



1 When To Test

2 Test/s, Results and Actions

Clinical Indicators

- Abnormal liver function tests (LFTs) (ALT ≥ 45 IU/L)
- Jaundice

Presence of Risk Factors

- Injecting drug use (current/ever)
- Sharing of drug use equipment
- Born in high prevalence region[^]
- Receiving treatment for bilharziasis by tatar emetic injections from 1950s to 1980s in Egypt
- 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

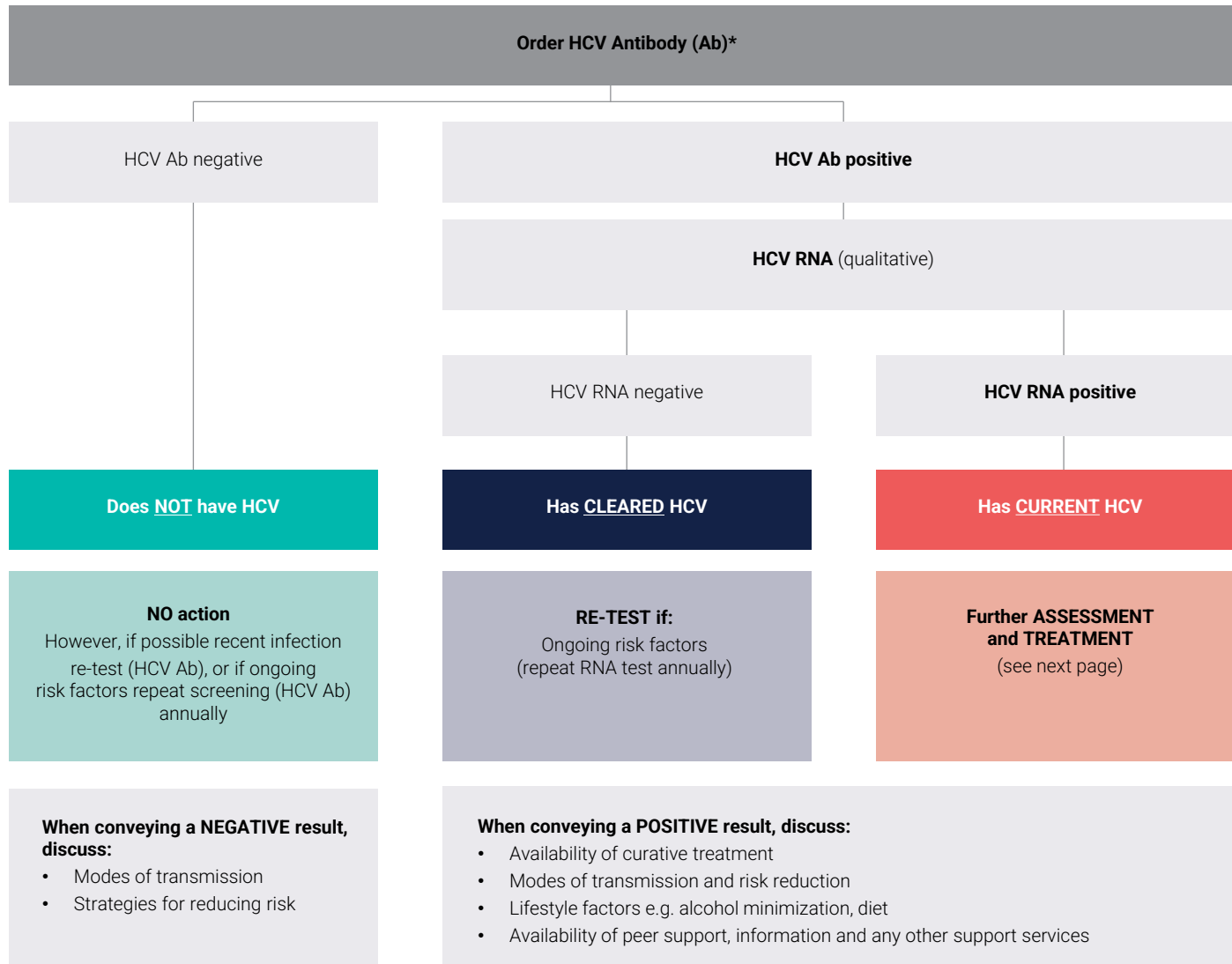
- Receiving hemodialysis
- [^]Africa, the Middle East, the Mediterranean, Eastern Europe, and South Asia

Other

- Screening before undergoing surgery
- Screening before employment
- Screening before travelling abroad
- Initiating PrEP
- When someone requests a test

When gaining informed consent before testing, discuss:

- Reason for test
- What a positive antibody result means
- Next steps if antibody positive
- Availability of curative treatment



When conveying a NEGATIVE result, discuss:

- Modes of transmission
- Strategies for reducing risk

When conveying a POSITIVE result, discuss:

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

*If high level suspicion also consider requesting reflexive HCV RNA



3 Pre-Treatment Assessment

4 Treatment

5 Monitoring

6 Follow Up

Baseline screening after positive HCV PCR

- Complete Blood Count (CBC)
- Urea, electrolytes, creatinine
- AST, ALT, GGT, ALP, Tbil, Dbil, INR, Alb

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:
- Serum biomarkers such as APRI (<1.0 means cirrhosis unlikely). Calculator available. hepatitisc.uw.edu/page/clinical-calculators/apri
- Elastography assessment e.g. FibroScan® (>12.5 kPa consistent with cirrhosis)
- Ultrasound assessment

Check for other causes of liver disease

- Check for viral coinfection:
- HIV Ab
- Hepatitis A – check hep A IgG; vaccinate if negative
- Hepatitis B – check HBsAg, 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

Consider pregnancy and contraception

- HCV treatment not recommended for use in pregnant or lactating women

Is your patient likely to have cirrhosis?
(APRI > 2 or FibroScan® > 12.5)

- Yes No

Consider discussion with, or referral to experienced HCV treater

Has your patient received previous treatment for HCV?

- Yes No

Consider discussion with, or referral to experienced HCV treater

Click [HERE](#) to view treatment recommendations for Egypt

Treatment	Dosage	Duration if no cirrhosis present
SOF/DAC [~]	400/60 mg Once-daily (2 pills, +/- food)	12 weeks

- Check [Egypt Guidelines](#) for further information
- Check for drug-drug interactions at hep-druginteractions.org

[~]SOF/DAC = Sofosbuvir/Daclatasvir

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

Monitoring while on treatment

- Generally not required, but approach should be individualized
- Side effects of HCV treatment are generally minimal
- Consider monitoring adherence

12 weeks post treatment

- HCV RNA to confirm cure (sustained virological response SVR12 = cure)
- Liver enzymes

If your patient has:

No cirrhosis and normal liver enzyme results (ALT < 45 IU/L)
No clinical follow-up for HCV required

Ongoing risk factors

Annual HCV RNA test. If re-infected offer re-treatment. Offer education on harm reduction strategies

Abnormal liver enzyme results

(ALT ≥ 45 IU/L) Evaluate for other causes of liver disease and refer to specialist for review

Cirrhosis

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

- 6-monthly abdominal ultrasound (hepatocellular carcinoma screening)
- Consideration of screening for esophageal varices

CONSULT WITH A SPECIALIST IF:

Pre-treatment

- Cirrhosis is present or likely – APRI ≥2 and elastography score not available; elastography >12.5kPa
- Coinfected with HIV or HBV
- Renal impairment (eGFR < 50)
- Prior treatment failure of HCV treatment
- Complex drug interactions
- Complex co-morbidities

- Not comfortable prescribing HCV treatment

During treatment

- Major medication side effects

Post treatment

- RNA positive 12 weeks post treatment
- Abnormal liver enzymes at SVR12

For more information:

[Plan of Action for the Prevention, Care & Treatment of Viral Hepatitis, Egypt 2014 - 2018](#)