Hepatitis D - Also called delta hepatitis, it is caused by the hepatitis D virus (HDV). A Person cannot be infected with HDV without current or simultaneous infection with hepatitis B virus. Hepatitis D infections is rare in the U.S. and occurs primarily in recipients of multiple blood transfusions, including patients with hemophilia or who are undergoing renal dialysis, and among those who share contaminated needles.

Hepatitis E - Also referred to as enterically transmitted non-A, non-B hepatitis, hepatitis E is caused by a waterborne virus (HEV). It is rare in the U.S. and occurs primarily in developing countries. Hepatitis E infection results in an acute infection like hepatitis A. It does not cause chronic infection. It is spread by fecal contamination in water.

Hepatocellular carcinoma (HCC) - Liver cancer.

Hepatocytes - Liver cells.

Hepatologist - A doctor who specializes in the study and treatment of liver disease.

Immunoglobulin - One of a family of closely related, though not identical, proteins capable of acting as antibodies.

Immunology - The branch of medicine that focuses on the immune system, immunity and allergy.

Jaundice - Yellowing of the skin and whites of eyes.

Laparoscopic biopsy - A medical procedure performed when a tube (laparoscope) is inserted through an incision in the abdomen and a piece of tissue is removed.

Lipid - Component of fat.

Lipoproteins - A complex of lipids and proteins that carries lipids around the body.

Liver - The largest glandular organ in the body. Its many functions include but are not limited to the production of protein and cholesterol, the production of bile, the storage of sugar in the form of glycogen and the breakdown of carbohydrates, fats and proteins. The liver also breaks down and excretes many medications.

Malaise - Discomfort, uneasiness; often indicates infection.

Nucleoside analogues - A class of HIV medications.

Pancreas - A long, irregularly-shaped gland lying behind the stomach that secretes digestive enzymes and produces insulin.

Pathologist - A specialist in diagnosing the abnormal changes in tissues removed at operations and postmortem examinations.

Perinatal - Concerning the period beginning after the 28th week of pregnancy through 28 days following birth.

Perinatal transmission - Transmission of an infectious disease from mother to infant. It can happen in the uterus, or during or after birth.

Peripheral edema - Fluid buildup in the feet and ankles.

Phospholipid - A phosphorous-containing lipid found in cell membranes.

Polymerase inhibitors - A compound that stops an essential enzyme needed for viral replication.

Portal hypertension - High pressure in the liver, intestines and spleen.

Prophylaxis - A type of treatment to prevent disease or stop it from spreading.

Protease inhibitor - A compound that breaks down proteins, inhibiting the replication of viruses such as HIV.

Prothrombin time (PT) - A measure of blood clotting.

Serologic testing - Blood test.

Transvenous biopsy - A procedure during which a tube is inserted into a vein in the neck, then a needle is put into the catheter to remove tissue samples.

Ultrasound - A test that uses a wand, which is placed on a body part such as the abdomen and moved back and forth to examine the shape, size and appearance of the liver.

Variceal bleeding - Bleeding from blood vessels in the esophagus. This may occur in patients with cirrhosis.



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