

Health Alerts

Health Advisory #160 - Hepatitis C Virus Guidance For Physicians - January 23, 2006

Hepatitis C virus (HCV) infection is a major public health problem, a leading cause of chronic liver disease throughout the world, and the leading cause of death from liver disease in the United States (U.S.). In New York State (including New York City), there are an estimated 237,000 people with chronic hepatitis C (CHC) based on surveys from the Centers for Disease Control and Prevention (CDC). These estimates of prevalence are likely conservative, because they do not include institutionalized or homeless persons, groups that have a high prevalence of HCV infection.

HCV infection is a reportable disease in New York State (10NYCRR2.1). Reporting guidelines have always emphasized the reporting of new acute cases of HCV; however, as of 2002, reporting guidelines also emphasize the requirement of reporting both new acute and chronic HCV cases. In January 2003, CDC made CHC a nationally reportable disease resulting in the New York State Department of Health (NYSDOH) submitting all reported cases of CHC to CDC on a weekly basis.

Role of the Primary Care Provider

Primary care providers (PCPs) are considered the gatekeepers of health care in the U.S. and are in a key position to diagnosis those with hepatitis C. Because HCV is often silent until late in the disease process, it is important that PCPs are able to correctly identify patients at risk for hepatitis C, utilize appropriate diagnostic testing, provide referral for further evaluation with or without treatment, and provide counseling.

Clinical Guidelines for the Management of Hepatitis C

In November 2005, the NYSDOH released Clinical Guidelines for the Management of Hepatitis C. The purpose of the guidelines is to provide clinicians with practical, state-of-the-art information on the diagnosis, medical management, and prevention of HCV infection. While the field of HCV medicine is still evolving, these guidelines review the currently available evidence to support the recommendations, and, where published data are lacking, present standards of care as recommended by the panel. A full copy of the guidelines can be found on the NYSDOH Hepatitis Web site at www.health.state.ny.us/diseases/communicable/hepatitis.

Guideline Highlights

Risk Assessment and Screening

The guidelines highlight the need for PCPs to take the lead role in risk assessing and screening clients for the common risk factors associated with hepatitis C infection. The guidelines emphasize that all persons be assessed for the risks associated with hepatitis C. Furthermore, the guidelines recommend providers screen all persons with identified risk for hepatitis C and to make screening available to those that request it. Risk assessment and screening will not only

help identify those patients infected with HCV, but it will also facilitate appropriate counseling and education.

Diagnosis

Testing for hepatitis C virus can be complicated. The clinical guidelines provide a concise review of the testing modalities available for HCV infection. The guidelines also contain a simplified screening algorithm based on the patient's risk, low, moderate, or high. Screening initially begins with the anti-HCV using EIA (enzyme immunoassay) confirmed with a more sensitive test such as a RIBA (recombinant immunoblot assay) or HCV PCR (polymerase chain reaction). The guidelines comment on liver biopsy as well as non-invasive tests to assess liver fibrosis, and screening for hepatocellular carcinoma.

Additional Guideline Sections

Additional sections of the guidelines include:

1. **Treatment:** This section addresses the complexity of hepatitis C treatment. Hepatitis C treatment may be complex to administer and requires careful patient monitoring for the occurrence of adverse events and dose adjustments, as needed. Treatment should be considered for all patients with detectable HCV RNA and an abnormal liver biopsy, regardless of the presence or absence of liver enzyme elevation; however, many additional factors must be considered before initiating therapy. The treatment of choice is pegylated interferon plus ribavirin.
2. **Medical Management:** This section addresses the management of patients with hepatitis C and unstable alcohol use and/or unstable psychiatric illness, and recommends a multidisciplinary team approach in caring for HCV patients with active co-existing alcohol, substance abuse disorders and/or psychiatric illnesses who are not ready for antiviral treatment.
3. **Post-exposure Management:** This section includes an algorithm highlighting the necessary steps to be taken after a person has an occupational exposure, such as a needlestick injury.
4. **Prevention and Counseling:** This final section details the elements of hepatitis C counseling before and after HCV testing. Counseling should be conducted to provide health education and to strengthen the therapeutic alliance between the medical provider and the patient.

Additional Information

Additional information on hepatitis C, and hepatitis A and B, can be found on the NYSDOH Hepatitis Web site at www.health.state.ny.us/diseases/communicable/hepatitis. This Web site contains information for consumers and providers. In addition to the Web site, the NYSDOH offers free materials to educate patients about hepatitis A, B, and C. Materials include brochures, posters for provider offices, and other items and can be ordered by using the Educational Materials Order Form found on the Web site.