Updated Hepatitis C Recommendations

June 4, 2018 By Lucinda K. Porter RN

The HCV Guidelines provide the backbone for how hepatitis C is managed in the United States. More formally known as Recommendations for Testing, Managing, and Treating Hepatitis C, this living document is provided by the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA), in collaboration with the International Antiviral Society–USA (IAS–USA). It is constantly being updated, and here are the most recent recommendations.

Hepatitis C and Pregnancy

- All pregnant women should be tested for HCV infection, ideally at the initiation of prenatal care.
- For women of reproductive age with known infection, hepatitis C treatment is recommended before considering pregnancy, whenever practical and feasible, to reduce the risk of hep C transmission to future offspring. Treatment during pregnancy is not recommended.
- Here are recommendations for monitoring women with hepatitis C during pregnancy.
- Women should have their hepatitis C reevaluated after delivery to assess for spontaneous clearance.
- Women with hepatitis C may safely breastfeed, except when the mother has cracked, damaged, or bleeding nipples, or in the context of HIV coinfection.

Hepatitis C and Men Who Have Sex With Men (MSM)

- Annual hepatitis C testing (or more frequent) for sexually active HIV-infected adolescent and adult MSM.
- Hep C testing at HIV pre-exposure prophylaxis (PrEP) initiation and at least annually thereafter (while on PrEP) is recommended in HIV-uninfected MSM.
- Annual (or more frequent) hepatitis C testing with viral load is recommended for sexually active MSM after successfully treated or spontaneously cleared hep C infection.

Hepatitis C and People Who Inject Drugs (PWID)

- Annual hepatitis C testing is recommended for PWID with no prior testing, or past negative testing and subsequent injection drug use. More frequent testing may be necessary for people with higher risk levels.
- Substance use disorder treatment programs and needle/syringe exchange programs should offer routine, opt-out HCV-antibody testing with reflexive or immediate confirmatory viral load testing and linkage to care for those who are infected.
- PWID should be counseled about measures to reduce the risk of hep C transmission to others.
- PWID should be offered linkage to harm reduction services when available, including needle/syringe service programs and substance use disorder treatment programs.
- Active or recent drug use or a concern for reinfection is not a contraindication to hepatitis C treatment.
- Annual (or more frequent) viral load testing for PWID with recent injection drug use after they have spontaneously cleared HCV infection or have been successfully treated.

Hepatitis C and Corrections

- Jails should implement opt-out hepatitis C testing consisting of HCV-antibody testing followed by confirmatory viral testing if antibody-positive.
- Chronically infected individuals should receive counseling about hep C infection and be provided linkage to follow-up community healthcare for evaluation of liver disease and treatment upon release.
- Chronically infected individuals whose jail sentence is sufficiently long to complete a recommended course of antiviral therapy should receive treatment for chronic HCV infection according to AASLD/IDSA guidance while incarcerated. Upon release, patients should be provided linkage to community healthcare for surveillance for HCV-related complications.
- Prisons should implement opt-out hepatitis C testing. Chronically infected individuals should receive antiviral therapy according to AASLD/IDSA guidance while incarcerated. Upon release, patients should be provided linkage to community healthcare for surveillance for HCV-related

complications.

- To prevent reinfection and reduce the risk of progression of HCV-associated liver disease, prisons should provide harm reduction and evidence-based treatment for underlying substance use disorders.
- Jails and prisons should facilitate continuation of hepatitis C therapy for individuals on treatment at the time of incarceration.

KUDOS to the HCV Guidance team. Click here for more information.

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