

Testing

- D** Dried blood spot testing should be considered as a convenient and cost-effective method of accessing some target populations.
- D** There should be consideration given to methods to raise awareness and highlight information regarding hepatitis C amongst at-risk groups and the general public. The targeting of awareness campaigns to particular audiences is recommended. Staff should have access to appropriate training.
- D** Anyone who has a negative test but remains at risk of infection should be offered further testing on an annual basis.
- D** Testing for HCV should be offered to migrants from countries with a medium or high prevalence of HCV.

Children and hepatitis C

- A** Children infected with all genotypes of hepatitis C with evidence of moderate or severe liver disease should be considered for treatment with pegylated IFN and ribavirin.
- B** Children infected with HCV genotypes 2 and 3 should be considered for treatment with pegylated IFN and ribavirin irrespective of disease stage.
- C** In children with mild disease and infection with other genotypes, benefits of treatment need to be balanced against risks of side effects.

The outcome in children after treatment with pegylated IFN and ribavirin is equivalent to that in adults. Side effects of treatment are seen with similar frequency and weekly injections cause distress.

The advantages of achieving SVR early in life, eliminating the risk of onward transmission (particularly before girls reach child bearing age) and before the onset of chronic liver disease, will outweigh these disadvantages in many children infected with favourable genotypes.

However, for those with less favourable genotypes and no evidence of chronic liver disease, it is appropriate to wait until more effective and acceptable treatment becomes available.

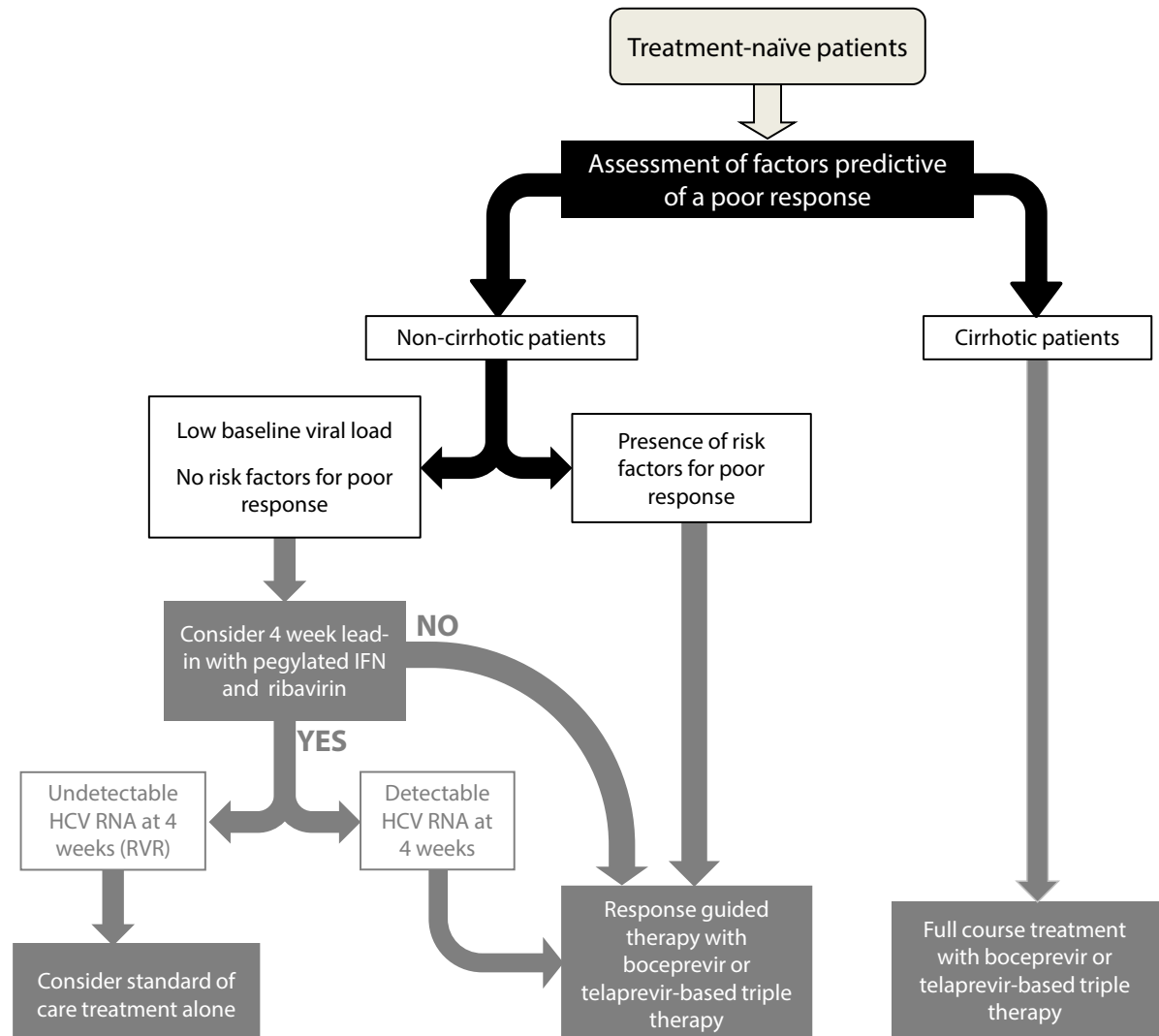
Treatment of chronic hepatitis C

- A** All treatment-naïve patients infected with HCV genotype 1 should be considered for treatment with pegylated IFN and weight-based ribavirin with the addition of a protease inhibitor as triple therapy.
- A** All treatment-experienced patients infected with HCV genotype 1 should be considered for treatment with pegylated IFN and weight-based ribavirin with the addition of a protease inhibitor as triple therapy.
- B** Treatment-naïve patients co-infected with HIV and HCV genotype 1 who are unsuitable for treatment with a regimen which includes HCV protease inhibitors should be considered for treatment with pegylated IFN and weight-based ribavirin for 48-72 weeks depending on viral response.

The recent availability of protease inhibitors to use with pegylated IFN and ribavirin in triple therapy, has significantly improved the SVR rates for patients with genotype 1 HCV infection with the prospect of reducing the overall length of treatment depending on response to therapy.

Genotype 2 and 3 HCV infected patients continue to achieve high SVR rates with pegylated IFN and ribavirin dual therapy. These combination treatments should be discussed and offered as standard of care to all suitable patients with HCV infection.

Algorithm for the use of protease inhibitors in treatment-naïve HCV genotype 1 infected patients

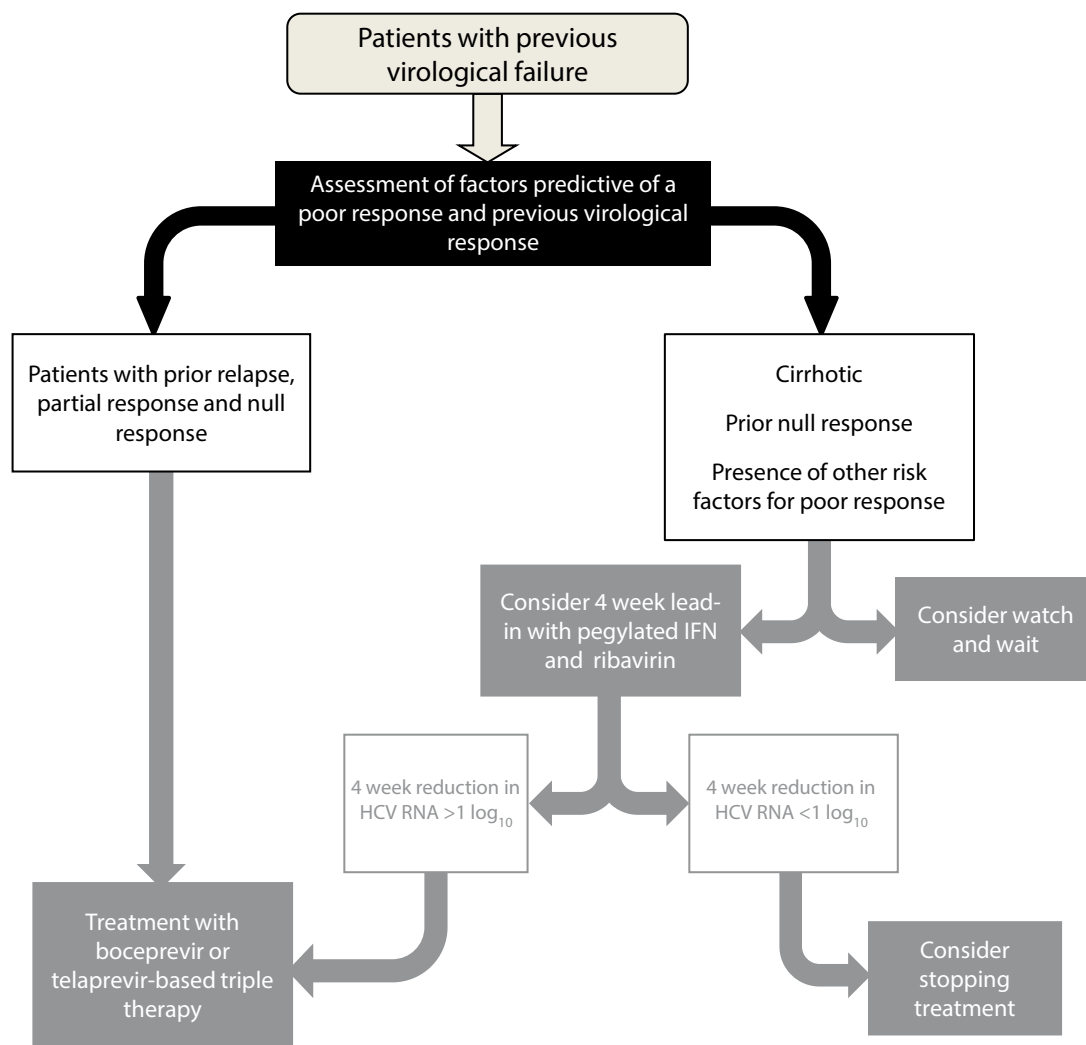


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Sources of information

Hepatitis C Trust
5 Charlotte Square, Edinburgh EH2 4DR
Tel: 0131 777 0989 • Helpline: 0845 223 4424
www.hepctrust.org.uk • Email: helpline@hepctrust.org.uk

Hepatitis Scotland
1/91 Mitchell Street, Glasgow G1 3LN
Tel: 0141 225 0419 • Fax: 0141 248 6414
www.hepatitisscotland.org.uk • Email: enquiries@hepatitisscotland.org.uk



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This Quick Reference Guide provides a summary of the main recommendations in SIGN 133 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.

This Quick Reference Guide is also available as part of the SIGN Guidelines app.



SIGN 133 • Management of hepatitis C

Quick Reference Guide

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