NEW YORK STATE PUBLIC HEALTH LAW MANDATES THAT CLINICIANS REPORT ALL SUSPECTED OR CONFIRMED CASES OF HCV INFECTION, SPECIFYING ACUTE OR CHRONIC, TO THE LOCAL HEALTH DEPARTMENT OF THE AREA WHERE THE PATIENT RESIDES.

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 check: 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. (All)

ALL RECOMMENDATIONS

P.4 Consult the full guideline for additional information.

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–HBe, total, and recommend administration of the anti–HBV 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. (AI)
- If HBV DNA is detectable, clinicians new to HCV treatment should consult a liver or HBV specialist. (AI)

HBV INFECTION IN PATIENTS WITH HIV/HCV COINFECTION

- In patients who exhibit a pattern of C+ positivity, defined as C+ with negative SAg and SAb, clinicians should: 1) Perform HBV DNA testing to assess for active HBV infection (AI); 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 (AI).
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
    - As indicated by the CDC/ACIP Recommended Immunization Schedule for Adults Aged 19 Years and Older
  - 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