

1 WHEN TO TEST

Clinical Indicators

- Abnormal liver function tests (LFTs) (males, ALT \geq 30 U/L; females, ALT \geq 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

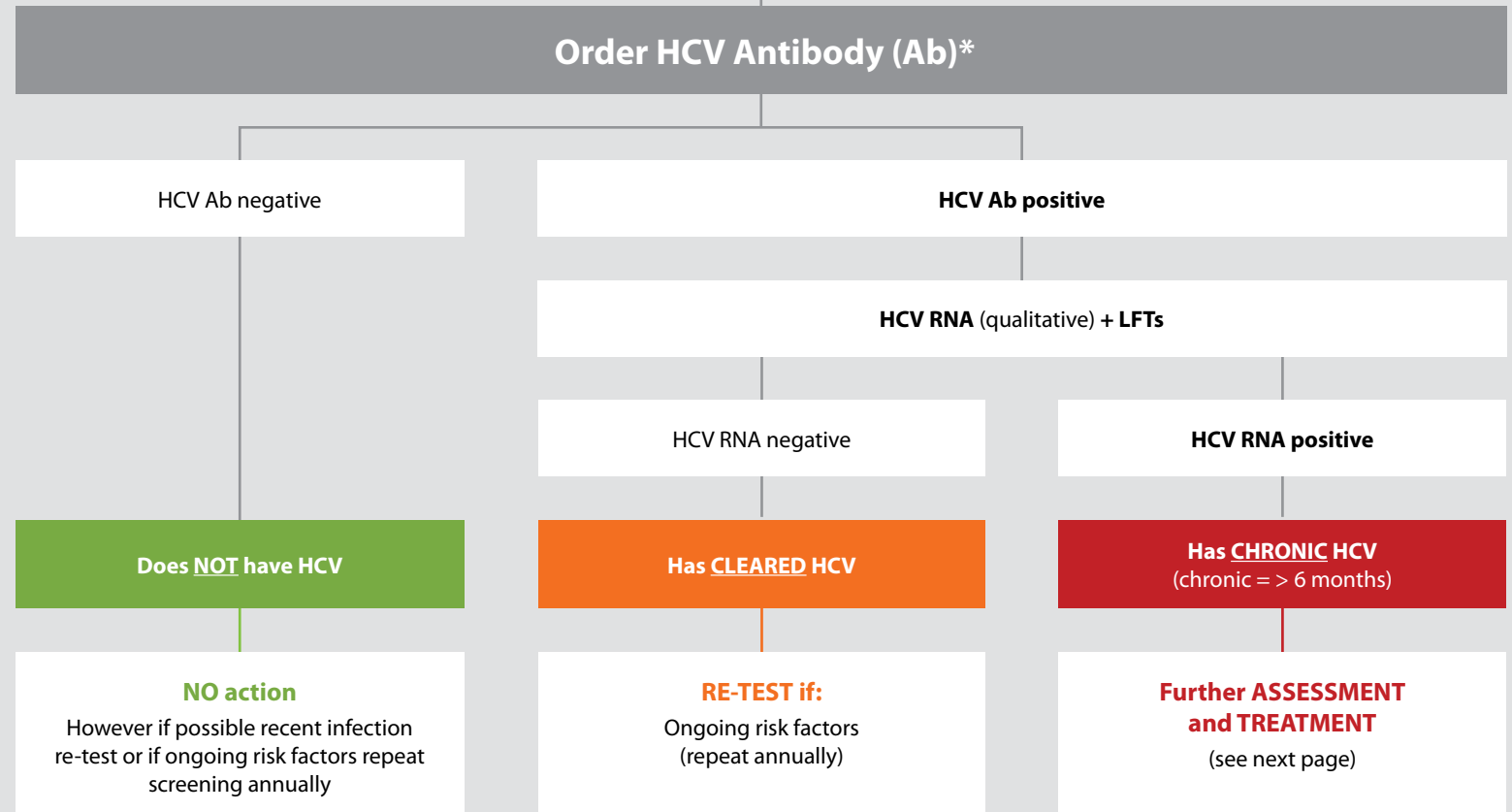
Other

- 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



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

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
- 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

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-druginteractions.org
- Refer to **ASHM HCV Treatment Quick Reference Tool** or www.hepcguidelines.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



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

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