DECISION MAKING IN HCV

HCV

ashm

1 WHEN TO TEST

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
- Birth in high prevalence country
- Blood transfusions and blood products before 1990 in Australia
- 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

Other
- Initiating PrEP
- When someone requests a test

When gaining informed consent before testing, discuss:
- Reason for test
- Availability of curative treatment

2 TEST/S, RESULTS AND ACTIONS

Order HCV Antibody (Ab)*

HCV Ab negative

Does NOT have HCV

NO action

However if possible recent infection re-test or if ongoing risk factors repeat screening annually

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

HCV Ab positive

HCV RNA (qualitative) + **LFTs**

HCV RNA negative

Has CLEARED HCV

RE-TEST if:

Ongoing risk factors (repeat annually)

HCV RNA positive

Has CHRONIC HCV
(chronic = > 6 months)

Further ASSESSMENT and TREATMENT

(see next page)

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

When conveying a POSITIVE result, discuss:
- Modes of transmission and risk reduction
- Availability of curative treatment
- Life style factors e.g. alcohol minimisation, diet
- Availability of peer support services, information and support services
- Refer to Hepatitis Australia National Infoline 1800 437 222

For more information: www.hepcguidelines.org.au

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3 PRE-TREATMENT ASSESSMENT

Check HCV genotype and baseline screening

- ☐ HCV genotype
- ☐ Consider HCV RNA level (quantitative)
- ☐ Full Blood Count
- ☐ Urea, electrolytes, creatinine
- ☐ LFTs and INR (international normalised ratio)

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 cirrhosis unlikely): www.hepatitisc.uw.edu/page/clinical-calculators/apri
  - FibroScan assessment if available (>12.5 kPa consistent with cirrhosis)

Check for other causes of liver disease

- ☐ Check for viral coinfection:
  - HIV Ab
  - Hepatitis A – check hep A IgG; vaccinate if -ve
  - Hepatitis B – check HBsAg, anti-HBc and anti-HBs; vaccinate if all -ve
- ☐ Heavy alcohol intake
- ☐ Fatty liver disease - check weight, BMI

Check for other major co-morbidities

- ☐ Renal disease
- ☐ Unstable psychosocial status and drug and alcohol dependence

Review previous HCV treatment

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

Consider contraception, pregnancy

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

4 TREATMENT

Treatment

Select treatment regimen:

- ☐ Check for drug-drug interactions with other medications at www.hep-drug interactions.org
- ☐ Refer to ASHM HCV Treatment Quick Reference Tool or www.hepc guidelines.org.au
- ☐ Call the PBS Authority Script Line for approval

If unsure, consult with a specialist by completing the online remote consultation request for initiation of hepatitis C treatment form at reach-C.ashm.org.au (turn-around time approximately 24 hours)

5 MONITORING

Monitoring while on treatment

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

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 (re-treat if re-infected)

If your patient has abnormal LFT results

(males, ALT ≥ 30 U/L; females, ALT ≥ 19 U/L)

Evaluate for other causes of liver disease and refer to specialist for review

If your patient has cirrhosis

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

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

Refer to a specialist if:

- Cirrhosis is present or likely - APRI >1 and FibroScan score not available; or FibroScan >12.5kPa
- Coinfected with HIV or HBV
- Renal impairment (eGFR < 30)
- Major adverse events
- Treatment failure of HCV treatment
- Complex drug interactions
- Not comfortable prescribing HCV treatment
- Persistently abnormal LFTs
- If RNA positive 12 weeks post treatment

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