## ashm REST DECISION MAKING IN HEPATITIS C

## 1 When To Test

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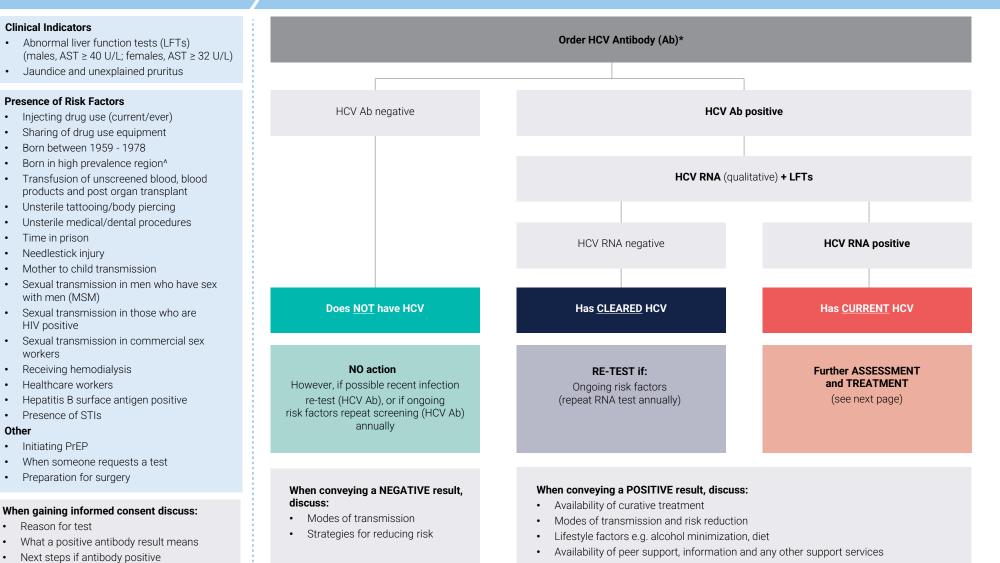
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Availability of curative treatment Prevention of HCV if antibody is negative

Other

## 2 Test/s, Results and Actions



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

### \*If high level suspicion also consider requesting reflexive HCV RNA + LFTs

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### **3 Pre-Treatment Assessment**

#### Baseline screening after positive HCV PCR

- □ Complete Blood Count (CBC)
- Urea, electrolytes, creatinine
- AST, ALT, GGT, ALP, Tbil, Dbil, INR, Alb
- □ Pregnancy test (in women of childbearing age)
- □ Qualitative or quantitative HCV RNA if available
- □ HCV genotyping

#### 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/coinfections

- □ 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)
- □ Thyroid function test
- □ Screening for other autoimmune disorders

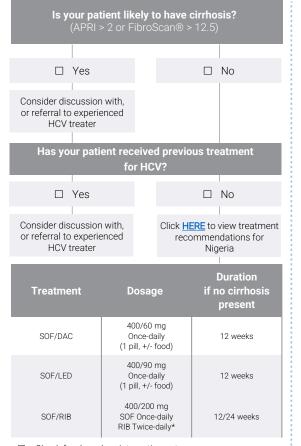
#### **Review previous HCV treatment**

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
- Active monitoring during pregnancy and breastfeeding

## 4 Treatment



#### Check for drug-drug interactions at hep-druginteractions.org

SOF/DAC = Sofosbuvir/Daclatasvir (all genotypes)

- SOF/LED = Sofosbuvir/Ledipasvir (genotypes1, 4, 5, 6)
- SOF/RIB = Sofosbuvir/Ribavirin (genotype 2 for 12 weeks and genotype 3 for 24 weeks)
- \*RIB + food: <75kg 1000mg/day (400mg/2 capsules in the morning and 600mg/3 capsules in the evening) >75kg 1200mg/day (600mg/3 capsules in the morning and 600mg/3 capsules in the evening).

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.

This resource was originally developed by ASHM. It has been adapted for Nigeria by ASHM and the International Network on Health and Hepatitis in Substance Users (INHSU), in partnership with local partners.

## 6 Follow Up

#### If your patient has:

No cirrhosis and normal liver enzyme results (males, ALT< 45 U/L; females, ALT <34 U/L) No clinical follow-up for HCV required

#### **Ongoing risk factors**

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

#### Abnormal liver enzyme results 😫

(males, ALT  $\ge$  30 U/L; females, ALT  $\ge$  19 U/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

**During treatment** 

Post treatment

CONSULT WITH A SPECIALIST IF: Pre-treatment

5 Monitoring

Monitoring while on

required, but

approach should

be individualized

Side effects of HCV

generally minimal

treatment are

monitoring

adherence

12 weeks post 😣

confirm cure

response SVR12 =

(sustained

virological

□ Liver enzymes

cure)

□ HCV RNA to

Consider

treatment

Generally not

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)</li>
  Prior treatment failure of HCV
- Complex drug interaction
- Complex co-morbidities

## For more information:

Nigeria HIV/AIDS Indicator and Impact Survey Technical Report Nigeria HIV/AIDS Indicator and Impact Survey Summary