**Hepatitis C Amongst Military Retirees: To Screen or Not to Screen?
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**Introduction:**  In 2012 the Centers for Disease Control (CDC) recommended Hepatitis C virus (HCV) infection screening for those born between 1945 and 1965. Prior recommendations endorsed screening based on risk factors. Because military retirees have access to comprehensive health care and underwent routine drug screening for over 20 years during service, we hypothesized that the prevalence of HCV in military retirees would be significantly lower than the national average, thus the new CDC screening guidelines may not be applicable.

**Methods:** A quality improvement (QI) initiative from January 2013 to April 2014 implemented the new birth-cohort CDC screening guidelines for the Internal Medicine (IM) clinic of our hospital (QI group). An age-matched group from the same IM clinic, screened based on risk factors for HCV infection from September 2012 to December 2013, served as the comparator (RF group). The prevalence of the anti-HCV antibody and chronic infection were determined.

**Results:** In the QI and RF groups, 478 and 221 subjects were screened respectively. Demographics of the two groups were statistically similar with the exception of the age and ratio of retirees to dependents. The prevalence of anti-HCV antibody positivity was 2.1% and 2.3% in the QI and RF groups, respectively (Odds Ratio (OR) 1.08, 95% CI: 0.37, 3.21, p = 1.000). The prevalence of chronic infection detected by PCR was 0.4% and 1.8% in the QI and RF groups, respectively (OR 4.39, CI: 0.80, 24.13, p = 0.083). The OR comparing the anti-HCV antibody in the QI and RF groups to NHANES data showed no statistical differences. However there was a statistically significant difference between chronic infection in the QI group and NHANES population.

**Conclusion: The military retiree population did not have a lower prevalence of the anti-HCV antibody than the American populace, but did have increased viral clearance amongst those screened by birth year.** Higher viral clearance and subsequent lower prevalence of chronic infection in the QI group may be explained by a paucity of concurrent risk factors, more Caucasians and fewer African Americans in this cohort. The CDC guidelines are applicable to the military retiree population.