



## Screening for Hepatitis C infection

### Patient history indicating a high risk for Hep C infection:

- Illegal injection drug use, even once or twice many years ago
- Blood transfusion or solid organ transplant before July 1992
- Receipt of clotting factor concentrates produced before 1987
- Long-term hemodialysis
- HIV infection

### Recommended screening tests:

- Anti-HCV: EIA to test for anti-HCV, perform RIBA for all positive anti-HCV results
- ALT values
- HCV RNA levels
- Depression screen
- Screen for substance abuse

## Treatment for Hepatitis C infection

### Interferon treatment is recommended for patients with an increased risk of developing cirrhosis.

Patients with the following should be offered HCV treatment:

- detectable HCV RNA levels higher than 50 IU/mL
- persistently elevated ALT values
- a liver biopsy with portal or bridging fibrosis, and at least moderate inflammation and necrosis

Additional treatment:

- Abstinence from alcohol
- Hepatitis A vaccination
- Hepatitis B vaccination for seronegative persons with risk factors for HBV



## Monitoring Tests

For disease progression:  
ALT every three to six months or as clinically indicated.

For treatment effectiveness:

### **Early viral response (EVR)**

- Patients who fail to achieve an EVR at week 12 of treatment have only a small chance of achieving an SVR even if therapy is continued for a full year

### **Sustained Viral Response (SVR)**

- Absence of detectable HCV RNA at 24 weeks after the end of treatment

## Hepatocellular Carcinoma Screening

**Screening for HCC with AFP and ultrasound not recommended in the absence of cirrhosis.**

## Standard of Care References

1. *NATIONAL INSTITUTES OF HEALTH CONSENSUS DEVELOPMENT CONFERENCE STATEMENT Management of Hepatitis C: 2002.*
2. *Gordon, F. Cost Effectiveness of Screening Patients for Hepatitis C. December 27, 1999, The American Journal of Medicine. Vol. 107 (6B): 36S-40S.*