Treatment for Hepatitis C Genotype 4: No Longer Scary

October 31, 2016 By Lucinda K. Porter RN

Worldwide, approximately 13 percent of patients with chronic hepatitis C infection have genotype 4. In the Middle East and Sub-Saharan African roughly half of the hep C cases are genotype 4. This figure jumps to 90 percent in Egypt, where roughly 11 percent of the population tests positive for hepatitis C-antibody.

Genotype 4 has been difficult to treat. A small study published in the October 2016 issue of Hepatology, showed good results using Harvoni (ledipasvir/sofosbuvir) for 12 weeks. The phase 2 study enrolled 44 subjects with varying subtypes; 10 had cirrhosis; half had no prior treatment. All subjects completed treatment and 3 relapsed within 4 weeks of completing treatment. Interestingly, none of those who relapsed had cirrhosis. Treatment was well-tolerated with mild side effects of weakness, headache, and fatigue.

Although this is fairly new research, note that the AASLD/IDSA's HCV Guidelines have been recommending this and the newer Epclusa for the treatment of Genotype 4 hepatitis C. Here are their recommendations, listed in descending order by the strength of evidence:

- Technivie plus ribavirin for 12 weeks
- Epclusa for 12 weeks
- Zepatier for 12 weeks
- Harvoni for 12 weeks

The evidence for Epclusa versus Technivie/ribavirin are quite close. Since Epclusa doesn't use ribavirin, it makes it an attractive choice.

The recommendations are the same for those with compensated cirrhosis. Here is a link of recommended hepatitis C treatments for those with decompensated cirrhosis.

© 2026 Smart + Strong All Rights Reserved.