Clinical Practice Guidelines
Hepatitis C Virus (HCV)

Objective

The purpose is to guide the appropriate diagnosis and management of Hepatitis C Virus (HCV).

Guideline

These are only guidelines, and are based on the best available information at the time. These may not be “all inclusive” as new medications and treatments are ever-evolving. These guidelines are updated by MDwise at least biannually or as national guidelines are updated.

Notice: Guidance for hepatitis C treatment in adults is changing constantly with the advent of new therapies and other developments. You should frequently review the guidance on the AASLD-IDSA website at: www.hcvguidelines.org for the latest recommendations.

Assessment and Diagnosis

Screening and Risk Assessment:

- One-time screening for HCV is recommended for persons born from 1945 through 1965 without prior ascertainment of risk
- Other persons should be screened for HCV infection risk factors. One-time testing should be performed for all persons with behaviors, exposures and conditions or circumstances associated with an increased risk of HCV
- Risk factors include:
  - Intranasal illicit drug use
  - Intravenous drug users
- Risk Exposures include:
  - Persons on long term hemodialysis
  - Persons with percutaneous and/or parenteral exposures in an unregulated setting
  - Healthcare, emergency medical, and public safety workers after needle-stick, sharps, or mucosal exposures to HCV-infected blood
  - Children born to HCV-infected women
  - Prior recipients of transfusions or organ transplants, including persons who:
    - Were notified that they received blood from a donor who later tested positive for HCV
    - Received a transfusion of blood or blood components, or underwent a living solid organ transplant before July 1992
    - Received clotting factor concentrates produced before 1987
  - Persons who were ever incarcerated, Individuals who live or receive medical care in a high-prevalence setting (defined as a geographic location, or community with an HIV seroprevalence of at least 1%)
- Other conditions and circumstances:
  - HIV infection
  - Sexually active persons about to start pre-exposure prophylaxis (PreP) for HIV
  - Solid organ donors (deceased and living)
  - Unexplained chronic liver disease and/or chronic hepatitis, including elevated alanine aminotransferase (ALT) levels
- Annual HCV testing is recommended for persons who inject drugs and HIV-infected men who have unprotected sex with men. Periodic testing should be offered to other persons with ongoing risk factors for HCV exposure