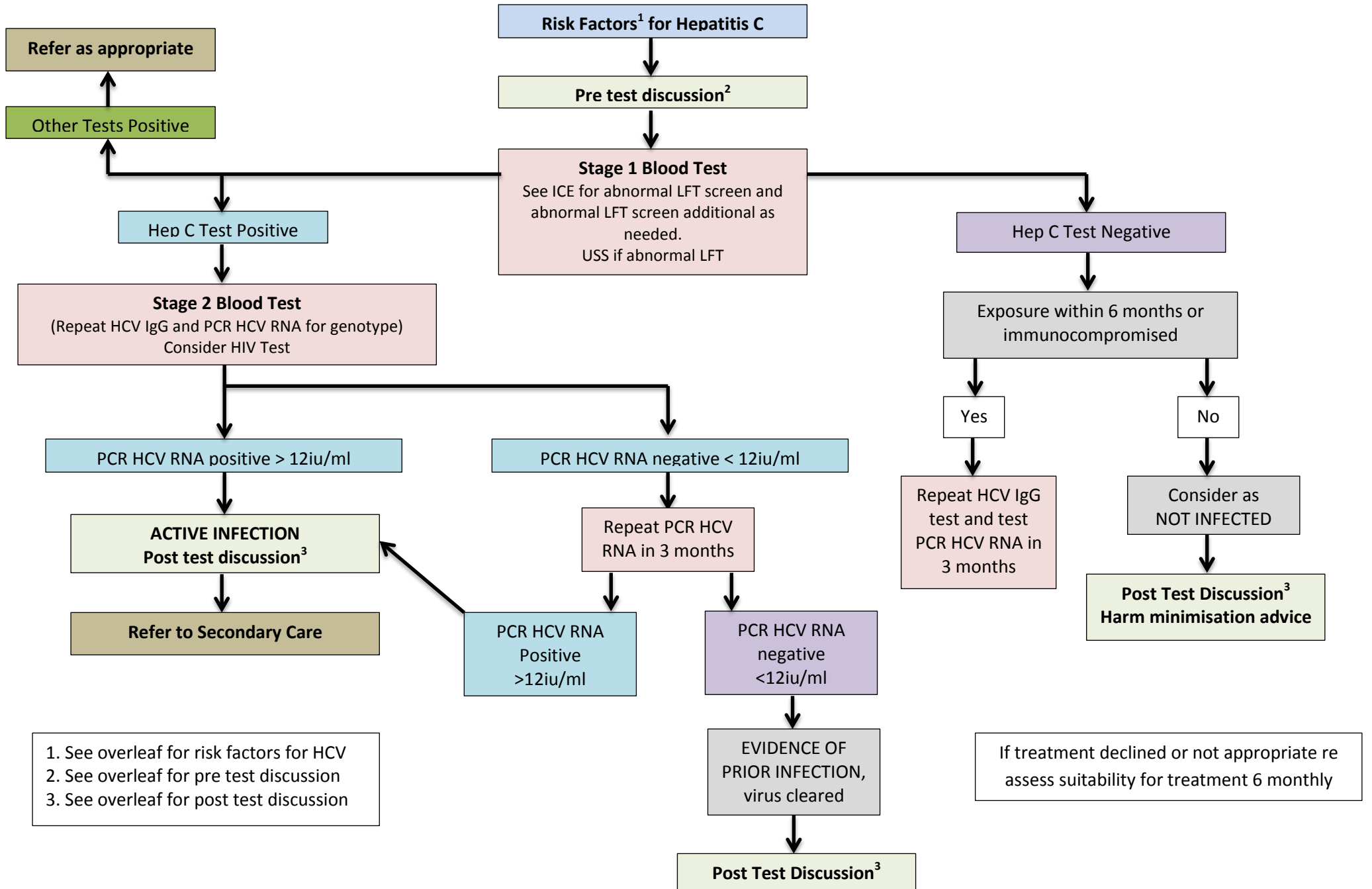


HEPATITIS C Management Guidance



1. See overleaf for risk factors for HCV
2. See overleaf for pre test discussion
3. See overleaf for post test discussion

If treatment declined or not appropriate re assess suitability for treatment 6 monthly

1. Hepatitis C – Risk Factors (Offer Hepatitis C Test to anyone in the below groups)

- Has unexplained abnormal liver function tests or unexplained jaundice
- Has ever injected drugs (including steroids) or used intranasal drug equipment or other drug paraphernalia regardless of how frequent or how long ago this was
- Has had tattoos, piercing, acupuncture or electrolysis where infection control procedures are poor
- Is HIV positive
- Is a regular sexual partner of someone with hepatitis C
- Serving a prison sentence/shared hair clippers within a prison environment
- Has received medical or dental treatment in countries where infection control may be poor
- Needle stick injury whilst treating a patient with Hepatitis C
- Has had a blood transfusion in the UK before 1992 or received any blood products before 1986
- Originates from a high prevalence area e.g. North Africa, Middle East, Central and East Asia, Eastern Europe.

Offer Hepatitis C test to anyone in the above groups

2. Pre- test Discussion by GP with patient about Hepatitis C

- a) Chronic Hepatitis is often asymptomatic and tests identify this.
- b) Early referral is advantageous as disease accelerated with ageing and therapy is more effective if given in early stages.
- c) NICE Guidance now includes treating mild and moderate Hepatitis as well as severe
- d) Current treatment clears the virus in 40-80% of those treated dependent on genotype
- e) GP can help with any side effects of treatment such as depression, nausea, pyrexia, itchy skin etc.
- f) 2 possible successive sets of blood tests needed by GP before referral in order to define diagnosis
- g) Explain 1 test is for antibodies only and 80% will go on to be PCR positive
- h) There is a 6 month window period and the patient may wish to be tested again if negative
- i) Information about disease progression and treatment length/impact of treatment

- J) Negative tests should have no effect on life insurance/mortgage policies. Positive tests will make it more difficult to get policies.

3. Post- test Discussion

- a) Explain if positive result and offer referral for treatment by Hepatology team
- b) Offer harm minimisation advice:
 - Safe injecting information
 - Safe sex using condoms
 - Access to needle exchange
 - Assess alcohol risk
 - Monitor weight to reduce risk of fatty liver which causes cirrhosis
 - Nutrition advice
 - Advice to stop smoking (can increase progression)
 - Avoid exposure in future and offer re test if continuing risk
 - Offer vaccination against Hepatitis A and Hepatitis B
- c) If positive address any patient concerns, discuss who to tell and identify supports including Hepatitis C Trust.

Patient information

[British Liver Trust](#)

[Hepatitis C Trust](#)