

ashm DECISION MAKING IN HEPATITIS C



1 When To Test

2 Test/s, Results and Actions

Clinical Indicators

- Abnormal liver function tests (LFTs) (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 in high prevalence region^
- Blood transfusion before September 1991 or a blood product (such as clotting factor) before 1986 in the UK
- Recipient of organ or tissue transplants before 1992 in the UK
- 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

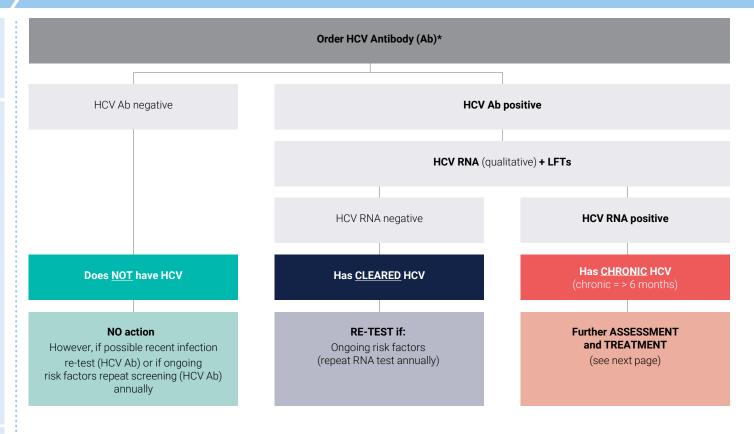
^Africa, the Middle East (in particular Egypt), the Mediterranean, Eastern Europe, and South Asia

Other

- Initiating PrEP
- When someone requests a test

When gaining informed consent before testing, discuss:

- · Reason for test
- Availability of curative treatment



When conveying a negative result, discuss:

Modes of transmission and risk reduction

When conveying a positive result, discuss:

- Modes of transmission and risk reduction
- Availability of curative treatment
- Lifestyle factors e.g. alcohol minimisation, diet
- Availability of peer support services, information and support services





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3 Pre-Treatment Assessment

Baseline screening after positive HCV PCR

- ☐ Full Blood Count
- ☐ Urea, electrolytes, creatinine
- ☐ LFTs (including AST) and INR

Assess liver fibrosis: cirrhotic status

- ☐ Signs of chronic liver disease (spider naevi, palmar erythema, jaundice, encephalopathy, hepatomegaly, splenomegaly, ascites, peripheral oedema)
- □ Non-invasive assessment of fibrosis: <a>Ω
- Serum biomarkers such as APRI (<1.0 means cirrhosis unlikely). Calculator available www.hepatitisc.uw.edu/page/clinicalcalculators/apri
- Elastography assessment e.g. Fibroscan® (>12.5 kPa consistent with cirrhosis)

Check for other causes of liver disease

- ☐ Check for viral coinfection: <a>Q
- HIV Ab
- Hepatitis A check hep A IgG; vaccinate if negative
- Hepatitis B check HBsAq, anti-HBc and anti-HBs; vaccinate if all negative
- ☐ Heavy alcohol intake
- ☐ Fatty liver disease check weight, BMI

Check for other major co-morbidities

☐ Renal impairment (eGFR < 50)



Review previous HCV treatment

· Choice/length of treatment may be influenced by prior HCV treatment experience/response (Q

Consider pregnancy and contraception

 HCV treatment not recommended for use in pregnant or lactating women

4 Treatment

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to a specialist#

Is your patient likely to have cirrhosis?

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Discuss with or refer	

Has your patient received previous treatment for HCV?

□ Yes

П No

Discuss with or refer to a specialist#

Click HERE to view treatment recommendations for England

□ No

- Click HERE to view treatment recommendations for Scotland
- Click HERE to view treatment recommendations for Wales
- Click HERE to view treatment recommendations for Northern Ireland (NHS Scotland)
- ☐ Check for drug-drug interactions at www.hep-druginteractions.org

Additional information can be found at:

- Hepatitis C in the UK 2020
- Northern Ireland Hepatitis C Elimination Plan: phase 1 2021-2025

#All patients with cirrhosis or prior HCV treatment experience should be reviewed by someone experienced in hepatitis C treatment. If cirrhosis is suspected (APRI ≥ 1.0 or elastography > 12.5 kPa). further evaluation is required before commencing treatment.

5 Monitoring

Monitoring while on treatment

- Generally not required but approach should be individualised
- Side effects of HCV treatment are generally minimal

12 weeks post treatment

- ☐ HCV RNA to confirm cure (sustained virological response SVR12 = cure)
- □ LFTs

6 Follow Up

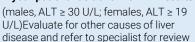
If your patient has no cirrhosis and normal LFT results (males, ALT< 30 U/L; females. ALT < 19 U/L) ALT = alanine aminotransferase

No clinical follow-up for HCV required

If your patient has ongoing risk factors

Annual HCV RNA test. If re-infected offer re-treatment and harm reduction strategies

If your patient has abnormal LFT results 🗵



If your patient has cirrhosis



Refer to specialist. Patients with cirrhosis require long-term monitoring:

- 6-monthly abdominal ultrasound (hepatocellular carcinoma screening)
- Consideration of screening for oesophageal varices
- Osteoporosis: 2-yearly DEXA scans and monitor serum vitamin D



CONSULT WITH A SPECIALIST IF: Pre-treatment

During treatment

Post treatment

Disclaimer: Guidance provided on this resource is based on guidelines and best-practices at the time of publication. This guick-reference guide is not intended to be a comprehensive list of all available options.