Clinical Indicators
- Abnormal liver function test (LFT) (males, ALT ≥ 30 U/L; females, ALT ≥ 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 TO TEST

TEST/S, RESULTS AND ACTIONS

Order HCV Antibody (Ab)*

<table>
<thead>
<tr>
<th>HCV Ab negative</th>
<th>HCV Ab positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does NOT have HCV</td>
<td>HCV RNA (qualitative) + LFTs</td>
</tr>
</tbody>
</table>

HCV RNA negative

HCV RNA positive

Has CLEARED HCV

RE-TEST if:
Ongoing risk factors (repeat annually)

Has CHRONIC HCV (chronic = > 6 months)

Further ASSESSMENT and TREATMENT
(see next page)

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

For more information: www.hepcguidelines.org.au
Check HCV genotype and baseline screening
- HCV genotype
- Consider HCV RNA level (quantitative)
- Full Blood Count
- Urea, electrolytes, creatinine
- LFT and International Normalised Ratio

Assess liver fibrosis: cirrhotic status
- Signs of chronic liver disease (spider naevi, palmar erythema, jaundice, asterixis, hepatomegaly, splenomegaly, ascites, peripheral oedema)
- Non-invasive assessment of fibrosis:
  - Serum biomarkers such as APRI (1.0 or less 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 comorbidities
- 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.

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-Cashm.org.au (turn-around time approximately 24 hours)

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

Monitoring 12 weeks post treatment
- HCV RNA to confirm cure (sustained virological response SVR12 = cure)
- LFTs

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: yearly DEXA scans and monitor serum vitamin D

Refer to a specialist if:
- Cirrhosis is present or likely - APRI >1 and FibroScan score not available; or FibroScan >12.5 kPa
- 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

For more information: www.hepcguidelines.org.au