### DECISION MAKING IN HCV

#### Clinical Indicators
- Abnormal liver enzymes (males, ALT ≥ 30 U/L; females, ALT ≥ 19 U/L)
- Jaundice

#### Presence of Risk Factors
- Injecting drug use (current/ever)
- Sharing of snorting equipment
- Born between 1945-1975
- Birth in high prevalence country
- Blood transfusions and blood products before 1992 in Canada
- Unsterile tattooing/body piercing
- Unsterile medical/dental procedures/blood transfusions in high prevalence countries
- Time in prison
- Needlestick injury
- Mother to child transmission
- Sexual transmission in men who have sex with men (MSM)
- Sexual transmission in those who are HIV positive
- Receiving hemodialysis

#### Other
- When someone requests a test
- Initiating PrEP

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#### WHEN TO TEST

**Before testing for HCV, discuss:**
- Reason for test, why is it important
- What a positive antibody means
- Next steps if antibody positive
- Availability of curative treatment

#### TEST/S, RESULTS AND ACTIONS

**Order HCV Antibody (Ab)**

<table>
<thead>
<tr>
<th>HCV Ab negative</th>
<th>HCV Ab positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does <strong>NOT</strong> have HCV</td>
<td>Order HCV RNA</td>
</tr>
<tr>
<td>NO action</td>
<td>HCV RNA negative</td>
</tr>
<tr>
<td>However if possible recent infection re-test or if ongoing risk factors repeat screening every 6 months</td>
<td>Has <strong>CLEARED</strong> HCV</td>
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<td>RE-TEST if:</td>
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<td></td>
<td>• Possible recent infection</td>
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<td></td>
<td>• Ongoing risk factors (repeat every 6 months)</td>
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<td>Has <strong>ACTIVE</strong> HCV</td>
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<td></td>
<td>Further ASSESSMENT and TREATMENT (see next page)</td>
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</tbody>
</table>

**When conveying a NEGATIVE result, discuss:**
- Modes of transmission and risk reduction

**When conveying a POSITIVE result, discuss:**
- Modes of transmission and risk reduction
- Life style factors e.g. alcohol minimisation, diet
- Availability of curative treatment
- Availability of peer support services, information and support services

This resource was created by the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine and has been updated for Canada by the International Network on Hepatitis in Substance Users, CanHepC, CATIE, and the University Health Network.

www.ashm.org.au
### PRE-TREATMENT ASSESSMENT

- **Check HCV genotype and baseline screening**
  - HCV genotype*
  - Complete Blood Count (CBC)
  - Urea, electrolytes, creatinine
  - Liver enzymes and liver function tests

- **Assess liver fibrosis: cirrhotic status**
  - Signs of chronic liver disease (spider naevi, palmar erythema, jaundice, asterixis, hepatomegaly, splenomegaly, ascites, peripheral edema)
  - Non-invasive assessment of fibrosis: *Serum biomarkers such as APRI (1.0 or less cirrhosis unlikely)
  - FIB-4 (1.45 or less cirrhosis unlikely)
  - FibroScan assessment if available (>12.5 kPa consistent with cirrhosis)
  - Ultrasound assessment if available

- **Check for other causes of liver disease**
  - Check for viral coinfection: HIV Ab
  - Hepatitis A – check hep A IgG; vaccinate if non-immune
  - Hepatitis B – check HBsAg, anti-HBc and anti-HBs; vaccinate if non-immune

- **Check for other major co-morbidities**
  - Renal disease

- **Review previous HCV treatment**
  - Choice/length of treatment may be influenced by prior HCV treatment experience/response

- **Consider contraception, pregnancy**
  - DAAs are not recommended for use in pregnant or lactating women

*May be needed for genotype specific regimens. Genotype may also be required for provincial drug access.

### TREATMENT

- **Treatment**
  - Select treatment regimen:
    - Refer to HCV Treatment Quick Reference Tool
    - Check for drug-drug interactions with other medications at [www.hep-druginteractions.org](http://www.hep-druginteractions.org)
    - Complete drug coverage forms (where applicable)

### MONITORING

- **Monitoring while on treatment**
  - Side effects of DAAs are minimal
  - Monitoring while on treatment generally not required but approach should be individualised
  - Refer to HCV Treatment Quick Reference Tool

### FOLLOW-UP

- **If your patient has no cirrhosis and normal liver enzymes results**
  - (males, ALT < 30 U/L; females, ALT < 19 U/L)
  - ALT = alanine aminotransferase
  - No clinical follow-up for HCV required

- **If your patient has ongoing risk factors**
  - Annual HCV RNA test to check for reinfection or more frequently in high risk populations.
  - Offer harm reduction strategies

### DECISION MAKING IN HCV

Refer to a specialist if:
- Cirrhosis is present or likely - APRI >1, FIB-4 >1.45 and FibroScan score not available; or FibroScan >12.5kPa
- Coinfected with HIV or HBV
- Renal impairment (eGFR < 30)
- Major adverse events
- Treatment failure of DAAs
- Complex drug interactions
- Not comfortable prescribing HCV treatment
- Persistently abnormal liver enzymes
- If RNA positive 12 weeks post treatment

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For more information: [www.inhsu.org/education-program](http://www.inhsu.org/education-program)