Hepatitis C: Test – Refer – Treat – Cure

Hep C can be asymptomatic or present with non-specific symptoms. Untreated, Hep C commonly progresses to liver cirrhosis, which can lead to liver cancer and liver failure. However, **Hep C can be cured** with short-course **interferon-free** treatment.

Who to test?

- **History of injecting drug use** – even if it was only once and/or several decades ago
- **Blood transfusions or blood products** received in UK before 1991 and 1986 respectively
- **Medical or dental treatment abroad involving exposure to needles or other invasive instrumentation** in high prevalence regions, e.g. Indian-subcontinent, Africa, Eastern Europe
- **Tattoo, body-piercing, acupuncture, etc.** with equipment that may have been non-sterile
- **Unprotected sexual intercourse** with someone known to have or be at high-risk of having Hep C
- **Unexplained elevated ALT/AST and/or evidence of chronic liver disease**

How to test?

- Send a **5ml venous blood sample in a gold top tube** to STH Virology Lab for **Hep C antibody**
- If peripheral venous access difficult, consider using a finger-prick sample to obtain a **Dried Blood Spot (DBS) sample** (contact STH Virology Lab for more details or to obtain DBS kit: 0114 271 4532)
- Ensure clinical details state if patient has been put at **risk of Hep C exposure within the last 3 months and/or if patient is immunocompromised** – please also request **Hep C PCR** for these patients (Hep C antibody can be negative in early infection or in immunocompromised patients)
- Consider simultaneous testing for other blood-borne viruses – request **Hep B surface antigen** and **HIV screening test** on same sample – or request **BBV screen** for Hep C, Hep B and HIV testing
- STH Virology Lab will automatically test for **Hep C PCR** in any patients testing **Hep C antibody positive**

….Hep C antibody negative (+/- Hep C PCR negative if testing indicated)

- Reassure patient they do not have current Hep C
- Continue to screen patients **who remain at risk** of acquiring Hep C infection (e.g. ongoing injecting drug use or multiple sexual partners) with **Hep C antibody +/- Hep C PCR** at least every 12 months and sooner if newly raised ALT/AST or recent high risk exposure
- Provide advice regarding avoidance of Hep C acquisition, e.g. use of sterile injecting equipment (e.g. via needle exchange) and not sharing injecting equipment; use of condoms

….Hep C antibody positive / Hep C PCR negative

- STH Virology Lab report will request that a **repeat sample for Hep C PCR** is sent to confirm negativity
- If confirmed Hep C PCR negative, reassure patient they do not have current Hep C – they may have been exposed in the past but have cleared the infection either spontaneously or with treatment
- **Patients remain at risk of re-infection – Hep C antibody is <u>not</u> protective**
- Continue to screen patients **who remain at risk** of infection with **Hep C PCR** at least every 12 months and sooner if newly raised ALT/AST or recent high risk exposure
- Provide advice regarding avoidance of Hep C re-infection (see text box above)

….Hep C PCR positive (current Hep C infection)

- STH Virology Lab will automatically test for **Hep C genotyping** (not possible on DBS sample)
- STH Virology Lab report will request that you **send an additional 5ml venous blood sample in a gold top tube** to confirm Hep C diagnosis. On same sample:
  - <u>if initial diagnosis from DBS sample:</u> please also request **Hep C genotyping**
  - <u>if not already tested:</u> please request request **Hep B surface antigen** and **HIV screening test**
- Ideally please also send blood for:
  - **Full Blood Count**
  - **Urea & Electrolytes** and **Extended LFT**
  - **Clotting screen**
- **Refer patient to local specialist Hep C service for further assessment and treatment**

Hep C treatment offered by local Hep C service

- **Few contraindications** to newly available Hep C treatments
- 8, 12 or 16 week **interferon-free** all-oral treatment for vast majority of patients
- **High cure rates** exceeding 90%
- **Minimal side-effects** expected with new treatments

Who to refer to?

Department of Infection and Tropical Medicine, Royal Hallamshire Hospital

Contacts: Dr Ben Stone, Consultant in Infectious Diseases
Dr Ray Poll, Nurse Consultant in Viral Hepatitis
Email: ray.poll@sth.nhs.uk
Telephone: 0114 271 3561 Fax: 0114 226 8875

The Liver Unit, Northern General Hospital

Contacts: Professor Dermot Gleeson, Consultant Hepatologist
Dr Barbara Hoeroldt, Consultant Hepatologist
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