DECISION MAKING IN HEPATITIS C

HCV

1 When To Test

Clinical Indicators

- Abnormal liver function tests (LFTs) (males, AST ≥ 40 U/L; females, AST ≥ 32 U/L)
- Jaundice and unexplained pruritus

Presence of Risk Factors

- Injecting drug use (current/ever)
- Sharing of drug use equipment
- Born between 1959 - 1978
- Born in high prevalence region^
- Transfusion of unscreened blood, blood products and post organ transplant
- Unsterile tattooing/body piercing
- Unsterile medical/dental procedures
- 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
- Sexual transmission in commercial sex workers
- Receiving hemodialysis
- Healthcare workers
- Hepatitis B surface antigen positive
- Presence of STIs

Other

- Initiating PrEP
- When someone requests a test
- Preparation for surgery

When gaining informed consent discuss:

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

2 Test/s, Results and Actions

Order HCV Antibody (Ab)*

HCV Ab negative

HCV Ab positive

HCV RNA (qualitative) **+ LFTs**

HCV RNA negative

HCV RNA positive

Does NOT have HCV

Has CLEARED HCV

Has CURRENT HCV

NO action
However, if possible recent infection re-test (HCV Ab), or if ongoing risk factors repeat screening (HCV Ab) annually

RE-TEST if:
Ongoing risk factors
(repeat RNA test annually)

Further ASSESSMENT and TREATMENT
(see next page)

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

^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

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

☐ Yes → Consider discussion with, or referral to experienced HCV treater

☐ No

Has your patient received previous treatment for HCV?

☐ Yes → Consider discussion with, or referral to experienced HCV treater

☐ No → Click HERE to view treatment recommendations for Nigeria

Treatment	Dosage	Duration if no cirrhosis present
SOF/DAC	400/60 mg Once-daily (1 pill, +/- food)	12 weeks
SOF/LED	400/90 mg Once-daily (1 pill, +/- food)	12 weeks
SOF/RIB	400/200 mg SOF Once-daily RIB Twice-daily*	12/24 weeks

☐ 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).

5 Monitoring

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

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 re-treatment. Offer education on harm reduction strategies

Abnormal liver enzyme results
(males, ALT ≥ 30 U/L; females, ALT ≥ 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

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:

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

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.

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