Hepatitis C Management – Quick Reference Guide

TESTING

Anti-HCV (check Chronic Hepatitis on MOHLTC Laboratory Requisition)

NEGATIVE: no HCV infection, order HCV RNA in immunocompromised patients and patients who may still be in the acute phase of infection (within 12 weeks of exposure or symptom onset)

POSITIVE: order HCV RNA and genotype through PHOL HCV RNA Requisition. No need for repeat anti-HCV again – will remain positive lifelong.

- If HCV RNA POSITIVE (detected) – acute or chronic HCV infection; referral to a health care provider with expertise in HCV care is recommended*
- If HCV RNA NEGATIVE (not detected) – previously infected and cleared; consider testing between 12 weeks and 6 months to confirm negative status if recent exposure. Retest if new HCV exposure risk or elevated ALT

NEW CASE FOLLOW-UP

PREVENT PROGRESSION OF FIBROSIS	Avoid alcohol, assess hepatoxic medications, smoking cessation, weight control
BASIC LABS	CBC, ALT, AST, ALP, bilirubin, INR, albumin, creatinine; exclude cirrhosis by calculating the AST to Platelet Ratio Index (APRI) or Fibrosis-4 index (see references below)
RULE OUT CO-INFECTIONS	Hepatitis B (HBsAg, anti-HBs, anti-HBc), HIV (HIV serology), Hepatitis A (IgG, IgM)
RULE OUT OTHER COMMON LIVER DISEASES	Transferrin saturation, IgG
TESTS OF HCV REPLICATION	HCV RNA viral load, HCV genotype
SCREENING	Abdominal ultrasound (at diagnosis and then serially **if evidence of cirrhosis**), alcohol intake, drug use

COUNSELLING

COUNSELLING FOR PREVENTION OF TRANSMISSION:

- ❑ no blood, tissue, semen, breast milk donations
- ❑ don't share drug paraphernalia, consider needle exchange
- ❑ sexual transmission is rare, higher risk in HIV+ MSM, encourage safer sex practices
- ❑ vertical transmission is rare, higher with HIV co-infection – test infants at 18 months; recommend breastfeeding unless flare or bleeding nipples
- ❑ VACCINATION: Publicly-funded hepatitis A and B and pneumococcal vaccine (order online)
- ❑ cover open wounds, don't share personal hygiene items
- ❑ share status with all health care providers

ONGOING CARE

There is no 'inactive' HCV infection and no spontaneous clearance of chronic HCV infection. Progression to liver fibrosis/hepatocellular carcinoma (HCC) can occur with normal ALT levels.

RISK FACTORS FOR FIBROSIS PROGRESSION INCLUDE: older age at infection, alcohol intake, male, coinfection with HBV or HIV, longer duration of infection, central obesity; smoking increases HCC risk

SCREEN FOR HCC with abdominal ultrasound every 6–12 months only if evidence of cirrhosis (low platelets, splenomegaly, portal hypertension, imaging results)

REFERRAL

Refer all HCV RNA positive patients to a health care provider with expertise in HCV care:*

- Treatment with oral medications for 8-12 weeks with few or no side effects can cure HCV infection in >95% of cases. All people who are HCV RNA positive should be offered treatment.
- Efficacy of treatment depends on HCV genotype but newer treatment regimens are highly effective for nearly all genotypes and in those who have failed previous treatment attempts.
- After successful treatment, people will remain anti-HCV positive lifelong. Antibodies do not protect against reinfection – if ongoing risk exposures, serial screening with HCV RNA required.
- If cured before cirrhosis and no ongoing risk exposures, no specific follow-up required. If cirrhosis present prior to cure, ongoing ultrasound surveillance for liver cancer every 6-12 months required.

*Referral may be to a hepatologist, gastroenterologist, infectious disease specialist, or a family physician with experience in HCV management.

Quick Reference prepared by Toronto Public Health in consultation with Dr. Jordan Feld and Dr. Meb Rashid.

References:

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