ALL RECOMMENDATIONS

HIV AND/OR HBV IMMUNITY STATUS
- Clinicians should obtain HAV antibody (IgG or total) and administer the full HAV vaccine series in patients who are not immune to HAV. (All)
- Clinicians should obtain HBsAg, anti-HBs, and anti-HBc, total, and recommend administration of the anti-HBc vaccine series (0, 1, and 6 months) for HBV-susceptible patients (negative for all serologies). (All)
  - In patients with positive HBsAg, clinicians should perform HBV DNA testing to assess for active HBV infection. (All)
  - If HBV DNA is detectable, clinicians new to HCV treatment should consult a liver or HBV specialist. (All)

HBV INFECTION IN PATIENTS WITH HIV/HCV COINFECTION
- In patients who exhibit a pattern of +/– positivity, defined as +/– with negative sAg and/or sAb, clinicians should: 1) Perform HBV DNA testing to assess for active HBV infection (AII); and 2) Vaccinate patients who have a negative HBV DNA test (BII).
- If an adjustment in ART is required for compatibility with HCV treatment in patients who are HBV sAg+, clinicians should maintain use of TDF or TAF as part of the patient’s ART regimen (AII).

PREGNANCY STATUS AND CONTRACEPTION
- Clinicians should perform a pregnancy test in all women of childbearing potential before initiation of HCV treatment and defer HCV treatment in pregnant women. (All)
- Before initiating RBV, clinicians should (All): 1) Confirm a negative pregnancy test; 2) Advise patients to use 2 methods of birth control to avoid pregnancy during therapy and for 6 months after completion of therapy; and 3) Counsel female and male patients on effective contraceptive use.
- Contraindication: Clinicians should not use RBV in treatment of female or male patients planning conception within 6 months of the last dose of ribavirin (All) or in male patients who have pregnant partners (All).
- Contraindication: Clinicians should not use ombitasvir/paritaprevir/ritonavir/ dasabuvir (ProD) in treatment of women taking ethinyl estradiol–containing contraceptives (All).

CLINICAL GUIDELINES PROGRAM

VISIT HIVGUIDELINES.ORG TO LEARN MORE OR VIEW COMPLETE GUIDE

HCV POCKET GUIDE 1: DIAGNOSIS AND PRE-TREATMENT ASSESSMENT

NYSDOH AIDS INSTITUTE CLINICAL GUIDELINES PROGRAM
4/2018

DIAGNOSING HCV INFECTION (CDC. MMWR. 2013;62(18))
**CHECKLIST: PRE-DAA ASSESSMENT**

**MEDICAL HISTORY**
- **Previous HCV treatment** guides choice and duration of therapy
- **History of hepatic decompensation** warrants referral to a liver specialist
- **History of renal disease** may influence choice of regimen
- **Medication** history and current medications, including OTC and herbal products, may guide choice of DAA therapy
- **Pregnancy status and plans**
  1. HCV treatment is deferred during pregnancy; 2. Birth control use is essential during HCV treatment and for 6 months after treatment if patients are receiving RBV
- **HIV infection**
  1. If HIV infection is confirmed, offer patient ART; 2. If the patient is being treated with ARVs, assess potential drug-drug interactions
- **History of infection and vaccination** status:
  - HAV: Obtain HAV antibody (IgG or total)
  - HBV: Obtain HBsAg, anti–HBs, and anti–HBc (total)
  - Administer PPSV23 vaccine as follows:
    - All patients with cirrhosis, which is associated with increased susceptibility to bacterial infections
    - Patients aged 19 to 64 years
    - As a 1-time revaccination 5 years after the first dose of PPSV23
    - Patients aged 65 or older who received 1 or 2 doses of PPSV23 before age 65 years for any indication, if at least 5 years have passed since their previous dose
  - Annual influenza vaccine
- **Cardiac status** may influence choice of RBV–containing regimen, RBV dosing, or CBC monitoring frequency

**PHYSICAL EXAM**
- **Presence of signs that suggest cirrhosis or decompensated cirrhosis** and may require additional evaluation and management or treatment: edema, abdominal veins, jaundice, palmar erythema, gynecomastia, spider telangiectasia, ascites, encephalopathy, asterixis
- **Presence of signs related to extrahepatic manifestations** of HCV, such as porphyria cutanea tarda, vasculitis, or lichen planus, may increase urgency of HCV treatment and may require additional evaluation and treatment needs
- **Liver size** by palpation or auscultation for hepatomegaly or splenomegaly, as well as tenderness or hepatic bruits may suggest severity of liver disease and may require additional evaluation

**LAB TESTING**
- **HCV RNA quantification** confirms active HCV 4 and determine HCV viral load
- **Genotype/subtype** guides choice of regimen
- **CBC**, from which low platelets (<140,000 platelets/μL) suggest cirrhosis and portal hypertension; anemia may necessitate choice of a regimen that does not contain RBV
- **Serum electrolytes with creatinine** showing marked electrolyte abnormalities may suggest decompensated cirrhosis (e.g., hyponatremia); renal function will influence choice of regimen
- **Hepatic function panel**: Elevated direct bilirubin suggests decompensated cirrhosis; markedly elevated transaminases may suggest comorbidities
- **INR**, from which elevated results suggests decompensated cirrhosis
- **Pregnancy test** for all women of childbearing potential: If pregnant, suggest treatment deferral
- **HAV antibodies** (IgG or total) are obtained; administer the full HAV vaccine series in patients not immune to HAV
- **HBV antibodies** (HBsAg, anti–HBs, and anti–HBc (total)) are obtained and the HBV vaccine series (0, 1, and 6 months) is given to HBV-susceptible patients (negative for all serologies)
  - In patients with positive HBsAg, perform HBV DNA testing to assess for active HBV infection
  - If HBV DNA is detectable, care providers new to HCV treatment should consult a liver or HBV specialist on treatment for HBV and HCV
- **HIV test** if status is unknown
- **Urinalysis**, from which protein may suggest extrahepatic manifestation of HCV
- **Fibrosis serum markers** are obtained if patient not previously evaluated by biopsy or FibroScan

---

*Use this code with your phone’s QR code reader to go directly to a mobile-friendly version of this guideline.*

*This ¼-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline Treatment Of Chronic HCV Infection With Direct–Acting Antivirals. Full guideline is available at hivguidelines.org.*