

Hepatitis C Care Guide

May 2022



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Information contained in the Care Guide is not a substitute for a health care professional's clinical judgment. Evaluation and treatment should be tailored to the individual patient and the clinical circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient. Refer to "Disclaimer Regarding Care Guides" for further clarification.

<https://cchcs.ca.gov/clinical-resources/>

SUMMARY

GOALS

- ✓ Identify Hepatitis C (HCV) infected patients. Screen all patients with HCV Antibody (not viral load) once at CDCR, such that all patients who have a history of HCV can be flagged for annual rescreening regardless of treatment/clearance of the virus.
- ✓ Monitor all HCV patients for signs of cirrhosis.
- ✓ Use the most appropriate HCV treatment regimen based on AASLD/IDSA** guidelines.
- ✓ Monitor patients on treatment and stop treatment when indicated (futility rules).
- ✓ The goal of HCV antiviral treatment is to achieve a sustained virologic response (SVR) - cure.
- ✓ Complete pretreatment labs and FibroTest (if FIB-4 is ≥ 1.45 and < 3.25), or Fibroscan if indicated (see page 4), and/or liver ultrasound (if F4 cirrhosis) within 180 days of establishing diagnosis of chronic HCV. Fibrotest is preferred due to non-inferiority for most patients, and ease of testing and alleviation of Fibroscan access problems.
- ✓ Initiate HCV treatment within 90 days of completing the pretreatment evaluation or as soon as possible based on operational considerations and the patient's parole date.
- ✓ Annual retesting for HCV is recommended for all patients with a history of HCV that was treated or self-cleared by checking an HCV viral load.*
- ✓ Consider periodic sexual health screening and risk reduction counseling and education for all patients identified with active HCV as part of their overall health due to the risk of acquiring HCV through sexual contact.
- ✓ All patients with HCV, or history of HCV, should be screened for an underlying substance use disorder according to the CCHCS Care Guide: [Substance Use Disorder](#).

*Consider periodic retesting of all other patients if they have a history of injection or inhalation drug use or symptoms/signs of acute hepatitis (right upper quadrant abdominal pain, nausea, vomiting, jaundice, or transaminitis) by checking an HCV Antibody with reflex to viral load and genotype.

ALERTS

HCV TREATMENT

- HCV treatment requires submission of an electronic HCV Treatment Selection Review Request (TSR) within the Electronic Health Record System (EHRS) for appropriate regimen selection.
- Do not initiate HCV treatment without an appropriate regimen selection from the Headquarters (HQ) HCV Central Treatment Team.
- LINKAGE TO SUD – all patients with HCV or history of HCV should be linked to care for SUD if appropriate.

CIRRHOTICS

- Screen for hepatocellular carcinoma and varices – **patients require continued screening even after HCV treatment.**
- Identify and manage decompensated cirrhosis.

TREATMENT

PATIENT SELECTION

- AASLD/IDSA** recommends treatment for all patients with chronic HCV infection, except those with life expectancies < 12 months that cannot be remediated by treating HCV, by liver transplantation, or by other directed therapy.
 - Unless there is a medical contraindication, all patients with chronic HCV are treatment candidates if they desire treatment and are willing to adhere to a medication and monitoring plan.

TREATMENT

- The recommended medication regimen depends on genotype and many clinical factors including the presence or absence of cirrhosis, co-infection with Human Immunodeficiency Virus (HIV) or Hepatitis B Virus (HBV), other comorbidities, and any history of prior treatment.
- The Food and Drug Administration (FDA) is approving new medications frequently and treatment regimens are changing rapidly as the new agents are being released. For this reason, all patients should be referred to the HQ HCV Central Treatment Team for selection of the most appropriate treatment regimen by submitting an HCV TSR (See page 7).

**American Association for the Study of Liver Diseases, Infectious Diseases Society of America

MONITORING

ALL CHRONIC HCV INFECTED PATIENTS:

- **Annual clinical assessment:** Consider labs including CBC, CMP, PT/INR every 12 months to assess progression of liver disease. Determine FIB-4 (see page 4) annually. Calculate the Child-Turcotte-Pugh (CTP) score (see page 6) as indicated.
- **Vaccines:** Test all HCV patients for Hepatitis A (HAV) serology and for HBV surface antigen, core antibody, and surface antibody. To those not immune: offer and document HAV and HBV vaccination. Use Heplisav[®], and if not immune to both Hepatitis A and B, use Heplisav-B[®] 2 shots plus the HAV series, also 2 shots (Havrix[®]-1440units/ mL), not Twinrix[®]. Offer pneumococcal (note guidelines updated in 2022- [see CDC guidelines](#) and [CCHCSPneumococcal Vaccine memo](#)). Encourage COVID-19 and an annual influenza vaccination.
- **Substance Use Disorder:** All patients with acute and chronic HCV should be evaluated for underlying co-morbid SUD ([See CCHCS Substance Use Disorder Care Guide](#)).

HCV PATIENTS RECEIVING ANTIVIRAL THERAPY:

- See page 7 regarding intervals for CMP
- Clinic visits are recommended as clinically indicated during treatment. At each visit, ensure medication adherence, and monitor for adverse events and potential drug-drug interactions with newly prescribed medications.
- Education and monitoring of HCV treatments should be managed using the Complete Care Model. Patients receiving HCV treatment are listed on the Daily Care Team Huddle Report, and these patients are to receive education, care coordination, and follow up from the primary care team Licensed Vocational Nurses (LVNs), Registered Nurses (RNs), Primary Care Providers, and Case Managers only as clinically indicated.

CHRONIC HCV INFECTED PATIENTS WITH CIRRHOSIS:

[Metavir score F4 (Fibrotest of >0.72 or liver stiffness kPa ≥12 or F4 on Fibroscan)]

- Liver ultrasound every 6 months to screen for hepatocellular carcinoma (HCC). Continue HCC screening after HCV treatment.
- See the CCHCS Advanced Liver Disease Care Guide.
- Patients with Chronic HCV but without cirrhosis do not require a baseline ultrasound or HCC screening.
- Annual rescreening of patients successfully treated for HCV is recommended with an HCV viral load (Hepatitis C RNA, Quant, PCR 35645).