

After the Diagnosis of Hepatitis C (HCV): Overview of Next Steps

Document viremia

Educate and offer referral to HCV treating provider

- HCV Factsheets
- Current HCV treatments are oral, highly effective (>95% cure rate), as short as 8 weeks, with minimal side effects

Identify risk factors for HCV acquisition

- Illicit drug use history (lifetime)
- Blood transfusion (products) or transplant prior to 1992
- Sexual partner with HCV
- Combat or other occupational exposure to blood or needle stick
- Non-sterile (unregulated, home or prison) tattoos or piercings
- Family history (particularly birth mother) of HCV
- Incarceration

Additional HCV history

- Prior evaluation (diagnosis of cirrhosis, ultrasound of the liver, FibroScan®, biopsy)
- Prior HCV treatment (treatment regimen, outcome)

Updated history

- Past medical history and comorbidities
- Past surgical history
- Complete review of systems (ROS)
- Alcohol and substance use history
- Medication reconciliation (including VA and non-VA prescribed medications, OTC medications, vitamins, supplements, herbals, etc.)

Physical examination (if not done within the last year)

Required laboratory tests

- HCV RNA (viral load)
- HCV genotype (not required if a pangenotypic regimen will be used)
- Liver panel (AST, ALT, albumin, bilirubin)
- INR if there is evidence of cirrhosis
- Platelet count
- HIV testing if not previously done or based on current risk factors. If HIV positive, consult with ID or GI/Hepatology for treatment coordination
- Hepatitis B serologies (HBsAg, HBsAb, HBCAb total)

Evaluate for evidence of cirrhosis

- Platelets <150,000/mm³
- FIB-4 >3.25
- APRI >2.0
- If one or more of the above tests is present, then consider ultrasound examination or FibroScan® (if available and not performed previously)
 - FibroScan® ≥ 10 kilopascals (kPa)
- Patients with no evidence of cirrhosis who are treatment naïve may be considered for a simplified HCV treatment regimens

Refer patients to GI/Hepatology

- Patients with prior HCV treatment history
- Patients with evidence of cirrhosis. Perform HCC surveillance with US abdomen every 6 months (± AFP)

Immunizations

- Hepatitis B, if susceptible and not previously immunized
- Hepatitis A, if susceptible and not previously immunized
- Other recommended immunizations per ACIP recommendations
- For more information:
<http://www.cdc.gov/vaccines/schedules/hcp/adult.html>

Additional resources

- For detailed treatment information, see Chronic Hepatitis C Virus (HCV) Infection: Treatment Considerations