



**Department
of Health**

Clinical Updates:

Pharmacist Dispensed Hormonal Contraception

Syphilis in Pregnancy, Screening, and Treatment

Hepatitis C Screening in Family Planning Programs

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Breaking
News!



Final Recommendation Statement: Screening for Breast Cancer

The U.S. Preventive Services Task Force released today a final recommendation statement on screening for breast cancer. The Task Force now recommends that all women get screened for breast cancer every other year starting at age 40. We're also urgently calling for more research on whether and how additional screening might help women with dense breasts, and on the benefits and harms of screening in women 75 or older. To view the recommendation, the evidence and modeling on which it is based, and a summary for clinicians, please [go here](#). The final recommendation statement can be found in the April 30, 2024 online issue of *JAMA*. A [video](#), [FAQs](#), an [infographic](#), and [discussion guide](#) about the final recommendation are also available.

Pharmacist Dispensed Hormonal Contraception

Over The Counter Access to Contraception

American College of Obstetricians and Gynecologists (ACOG) supports over the counter access to contraceptives without age restrictions

Women can safely self screen to determine eligibility for hormonal contraception

Pelvic exams, breast exams, and other physical exams are not needed to obtain hormonal contraceptives

Pharmacist prescribed or dispensed may be a necessary intermediary step



OTC vs Standing Order

Over The Counter

- OPill
- FDA Approved to be OTC
- No screening or interaction with the pharmacist required

Non-Patient Specific Order

- Licensed Pharmacists may execute non-patient specific order for the dispensing of self-administered hormonal contraceptives that are NOT available OTC without visiting a provider first
- Guidelines are in place for evaluation of patients before dispensing
 - Self-screening questionnaire
 - Pharmacist training requirements
 - Counseling of patients

Dispensing Requirements

Self Screening Questionnaire

Supply the Patient with a Fact Sheet

- Clinical considerations and recommendations for use of the self-administered hormonal contraceptive
- Appropriate method for using such hormonal contraceptive
- Information on the importance of follow-up health care
- Health care referral information
- The ability of the patient to opt out of practitioner reporting requirements

Pharmacist will notify the patient's primary care practitioner

- Unless the patient opts out

Satisfactory Training of the Pharmacist

Self-Screening Questionnaire

NEW YORK STATE DEPARTMENT OF HEALTH
CONTRACEPTION: Self-Screening Patient Intake Form

CONFIDENTIAL – PROTECTED HEALTH INFORMATION

Date (mm/dd/yyyy):	Date of Birth (mm/dd/yyyy):	
Legal Name:	Name:	
Sex Assigned at Birth (circle one): Male / Female	Gender Identification (circle one): Male / F	
Pronouns (circle one): She/Her/Hers, He/Him/His, They/Them/Their, Other:		
Street Address:		
City:	State:	ZIP Code:
Phone: ()	E-mail Address:	
I have a Primary Care Provider: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any allergies to medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Care Provider: _____ Phone: () _____ Fac: () _____		
Do you want information sent to your Primary Care Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Provider Name: _____		
Ins ID # _____	Ins Group # _____	
PCN # _____	Ins BIN# _____	

By signing at the end of this questionnaire, you are attesting that:
 - The information is true and accurate to the best of your knowledge
 - False responses could lead to unintended health consequences
 - You are here voluntarily and you are not being coerced
 - If you still have questions or concerns, you will consult with a primary care provider or reproductive health
 - I understand that the medication I am being dispensed is to be utilized to prevent pregnancy

Do you think you are pregnant or there is a chance you could be pregnant? Yes No

BACKGROUND INFORMATION

- Have you previously had a contraceptive dispensed to you by a pharmacist? Yes No
If yes, when was the last time a pharmacist dispensed a contraceptive to you? ____/____/____ (mm/dd/yyyy)
- Other than a pharmacist, have you seen a provider (i.e. Physician, Nurse, Midwife etc.) concerning your reproductive health? Yes No
If yes, when was the date of your last visit? ____/____/____ (mm/dd/yyyy)

CONTRACEPTION HISTORY

- Has a health care provider ever advised you that you should not take hormones or hormonal contraception? If yes, what was the reason? _____
- Have you ever used any form of hormonal contraception including but not limited to birth control tablets, or birth control shot/injection? Yes No
- Did you ever experience a bad reaction to using hormonal contraception? Yes No
If yes, what kind of reaction occurred? _____
- Are you currently using any method of birth control including pills, patch, ring or shot/injection? Yes
If yes, which one do you use? _____
- Do you have a preferred method of birth control that you would like to use? Yes No
If yes, please check one: Oral pill Skin patch Vaginal ring Injection Other (IUD, implant)

(03/24) pt 1 of 3

NEW YORK STATE DEPARTMENT OF HEALTH
CONTRACEPTION: Self-Screening Patient Intake Form

MEDICAL SCREENING QUESTIONS

- Did you have a baby less than 6 months ago, are nearly all your infant's meals are breast/chest feedings, AND have you had a menstrual period since the delivery? Yes No
- Have you had a baby in the last 6 weeks? Yes No
- Did you have a miscarriage or abortion in the last 7 days? Yes No
- Did your last menstrual period start within the past 7 days? Yes No
- Have you abstained from sexual intercourse since your last menstrual period or delivery? Yes No
- Have you been using a reliable contraceptive method consistently and correctly? Yes No
- What was the first day of your last menstrual period? ____/____/____ (mm/dd/yyyy)
- Have you had a recent change in vaginal bleeding that worries you? Yes No
- Have you given birth within the past 21 days? Yes No
If yes, how long ago? _____
- Are you currently breastfeeding? Yes No
- Do you use tobacco products? Yes No
- Do you have diabetes? Yes No
- Do you get migraine headaches? Yes No
If yes, have you ever had the kind of headaches that start with warning signs or symptoms, such as flashes of light, blind tingling in your hand or face that comes and goes completely away before the headache starts? Yes No N/A
- Are you being treated for inflammatory bowel disease? Yes No
- Do you have high blood pressure, hypertension, or high cholesterol?
(Please indicate yes, even if it is controlled by medication) Yes No
- Have you ever had a heart attack or stroke, or been told you had any heart disease? Yes No
- Have you ever had a blood clot? Yes No
- Have you ever been told by a healthcare professional that you are at risk of developing a blood clot? Yes No
- Have you had recent major surgery or are you planning to have surgery in the next 4 weeks? Yes No
- Will you be immobile for a long period? (e.g. flying on a long airplane trip, etc.) Yes No
- Have you had bariatric surgery or stomach reduction surgery? Yes No
- Do you have or have you ever had breast cancer? Yes No
- Have you had an organ transplant? Yes No
- Do you have or have you ever had hepatitis, liver disease, liver cancer, or gall bladder disease, or do you have jaundice (yellow skin or eyes)? Yes No
- Do you have lupus, rheumatoid arthritis, or any blood disorders? Yes No

NEW YORK STATE DEPARTMENT OF HEALTH
CONTRACEPTION: Self-Screening Patient Intake Form

CONFIDENTIAL – PROTECTED HEALTH INFORMATION

- Blood Pressure Reading: ____ / ____ mmHg
 - Height: _____
Weight: _____
BMI: _____
(Review for Patch: BMI-30 AND weight <200lbs/-90kg)
 - If contraception was dispensed, please complete the following:
Drug: _____
Directions: _____
Quantity: _____
Dispense up to 12 months of medication pursuant to patient preference and insurance limitations.
 - Healthcare Provider (if known and patient has not opted out) contacted/notified of therapy
 Yes, Date (mm/dd/yyyy): ____/____/____ No
 - If contraception was not dispensed/administered, please indicate reason(s) for referral: _____

- Pharmacist Signature: _____ Date (mm/dd/yyyy): ____



Department of Health

CONTRACEPTION: Pharmacist Referral and Visit Summary

Pharmacy Name:	Pharmacist Name:		
Pharmacy Address:			
City:	State:	ZIP Code:	
Pharmacy Phone: ()	Pharmacy Fax: ()		

Today the following hormonal contraception was dispensed to you: _____

OR

A hormonal contraceptive was not dispensed to you today because:

REASON	NOTES
<input checked="" type="checkbox"/> Pregnancy cannot be ruled out.	New York State Family Planning Centers health.ny.gov/FamilyPlanningSites New York State Provider & Health Plan Look-Up Tool https://pnidslookup.health.ny.gov/
<input type="checkbox"/> You may have reported that you have been diagnosed with a health condition that requires further evaluation.	Notes:
<input type="checkbox"/> You take medication(s) or supplements that may interfere with contraception.	Medication interaction:
<input type="checkbox"/> Your reported use of tobacco products is contraindicated with the hormonal contraceptives reviewed today.	For assistance with tobacco cessation: Call 1-866-NY-QUITS (1-866-697-8487) toll free, or Text (716) 309-4688 Website: nysmokefree.com
<input type="checkbox"/> You prefer a form of contraception that is not able to be dispensed without a prescription from a health care practitioner or must be administered by a health care practitioner (injectable, implant, IUD [intrauterine device]).	New York State Family Planning Centers health.ny.gov/FamilyPlanningSites New York State Provider & Health Plan Look-Up Tool https://pnidslookup.health.ny.gov/
<input type="checkbox"/> You have requested a combined contraceptive and your blood pressure reading is ____ / ____.	Blood Pressures >140/90 are ineligible for any combined hormonal contraceptive (estrogen + progesterone) pill, patch, or ring.

Each checked box requires additional evaluation by a health care provider. Please share this information with your provider.

The information gathered from the visit today including the hormonal contraceptive that was dispensed or the reasons preventing us from dispensing a hormonal contraceptive to you can be shared with your primary care provider if you have one. You indicated that:

I **DO** want this information sent to my Primary Care Provider I **DO NOT** want this information sent to my Primary Care Provider I **DO NOT** have a Primary Care Provider

Routine Care with a clinical provider is important since most health services are not available at the pharmacy including:

- Sexually transmitted infection (STI) screening
- Cervical Cancer Screening (PAP Smears) – starting at age 21
- Breast Cancer screening depending on family history, risk factors, and findings on breast exam
- Screening and management of menstrual related disorders including but not limited to ovarian cysts, fibroids, endometriosis, polycystic ovarian syndrome (PCOS), infertility concerns, and others

Fact Sheets

FACT SHEET : THE PILL

Remember, the pill does not protect you from Sexually Transmitted Infections or HIV. Always use condoms to protect yourself!

HOW DO BIRTH CONTROL PILLS WORK?

- Birth control pills contain hormones like the ones your body makes. These hormones stop your ovaries from releasing eggs. Without an egg, you cannot get pregnant.
- No method of birth control is 100% effective. The pill is 93% effective.

HOW DO I START THE PILL?

- There are 2 ways to start the pill:
 - **Quick Start:** Take your first pill as soon as you get the pack.
 - **Next period:** Take your first pill soon after your next period begins.
- If you take your first pill up to 5 days after the start of your period, you are protected against pregnancy right away.
- If you take your first pill more than 5 days after the start of your period, you should use condoms or spermicide as back-up for the first 2 days.

HOW DO I USE THE MINI-PILL?

- **Once you start using the pill,** take 1 pill each day. Take your pill at the same time each day.
- After you finish a pack of pills, you should start a new pack the next day. You should have NO day without a pill.

WHAT IF I MISS MINI-PILLS?

- **I forgot ONE pill:** Take your pill as soon as you can. If you take your pill more than 3 hours late, use condoms or spermicide for the next 2 days.
- **I forgot TWO pills or more:** Take your pill as soon as you can. Take your next pill at the usual time. Use condoms or spermicide for the next 2 days. Use emergency contraception (EC) if you have unprotected vaginal sex.

WHAT IF I STOPPED TAKING THE MINI-PILL AND HAD UNPROTECTED VAGINAL SEX?

- Take Emergency Contraception (EC) right away. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.

HOW DOES THE MINI-PILL HELP ME?

- The mini-pill is safe and effective birth control. The mini-pill is safe for you to use while breastfeeding.
- The mini-pill is a great option for people who prefer to avoid estrogen-containing methods.
- The mini-pill has no effect on your ability to get pregnant in the future, after you stop taking it.

HOW WILL I FEEL ON THE MINI-PILL?

- You will feel about the same. You may notice changes in your periods. You may have spotting or no period at all. This is normal. You may have nausea, spotting, weight change, and/or breast pain. These problems often go away after 2-3 months.

DOES THE MINI-PILL HAVE RISKS?

- The mini-pill is very safe.

26050
March 2022 | www.reproductiveaccessproject.org/fact-sheets

FACT SHEET : THE PATCH

Remember, the patch does not protect you from Sexually Transmitted Infections or HIV. Always use condoms to protect yourself!

HOW DOES THE PATCH WORK?

- The patch contains hormones like the ones your body makes. These hormones stop your ovaries from releasing eggs. Without an egg, you can't get pregnant.
- No method of birth control is 100% effective. The patch is 93% effective.

HOW DO I START THE PATCH?

- There are 2 ways to start the patch:
 - **Quick Start:** Put in your first ring as soon as you get the pack.
 - **Next period:** Put in your first ring soon after your next period begins.
- If you put your ring in up to 5 days after the start of your period, you are protected against pregnancy right away.
- If you put your ring in more than 5 days after the start of your period, you should use condoms as back-up for the first 2 days.

HOW DO I USE THE RING?

- The ring is a small, bendable, plastic circle that you insert into your vagina.
- You leave the ring in your vagina for 3 weeks, and remove it for the 4th week.
- Remove the ring by hooking a finger under the rim and pulling it out.
- Most people get their period during the ring-free week.
- There are 2 types of rings: a monthly ring and a yearly ring.
- You can store the monthly ring at room temperature up to 4 months. In the refrigerator, the monthly ring lasts much longer.

DO I HAVE TO GET A PERIOD?

- Because the monthly ring has enough hormones to last 35 days, you can leave it in for more than 3 weeks. You can change the ring on the same day of each month (for instance, March 1st, April 1st, May 1st, etc.). If you remove the old ring and insert the new ring on the same day, you may not get a period. This is OK.

WHAT IF THE RING COMES OUT?

- The ring may slip out during sex or when you use the bathroom. The ring can stay out of your body for up to 3 hours and still prevent pregnancy. If the ring is out of your body for more than 3 hours, you should put it back into your vagina and use condoms for the next 7 days.

WHAT IF I STOPPED USING THE RING AND HAD UNPROTECTED SEX?

- To prevent pregnancy, take Emergency Contraception (EC) right away. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.

HOW DOES THE RING HELP ME?

- The ring is safe and effective birth control. Your periods may be more regular, lighter, and shorter. You may have clearer skin. The ring lowers your risk of getting cancer of the uterus and ovaries. The ring has no effect on your ability to get pregnant in the future, after you stop using it.

HOW WILL I FEEL ON THE RING?

- You will feel about the same. In the first few months you may have nausea, bleeding between periods, and/or breast pain. These symptoms often go away after 2-3 months.

DOES THE RING HAVE RISKS?

- The ring is very safe. Serious problems are rare. If you have any of the symptoms below, call your clinician:
 - Leg pain, swelling, and redness
 - Weakness or numbness on a side of your body
 - Bad headache
 - Vision problems
 - Chest pain
- Your clinician can help you find out if these symptoms are signs of a serious problem.

26090
March 2022 | www.reproductiveaccessproject.org/fact-sheets

26100
April 2022 | www.reproductiveaccessproject.org

Provider Notification

NEW YORK STATE DEPARTMENT OF HEALTH

CONTRACEPTION: Provider Notification

Pharmacy Name:	Pharmacy License:	
Pharmacy Address:		
City:	State:	ZIP Code:
Pharmacy Phone: ()	Pharmacy Fax: ()	
Pharmacist Name:	Pharmacist License:	

Dear Provider, _____

Your patient _____, ___ / ___ / ___ (DOB) was:

Dispensed contraception at our Pharmacy on ___ / ___ / ___ (mm/dd/yyyy) noted above.

The prescription issued and dispensed consisted of:

- Drug: _____
- Directions: _____
- Quantity: _____
- The patient was dispensed up to 12 months of medication pursuant to patient preference and insurance limitations.

You are receiving this notice in accordance with Education Law § 6801(9)(d), which requires the dispensing pharmacist to notify the patient's primary health care practitioners within 72 hours of dispensing self-administered hormonal contraception to a patient, unless a patient opts out of prescriber notification. If the patient does not have a primary care provider or is unable to provide contact information for their primary care provider, you must provide the patient with a written record of the contraceptives dispensed and advise the patient to consult an appropriate provider.

Pharmacist Training

Training shall entail the completion of instruction that provides:

Pharmacists are required to maintain documentation of their successful completion of the training and it shall be available for review by the department upon request.

Knowledge of the menstrual cycle, including the different menstrual cycle phases and hormonal functions

Pharmacology and mechanisms of actions of the various contraceptive methods, medications and devices, including both self-administered and non-self-administered contraceptives and devices available on the market

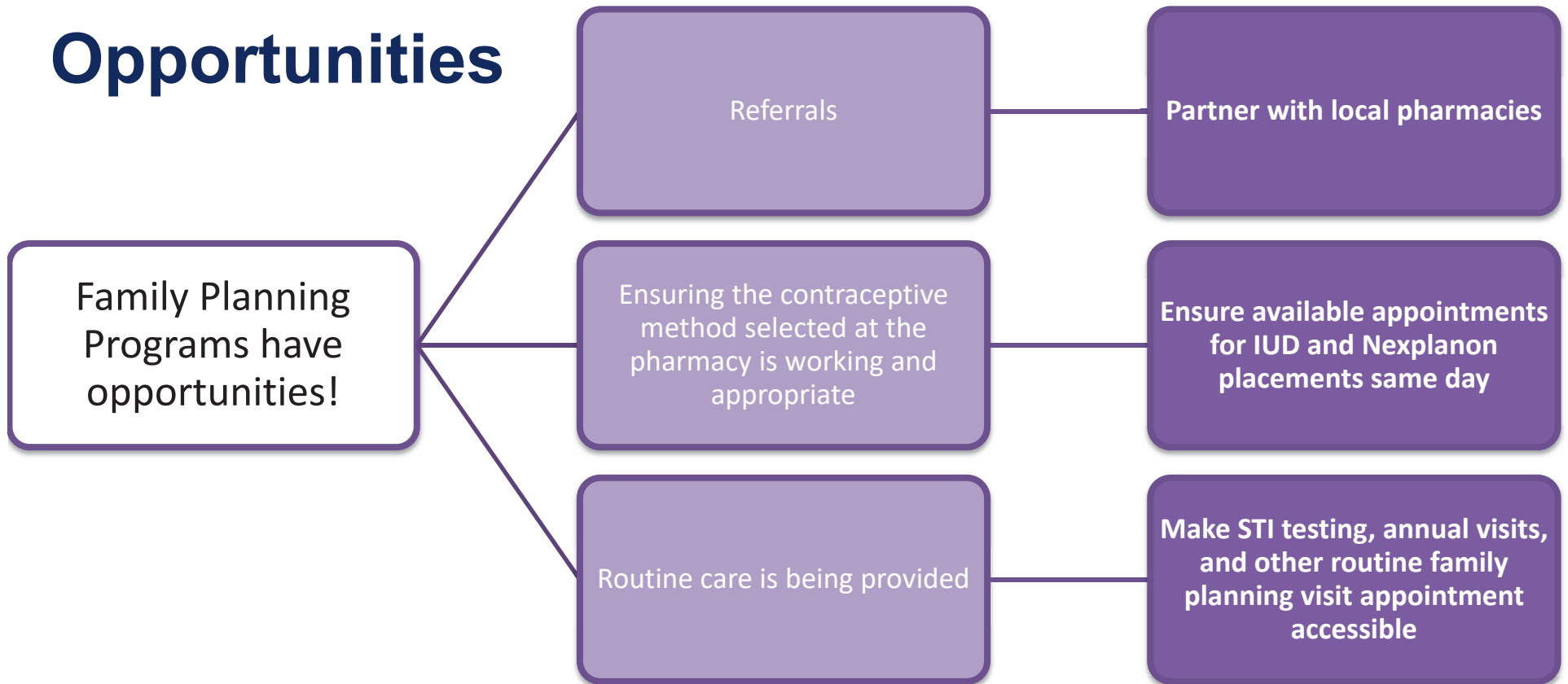
Knowledge of the precautions and contraindications in the use of hormonal contraceptives

Knowledge of the various techniques required to counsel and adequately screen patients for the dispensing of an appropriate self-administered hormonal contraceptive if applicable



Department
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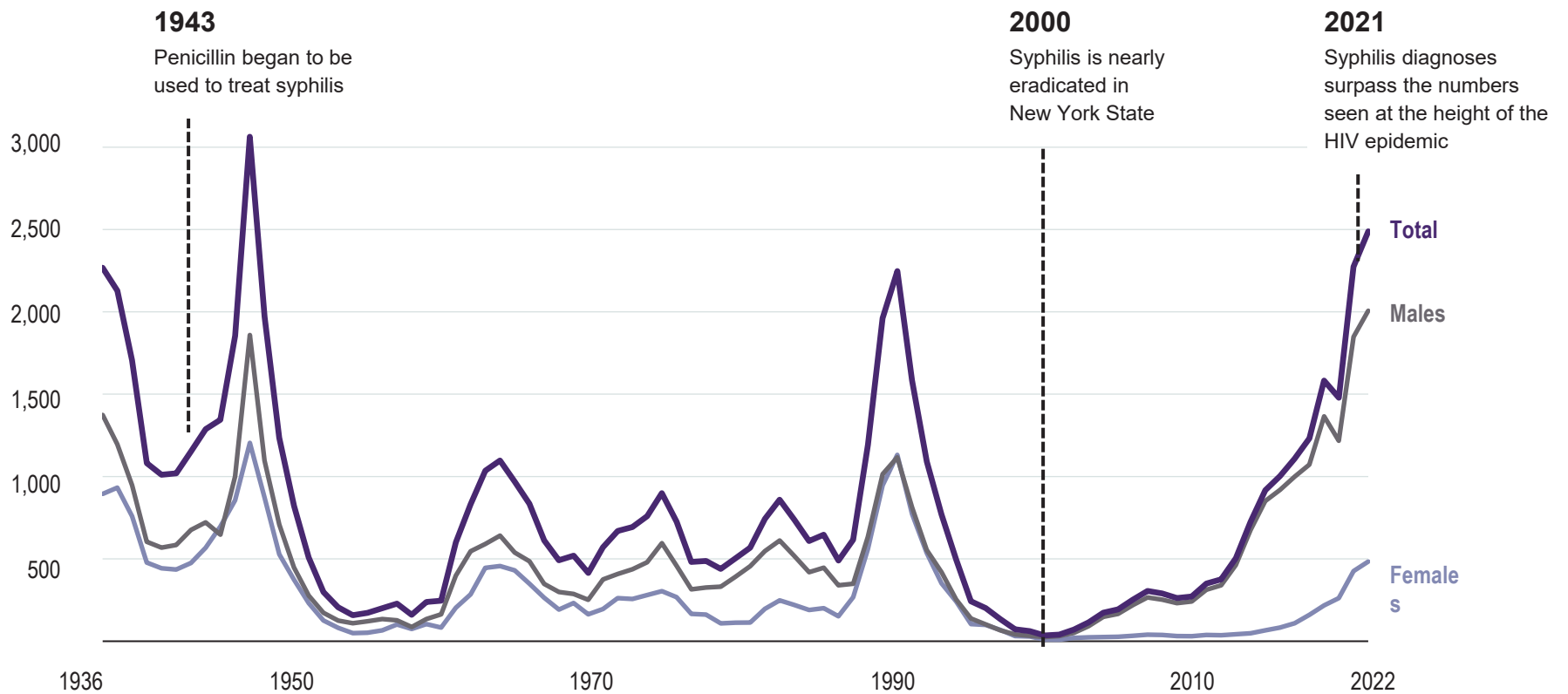
Opportunities



Congenital Syphilis: Updates on New York State Syphilis Cases and Pregnancy Screening Requirements

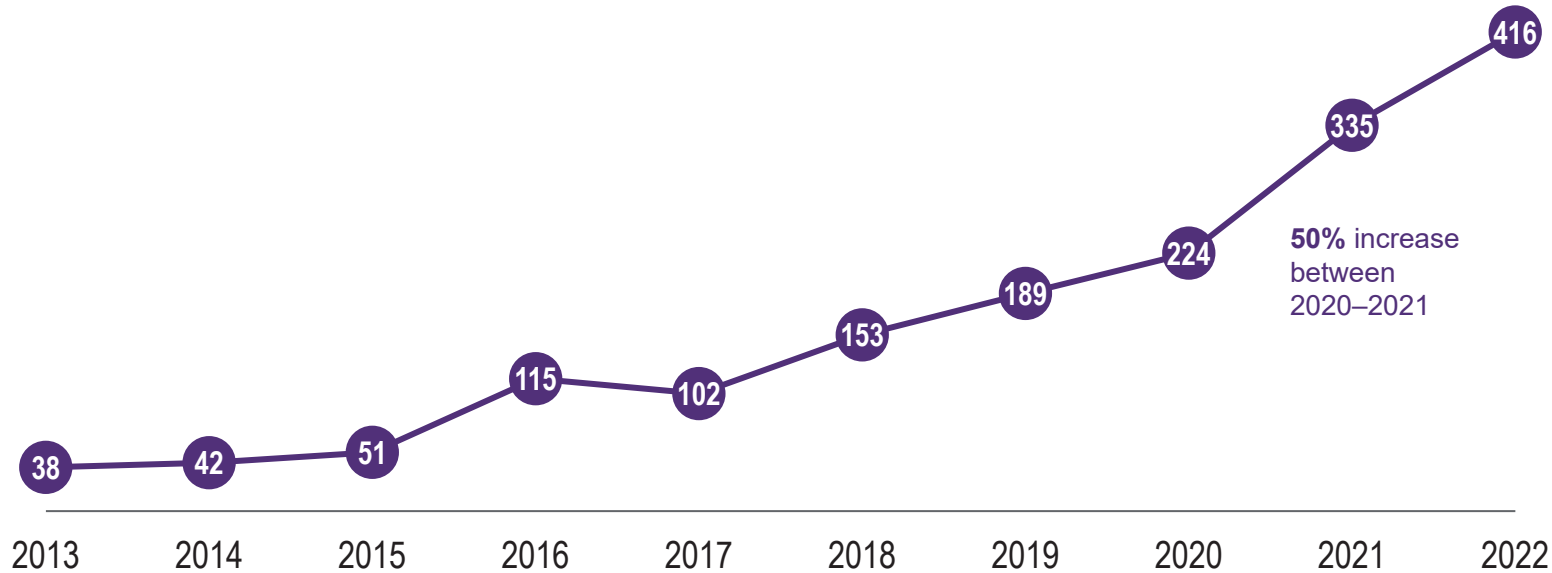
Syphilis is surging for the third time this century.

Early syphilis diagnoses by sex in New York State (excluding New York City), 1936–2022



Primary & Secondary syphilis diagnoses among females aged 15-44 have been increasing over time, with implications for syphilis in newborns.

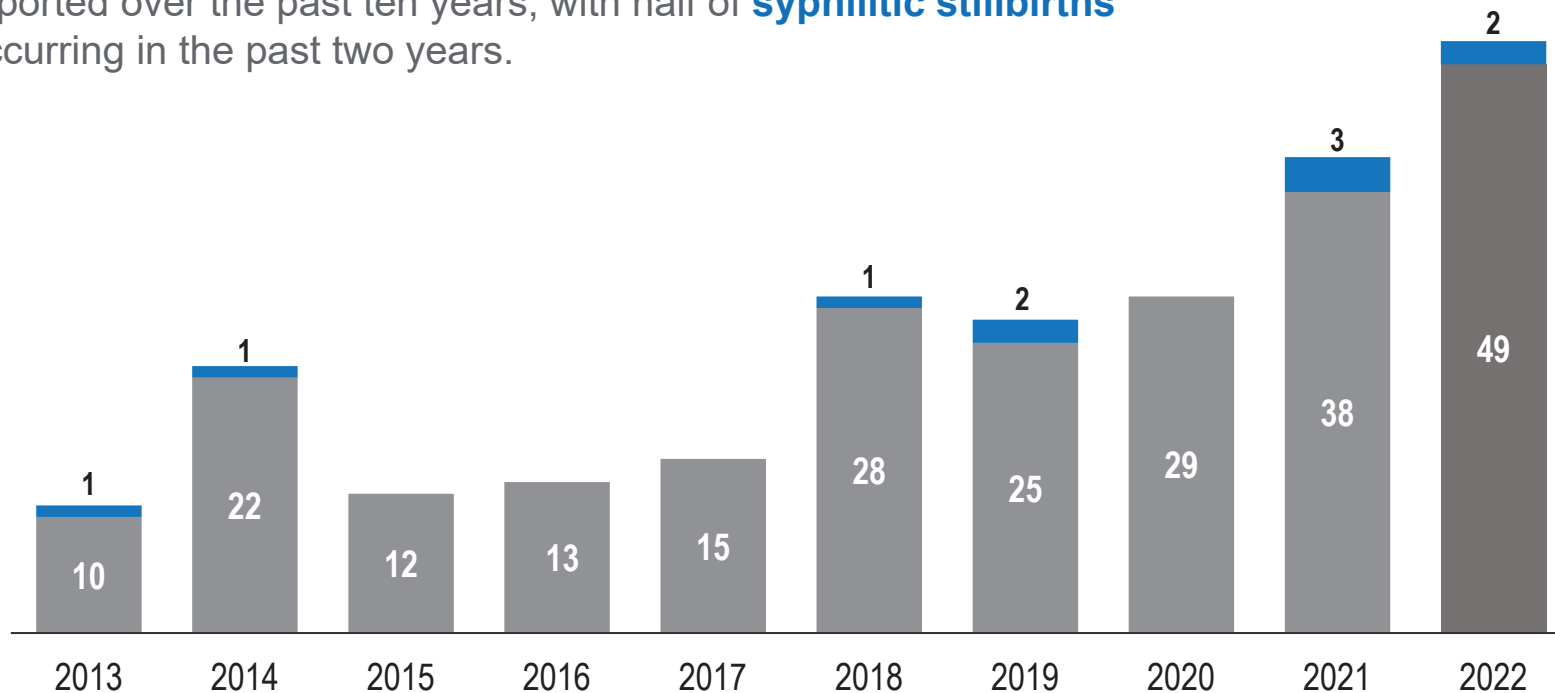
Although, rise in syphilis was increasing in men who have sex with men, the new modern syphilis epidemic among females suggests heterosexual transmission on the rise.



These data include all New York State, including New York City.

Congenital syphilis is on the rise and has resulted in ten **stillbirths** since 2013.

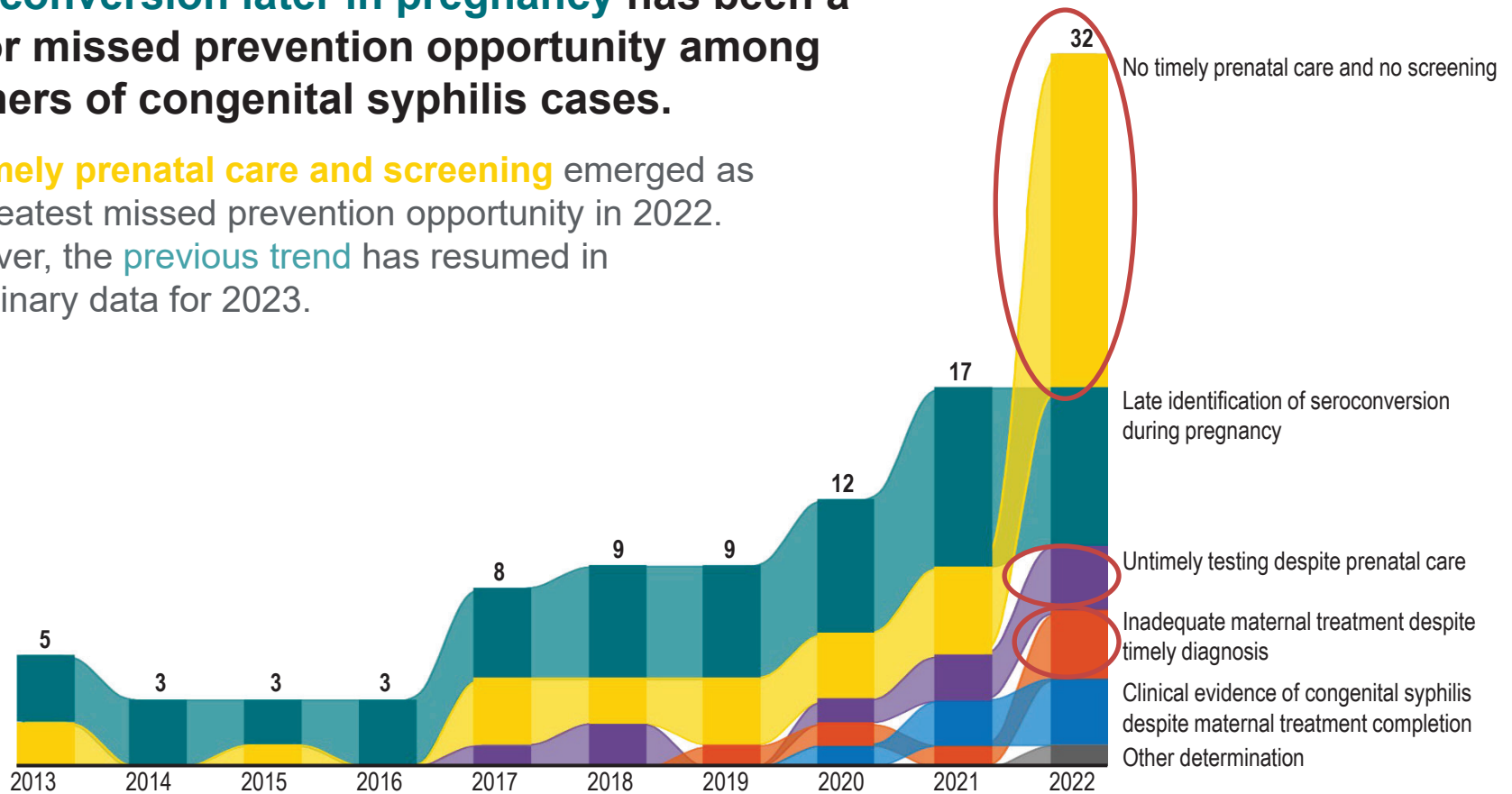
2022 accounted for over 20% of the total congenital syphilis cases reported over the past ten years, with half of **syphilitic stillbirths** occurring in the past two years.



Columns sum to total number of congenital syphilis cases reported.
 These data include all New York State, including New York City.

Seroconversion later in pregnancy has been a major missed prevention opportunity among mothers of congenital syphilis cases.

No timely prenatal care and screening emerged as the greatest missed prevention opportunity in 2022. However, the **previous trend** has resumed in preliminary data for 2023.



Excludes New York City.

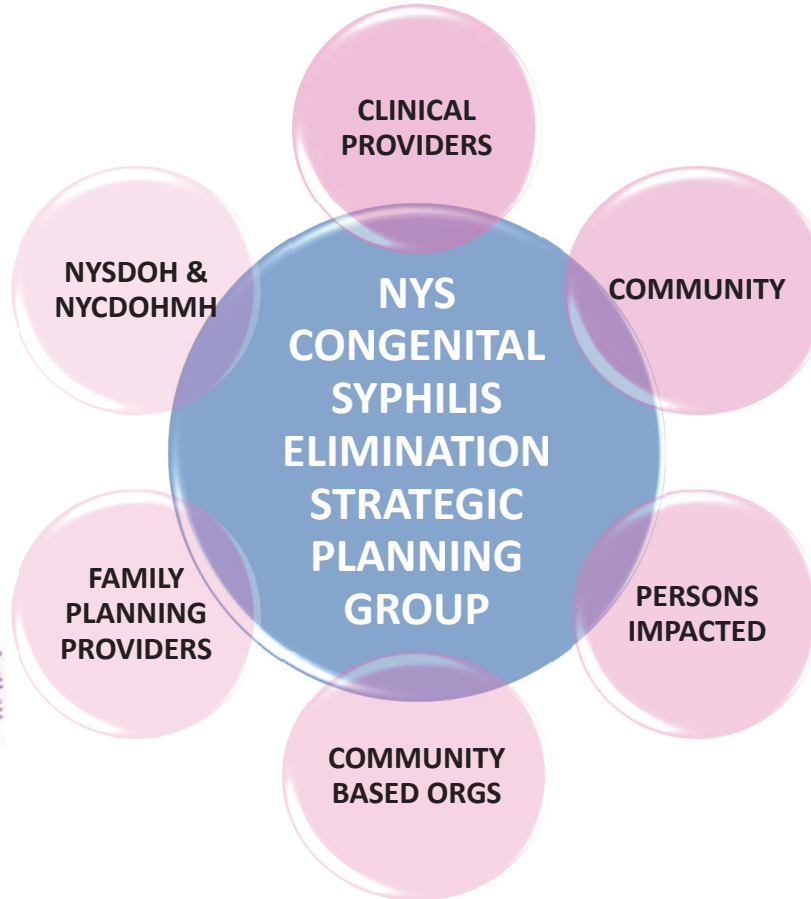


New York State
Congenital Syphilis
Elimination Strategic
Planning Group



The Congenital Syphilis Elimination Strategic Planning Group was convened in March 2023 with a plan to develop an Elimination Framework.

The Rise of Congenital Syphilis Cases Calls For A NYS Committee to Eliminate Congenital Syphilis



2013-2020
201 CS Cases



10 stillbirths since 2013...
One infant death is one too many

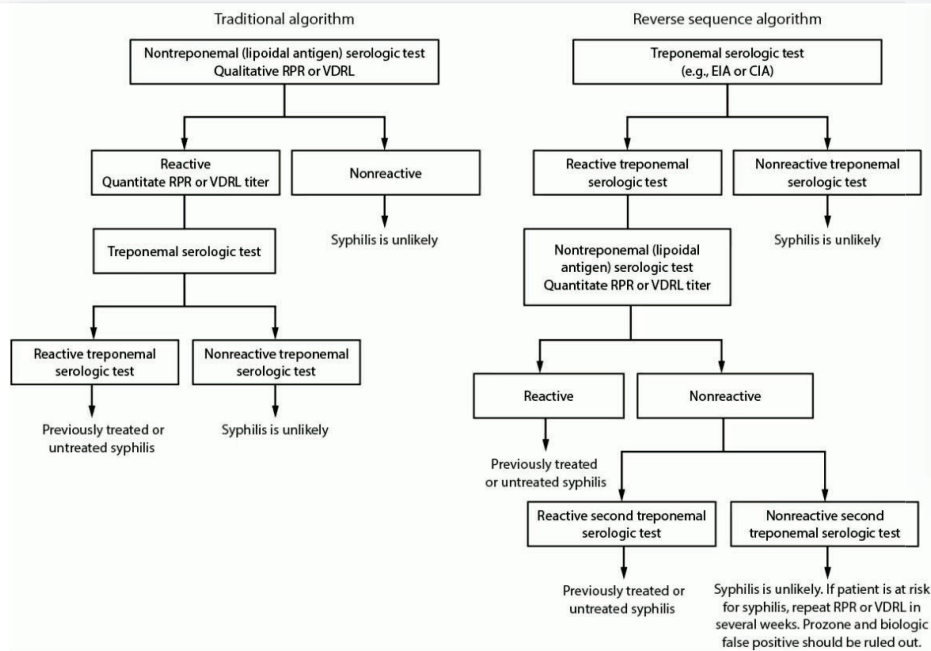
All pregnant persons must be screened serologically for syphilis at least three times during pregnancy, and these requirements have changed over time in response to need.

Timing of Screening	When this requirement when into effect
At the time pregnancy is first diagnosed ¹	The requirement to submit the initial blood sample take at the first exam has been a requirement in New York State since 1953.
At 28 weeks of pregnancy, or soon thereafter as reasonably possible, but no later than at 32 weeks of pregnancy ²	The requirement to offer a syphilis screening during a pregnant persons third trimester will be effective May 3, 2024 and was added as an additional screening requirement due to an increase in pregnant persons acquiring syphilis later in pregnancy.
At delivery ³	In December 1989, a requirement to screen infant cord blood for syphilis was added to the New York State Codes, Rules, and Regulations. In practice, this requirement has been implemented as a screening for syphilis at delivery. ⁴

¹New York State Public Health Law §2308; ²Effective May 3, 2024 per New York State Public Health Law §2308; ³New York Code of Rules and Regulations section 69-2.2 ;

⁴1998 Guidelines for the treatment of sexually transmitted diseases. Centers for Disease Control and Prevention. MMWR Morb Mortal Wkly Rep. 1998;47(RR-1):1-111; The reasoning here is twofold: 1) the law states that the cord blood screening requirement is waived if body blood from the pregnant person is tested for syphilis at the time of birth, so long as the infant's body blood is tested after any positive test result of the pregnant person's blood, and 2) cord blood testing has a high rate of false positive results.

As both screening approaches (traditional and reverse) are valid, neither the Centers for Disease Control and Prevention nor New York State Department of Health endorses one algorithm over the other.



Abbreviations: CIA = chemiluminescence immunoassay; EIA = enzyme immunoassay; RPR = rapid plasma regain; TPPA = *Treponema pallidum* particle agglutination; VDRL = Venereal Disease Research Laboratory.



Morbidity and Mortality Weekly Report
February 8, 2024

CDC Laboratory Recommendations for Syphilis Testing, United States, 2024

Per the latest Centers for Disease Control and Prevention [Laboratory Recommendations for Syphilis Testing](#) dated February 8, 2024, non-treponemal (lipoidal antigen) and treponemal tests should be interpreted in the same manner regardless of pregnancy status.



There are more clinical resources available and an FAQ coming soon!

Clinical resources:

- For access to free clinical education or to request training on syphilis or congenital syphilis, please go to [Clinical Education Initiative \(CEI\) Training](#).
- For access to free clinical materials, including palm cards with information on syphilis in pregnancy and congenital syphilis, please go to the [CEI Health Center of Excellence- Materials Order Form](#).
- **Real-time clinical support** available by calling the Clinical Education Initiative Sexual Health Center of Excellence Clinical line for syphilis and other Sexually Transmitted Infections-related questions at 1-866-637-2342

Frequently Asked Document is coming soon!





**Department
of Health**

Office of Sexual Health and Epidemiology (OSHE)

New York State Department of Health (NYSDOH)

AIDS Institute

Corning Tower, ESP, Room 536

Albany NY 12237

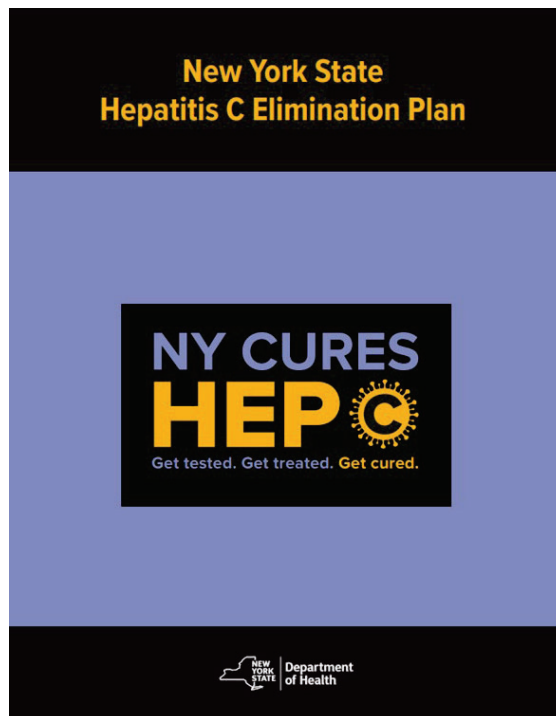
518.474.3598

STDC@health.ny.gov

Questions

Universal Hepatitis C Virus Screening of Adults and Pregnant People

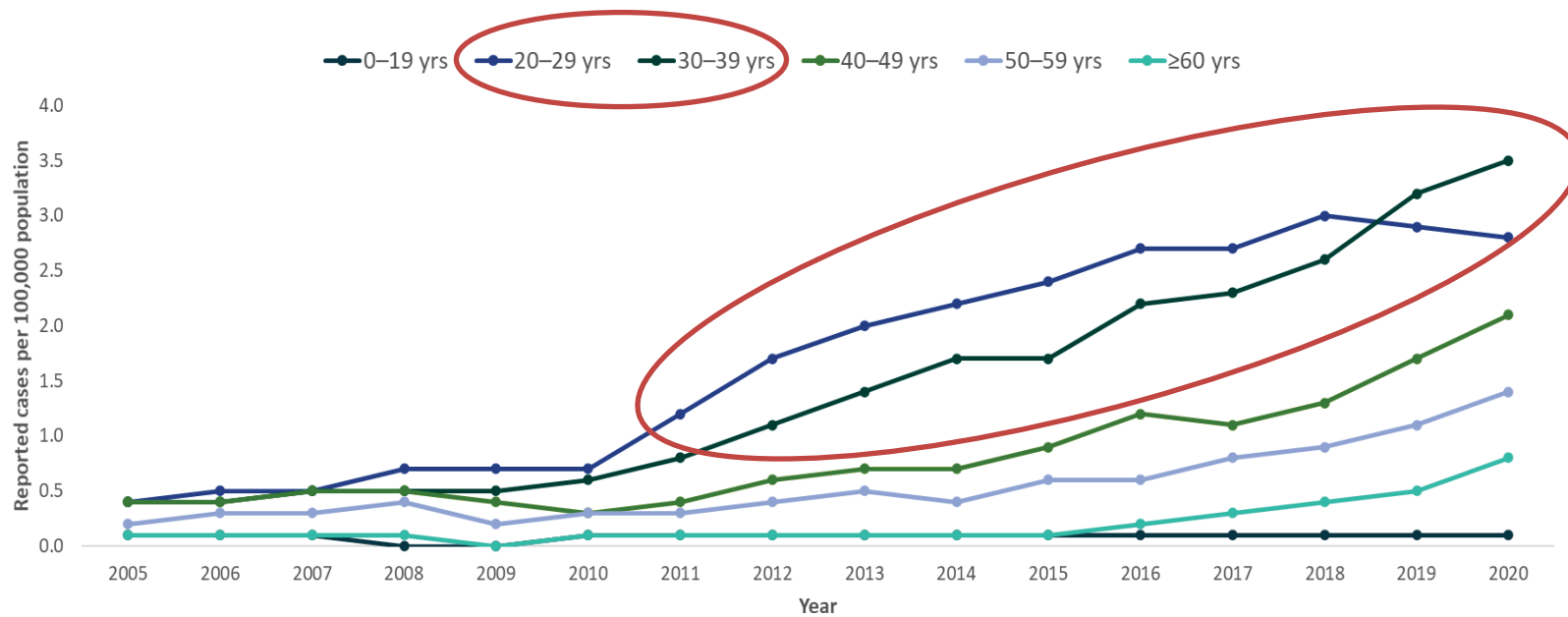
New York State Hepatitis C Elimination Plan



- New York State must screen approximately 10 million to reach elimination goals by 2030
- Elimination plan recommendations on Hepatitis C testing :
 - Mandate hepatitis C reflex testing
 - Universal screening of pregnant people
 - Expand 2014 New York State Hepatitis C Testing Law to include all adults

https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/docs/hepatitis_c_elimination_plan.pdf

Acute hepatitis C infections have more than doubled in the past decade

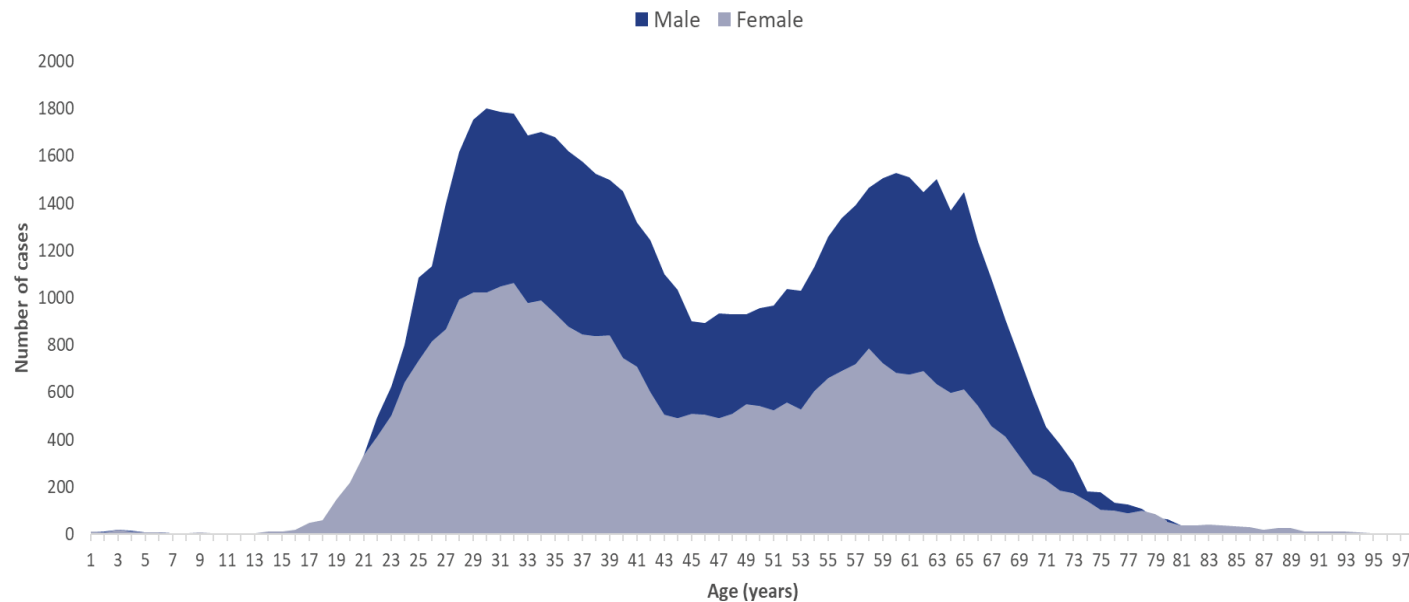


* Rates per 100,000 population.

Source: <https://www.cdc.gov/hepatitis/statistics/2020surveillance/index.htm>

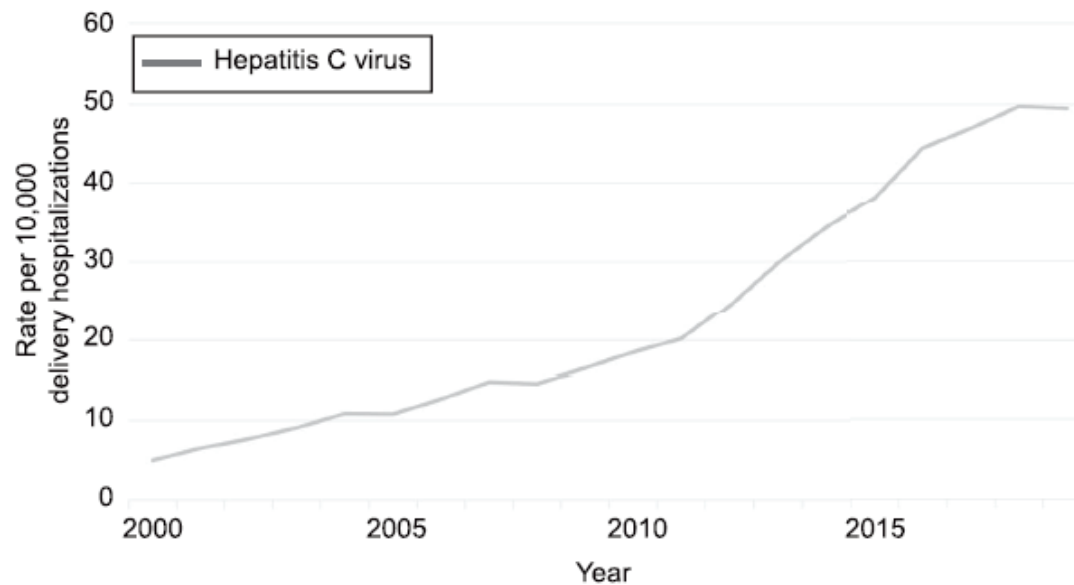
Chronic hepatitis C infections highest among people under 40 years of age

Number of newly reported* chronic hepatitis c infection cases† by sex and age — United States, 2020



Source: <https://www.cdc.gov/hepatitis/statistics/2020surveillance/index.htm>

Trends in hepatitis C diagnoses among pregnant persons with hospital delivery, 2000-2019



Arditi et al. Obstet Gynecol 2023;141-828-36

Universal Hepatitis C Screening - All Adults

Every individual age eighteen and older or younger than eighteen, if there is evidence or indication of risk activity, who receives:

- health services as an inpatient or in the emergency department of an Article 28 licensed hospital,
- primary care services in an outpatient department of such hospital,
- primary care services in a diagnostic and treatment center licensed under article 28, or
- primary care services from a physician, physician assistant or, nurse practitioner or midwife providing primary care.

Shall be offered a hepatitis C screening test

Hepatitis C Screening - Persons <18 years of age with risk activity

Examples of risk

Have ever shared needles, syringes, or any other equipment for preparing and injecting drugs

Got a tattoo or body piercing from an unlicensed artist, such as on the street or while in jail

Snorted drugs

Have HIV

Were exposed to hepatitis C at birth

Were exposed to blood on the job through a needlestick, or through injury with a sharp object

Universal Hepatitis C Screening –All Pregnant People

Every physician or other authorized practitioner attending to a pregnant person shall **order a hepatitis C screening test.**

Knowing hepatitis C status may alter approaches to certain obstetrical procedures

Allows for linkage to hepatitis C care and treatment post delivery

- Extension of post-partum Medicaid coverage to 12 months
- Treatment of Hepatitis C is 8-12 weeks

Many infants born to people living with hepatitis C are not being screened

- Allows for appropriate testing and monitoring of the infant

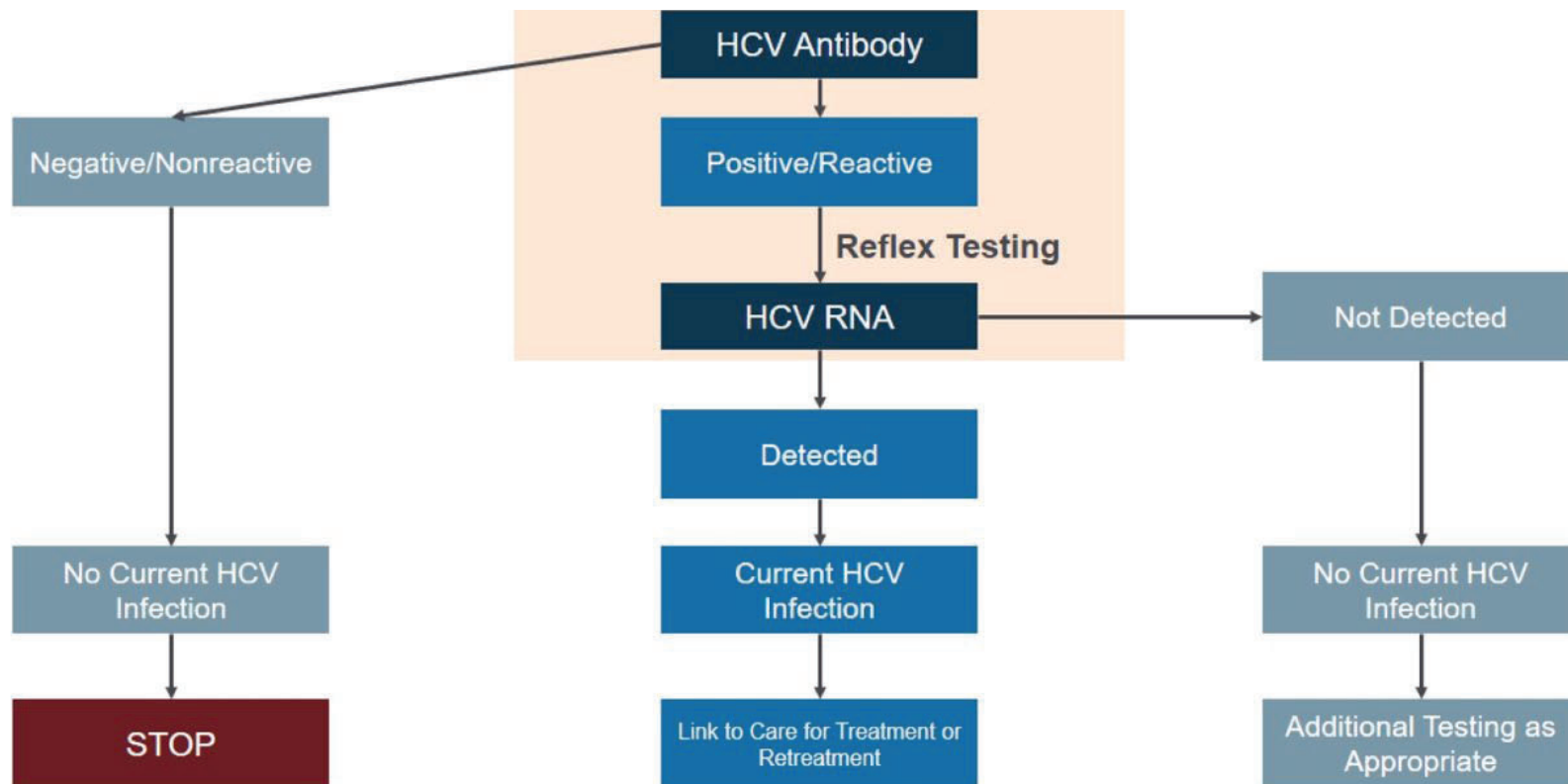
Facilitate the identification of substance use disorder; address the disorder

Exceptions

The Individual:

- is being treated for a life-threatening emergency;
- has previously been offered or has been the subject of a hepatitis C screening test (except that a test shall be offered if otherwise indicated); or
- the individual lacks capacity to consent to a hepatitis C screening test.

Hepatitis C Testing Algorithm



AASLD, American Association for the Study of Liver Diseases.
 Ghanv MG. et al. Hepatolov. 2020:71:686-721.

Hepatitis C Provider Reporting

Reporting of suspected or confirmed hepatitis C is mandated under the New York State Sanitary Code (10NYCRR 2.10). This includes patients with a positive hepatitis C screening test and/or a positive hepatitis C ribonucleic acid test.

Reports should be made to the local health department in the county in which the patient resides, and they need to be submitted within 24 hours of diagnosis.

Providers may be contacted by local health departments for additional information and should provide requested information promptly.

Information on how to report:

<https://www.health.ny.gov/professionals/diseases/reporting/communicable/>

Hepatitis C Is Curable

Ease of Treatment

- Combinations of direct acting antivirals with >95% cure rates for all genotypes
- All oral therapy that is well tolerated with few side effects
- Short treatment duration 8-12 weeks


Effective in historically 'hard-to treat' patients.

- Active or recent drug use or a concern for reinfection is NOT a contraindication to hepatitis C treatment

Females of Child Bearing Age

- Treatment is recommended before considering pregnancy, to reduce vertical transmission risk of hepatitis C
- Ribavirin is contraindicated in pregnancy due to teratogenicity (delay pregnancy at least 6 mos after completion of ribavirin)
- Direct acting antivirals are not approved in pregnant people, but treatment can be considered on an individual basis


Consumer Education Materials




**BABY
BOOMERS
GEN X
MILLENNIALS
GEN Z**

Hepatitis C testing is for everyone.

Hepatitis C is a curable liver disease. Most people have no symptoms and do not know they have it. Everyone 18 years and older should be tested at least once. Ask to be tested for hepatitis C.

 health.ny.gov/Test4HepC

 **Department of Health**

M/55 03/24



Protect yourself. Get tested for hepatitis C.

Hepatitis C is a liver disease that can affect you and your baby while you are pregnant. All pregnant people are required to be tested for hepatitis C. Results are confidential. There is treatment. You can be cured.

For more information go to www.health.ny.gov 



Protect your baby. Get tested for hepatitis C.

Hepatitis C can be passed to your baby during pregnancy. Your baby will need to be tested for hepatitis C at 2 months or older. Treatment is available that can cure hepatitis C in children 3 years and older.

 **Department of Health**

16140 9/23

Caring for your baby with hepatitis C



What you need to know



Providers Materials



KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

October 2023

Dear Obstetricians and Gynecologists:

The Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists and the U.S. Preventive Services Task Force now recommend universal hepatitis C virus (HCV) screening of all pregnant persons during each pregnancy regardless of risk. The New York State (NYS) HCV Elimination Plan has identified universal HCV screening among pregnant people as a priority for moving NYS toward HCV elimination by 2030.

Effective May 3, 2024, all NYS providers attending a pregnant person will be required to screen for HCV at each pregnancy and document the result prominently in the medical record at or before the time of hospital admission for delivery. HCV screening may occur at any time during pregnancy.

An estimated 2.2 million persons nationwide are living with hepatitis C. Forty percent of persons living with HCV are of reproductive age. Half of those people were diagnosed over the last 20 years. Injection drug use is a leading risk factor for HCV. About 1 in 10 persons with HCV have a 6% chance of developing liver disease. This risk doubles in babies born to individuals with HCV viral loads. Infection with HCV can be cured. While DAAs have been used for years, more studies are ongoing to assess the safety and effectiveness of these treatments during pregnancy and the post-partum period. The development of newer and simpler treatments is increasing the number of people who can be cured. The potential risks and benefits of treatment during pregnancy and the post-partum period is increasing. NYS obstetrician-gynecologists play a key role in ensuring that pregnant persons are aware of their options and are adopting the new HCV testing requirement. The Department of Health's Clinical Education Initiative (CEI) has

The screenshot shows a webpage with a purple header for the Department of Health. The main heading is 'Requirements for Universal Hepatitis C Testing Information for Health Care Providers'. Below the heading is a large image of a doctor and a pregnant woman. To the right of the image is the text: 'Are you screening for hepatitis C at each pregnancy?'. At the bottom of the page, there are three buttons: 'Testing Information', 'Testing During Pregnancy', and 'Health Care Providers'.

The document is titled 'HEPATITIS C' and 'New York State Requirements for Universal Hepatitis C Testing'. It includes the following sections:

- Why does New York State require universal hepatitis C testing?**
 - New cases of hepatitis C are on the rise, particularly among reproductive age adults. Most new infections occur among adults 20-39 years of age. Hepatitis C among pregnant people has increased over the last decade.
 - Most people with hepatitis C have no symptoms. Almost half of people with hepatitis C are unaware of their infection. If left untreated, hepatitis C can lead to serious liver disease.
 - Hepatitis C is curable. More than 90 percent of people with hepatitis C can be treated and cured with 8-12 weeks of oral therapy.
 - Testing is the first step to getting curative treatment and eliminating hepatitis C in New York State.
- What are New York State requirements for universal hepatitis C testing?**

Effective May 3, 2024, New York State requires a hepatitis C screening test be provided to:

 - Every person 18 years and older.
 - People younger than 18 if there is indication of risk.
 - All pregnant people during each pregnancy. Screening test results must be recorded in the pregnant person's medical record at or before the time of hospital admission for delivery.

Hepatitis C screening test covered by Medicaid, Medicare, or other insurance?
Medicaid currently covers hepatitis C screening for all adults and people at risk. Medicare currently does not cover hepatitis C screening. Private health insurance should refer to their policy, or contact their carrier to see if the test is covered.

Testing algorithm for hepatitis C?
The CDC recommends a two-step testing sequence for diagnosis of hepatitis C infection. Testing is initiated with a qualitative test. When this test is reactive, a hepatitis C RNA test is performed to confirm diagnosis of current infection. CDC also provides information on specimen collection and use of reflex testing to support complete testing for hepatitis C.

What are the proper billing codes for hepatitis C testing?

	CPT Code
Qualitative test	86803
Qualitative	87521
Quantitative	87522

Medicaid reimburses laboratories for reflex testing for confirmation of hepatitis C antibody screening tests without a physician order. This preprinted requisition form must indicate that the test will be used in the reflex testing program. For more information, visit https://www.health.ny.gov/health_care/medicaid/program/update/2015/august15_mupdf.

Who is required to report to their local health department?
Physicians, health care facilities, laboratories, and local and State health departments all share the responsibility for the identification, follow-up, and control of communicable diseases. If a person is suspected, or confirmed, hepatitis C is mandated under the New York State Sanitary Code (10NYCRR 2.10). Reporting is required for all persons with a positive hepatitis C screening test and/or a positive hepatitis C RNA test. Reporting should be made to the local health department in the county in which the patient resides, and they need to be submitted to the State Department of Health. Information on how to report is available at <http://www.health.ny.gov/professionals/diseases/reporting/communicable/>.

How do providers refer patient for hepatitis C care and treatment?
The Department of Health AIDS Institute's online directory provides information regarding participating hepatitis C treatment sites in New York State. To find a hepatitis C provider, go to: <https://www.providerdirectory.aidsinstitute.org/>.

How do providers learn more about providing hepatitis C treatment for their patients?
The Department of Health AIDS Institute Clinical Education Initiative (CEI) offers training, intensive preceptorship, technical assistance, and additional clinical tools to enhance provider capacity to deliver hepatitis C services. Visit cei.org/.

How do providers find out more about information about New York State requirements for universal hepatitis C testing?
For more information about the New York State requirements for universal hepatitis C testing by going to: http://www.health.ny.gov/health_care/medicaid/program/update/2015/august15_mupdf.

References:
1. Kamil S, Wessler C. Updated Operational Guidance for Implementing CDC's Recommendations on Testing for Hepatitis C Virus. *Mortalit Wkly Rep* 2023;72:766-768. DOI: <http://dx.doi.org/10.15585/mmwr.mm7228a2>

HEPATITIS C TESTING: Provider Fact Sheet • health.ny.gov/hepatitisc

Test4HepC



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New York State Hepatitis C Testing Information



Testing Information

Testing During Pregnancy

Health Care Providers

https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/testing/



Department of Health

Send Questions To:

hepatabc@health.ny.gov

FAQ document will be posted here:

https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/testing/

Screening for STIs, HIV, and Hepatitis B/C during Pregnancy in NYS

Infection	1st Prenatal Visit	3rd Trimester	Delivery
Syphilis [^]	Everyone	Everyone	Everyone
Gonorrhea [*]	If <25, or ≥25 at risk	If at risk	N/A
Chlamydia [*]	If <25, or ≥25 at risk	If <25, or ≥25 at risk	N/A
HIV	Everyone	Everyone	If not tested during this pregnancy or at risk
Hepatitis B [^]	Everyone	N/A	If not tested during this pregnancy or at risk
Hepatitis C [^]	Everyone	If not tested during this pregnancy or at risk	If not tested during this pregnancy or at risk

Screening Test
Syphilis Serology
GC NAAT
CT NAAT
HIV-1/2 Ab/Ag
HBsAg
HCV Ab with reflex to HCV RNA

RPR

Syphilis Antibody

[^]Testing mandated by NYS Public Health Law.

^{*}Repeat screen 3 months after treatment of documented gonorrhea or chlamydia infection during pregnancy.

Risk factors for STI/HIV and hepatitis B and C may include: History or current diagnosis of an STI; new partner(s); pregnant person or partner with multiple partners; sex partner with an STI; condomless sex not in a tested negative mutually monogamous relationship; transactional sex; history of incarceration; pregnant person or partner with injection drug use; high incidence/prevalence setting.

Compiled from NYS, USPSTF, and CDC screening guidelines and NYS public health laws and regulations.

Clinical Questions: CEI Line 866-637-2342

https://ceitraining.org/documents/ScreeningForSTI...NYS_CEI.pdf



Department of Health

