SUPPLEMENTARY TABLE 1. Chain of indirect evidence

How would universal screening for hepatitis C affect the number (and composition) of people who screen positive for HCV infection?	How many additional persons would be linked to care?	Do desirable treatment effects outweigh undesirable effects?
K.Q.1.a. What is the prevalence of HCV infection in the United States? In the general population? By risk groups?	K.Q.2.a. What is the diagnostic accuracy of HCV antibody testing?* K.Q.2.b. What are harms of hepatitis C screening?† K.Q.2.c. What proportion of people who screen positive for HCV infection are linked to care?§¶	K.Q.3.a. What is the effect of DAA treatment on HCV viral load?* K.Q.3.b. What is the effect of DAA treatment on morbidity (including cirrhosis and hepatocellular carcinoma)?* K.Q.3.c. What is the effect of DAA treatment on mortality (HCVspecific and allcause)?* K.Q.3.d. What are the adverse effects of DAA treatment?*

Abbreviations: HCV = hepatitis C virus; DAA = direct acting antiviral.

* Previously welldescribed and therefore not included in this review.

† U.S. and nonU.S. studies included.

§ U.S. studies only included.

¶ For all adult review only.**SUPPLEMENTARY TABLE 2. Search strategy for all adult literature review**

Search Query: Does universal screening for hepatitis C virus infection among adults aged 18 years and older, compared to riskbased screening, reduce morbidity and mortality?			
Database	**Strategy**	**Run Date**	**Records**
Medline (OVID) **1946–**	(exp Hepatitis C/ AND *Mass Screening/) OR ((Hepatitis C ADJ5 screen*) OR (hepC ADJ5 screen*) OR (HCV ADJ5 screen*) OR (Hepatitis C ADJ5 test*) OR (hepC ADJ5 test*) OR (HCV ADJ5 test*)).ti,ab. OR (*hepatitis C/ AND (screen* OR test*).ti) Limit 2010– ; English	8/6/2018	3310
Embase (OVID) **1996–**	(exp Hepatitis C/ AND *Mass Screening/) OR ((Hepatitis C ADJ5 screen*) OR (hepC ADJ5 screen*) OR (HCV ADJ5 screen*) OR (Hepatitis C ADJ5 test*) OR (hepC ADJ5 test*) OR (HCV ADJ5 test*)).ti,ab. OR (*hepatitis C/ AND (screen* OR test*).ti) Limit 2010– ; English; Exclude Medline Journals	8/6/2018	559 - 161 duplicates = 398 unique items
CINAHL (EBSCO)	((MH “Hepatitis C”+) AND (MM “Mass Screening”)) OR ((“Hepatitis C” N5 screen*) OR (hepC N5 screen*) OR (HCV N5 screen*) OR (“Hepatitis C” N5 test*) OR (hepC N5 test*) OR (HCV N5 test*)) OR ((MM “hepatitis C”) AND (TI (screen* OR test*))) Limit 2010– ; exclude Medline records ; English	8/6/2018	210 - 128 duplicates = 82 unique items
Scopus	TITLE-ABS-KEY((“Hepatitis C” W/5 screen*) OR (hepC W/5 screen*) OR (HCV	8/6/2018	1769 - 846 duplicates = 923 unique items

	W/5 screen*) OR (“Hepatitis C” W/5 test*) OR (hepC W/5 test*) OR (HCV W/5 test*)) AND NOT INDEX(medline) Limit 2010– ; English		
Cochrane Library	((“Hepatitis C” NEAR/5 screen*) OR (hepC NEAR/5 screen*) OR (HCV NEAR/5 screen*) OR (“Hepatitis C” NEAR/5 test*) OR (hepC NEAR/5 test*) OR (HCV NEAR/5 test*)):ti,ab Limit 2010– ; English	8/6/2018	250 - 96 duplicates = 154 unique items

SUPPLEMENTARY TABLE 3. Search strategy for pregnant women literature review

Search Query: Does universal screening for hepatitis C virus infection among pregnant women, compared to riskbased screening, reduce morbidity and mortality among mothers and their children?			
Database	**Strategy**	**Run Date**	**Records**
Medline (OVID) **1946–**	Hepatitis C OR hepC OR HCV AND Pregnanc* OR pregnant OR maternal AND Screen* OR test* Limit 1998– ;	7/2/2018	592
Embase (OVID) **1947–**	Hepatitis C OR hepC OR HCV AND Pregnanc* OR pregnant OR maternal AND Screen* OR test* Limit 1998– ;	7/2/2018	1226 - 464 duplicates = 762 unique items
CINAHL (EBSCO)	“Hepatitis C” OR hepC OR HCV AND Pregnanc* OR pregnant OR maternal AND Screen* OR test* Limit 1998– ; exclude Medline records	7/2/2018	38 - 19 duplicates = 19 unique items
Scopus	TITLE-ABS-KEY((“Hepatitis C” OR hepC OR HCV) AND (Pregnanc* OR pregnant OR maternal) AND (Screen* OR test*)) AND NOT INDEX(medline)	7/2/2018	333 - 216 duplicates = 117 unique items
Cochrane Library	((“Hepatitis C” OR hepC OR HCV) AND (Pregnanc* OR pregnant OR maternal) AND (Screen* OR test*)):ti,ab	7/2/2018	23 - 13 duplicates = 10 unique items

SUPPLEMENTARY TABLE 4. Search strategy for supplementary all adult literature review

Search Query: Does universal screening for hepatitis C virus infection among adults aged 18 years and older, compared to riskbased screening, reduce morbidity and mortality?			
Database	**Strategy**	**Records for run date 8/6/2018**	**Records for run date 11/15/2019**
Medline (OVID) **1946–**	(exp Hepatitis C/ AND *Mass Screening/) OR ((Hepatitis C ADJ5 screen*) OR (hepC ADJ5 screen*) OR (HCV ADJ5 screen*) OR (Hepatitis C ADJ5 test*) OR (hepC ADJ5 test*) OR (HCV ADJ5 test*)).ti,ab. OR (*hepatitis C/ AND (screen* OR test*).ti) Limit 2010– ; English Update: (201808* OR 201809* OR 201810* OR 201811* OR 201812* OR 2019*).dt	3310	682
Embase (OVID) **1996–**	(exp Hepatitis C/ AND *Mass Screening/) OR ((Hepatitis C ADJ5 screen*) OR (hepC ADJ5 screen*) OR (HCV ADJ5 screen*) OR (Hepatitis C ADJ5 test*) OR (hepC ADJ5 test*) OR (HCV ADJ5 test*)).ti,ab. OR (*hepatitis C/ AND (screen* OR test*).ti) Limit 2010– ; English;	559 - 561 duplicates = 398 unique items	247 - 51 duplicates = 196 unique items

	Exclude Medline Journals Update: (201808* OR 201809* OR 201810* OR 201811* OR 201812* OR 2019*).dc		
CINAHL (EBSCO)	((MH "Hepatitis C"+) AND (MM "Mass Screening")) OR (("Hepatitis C" N5 screen*) OR (hepC N5 screen*) OR (HCV N5 screen*) OR ("Hepatitis C" N5 test*) OR (hepC N5 test*) OR (HCV N5 test*)) OR ((MM "hepatitis C") AND (TI (screen* OR test*))) Limit 2010– ; exclude Medline records ; English Update: August 2018–current	210 - 128 duplicates = 82 unique items	105 - 59 duplicates = 46 unique items
Scopus	TITLE-ABS-KEY(("Hepatitis C" W/5 screen*) OR (hepC W/5 screen*) OR (HCV W/5 screen*) OR ("Hepatitis C" W/5 test*) OR (hepC W/5 test*) OR (HCV W/5 test*)) AND NOT INDEX(medline) Limit 2010– ; English	1769 - 846 duplicates = 923 unique items	193 - 129 duplicates = 64 unique items

	Update: August 2018–current		
Cochrane Library	((“Hepatitis C” NEAR/5 screen*) OR (hepC NEAR/5 screen*) OR (HCV NEAR/5 screen*) OR (“Hepatitis C” NEAR/5 test*) OR (hepC NEAR/5 test*) OR (HCV NEAR/5 test*)):ti,ab Limit 2010– ; English Update: August 2018–current	250 - 96 duplicates = 154 unique items	61 - 11 duplicates = 50 unique items

SUPPLEMENTARY TABLE 5. Search strategy for supplementary pregnant women literature review

Search Query: Does universal screening for hepatitis C virus infection among pregnant women, compared to riskbased screening, reduce morbidity and mortality among mothers and their children?			
Database	**Strategy**	**Records for run date 7/2/2018**	**Records for run date 10/29/2019**
Medline (OVID) **1946–**	Hepatitis C OR hepC OR HCV AND Pregnanc* OR pregnant OR maternal AND Screen* OR test* Limit 1998– ; (201807* OR 201808* OR 201809* OR 201810* OR 201811* OR 201812* OR 2019*).dt	592	69
Embase (OVID) **1947–**	Hepatitis C OR hepC OR HCV AND Pregnanc* OR pregnant OR maternal AND Screen* OR test* Limit 1998– ; (201807* OR 201808* OR 201809* OR 201810* OR 201811* OR 201812* OR 2019*).dc	1226 - 466 duplicates = 762 unique items	155 - 47 duplicates = 108 unique items
CINAHL (EBSCO)	“Hepatitis C” OR hepC OR HCV AND Pregnanc* OR pregnant OR maternal	38 - 19 duplicates = 19 unique items	12 - 8 duplicates = 4 unique items

	AND Screen* OR test* Limit 1998– ; exclude Medline records		
Scopus	TITLE-ABS-KEY ((“Hepatitis C” OR hepC OR HCV) AND (Pregnanc* OR pregnant OR maternal) AND (Screen* OR test*)) AND NOT INDEX (medline)	333 - 216 duplicates = 117 unique items	21 - 17 duplicates = 4 unique items
Cochrane Library	((“Hepatitis C” OR hepC OR HCV) AND (Pregnanc* OR pregnant OR maternal) AND (Screen* OR test*)):ti,ab	23 - 13 duplicates = 10 unique items	12 - 2 duplicates = 10 unique items

SUPPLEMENTARY TABLE 6. Hepatitis C prevalence and linkagetocare, general population

Author, publication year	Years of study; design	Description	Setting	Anti-HCV tested	Anti-HCV positivity	RNA positivity	Follow-up appt. arranged	Attended follow-up appt.	Treated	Achieved SVR
Abara (*1*), 2019	2010–2017; Retrospective	Screening among deceased organ donors	Organ Procurement and Transplantation Network		3,725/70,414 (5.3%)	1,306/2,378 * (54.9%)				
Dodd (*2*), 2016	2011–2012; Surveillance	Routine testing of donated blood supply	American Red Cross; Blood Systems, Inc.; and New York Blood Center supply	All samples tested	2,968/14,786,584 (0.02%)†					
Dong (*3*), 2017	2016; Pilot	Pharmacists training to provide HCV point-of-care rapid testing	Community pharmacy, Mission Wellness Pharmacy, San Francisco, California		1/83 (1.2%)					
Hofmeister (*4*, *5*), 2018§	2013–2016; Epidemiologic study		NHANES data and data for populations not represented in NHANES		4,101,200/244,869,800 (1.7%)	2,266,700/4,088,173 (55.5%)¶				
Kim (*6*), 2019	2016–2018; Retrospective	Examining screening rates	Women of reproductive age at safety net hospital in San Francisco	7,406/19,121 (38.7%)	206/7,406 (2.8%)	105/168 (62.5%)			41	34/41 (82.9%)
Klevens (*7*), 2016**	2010–2013; Cross-sectional	Laboratory data analysis	Quest Diagnostics laboratory data		352,646/5,651,742 (6.2%)	292,681/352,646 (83.0%)				
Kugelmas (*8*), 2017	2015–2016; Prospective	Direct store advertising	45 Walgreen pharmacies in 9 major metropolitan areas		103/1,296 (7.9%)					
Saab (*9*), 2019	2018; Retrospective	Results of hospital	University of California, Los		238/17,512 (1.4%)	70/190 (36.8%)	53/70 (75.7%)			

		screenings for HCV	Angeles Health Care System		
Viner (*10*), 2015[††]	2010–2013; Epidemiologic		Surveillance data from Philadelphia Department of Public Health	13,596/1,584,848 (0.9%)	6,383/13,596 (47.0%)[§§]

Abbreviations: anti-HCV = hepatitis C virus antibody; HCV = hepatitis C virus; RNA = ribonucleic acid; SVR = sustained virologic response; NHANES = National Health and Nutrition Examination Survey.

* Number testing anti-HCV positive during time period.

† RNA positive.

§ Includes incarcerated.

¶ From Rosenberg et al. (*5*).

** Both anti-HCV and RNA testing.

†† Population estimates used 2010 census data for Philadelphia County, estimated 47,207 with HCV.

[§§] Among those with anti-HCV positivity.**SUPPLEMENTARY TABLE 7. Hepatitis C prevalence and linkagetocare, emergency departments**

Author, publication year	Years of study; design	Description	Setting	Anti-HCV tested	Anti-HCV positivity	RNA positivity	Follow-up appt. arranged	Attended follow-up appt.	Treated	Achieved SVR
Allison (*11*), 2016	2014–2015; Cross-sectional	Interview and screening	Birth cohort patients presenting to large public urban ED, Bellevue Hospital Center, New York City	383/915 (41.9%)	28/383 (7.3%)	19/21 (90.5%)	21/19 (>100.0%)	4/19 (21.1%)	1/4 (25.0%)	
Anderson (*12*), 2017*	2014–2015; Multicenter retrospective cohort	Triage-based screening strategy	Birth cohort and IDU patients presenting to 2 urban EDs: public ED, Highland Hospital, Oakland, California and academic ED, University of Alabama at Birmingham	/55,335	532	301/435 (69.2%)	158/301 (52.5%)	97/158 (61.4%)	24/97 (24.7%)	19/24 (79.2%)
Anderson (*13*), 2016	2015; Prospective observational pilot	Screening initiative, provider training	IDU patients presenting to publicly-funded urban ED, Alameda Health System, Highland Hospital, Oakland, California	155/14,253 (1.1%)	40/155 (25.8%)	22/32 (68.8%)	19/22 (86.4%)	3/19 (15.8%)	1/3 (33.3%)	
Cowan (*14*), 2018	2012–2013; Randomized controlled trial	Bundled HIV/HCV screening	Inner city medical center, Jacobi Medical Center, Bronx, New York	187/234 (79.9%)	1/187 (0.5%)					
Donnelly (*15*), 2016[†]	2013–2015; Geospatial	Opt-out screening	Urban emergency		1,014/8,742 (11.6%)					

	analysis		department, University of Alabama, Birmingham, Alabama					
Franco (*16*), 2016	2013–2014; Retrospective cohort	Opt-out screening, LTC coordinator	Birth cohort patients at academic tertiary care center, University of Alabama at Birmingham		473/4,371 (10.8%)	332/402 (82.6%)	148/332 (44.6%)	117/148 (79.1%)
Hoenig (*17*), 2019	2017–2018; Pilot study	Opt-out screening program	Birth cohort patients at 2 academic centers in San Diego, California		90/905 (9.9%)	31/61 (50.8%)		13/31 (41.9%)
Hsieh (*18*), 2016	2013; Seroprevalence study	Excess blood tested for HCV	Urban emergency department, Johns Hopkins Hospital, Baltimore, Maryland	4,713/8,582 (54.9%)	652/4,713 (13.8%)	87/100 (87.0%)		
Hsieh (*19*), 2018	2015–2016; Retrospective cohort	Opt-out screening	Johns Hopkins	299/5,039 (5.9%)	6/299 (2.0%)			
Kang (*20*), 2018	2016; Retrospective cohort study	Opt-out screening	Birth cohort patients, large ED in New Jersey	2,928/14,000 (20.9%)	192/2,928 (6.6%)	71/167 (42.5%)		
Merchant (*21*), 2015	2010–2012; Randomized controlled trial		Drug misusing patients at two urban EDs affiliated with medical school in New England, Miriam Hospital and Rhode Island Hospital		5/346 (1.4%)			
Merchant (*22*), 2014	2011–2012; Randomized		Patients reporting drug	256/470 (54.5%)	7/256 (2.7%)			

	controlled trial		use in 2 urban EDs, Miriam Hospital and Rhode Island Hospital					
Privette (*23*), 2018[§]	2016–2017; Prospective	Screening initiative	Participants were Level A and Level B trauma activations, South Carolina		70/1,217 (5.8%)	45[¶]/70 (64.3%)	40/46 (87.0%)	10/27 (37.0%)
Schechter-Perkins (*24*), 2018	2016–2017; Retrospective	EMR prompt, opt-out screening	Urban safety net hospital ED, Boston Medical Center, Massachusetts	3,808/19,905 (19.1%)	504/3,808 (13.2%)	292/493 (59.2%)	102/292 (34.9%)	66/102 (64.7%)
Simoncini (*25*), 2019	2016–2017	Prospective screening of trauma patients with consent	Level 1 trauma center. Philadelphia, Pennsylvania	1,160/1,470 (78.9%)	162/1,160 (14.0%)	67/97 (69.1%)	46/67 (68.7%)	55/162 (34.0%)
Torian (*26*), 2018	2015; Cross-sectional blinded serosurvey	Excess blood tested for HCV	Large academic tertiary care hospital in poorest county urban county in United States, Bronx, New York	4,989/16,340 (30.5%)	372/4,989 (7.5%)	167/314 (53.2%)		
Ullo (*27*), 2019	2018; Retrospective	Screening initiative	Birth cohort patients with ED visits at urban tertiary care hospital in New Jersey	1,007/3023 (33.3%)	112/1,007 (11.1%)	28/38 (73.6%)		
White (*28*), 2016	2014–2015; Retrospective cohort	Timestamp analysis	Urban teaching hospital, Highland Hospital, Oakland, California	2,864/69,639 (4.1%)	272/2,864 (9.5%)			

White (*29*), 2018	2016–2017; Before-after comparative effectiveness cohort	Screening intervention, EMR prompt	Urban inner-city hospital with high number of low-income and minority patients, Highland Hospital, Oakland, California	2,968/20,975 (14.2%)	153/2,968 (5.2%)
				6,972/19,887 (35.1%)	525/6,972 (7.5%)

Abbreviations: anti-HCV = hepatitis C virus antibody; HCV = hepatitis C virus; RNA = ribonucleic acid; SVR = sustained virologic response; ED = emergency department; IDU = injection drug use; LTC = linkage to care; EMR = electronic medical record.

***** Partial overlap with Anderson 2016 (*13*) and Franco 2016 (*16*).

† 78.8% of tests among birth cohort patients.

§ 16 false-positives.

¶ True positives less 9 without confirmatory viral load.**SUPPLEMENTARY TABLE 8. Hepatitis C prevalence and linkagetocare, birth cohort**

Author, publication year	Years of study; design	Description	Setting	Anti-HCV tested	Anti-HCV positivity	RNA positivity	Follow-up appt. arranged	Attended follow-up appt.	Treated	Achieved SVR
Armstrong (*30*), 2019	2015–2017; Retrospective	Examining effects of e-clinical decision support tool	Urban health system Cook County Health, Illinois	15,630	844/15,630 (5.4%)	347/605 (57.4%)	198/347 (57.1%)		68	
Bakhai (*31*), 2019*	2015–2017; Prospective	Screening initiative	Academic internal medicine residency program, Buffalo, New York	391/1,291 (30.3%)	170/391 (43.5%)	162/170 (95.3%)	114/162 (70.4%)			
Bourgi (*32*), 2016	2014–2015; Retrospective cohort	EMR prompt	21 internal medicine clinics at large integrated health system, Henry Ford Health System, Southeast Michigan	8,657/40,561 (21.3%)	109/8,657 (1.3%)	65/69 (94.2%)		51	30 completed	
Brady (*33*), 2018	2012–2015; Retrospective	Birth-Cohort Evaluation to Advance Screening and Testing of Hepatitis C (BEST-C)	3 medical centers		130	75/118 (63.6%)		73/75 (97.3%)	21/73 (28.8%)	14/21 (66.7%)
Castrejon (*34*), 2017	Pre: 2014–2015; Post: 2015–2016; Interrupted time series	EMR prompt, care coordinator	Outpatient clinic within large, complex health system with broad catchment area in Southern California, University of California at Los Angeles		190/5,676 (3.3%)	40/73 (54.8%)		35/40 (87.5%)		
					240/13,930 (1.7%)	49/124 (39.5%)		46/49 (93.9%)		
Cole (*35*),	2013–2015;	Assessment	22 primary care	3,516/32,	565/3,516					

2019	Retrospective	of screening and prevalence	practices in Washington, Wyoming, Alaska, Montana, Idaho	139 (10.9%)	(16.1%)					
Cornett (*36*), 2018	2016; Retrospective cohort	Opt-out screening, EMR prompt	Large emergency department in tertiary care hospital serving socio-economically diverse patient population, Rutgers, New Jersey		192/2,928 (6.6%)	71/167 (42.5%)				
De la Torre (*37*), 2019	2016–2017; Retrospective	Screening initiative	Birth cohort and immigrants from countries with endemic HCV	10,726	855/10,726 (8.0%)	646[†]/855 (75.6%)	436		109[§]	
Deerin (*38*), 2018	2014; Pilot study	Surveillance	Washington, D.C.	196	58/196 (29.6%)	29/31 (93.5%)				
Federman (*39*), 2017	2013–2014; Cluster randomized controlled trial	EMR prompt and provider training	Academically-affiliated primary care practices of Mount Sinai Healthcare in NYC and Long Island	2,995/14,825 (20.2%)	27/8,713 (0.3%)					
				198/10,795 (1.8%)	6/5,438 (0.1%)					
Fitch (*40*), 2017	2014–2015; Data reported in a letter to the editor	Screening reminder, EMR prompt	2 hospital-based primary care clinics at Wake Forest, North Carolina	854/4,355 (19.6%)	59/480 (12.3%)					
				1,220/4,994 (24.4%)						
				1,700/5,578 (30.5%)	218/1,220 (17.9%)					
Geboy (*41*), 2019	2015–2016; Prospective	Clinical decision support prompt	Largest distributed care delivery network in Maryland and	9,304/80,556 (11.6%)	353/9,304 (3.8%)	186/311 (59.8%)	161/186 (86.6%)	123/161 (76.4%)	48/123 (39.0%)	42/48 (87.5%)

			Washington, D.C. region, MedStar Health							
Goel (*42*), 2017	2013–2015; Prospective, stepwise, interventional	HCV screening and LTC initiative, EMR prompt, provider training, data feedback, patient navigator	Two primary care practices affiliated with tertiary care hospital and liver transplant center, Mount Sinai Hospital, New York City	4,419/14,642[¶] (30.2%)	147/4,419 (3.3%)	84/134 (62.7%)		60/84 (71.4%)	32/60 (53.3%) initiated; 6 completed	6/6 (100.0%)
Golden (*43*), 2017	2011–2015; Time series	EMR orders	3 primary care clinic serving low-income patients, Harborview Medical Center, Seattle, Washington	681/3,773 (18.0%)	135/681 (19.8%)	97/134 (72.4%)				
				1,185/3,336 (35.5%)	123/1,185 (10.4%)	85/122 (69.7%)				
Hossain (*44*), 2017**	2013–2015; Cross-sectional	Screening intervention	Outpatient gastroenterology and hepatology clinics, Brooklyn Methodist Hospital, Brooklyn, New York	245/423 (57.9%)	5/245 (2.0%)	2/5 (40.0%)				
Isho (*45*), 2017	Pilot	Screening and education intervention	Community pharmacy with large urban health center, University of Illinois Hospital and Health Sciences System, Chicago, Illinois	16/50 (32.0%)	0/16 (0.0%)					
Jain (*46*), 2019[††]	2013–2017; Retrospective	Screening intervention	Safety net hospital, Parkland Health System, Dallas,	9,354/62,331 (15.0%)	1,542/9,354 (16.5%)	723/968 (74.7%)	373/723 (51.6%)[§§]			

			Texas							
Jonas (*47*), 2016	2014–2015; Prospective	Screening and LTC initiative, EMR prompt, care coordinator	Kaiser Permanente Mid-Atlantic States (Maryland, Virginia, and DC)		365/11,200 (3.3%)	277/365 (75.9%)				
Kim (*48*), 2019	2014–2017; Retrospective	Examining cascade of care	Primary care clinics in San Francisco, California	33,213/34,810 (95.4%)	4,587/33,213 (13.8%)	2,827/4,587 (61.6%)¶¶				634/900 (90.6%)
Konerman (*49*), 2017	Interrupted time series	EMR prompt	13 primary care clinic locations within 30mile radius of Ann Arbor, Michigan	1,705/22,488 (7.6%)	36/1,705 (2.1%)	23/31 (74.2%)				
				19,847/27,789 (71.4%)	178/19,847 (0.9%)	56***/168 (33.3%)	53/53 (100.0%)	46/53 (86.8%)	20/36 initiated; 9 completed	9
Laufer (*50*), 2015	2011–2014; Retrospective case control	Quality improvement initiative, screening intervention	Military retirees presenting to internal medicine clinic		5/221 (2.3%)	4/5 (80.0%)				
					10/478 (2.1%)	2/10 (20.0%)				
MacLean (*51*), 2018	2013–2016; Retrospective cohort	EMR prompt	Primary care at academic medical center serving urban and rural population, University of Vermont Medical Center	9,302/25,071 (37.1%)	319/9,302 (3.4%)			164/182 (90.1%)		
Madhani (*52*), 2017	2013–2016; Retrospective chart review	Screening intervention, conferences, reminders, posters	Primary care at academic continuity practice, Waterbury, Connecticut	13/200 (6.5%)	0/13 (0.0%)					
				13/100 (13.0%)	1/13 (7.7%)					
Rowan (*53*), 2019†††	2013–2014; Prospective	Screening initiative	2 urban community health centers near Denver, Colorado	3,126/3,940 (79.3%)	329/3,126 (10.5%)	289/421 (68.6%)	137/289 (47.4%)		80	65/80 (81.2%)§§§

Sears (*54*), 2013	2010–2011; Feasibility pilot study		Patients with and without risk factors scheduled for an outpatient colonoscopy with Scott & White Healthcare in Temple, Texas	346/483 (71.6%)	4/346 (1.2%)	1/4 (25.0%)	1/1 (100.0%)	
Shahnazarian (*55*), 2015[¶¶]	2013–2015; Retrospective	EMR prompt	New York Methodist Hospital primary care and outpatient clinics and inpatients, Brooklyn, New York	9,551/15,965 (59.8%)	335/9,551 (3.5%)			
Sidlow (*56*), 2015	2014; Retrospective cohort	EMR prompt	Primary care clinics of North Bronx Healthcare Network	851/7,764 (11.0%)	21/851 (2.5%)			
				3,012/6,577 (45.8%)	26/3,012 (0.9%)			
Turner (*57*), 2015	2012–2014; Prospective cohort	Promotora (community health worker) assist with LTC	Inpatients at hospital serving high indigent and Hispanic population, University Hospital in San Antonio	4,582/5,087 (90.1%)	316/4,582 (6.9%)	175/287 (61.0%)	65/175 (37.1%)	14/65 (21.5%)
Yartel (*58*), 2018	2012–2014; Three randomized controlled trials	Trial 1) Repeated mailings, outreach	Primary care clinics part of academic medical centers: Trial 1) Henry Ford, Michigan [9 clinics]	805/2,993 (26.9%)	8/805 (1.0%)			
				84/5,999 (1.4%)	2/84 (2.4%)			
		Trial 2) EMR prompt	Trial 2) Mt. Sinai, New York [10 clinics]	757/8,928 (30.9%)	27/2,757 (1.0%)			
				197/5,54	6/197			

				7 (3.6%)	(3.0%)		
		Trial 3) Direct patient solicitation	Trial 3) University of Alabama, Birmingham, Alabama [4 clinics])	2,763/4,307 (63.5%)	34/2,736 (1.2%)		
				92/4,566 (2.0%)	5/92 (5.4%)		
Yeboah-Korang (*59*), 2018	2010–2015; Retrospective	Medical record review	North Shore University Health System, Illinois	11,976/106,753 (11.2%)	670/11,976 (5.6%)		
Younossi (*60*), 2016	2014–2015; Prospective	Pilot screening program	Five gastroenterology centers close to large metropolitan areas on East Coast		10/2,000 (0.5%)	4/9 (44.4%)	4/4 (100.0%)

Abbreviations: anti-HCV = hepatitis C virus antibody; HCV = hepatitis C virus; RNA = ribonucleic acid; SVR = sustained virologic response; EMR = electronic medical record; LTC = linkage to care.

* Numbers did not reconcile.

† Not RNA-negative or expired.

§ Of those linked.

¶ Of 14,642, 5,541 previously screened and therefore 9,101 eligible.

** Extended birth cohort members, age 40-75 years.

†† Pre- and post- combined.

§§ Not defined.

¶¶ Among anti-HCV positives; 1,484 had RNA testing without anti-HCV testing.

*** 3 not confirmed on subsequent testing.

††† Includes 92 persons not tested but self-reporting anti-HCV positivity.

§§§ 15 without SVR includes 13 followed for less than 12 weeks and 2 who did not return for testing.

¶¶¶ From supplement.**SUPPLEMENTARY TABLE 9. Hepatitis C prevalence and linkagetocare, others/multiple**

Author, publication year	Years of study; design	Description	Setting	Anti-HCV tested	Anti-HCV positivity	RNA positivity	Follow-up appt. arranged	Attended follow-up appt.	Treated	Achieved SVR
Arnold (*61*), 2018	Prospective	Mixed-methods	African American adults with serious mental illness, Mid-Atlantic	/170	31/170 (18.2%)		24		18/24 (75.0%)	
Burrell (*62*), 2018	2017–2018; Retrospective	EMR protocol	Persons at risk for HCV in urgent care settings, Appalachia	1,895/6,509 (29.1%)	31/1,895 (1.6%)		100.0%			
Calner (*63*), 2019	2016–2018; Observational cohort	Screening and treatment initiative	Potentially atrisk persons at safety net, urban, academic facility, Boston Medical Center	28,435/1,150,000 (2.5%)	3,047/28,435 (10.7%)	1,637/2,991 (54.7%)		582	275 initiated; 199 completed	147/199 (73.9%)
Campbell (*64*), 2018	2015–2016; Prospective pilot study	Screening offered during outpatient endoscopy	Patients with risk factors presenting for outpatient endoscopy at an urban safety net hospital, Highland Hospital, Oakland California	318/596 (53.4%)	14/318 (4.4%)	6/11 (54.5%)		6/6 (100%)		
Coyle (*65*), 2019	2012–2016; Retrospective	Testing and LTC initiative	Others at potential risk at 5 federally-qualified health centers, Philadelphia, Pennsylvania	14,790 / 25,853 (57.2%)	1,323/14,790 (8.9%)	885/1,272 (69.6%)	732/885 (82.7%)	614/732 (83.9%)	133/614 (21.7%) initiated;106 /614 (17.3%) completed	71/106 (67.0%)*

De la Torre (*66*), 2017	2016; Descriptive	Audio Computer-assisted screening interview (Audio-CASI) Risk assessment kiosk, patient navigator, and EMR prompt	Academic charity care internal medicine clinic and urban federally-qualified health center (FQHC)	254/1,932 (13.2%)	24/254 (9.4%)	16/24 (66.7%)				
					671/8,481 (7.9%)	221/269 (82.2%)				
Duinnick (*67*), 2019	2012–2016; Retrospective	EMR review	Patients diagnosed with hepatocellular carcinoma at Grady Memorial Hospital, Atlanta, Georgia		102/134 (76.1%)					
Falade-Nwulia (*68*), 2016	2014; Prospective	Promotional fliers	Six senior centers, Baltimore, Maryland		14/149 (9.4%)	12/14 (85.7%)	3/12 (25.0%)			
Fill (*69*), 2018	2016; Prospective and nested case-control	Routine opt-out and opt-in HCV testing	Health department screening program in STI, family planning clinics, and addiction treatment facilities, Eastern Tennessee		397/4,753 (8.4%)	294/397 (74.1%)				
Ford (*70*), 2018	2012–2013; Prospective	Check HepC Program, screening and LTC initiative, targeted outreach and patient navigators	12 federally-qualified health centers, SEPs, New York City		880/4,751 (18.5%)	512/678 (75.5%)		435/512 (85.0%)	14 initiated; 6 completed	6/6 (100.0%)

Gade (*71*), 2018	Retrospective observational		Adults with congenital heart disease who underwent cardiac surgery before 1992, Greenville Hospital System, Greenville, South Carolina	116/188 (61.7%)	12/116 (10.3%)	11/12 (91.7%)	11/11 (100.0%)	11/11 (100.0%)	5/11 (45.5%)	5/5 (100.0%)
Irvin (*72*), 2016	2014–2015; Cross-sectional	Community-academic partnership to promote testing	Testing efforts were pursued through advertising at community block parties, intersections frequented by PWID, shelters, etc. at 35 locations in Baltimore City		49/325 (15.1%)					
Lier (*73*), 2019[†]	2016–2018; Retrospective	Determining HCV prevalence	Birth cohort and IDU at suburban medical center		1,017/27,119 (3.8%)	437/929 (47.0%)	153		53	
McClure (*74*), 2019[§]	2011–2015; Retrospective	Examining the relationship between illicit drug use and HCV	Others at risk (Note: lab results from people with both urine screen and HCV results)		4,628/18,410 (25.1%)					
Mera (*75*), 2016	2012–2015	EMR prompt, provider training, ECHO clinics, registry, outreach	Cherokee Nation Health Services	16,772/92,012 (18.2%)	715/16,772 (4.3%)	388/488 (79.5%)			223/388 (57.5%) initiated;201/388 (51.8%) completed	180/201 (89.6%)
Morano (*76*), 2014	2012–2013;	Mobile medical clinic	Mobile medical clinic clients in poor city, New Haven,	438/1,345 (32.6%)	27/438 (6.2%)	27/27 (100.0%)		9/17 (52.9%)		

			Connecticut						
Morse (*77*), 2017	2012–2014; Prospective	Collaborative community post-incarceration program	Women recently released from incarceration	60/87 (69.0%)	12/60 (20.0%)				
Patil (*78*), 2016	2014–2015; Numbers reported via journal commentary	Screening initiative	94 local health units targeting IDUs and birth cohort patients in Arkansas		325/3,544 (9.2%)				
Ramirez (*79*), 2016[¶]	2012–2014; Retrospective	HepTLC initiative	At-risk population, 206 testing sites in 17 states		7,580/57,570 (13.2%)	3,449/4,765 (72.4%)	2,624/3,449 (76.1%)	1,509/2,624 (57.5%)	
Robinson (*80*), 2018**	2014–2015; Retrospective	Evaluation for patients with cirrhosis	Patients with cirrhosis at an urban safety net hospital, California		47/157 (29.9%)				
Takeuchi (*81*), 2015	2010–2013; Retrospective	Screening those with risk factors	Hawaii's health department; community health sites		508/8,588 (5.9%)				
Trooskin (*82*), 2015	2012–2014; Prospective	Screening and LTC initiative, patient navigators	Mobile medical unit, Philadelphia, Pennsylvania		52[††]/1,301 (4.0%)	36/42 (85.7%)	23/36 (63.9%)	21/23 (91.3%)	12
Zaller (*83*), 2016	2010–2014; Pilot study	Screening and LTC initiative	Persons on probation or parole, Providence and Pawtucket, Rhode Island		12/130 (9.2%)	2/4 (50.0%)	2/2 (100.0%)	0/2 (0.0%)	

Abbreviations: anti-HCV = hepatitis C virus antibody; HCV = hepatitis C virus; RNA = ribonucleic acid; SVR = sustained virologic response; EMR = electronic medical record; STI = sexually transmitted infection; SEP = syringe exchange program; IDU = injection drug use; ECHO = Extension for Community Healthcare Outcomes; HepTLC = Hepatitis Testing and Linkage to Care initiative.

* 77 assessed for SVR.

† LTC definition not provided.

§ Results include persons with urine screen.

¶ An additional 7,146 RNA tests conducted without prior anti-HCV testing.
** 47 with chronic HCV infection.

†† 4 persons previously engaged in care.**SUPPLEMENTARY TABLE 10. Hepatitis C prevalence and linkagetocare, persons who use drugs**

Author, publication year	Years of study; design	Description	Setting	Anti-HCV tested	Anti-HCV positivity	RNA positivity	Follow-up appt. arranged	Attended follow-up appt.	Treated	Achieved SVR
Aronson (*84*), 2017	2016; Feasibility pilot study	Tablet computer based educational intervention	SEP clients, Bronx, New York	10/10 (100.0%)	2/10 (20.0%)					
Burton (*85*), 2019	2014–2018; Retrospective	Screening intervention	G.V. (Sonny) Montgomery Veteran's Administration residential substance use disorder treatment center, Southeastern United States	582/597 (97.5%)	74/582 (12.7%)	74/74 (100.0%)	74/74 (100.0%)		51/67 (76.1%) initiated	41/51 (80.4%)
Des Jarlais (*86*), 2018	2011–2015; Cross-sectional	Geographic hotspot identification	NYC drug detoxification and methadone maintenance programs, Mount Sinai, Beth Israel		493/910 (54.2%)					
Des Jarlais (*87*), 2019	2016–2018; Prospective	Examining outcomes among PWID in drug treatment	Drug treatment programs at Mount Sinai Beth Israel, New York City	134	79/134 (59.0%)					
Jordan (*88*), 2015	2010–2013; Cross-sectional	Survey	Detoxification program or MMT program, New York City		536/826 (64.9%)					
Neaigus (*89*), 2017	2012; Cross-sectional		National HIV Behavioral Surveillance System, New York City	483/525 (92.0%)	324/483 (67.1%)					
Quinn (*90*), 2019	2014–2016	Risk knowledge scale	Young opioid users in New York City		105/539 (19.5%)					

Stockman (*91*), 2014	2012–2013; Pilot study	Rapid point-of-care screening initiative	4 community-based organizations for PWUD in Wisconsin		246/1,255 (19.6%)	128/183 (69.9%)
Talal (*92*), 2017	2012–2013; Prospective	Assess HCV core antigen	Opioid agonist therapy program, West Harlem, New York		65/109 (59.6%)	48*/65 (73.8%)
Tsui (*93*), 2019	2015; Cross-sectional		National HIV Behavior Surveillance System, Seattle metropolitan area	513/535 (95.9%)	338/513 (65.9%)	
Zibbell (*94*), 2014	2012; Cross-sectional	Screening initiative	PWID recruited from a community-based AIDS organization, residing in Cortland County (rural), New York	100/123 (81.3%)	34/100 (34%)	

Abbreviations: anti-HCV = hepatitis C virus antibody; HCV = hepatitis C virus; RNA = ribonucleic acid; SVR = sustained virologic response; SEP = syringe exchange program; PWID = persons who inject drugs; MMT = methadone maintenance treatment; PWUD = persons who use drugs.

* 1 with negative anti-HCV.**SUPPLEMENTARY TABLE 11. Hepatitis C prevalence and linkagetocare, persons with HIV or sexual risk**

Author, publication year	Years of study; design	Description	Setting	Anti-HCV tested	Anti-HCV positivity	RNA positivity	Follow-up appt. arranged	Attended follow-up appt.	Treated	Achieved SVR
Falade-Nwulia (*95*), 2016	2013–2014; Cross-sectional	Care coordinator	2 STI clinics, Baltimore City Health Department	2,681/6,290 (42.6%)	189/2,681 (7.0%)	155/185 (83.8%)	132/155 (85.2%)	81/132 (61.4%)		
Feldman (*96*), 2017	2014–2015; Cross-sectional	Free screening	Community health center, STI clinic Miami, Florida		21*/357 (5.9%)					
Jewett (*97*), 2013	2012; Cross-sectional	Staff training	STI and HIV testing facility, Denver Metro Health Clinic	876/926 (94.6%)	33/876 (3.8%)	21/32 (65.6%)				
Kalichman (*98*), 2015	2012–2014; Cross-sectional	Screened as part of study	Receiving ART in Atlanta, Georgia		131/678 (19.3%)					
Moss (*99*), 2014	2011–2012; Retrospective	No-cost, opt-in testing	AIDS community-based organization catering to minority MSM, Miami, Florida	326/2,988 (10.9%)	4/326 (1.2%)					
Radwan (*100*), 2019†	2014–2015; Retrospective cohort study	HIV infected patients screened for HCV	12 sites of HIV research network (3 regions of U.S.)	22,632/29,071 (77.9%)	7,447/22,632 (32.9%)	4,305/7,047 (61.1%)			387	277/291§ (95.2%)
Raymond (*101*), 2012	2011; Cross-sectional		National HIV Behavioral Surveillance System, San Francisco, California		21/466 (4.5%)					
Tieu (*102*), 2018	2010–2013; Cross-sectional		MSM residing in New York City		29/1,028 (2.8%)	12/29 (41.4%)				

Abbreviations: anti-HCV = hepatitis C virus antibody; HCV = hepatitis C virus; RNA = ribonucleic acid; SVR = sustained virologic response; STI = sexuallytransmitted infection; ART = antiretroviral therapy; MSM = men who have sex with men.

* Confirmed by RNA testing.

† 2,179 at sites with prescription data.

§ Tested for SVR.**SUPPLEMENTARY TABLE 12. Hepatitis C prevalence and linkagetocare, immigrants**

Author, publication year	Years of study; design	Description	Setting	Anti-HCV tested	Anti-HCV positivity	RNA positivity	Follow-up appt. arranged	Attended follow-up appt.	Treated	Achieved SVR
Ma (*103*), 2015	2010–2011; Prospective	HCV educational program	7 Vietnamese community organizations, Pennsylvania and New Jersey	255/309 (82.5%)	19/255 (7.5%)					
Saab (*104*), 2018	Cross-sectional	Screening opportunity	7 houses of worship with large numbers of Egyptian immigrants in Southern California		11/326 (3.4%)	9/11 (81.8%)				
Strong (*105*), 2015	2011; Cross-sectional	Free testing was offered	Vietnamese health fair in the Baltimore-Washington metropolitan area		29/617 (4.7%)					

Abbreviations: anti-HCV = hepatitis C virus antibody; HCV = hepatitis C virus; RNA = ribonucleic acid; SVR = sustained virologic response.**SUPPLEMENTARY TABLE 13**. **Hepatitis C prevalence among pregnant women**

Author, publication year	Years of study; design	Description	Setting	Anti-HCV tested	AntiHCV positivity	RNA positivity
Bell (*106*), 2019	2013–2018; Retrospective cohort	Analysis of infants with neonatal abstinence syndrome	Tertiary care center in Southern Maine	536/769 (69.7%)	257/536 (48.0%)	
Berkley (*107*), 2008	2000–2006; Retrospective	Comparison of HCV-infected and uninfected pregnancies	Hospital drug dependence and treatment program, Milagro Clinic, University of New Mexico	300/351 (85.5%)	159/300 (53.0%)	16/26 (61.5%)
Boudova (*108*), 2018	2016; Retrospective	Secondary data analysis using EMR	University of Maryland Medical Center, Baltimore	100/1,426 (7.0%)	10/100 (10.0%)	
Brogly (*109*), 2018	2015–2016; Prospective cohort	Project RESPECT (Recovery-Empowerment-Social Services-Prenatal Care-Education-Community-Treatment)	Obstetrics addiction recovery clinic at urban safety net hospital, Boston, Massachusetts		80/113 (70.8%)	
Chappell (*110*), 2018	2006–2014; Retrospective cohort	Infant records linked to HCVinfected mothers, billing codes	Large tertiary care referral hospital, Magee Women's Hospital, University of Pittsburgh Medical Center		1,043/87,924 (1.2%)	
Ellington (*111*), 2015	2002–2010; Data analysis	Hospital discharge data	Nationwide Inpatient Sample (HCUP)		70,367/41,479,358* (0.2%)	
Epstein (*112*), 2018	2006–2015; Cohort	Project RESPECT (Recovery-Empowerment-Social Services-Prenatal Care-Education-Community-Treatment)	Women with diagnosis of opioid use disorder, Boston Medical Center, Boston, Massachusetts	744/879 (84.6%)	510/744 (68.6%)	261/369 (70.7%)
Gowda (*113*), 2018†	2012–2015; Data analysis	Surveillance and birth certificate data match	Ohio		2,151/140,127 (1.5%)	
Jessop (*114*), 2005	2000–2001; Chart abstraction	Chart abstraction	Probability sample of Philadelphia births	27/550 (4.9%)	3/27 (11.1%)	
Ko (*115*), 2019	2000–2015; Data analysis	Delivery hospitalizations	Nationwide Inpatient Sample (HCUP)		11,615/2,860,110 (0.4%)	
Koneru (*116*), 2016	2011–2014; Data analysis	Birth certificate data	Kentucky and United States		KY: 1.6% US: 0.3%	

Krans (*117*), 2016	2009–2012; Retrospective cohort	EMR data abstraction	Women on opioid maintenance therapy, large tertiary care referral hospital in metropolitan area, Magee Women's Hospital, University of Pittsburgh Medical Center	611[§]/791 (77.2%)	369/611 (60.4%)	
Kuncio (*118*), 2016	2011–2013; Data analysis	Surveillance and birth certificate data match	Philadelphia residents		568/55,623 (1.0%)	
Lazenby (*119*), 2019	2013–2016; Retrospective	Chart review	Academic obstetric clinic, Medical University of South Carolina	123/16,918 (0.7%)	38/123 (30.9%)	
Ly (*120*), 2017	2011–2014; Data analysis	Quest Diagnostics Health Trends national database	Nationwide laboratory data		4,232/581,255 (0.7%)	
McDowell (*121*), 2019	2015–2018; Retrospective cohort	Study of women with antenatal exposure to buprenorphine	Maternal opioid use disorder recovery program, Indiana University School of Medicine		103[¶]/266 (38.7%)	
Nolen (*122*), 2019	2013–2016; Retrospective analysis	EMR data abstraction	Obstetrics clinic and Alaska Native Tribal Health System referral hospital, Alaska	1,356/2,856 (47.5%)	62/1,356 (4.6%)	38/62 (61.3%)
Nolen (*123*), 2019	2003–2015; Data analysis	Birth certificate and Indian Health Service data	American Indian and Alaska native women		AI/AN: 398/33,434 (1.19%) NonAI/AN: 11,660/3,266,257 (0.36%) IHS: 216/23,374 (0.92%)	
Page (*124*), 2017	Secondary analysis of laboratory results	Two prospective cohort studies	Prenatal clinic for women with substance use, Milagro Clinic, University of New Mexico	178/190 (93.7%)	95/178 (53.3%)	71/92 (77.2%)
Patrick (*125*), 2017	2009–2014; Data analysis	Birth certificate data	Tennessee and United States		TN: 10.1 per 1,000 live births US: 3.4 per 1,000 live births	
Salemi (*126*), 2017	1998–2011; Retrospective, cross-sectional	Delivery hospitalization	Nationwide Inpatient Sample (HCUP)		62,629/52,807,699 (0.1%)	

	analysis				
Salihu (*127*), 2012	1998–2007; Population-based retrospective cohort	Surveillance-hospital discharge data linked to birth records	All Florida singleton live births		1,023/1,700,734 (0.1%)
Schillie (*128*), 2018	2011–2016; Data analysis	Birth certificate and commercial laboratory data	United States	13.4%	14,417/3,823,723 (0.38%)
Snodgrass (*129*), 2018	2015; Surveillance and birth certificate data match	Surveillance and birth certificate data match	Oregon		294/44,712 (0.7%)
Waruingi (*130*), 2015	2012; Prospective observational study	Comparison of risk-based vs. universal screening	Metro Health Medical Center, Case Western Reserve University; Cleveland, Ohio	220/419 (47.7%)	7/220 (3.2%)
Watts (*131*), 2017	2011–2015; Data analysis	Surveillance data linked to Medicaid data	Wisconsin Medicaid recipients		608/146,267 (0.4%)

Abbreviations: anti-HCV = hepatitis C virus antibody; HCV = hepatitis C virus; RNA = ribonucleic acid; EMR = electronic medical records; HCUP = healthcare cost and utilization project; AI/AN = American Indian/Alaska Native; HIS = Indian Health Service.

* Number of hospital admissions

† RNA positivity reported in study but not included as surveillance data may under-represent RNA negative results.

§ HCV screening defined as documentation of anti-HCV test or prior discussion regarding known HCV diagnosis.

¶ All with HCV RNA positivity.References

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