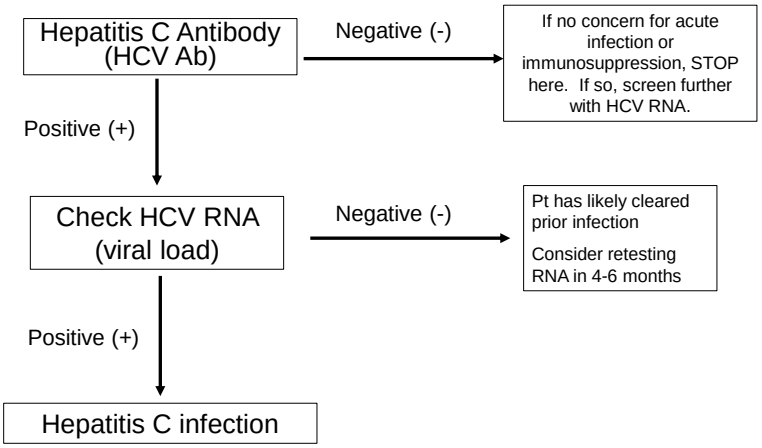
Primary care management for patients with hepatitis C

Diagnosis



If you suspect acute HCV infection refer to liver or ID specialist

Chronic HCV monitoring labs

	Baseline	Q6mo ***cirrhosis only	Annualy	only w/symptoms
HCV viral load (RNA)	X			
HCV genotype	X			
CBC/diff	X	X	X	
PT/INR	X	X	X	
BMP/LFTs	X	X	X	
Abd U/S	X	X		
Cryoglobulins				X
Fib-4 index	X		X	
HIV Antibody	X		X if risk factors	
HAV screening	X			
HBV screening	X			
Endoscopy	At time of cirrhosis diagnosis- FU based on results			

Cirrhosis Management- Consider Fib-4 scores >3.25 highly suggestive of cirrhosis and implement cirrhosis monitoring by:

- Screen for HCC with abdominal u/s q6 months
  - AFP testing lacks adequate sensitivity/specificity to be an effective surveillance tool and is no longer recommended
- Screen for esophageal varices with endoscopy
- Recommend referral to GI for management of complications r/t decompensated cirrhosis
  - Ascites
  - esophageal varices
  - portal hypertension

Preventive Screening

- **Hepatitis A Screen**
  - HAV Ab (-) →Vaccinate
  - HAV Ab (+) →Immune
- **Hepatitis B Screen**
  - HBs**Ab** (-) & HBs**Ag** (-) →Vaccinate
  - HBs**Ab** (+) & HBs**Ag** (-) →Immune
  - HBs**Ab** (-) & HBs**Ag** (+) → Co-infection w/HBV
- **HIV Screen**
  - HIV Ab (+)→ Co-infection w/HIV

Preventive Immunizations

- Influenza vaccination
- Pneumococcal vaccination

Alcohol Use→ Brief Intervention/Referral if indicated

Liver Fibrosis Assessment

- Goal - to predict advanced fibrosis and cirrhosis
- Liver function tests, platelets and INR are **late** predictors of cirrhosis and are not useful in early fibrosis

Fib-4 index- a validated calculation to predict fibrosis using age, ALT, AST and platelet levels. Recommended annually.

- <1.45= highly suggestive of minimal fibrosis (F0-F1)
- >3.25=highly suggestive of advanced fibrosis (F3-F4)
- 1.46-3.24= indeterminate level of fibrosis

Reference: Metavir scale of fibrosis

- F0 = no fibrosis.
- F1 = portal fibrosis w/o septa.
- F2 = few septa.
- F3 = numerous septa w/o cirrhosis
- F4 = cirrhosis.

Guidance for Patients

HCV Infection is a blood-borne virus that affects the liver and, for some people, can cause scarring, cirrhosis and liver cancer over the course of many years.

Risk factors for disease progression include alcohol consumption, HIV coinfection, concomitant liver disease, obesity, age, genetic factors

Patient Education

- Avoid sharing toothbrushes and dental or shaving equipment and cover any cut or sore in order to prevent contact of their blood with others.
- Stop using illicit drugs. Get treatment for substance abuse. **Those who continue to inject drugs should avoid reusing or sharing syringes, needles, water, cotton or other paraphernalia**; use only sterile syringes from a reliable source (e.g., pharmacy, needle exchange); use a new sterile syringe to prepare and inject drugs; use sterile water to prepare drugs – otherwise use clean water from a reliable source (e.g. tap); clean the injection site with a new alcohol swab; and dispose of syringes and needles after one use in a safe, puncture-proof container.
- Do not donate blood, body organs, other tissue, or semen.
- If the patient has high risk sexual behavior (including multiple sex partners, anal sex or rough sex/fisting), recommend barrier precautions (e.g., latex condoms or gloves) and "safer" sex. Otherwise, the risk of sexual transmission of HCV is low, and the infection itself is not a reason to change sexual practices (i.e., those in long-term relationships need not start using barrier precautions).
- To protect the liver from further harm: do not drink alcohol; do not start any new medicines, including over-the-counter and herbal medicines, without checking with their provider.

Treatment - Who is appropriate for treatment?

- Urgency of treatment should be based on likelihood of **advanced fibrosis (F3-F4)**.
- If a patient is highly motivated, and understands there are future treatment options but wants treatment now, they should be evaluated for treatment candidacy
- **Refer to BHCHP HCV Consult Service for education, treatment evaluation and initiation**

Baden, R., Graham, C. (2013). *Hepatitis C Update* [PowerPoint Slides].

Bruix, J., Sherman, M. (2011). Management of hepatocellular carcinoma: an update. *Hepatology 53(3)*: 1020-22.

Sulkowski, M.S., Cheever, L.W., Spach, D.H. (2011). A guide for evaluation and treatment of hepatitis C in adults coinfected with HIV: A quick reference guide for clinicians in the diagnosis, evaluation and treatment of HCV in the setting of HIV primary care. DHHS/HRSA. Last updated January 14, 2011.

SFGH Chronic HCV Primary Care Guideline. 2/11/13.