FIGURE 5: Evaluation of Hepatitis C Virus Exposure Risk and Recommended Follow-Up

**Evaluation of HCV exposure risk**

- **Source is known to be HCV-positive or is not available**
  - Check the exposed individual's HCV RNA and ALT at baseline and at weeks 4 and 12 post-exposure. At week 24 post-exposure, check HCV Ab and ALT with reflex to HCV RNA if either is abnormal. Evaluate for treatment if indicated [a].

- **Source is available:**
  - Test for HCV antibody.

- **Source is HCV antibody positive**
  - Check source HCV RNA

  - **HCV RNA positive**
    - Risk to source and exposed individual is high if source had a possible HCV exposure within the past 6 months or is immunocompromised and has risk factors for HCV.

  - **HCV RNA negative**
    - Risk is low if source has had no high-risk exposures to HCV within the past 6 months.

- **Source is HCV antibody negative**
  - Assess risk

- **Source is HCV RNA negative**
  - No follow-up is needed for the exposed individual. Consider re-testing HCV RNA if the exposed individual has abnormal AST or ALT or if the source was recently exposed or treated for HCV infection.

Abbreviations: ALT, alanine aminotransferase; AST, aspartate aminotransferase.

a. If at any time the serum ALT level is elevated, repeat HCV RNA testing to evaluate for acute HCV infection. If HCV infection is identified, refer to a clinician with experience in treating HCV for medical management. See the NYSDOH AIDS Institute guideline *Treatment of Chronic HCV with Direct-Acting Antivirals*. 

Available at: hivguidelines.org/pep-for-hiv-prevention/pep/#tab_13_0