July 2019

Testing and treating hepatitis C:

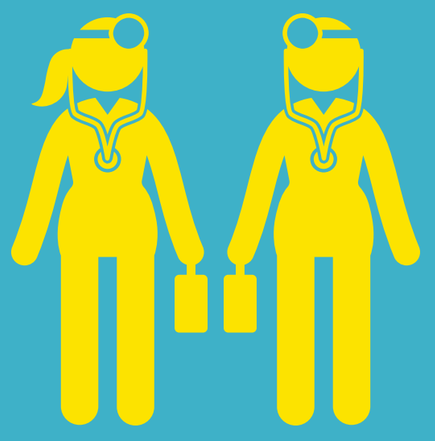
Information for GPs

Most patients with hep C can now be safely managed and cured in primary care

Person with hep C risk factors

Ask for hep C test

Doctors and nurse practitioners



Recommend test for hep C

Hep C Antibody blood test (HCV Ab)

Antibodies develop 3 to 12 weeks post-exposure

Negative

Never had hepatitis C. Ensure risk factors understood to prevent future infection

Positive

Follow up with PCR viral detection test (HCV RNA)

Positive

Has hepatitis C. Follow steps on next page.

Negative

Past infection. Ensure risk factors understood to prevent future infection

hepatitis australia

hep C TEST CURE LIVE

ntahc

If patient returns positive HCV RNA

Treat for hepatitis C. It is appropriate to treat patients with chronic and acute infections.

1. Perform HCV Genotype test.

Please note this can be ordered at the same time as HCV RNA test. Genotype testing is currently required to prescribe Direct Acting Antiviral (DAA) treatments, although this requirement is being reviewed (July 2019).

2. Perform one of the following tests for cirrhosis:

- Fibroscan ®(transient elastography) if available, or shearwave elastography
- AST to platelet ratio (APRI) blood test. Cirrhosis is unlikely if score is under 1.0 Please follow up with second test if higher than 1.0.
  You can view the calculator here: hepatitisc.uw.edu/page/clinical-calculators/apri

If the patient has cirrhosis, send referral to specialist liver centre.

3. Determine whether patient has relevant comorbidities:

Refer the patient to a liver specialist if they have:

- HBV or HIV co-infection
- previously received DAA treatment for HCV
- end stage renal disease
- cirrhosis.

Patient may require more frequent follow up but can still be treated by GP if they have:

- obesity or diabetes
- problematic alcohol or other drug use.

4. Determine the most appropriate medication:

Use the following flowchart to determine which medication is most appropriate:
ashm.org.au/products/product/HCV-Treatments-Tool

5. Determine whether there are any drug interactions:

A list of interactions are available here: hep-druginteractions.org or you can use the Liverpool HEP iChart app.

6. Approval if required

If you are not experienced in the treatment of hepatitis C, seek approval from a gastroenterologist, hepatologist or infectious diseases physician to prescribe DAAs. If you need help to find a specialist, you can contact your local hepatitis organisation on 1800 437 222 or use the ASHM REACH-C project, available here: reach-c.ashm.org.au/

7. Discuss liver health and risks of re-infection with patient

Please discuss:

- diet and exercise
- alcohol and/or other drug use (if appropriate)
- other routes of transmission, including sharing razors/toothbrushes, and sexual transmission if man having sex with men.

8. Follow up with patient

Determine extent of follow-up required during treatment to optimise adherence, monitor blood tests for patient safety, or assess adverse events and potential drug-drug interactions.

Provide patient with contact details for a clinician in case problems arise between appointments.

Complete PCR viral detection test (HCV RNA) 12 weeks after completion of treatment to ensure sustained virological response.

More information

- **ASHM hepatitis C resources:** ashm.org.au/HCV/
- **GESA hepatitis C treatment resources:** gesa.org.au/resources/hepatitis-c-treatment/
- **Test Cure Live campaign site:** testcurelive.com.au/

References

- ASHM. *HCV Testing Policy*. Retrieved from ASHM Testing portal.
- GESA. (2018, September). Clinical guidance for treating hepatitis C virus infection: a summary. Retrieved from GESA.
- Centers for Disease Control and Prevention. (2013). *Hepatitis C Testing Infographic*. Retrieved from CDC.