

▶ Who to treat

B There should be early consideration of antiviral therapy for patients with HCV with HIV co-infection.

A Patients with CHC and HIV should receive treatment for 48 weeks irrespective of genotype.

A In patients with HCV genotype 1 infection and HIV, the lack of an EVR at week 12 predicts absence of an SVR, and treatment can be stopped.

The following patient groups should all be considered for treatment with pegylated IFN and ribavirin:

- B** ▪ patients with mild CHC
- A** ▪ patients with chronic hepatitis C and normal ALT
- C** ▪ patients with chronic hepatitis B and C co-infection
- C** ▪ patients with CHC who are on a drug treatment programme
- B** ▪ patients with stable mental health problems should not be excluded from treatment for CHC. Psychiatric symptoms should be monitored prior to and throughout IFN treatment
- D** ▪ children with evidence of moderate or severe liver disease.

▶ Nutrition

- D**
- Nutritional care for people infected with hepatitis C should involve promotion of optimal nutrition and prevention or treatment of malnutrition or deficiencies of specific nutrients.
 - Patients should have a nutritional screen and if needed a nutritional assessment and appropriate advice by a dietitian.

ABBREVIATIONS

ALT	Alanine aminotransferase
CHC	Chronic hepatitis C
EVR	Early viral response
G-CSF	Granulocyte-colony stimulating factor
HCC	Hepatocellular carcinoma
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IFN	Interferon
RNA	Ribonucleic acid
SVR	Sustained viral response

▶ Treatment of advanced disease

A Patients with compensated cirrhosis should be considered for therapy, unless contraindicated.

C Patients with hepatitis C virus and concurrent operable hepatocellular carcinoma should be offered liver transplantation.

C Patients with HCV associated chronic liver failure should be offered liver transplantation.

▶ Screening for hepatocellular carcinoma

A The measurement of alpha fetoprotein in isolation should not be used for screening or surveillance of the development of HCC in patients with hepatitis C.

D Surveillance using ultrasound should take place at 6 monthly intervals.

C Surveillance should be confined to patients with cirrhosis.

This Quick Reference Guide provides a summary of the main recommendations in the SIGN guideline on the **Management of hepatitis C**.

Recommendations are graded **A B C D** to indicate the strength of the supporting evidence.

Good practice points are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations can be found in the full guideline, available on the SIGN website: www.sign.ac.uk

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Management of hepatitis C
Quick Reference Guide

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REQUIRED TESTING

D The following groups should be tested for HCV:

- blood/tissue donors
- patients on haemodialysis
- healthcare workers who intend to pursue a career in a specialty that requires them to perform exposure prone procedures
- healthcare workers at six, 12 and 24 weeks following an isolated acute percutaneous exposure to blood infected, or strongly suspected of being infected, with HCV, and anti-HCV testing at 12 and 24 weeks.

B In children born to women infected with HCV, an HCV antibody test should be performed at 12 months of age or thereafter.

REFERRAL

A Patients with acute HCV infection should be referred to specialist care immediately.

D Individuals, including injecting drug users, diagnosed with chronic HCV should be offered integrated multidisciplinary care.

TREATMENT

▶ Treatment of acute HCV

D Patients with acute HCV infection which does not resolve spontaneously should start treatment between three and six months after diagnosis and receive IFN therapy for 24 weeks irrespective of genotype.

▶ Treatment of chronic HCV

A A combination of pegylated IFN and ribavirin is the treatment of choice for patients with hepatitis C.

B SVR should be used as a marker for viral clearance.

RECOMMENDED TESTING

D Anyone with one of the following criteria should be offered an HCV test:

- an otherwise unexplained persistently elevated alanine aminotransferase
- a history of injecting drug use
- a child with an HCV antibody positive mother
- HIV positive
- recipient of blood clotting factor concentrates prior to 1987
- recipient of blood and blood components before September 1991 and organ/tissue transplants in the UK before 1992
- a healthcare worker following percutaneous or mucous membrane exposure to blood suspected to be/infected with HCV
- received medical/dental treatment in a country where HCV is common and infection control may be poor
- have had a tattoo or body piercing in circumstances where infection control procedure is suboptimal
- had a sexual partner/household contact who is HCV infected.

PREVENTION OF SECONDARY TRANSMISSION

D Advise individuals infected with HCV to avoid activities which could result in percutaneous or mucous membrane exposure to their infected blood, eg sharing razors or toothbrushes.

D Advise injecting drug users infected with HCV on how to prevent transmission of infection to other injecting drug users.

D Advise individuals co-infected with HIV/HCV to practise safe sex, using condoms.

▪ Healthcare workers who know they are HCV RNA positive should not undertake exposure prone procedures.

B Knowledge of HCV RNA positive status should not influence obstetric management of pregnant women or standard advice regarding breast feeding.

▶ Duration of treatment

B The duration of treatment should be:

- 12-24 weeks for patients with genotype 2 or 3
- 48 weeks for patients with genotype 1 or 4.

A

- Patients with genotype 1 infection should be tested for EVR at 12 weeks.
- Patients with genotype 1 infection who fail to achieve an EVR at 12 weeks should be considered for cessation of treatment.
- Patients with genotype 1 infection with an EVR at 12 weeks should continue treatment for 48 weeks. Those who are still HCV RNA positive at 24 weeks should be considered for cessation of treatment.

B

- Patients with genotype 2 or 3 infection should have an HCV RNA test performed 4 weeks after starting antiviral therapy and, if this is negative, the duration of therapy may be reduced to 12 or 16 weeks.

▶ Management of adverse effects

In patients receiving pegylated IFN and ribavirin therapy:

B erythropoietin should be considered in CHC patients who develop anaemia

D G-CSF should be considered on a case-by-case basis for patients who develop significant neutropenia

B all patients should be monitored for signs of depression before, during and immediately post-treatment

D patients who report dyspnoea that is not related to anaemia should be urgently assessed for cardiopulmonary problems

D thyroid function should be monitored at baseline before IFN therapy, at week 12 of treatment and at any time where there is a suspicion of thyroid dysfunction.

▶ Contraindications

Pegylated IFN and ribavirin must not be prescribed to women who are pregnant.

- Couples where one partner is receiving treatment, should use two forms of contraception until seven months post-therapy.