Hepatitis C Management Resource

**ESTABLISH DIAGNOSIS**

- **Hep C Ab POSITIVE (reflex quant/qual HCV RNA [qRNA])**
  - **qRNA POSITIVE**
    - Order Pre-Treatment Labs (quant reflex to genotype)*
  - **qRNA NEGATIVE**

- **Hep C Ab NEGATIVE**
  - If there is concern for acute Hep C, consider further testing and routine screening based on ongoing risk behaviors

**BEGIN EVALUATION**

Order CMP, PT/INR, CBC with diff, HIV, Hep B surface Ag/core Ab/surface Ab, HCV Genotype; NSSA resistance testing (if genotype 1a and elbasvir/grazeprevir under consideration†)

**FIBROSIS ASSESSMENT**

- Order FibroSure OR Fibroscan (check payor requirements)
- Calculate APRI (AST/Platelet ratio Index) and FIB 4 score**
- Calculate Child-Pugh score**

<table>
<thead>
<tr>
<th>FIB-4 and APRI score</th>
<th>Management Recommendations</th>
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<tbody>
<tr>
<td>FIB-4 &lt; 1.45 and APRI &lt; 0.7</td>
<td>Low likelihood of advanced fibrosis, no further work-up needed</td>
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<tr>
<td>FIB-4 1.45 – 3.25 and/or APRI 0.7 – 1.0</td>
<td>Consider additional evaluation (ex. Fibroscan)</td>
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<tr>
<td>FIB-4 &gt; 3.25 and APRI &gt; 1.0</td>
<td>Manage as cirrhotic</td>
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Additional testing with fibroSure or fibroScan recommended for discordant APRI and FIB4

- If cirrhosis diagnosed (Fibroscan, Fibrosure) or likely (APRI > 1.0 & FIB-4 > 3.25): schedule abdominal ultrasound to screen for hepatocellular carcinoma (HCCA) and to evaluate for ascites; if plt < 150K, pt needs EGD to evaluate for esophageal varices

All patients with cirrhosis and advanced fibrosis (F3) require HCCA evaluation every 6 months LIFELONG

**KEY**

- * Check with your laboratory
- ** Calculator for FIB-4, APRI, Child-Pugh: [www.hepatitis.uw.edu](http://www.hepatitis.uw.edu)
- † www.hcvguidelines.org/full-report-view
- †† http://hep-druginteractions.org/checker

**REFER TO GI**

- Decompensated cirrhosis
- Child-Pugh B or C
- Active Hepatitis B infection
- Chronic Kidney Disease Stage IV/V
- Other sources of chronic liver injury (ex. Hemochromatosis, Wilson’s Disease)

**TREATMENT**

- Determine treatment regimen based on clinical data and use of appropriate guidelines†; checking for drug-drug interactions is important††
- Repeat qRNA 4 weeks into therapy, other labs as indicated†; repeat qRNA 12 weeks following END of treatment

**COUNSELING**

- Update vaccinations (Hep A/B, Influenza, Pneumococcal)
- Avoid sharing of household items that can cause bleeding (razors, nail clippers, toothbrushes)
- In patients with cirrhosis and advanced fibrosis (F3), continue screening for hepatocellular carcinoma every 6 months

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Division of Public Health
Communicable Disease Branch
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