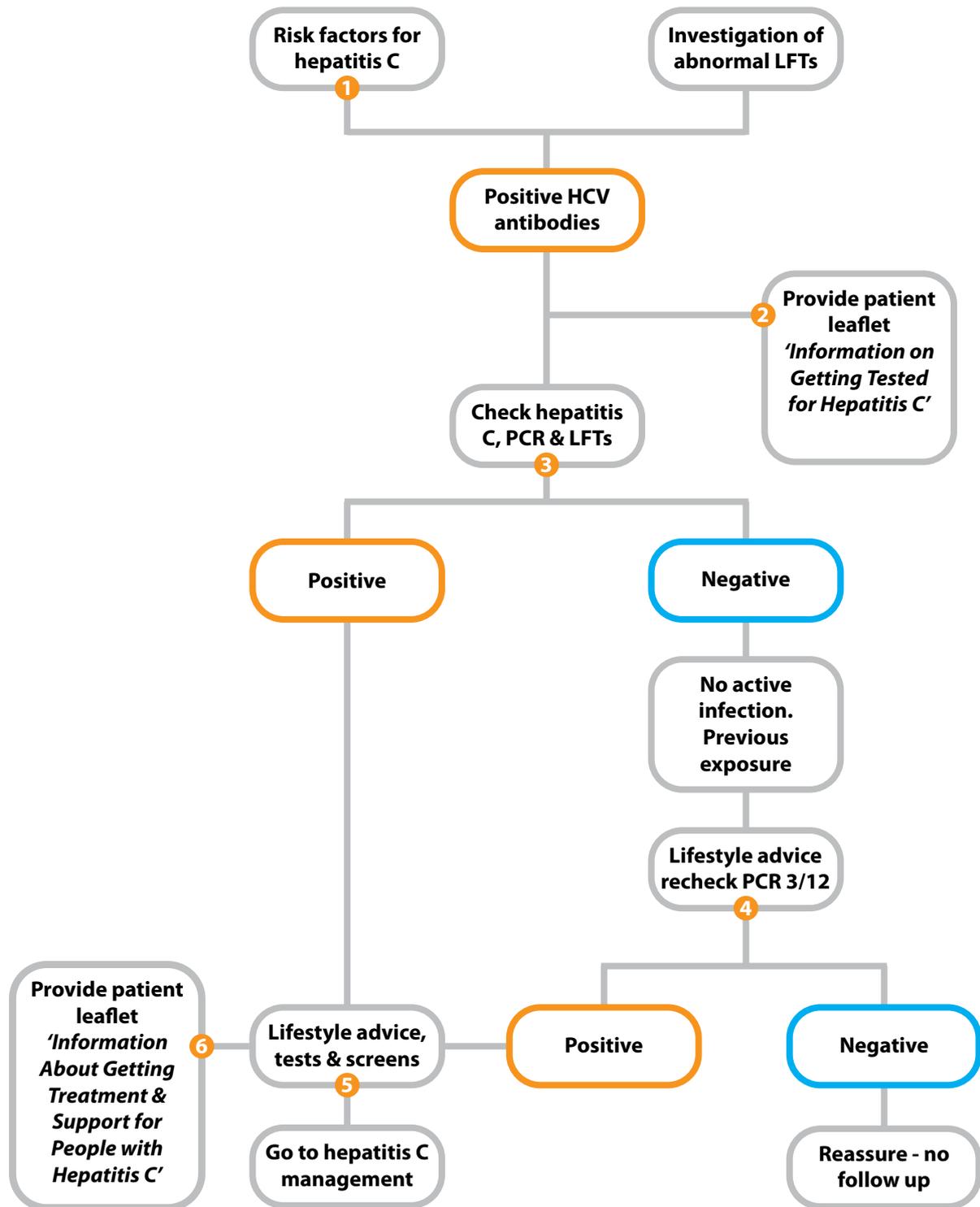


Management of Suspected HCV



Greater Manchester local hepatitis C care pathways available on: <http://eng.mapofmedicine.com/evidence/map/index.html>

1 | Risk factors for hepatitis C

The Department of Health recommends that hepatitis C testing should be offered to anyone who:

- has unexplained abnormal liver function tests (e.g. elevated ALT), or unexplained jaundice
- has ever injected drugs, even if it was only once or twice, or many years ago
- has had a blood transfusion (before September 1991) or blood products (before 1986 in the UK)
- is the child of a mother with hepatitis C. (The test result may be difficult to interpret in children under 18 months, due to the presence of maternal antibodies and specialist virological advice will be needed)
- is a regular sexual partner of someone with hepatitis C
- has had medical or dental procedures abroad, in countries where infection control may be poor
- has been accidentally exposed to blood where there is a risk of hepatitis C infection
- has had an ear piercing, a body piercing, tattoo, acupuncture or electrolysis with unsterile equipment
- has previously been diagnosed with non-A, non-B hepatitis and not subsequently tested for hepatitis C

2 | Provide patient leaflet

'Information on Getting Tested for Hepatitis C'

3 | Check hepatitis C, PCR and LFTs

Positive antibodies only indicate exposure to hepatitis C. PCR testing is needed to indicate whether there is ongoing infection and those who are PCR negative have no ongoing infection. This test should be reconfirmed at 3 months and if it remains negative follow up is not needed.

4 | Recheck PCR 3/12

Lifestyle advice:

- Positive antibodies with negative PCR indicate previous exposure to and clearance of hepatitis. The clearance may be innate or due to previous treatment. There is very small false negative rate associated with this result and the PCR should be repeated for confirmation
- Patients should be advised that they do not have hepatitis C and are not at significantly increased risk of liver disease. However they do not have immunity to hepatitis C and thus may need to consider risk factors for reinfection. Consider needle exchange/DAT referral for active IV drug users

5 | Lifestyle advice, tests and screens

Lifestyle advice:

- Minimal alcohol intake should be recommended with a target of less than 7 units per week
- Patients should be advised that the risk to children is low (1-2%) and to spouses is low (2-3%) so they be make an information consideration of testing. The risk of heterosexual transmission is also low and routine condom usage to prevent infection is not advocated unless indicated for other reasons unless patient engages in high risk sexual activity (see below). Risks to MSM (i.e. gay men) are much higher (especially if HIV positive and safe sex should be advocated)
- Anoreceptive sex, fisting and sharing sex toys is particularly high risk in this group. Patients should be advised about transmission through snorting of drugs if appropriate
- Patients should be advised against sharing razor blades or toothbrushes
- Provide information about patient support groups (see patient leaflet)
- HIV, hepatitis A IgM, hepatitis B surface antigen, hepatitis B core antibody
- All patients with hepatitis C should be tested for immunity to hepatitis A and B due to shared risk factors. Patients without immunity should be offered vaccination as hepatitis B and A are associated with increased mortality with hepatitis C coinfection. HIV shares risk factors with hepatitis C and must be excluded / identified prior to treatment. Genotype and viral load testing can be performed on the initial PCR sample and are used to assess likely success and duration of treatment
- Screen for other causes of liver disease
- If ALT significantly raised, US abdomen
- If the LFTs are significantly abnormal patients should be tested for other liver conditions with iron studies, autoantibodies, lipids and glucose
- Refer direct to preferred/local treatment centre. In Greater Manchester the Treatment Centres are: Central Manchester University Hospitals NHS Foundation Trust (Hepatology Department), The Pennine Acute Hospitals NHS Trust (Infectious Diseases), Wrightington, Wigan and Leigh NHS Foundation Trust (Gastroenterology), and University Hospital of South Manchester (Infectious Diseases)

6 | Provide patient leaflet

'Information About Getting Treatment & Support for People with Hepatitis C'

The Greater Manchester HCV Strategy recommends that the RCGP Certificate in the detection, diagnosis and management of hepatitis B and C in primary care – Part One is accessed to provide further knowledge about hepatitis B and C.

The Certificate is an educational package largely aimed at generalist clinicians such as GPs and nurses already working in primary care, and it provides a basic grounding in issues around hepatitis B and C. It will be particularly useful for GPs with a special interest in substance misuse, drugs workers and those involved in needle exchange and harm reduction services. The Certificate can also be completed by other interested parties including commissioners, public health practitioners, community-based practitioners, pharmacists and service users. To obtain the full Certificate you will need to complete the e-module and then attend one of the RCGP accredited face-to-face training days, equivalent to six hours CPD.

The e-module is the first activity to be completed as part of the Certificate but can be used as a stand-alone learning resource or as a refresher. The e-module is available at <http://elearning.rcgp.org.uk>. To register for the face-to-face training days, please contact Marianne Thompson, Programme Coordinator (020 3188 7653) hepbandc@rcgp.org.uk