South Yorkshire, Bassetlaw and North Derbyshire Hepatitis C Operational Delivery Network

Hepatitis C: Test – Refer – Treat – Cure

Hep C can be asymptomatic/ present with non-specific symptoms. Untreated, Hep C commonly progresses to liver cirrhosis, liver cancer and liver failure. **Hep C can be cured** with short-course **interferon-free** treatment.

Who to test?

- **History of injecting drug use** – even if it was only once and/or several decades ago
- **Blood transfusions or blood products** received in UK before 1991 and 1986 respectively
- **High prevalence regions -**Medical or dental treatment abroad involving exposure to needles or other invasive instrumentation in e.g. Indian-subcontinent, Africa, Eastern Europe or migrants from such areas.
- **Tattoo, body-piercing, acupuncture, etc.** with equipment that may have been non-sterile
- **Unprotected sexual intercourse** with someone known to have or be at high-risk of having Hep C, or men having sex with men
- **Unexplained elevated ALT/AST and/or evidence of chronic liver disease**

Tests to request?

- **Hep C antibody** Send a 5ml venous blood sample in a gold top tube to STH Virology Lab .If peripheral venous access difficult, consider using a finger-prick sample to obtain a **Dried Blood Spot (DBS) sample** (contact STH Virology Lab for more details or to obtain DBS kit: 0114 271 4532).State if patient has been put at **risk of Hep C exposure within the last 3 months** and/or if patient is **immunocompromised**
- **Hep C PCR** - also request this (Hep C antibody can be negative in early infection or in immunocompromised patients) STH Virology Lab will automatically test for Hep C PCR in any patients testing Hep C antibody positive
- **Hep B surface antigen and HIV screening test** on same sample – OR request **BBV (Blood Borne Virus)** screen for Hep C, Hep B and HIV testing

If Hep C antibody negative

(+/- Hep C PCR negative if testing indicated)

- Reassure patient dos not have current Hep C
- **Hep C antibody +/- Hep C PCR** Continue to screen patients who remain at risk of acquiring Hep C infection (e.g. ongoing injecting drug use or multiple sexual partners) at least **every 12 months** and sooner if newly raised ALT/AST or recent high risk exposure
- Provide advice regarding avoidance of Hep C acquisition, e.g. use of sterile injecting equipment (e.g. via needle exchange) and not sharing injecting equipment; use of condoms

If Hep C antibody positive

But Hep C PCR negative

- **repeat sample for Hep C PCR** to confirm negativity
- If confirmed Hep C PCR negative, reassure patient they do not have current Hep C – they may have been exposed in the past but have cleared the infection either spontaneously or with treatment
- Continue to screen patients who remain at risk of infection
- Patients remain at risk of re-infection – **Hep C antibody is not protective**

Hep C PCR positive (current Hep C infection)

- **Hep C genotyping** STH Virology Lab will automatically test for this (not possible on DBS sample)
- **Confirm Hep C diagnosis**. STH Virology Lab report will request that you **send an additional 5ml venous blood sample in a gold top**. On same sample:
  - if initial diagnosis from DBS sample: request **Hep C genotyping**
  - if not already tested: request **Hep B surface antigen** and **HIV screening test**
- Request
  - **Full Blood Count**
  - **Urea & Electrolytes** and **Extended LFT**
  - **Clotting screen Hep C genotyping**
- **Refer patient to local specialist Hep C service for further assessment and treatment**

Referal to Secondary Care

Gastroenterology/Hepatology Barnsley District General Hospital

Dr Vinay Sathyanarayana / ,Dr.Kapil Kapur Consultant Gastroenterologists
Mark Cassell Hepatology CNS Telephone:01226 436371 / 07535978145
Email: mcassell@nhs.net

Hep C treatment offered by local Hep C service

- **Few contraindications** to newly available Hep C treatments
- 8, 12 or 16 week **interferon-free** all-oral treatment for vast majority of patients
- **High cure rates** exceeding 90%
- **Minimal side-effects** expected with new treatments