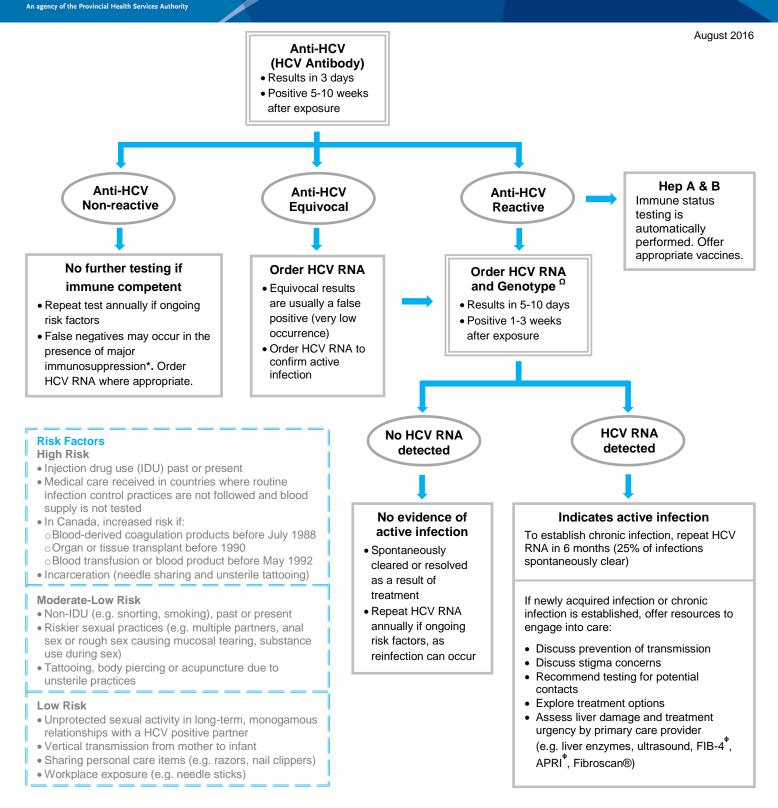


BC Centre for Disease Control

Hepatitis C Testing Guide

Quick Reference Guide for Health Care Providers



- * HIV+ (CD4+ < 200 cells/mm³), long-term use of immunnosuppressants, chronic kidney disease and agammaglobulinemia
- BCCDC Public Health Laboratory can do genotype testing on 'HCV RNA detected' specimens only. If requested at the same time as the HCV RNA, the genotype will be done and a new EDTA tube is NOT required
- For an online calculator, see http://www.hepatitisc.uw.edu/page/clinical-calculators/apri















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Background

Injection drug use is the major source of new infections. As people who inject drugs also have a higher prevalence of HIV, HBV, mental illness and social and material deprivation, prevention strategies need to be multi-factorial.

Prevalent infections are commonly seen in people born in 1945-64, immigrants from endemic countries (high prevalence areas include regions of Central and East Asia, and North Africa/Middle East*) and people who have used illicit drugs in the past.

There are 7 genotypes of HCV, of which 1, 2 and 3 are the most common in North America and BC. Treatment previously consisted of 24 to 48 weeks of ribavirin and injectable pegylated interferon, and cure rates ranged from 40 to 80%. Newer direct acting antiviral agents are well tolerated can achieve cure rates of $\sim 95\%$ within 12 weeks of treatment.

Key education points to provide with HCV testing

Engage into care

- Ensure immunizations are up to date (see special populations and routine adults schedules)
- · Assess and counsel about safer alcohol use
- Assess for substance use and need for counselling, harm reduction services and opioid substitution therapy.
- Offer STI screening
- Clinical supports and general healthy liver education (e.g. diet and acetaminophen use)

Key education points to provide with active infection

Transmission prevention

- · Do not share personal care items
- Do not donate blood, semen, breast milk or body organs/tissues
- Dispose items and sharps with blood in separate bags or containers
- · Keep all open cuts and sores covered
- Blood spills can be cleaned with a solution of 1 part bleach to 9 parts water. Apply and let sit for 10 minutes before rinsing.
- There is no immunization and no post-exposure prophylaxis for HCV

* For estimated rates by region, see http://dx.doi.org/10.1002/hep.26141

Clinical Description

Newly acquired HCV infection: symptoms are usually absent, but can include a wide spectrum of illness, including jaundice.

Chronic HCV infection: symptoms are absent. Over decades, 20% will develop cirrhosis and 1-5% will develop hepatocellular carcinoma. Chronic HCV is a major cause of liver transplantation.

Laboratory

HCV Antibody: produced when exposed to HCV and usually remains present for life. A reactive anti-HCV test does not distinguish between resolved or current HCV infection. Does **NOT** need to be repeated once result is reported as reactive.

HCV RNA: confirms current active infection. Used to predict and monitor treatment response, but does not correlate with disease progression.

HCV Genotype: determines appropriate HCV treatment and counselling.

Resources

BCCDC virology requisition and program information http://www.bccdc.ca/health-professionals/professional-resources/laboratory-services

Acute HCV case report form

http://www.bccdc.ca/health-professionals/professional-resources/surveillance-forms

For Health Care Providers:

Canadian Association for the Study of the Liver – 2015 Hepatitis C Guidelines

http://www.hepatology.ca/

University of Washington – Hepatitis C Online http://www.hepatitisc.uw.edu/

For clients and Health Care Providers:

BCCDC Hepatitis Prevention & Care

http://www.bccdc.ca/our-services/programs/hepatitis-prevention-care

HealthLinkBC Files

http://www.healthlinkbc.ca/servicesresources/healthlinkbc files/

Hepatitis Education Canada

http://hepatitiseducation.med.ubc.ca/resources/



Questions?

BCCDC Public Health Laboratory 1-877-747-2522