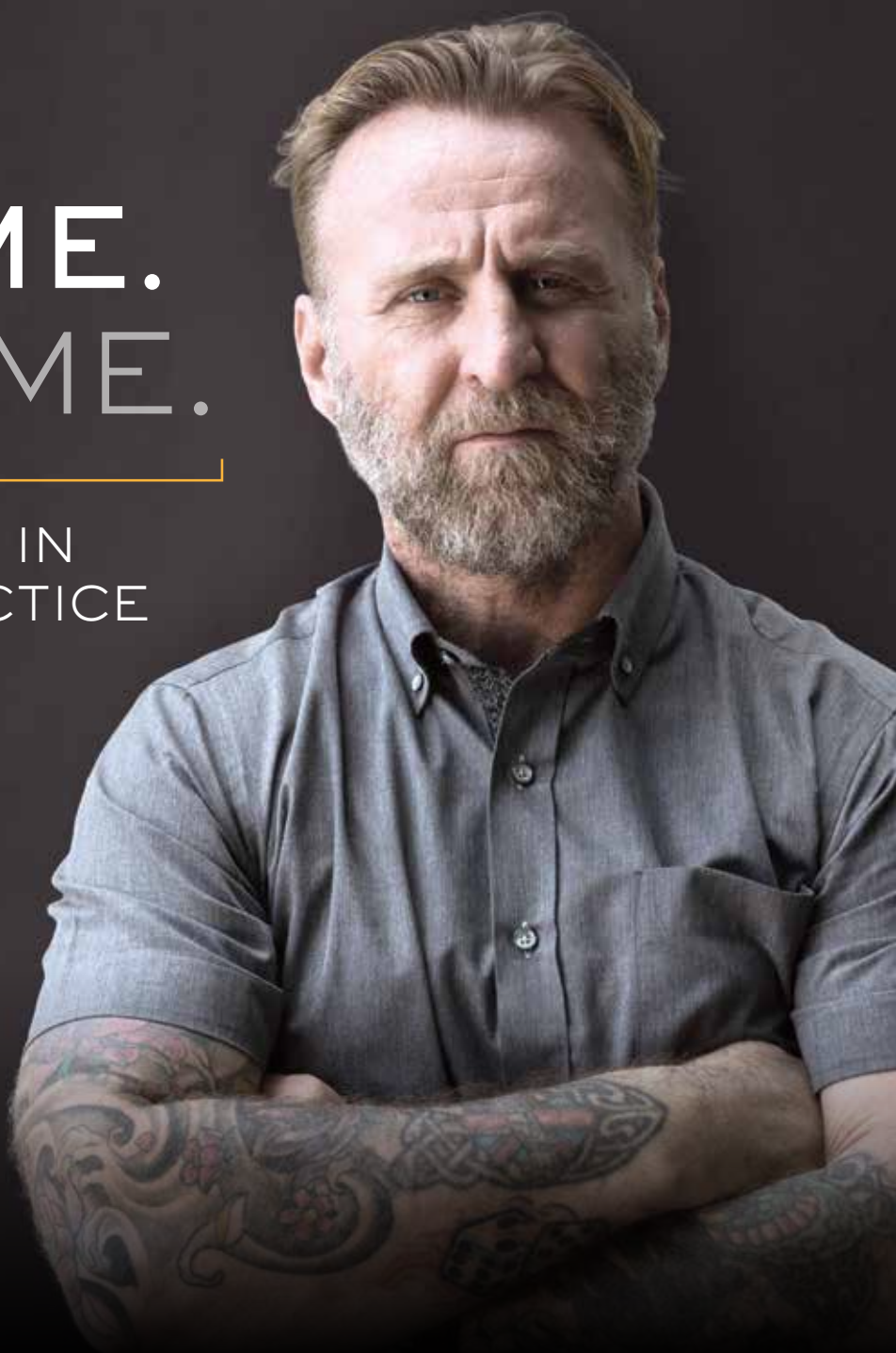
TEST ME.
TREAT ME.

HEPATITIS C IN GENERAL PRACTICE



HCV

The person shown is a model and is not a patient.

WHAT'S COVERED IN THIS BOOKLET

New Zealand has adopted the World Health Organisation's goal to eliminate viral hepatitis by 2030.[1]

Primary care plays an important role in supporting the testing, diagnosis and treatment of people living with hepatitis C (hep c).[2]

This booklet has been designed to assist primary healthcare providers to identify and treat patients.

WHY IS TESTING AND TREATING HEPATITIS C IMPORTANT?

Hepatitis C (hep C) is a liver infection caused by the hepatitis C virus (HCV).[3] It is passed by blood-to-blood contact.[3] Only small amounts of blood are needed to spread the virus and it can live outside the body for up to 6 weeks.[4]

There are approximately 50,000 people in New Zealand with hep C, however it is estimated that only half have been diagnosed.[5]

Chronic hep C is a serious disease that can result in long-term health problems including increased risk of developing liver complications, e.g. cirrhosis and liver cancer.[2,3]

TODAY'S HEP C TREATMENT OPTIONS

- Fully funded, all-oral, direct-acting antiviral (DAA) medicines can cure most people living with chronic hep C.[6-8]
- Cure means no detectable HCV RNA is found in a blood test taken 12 weeks after treatment has finished.[9]
- DAAs can be prescribed by General Practitioners.[6]

"With the new oral antiviral treatments, it's very easy to treat hepatitis C in primary care."
Associate Professor Catherine Stedman, Gastroenterologist and Hepatologist

DO YOU HAVE UNDIAGNOSED HEP C PATIENTS?

Symptoms of hep C[2,3]

Symptoms of both acute and chronic HCV are often absent or non-specific and include fatigue, nausea, abdominal pain, muscle aches or jaundice.

Many people have no symptoms so chronic hep C can go undetected for many years.

"The most common symptoms I see are fatigue and brain fog."
Associate Professor Catherine Stedman, Gastroenterologist and Hepatologist

Risk Factors for hep C

Test people if they can say "yes" to any of these:[2,9,10]

- Ever had a **tattoo or body piercing** done using unsterile equipment or somewhere other than a licensed studio?
- Received a **blood transfusion prior to 1992?**
- **Ever taken drugs** through needles or the nose – even once?
- Ever had **jaundice or abnormal liver function?**
  - 25% of people with hep C have normal liver function
- Ever **lived in or received health care in regions with high HCV prevalence:** South- East Asia, Indian subcontinent Middle East, Eastern Europe?
  - Hep C was not a mandatory test for immigrants prior to 2012[11]
- **Mother or household member with hepatitis C?**
- **Ever been in prison?** Due to the prevalence of HCV in the prison population and the use of potentially contaminated tattooing equipment[16]

Less common risks include:[3]

- Sexual practices which may risk blood contact with a person who is infected with the hep C virus
- Sharing personal care items, such as razors or toothbrushes that have come in contact with the blood of an infected person

75% of people with hep C were **born during 1945-1965**[12]

HINTS FOR FINDING HEP C IN YOUR PRACTICE

You can easily add a hep C test to your patient's health check-ups, e.g. men's health or cardiovascular or methadone tests.†

You can also test for hep C when you test for hep B.[13,14]

"In practice, a reasonable approach is to offer HCV testing to patients with risk factors and ensure that new patients with risk factors are identified on enrolment."[2]

bpac^nz Hepatitis C management in primary care has changed. 2019.

†Testing is not funded by all pathology laboratories without specific risk factors being provided in patient history/doctor's comments.

HOW TO TEST FOR HEP C

Acute HCV refers to the few months immediately after someone is infected.[3]
For unknown reasons, up to 25% of infected people spontaneously clear the virus in the first 6 months without treatment but will remain HCV antibody positive for their lifetime.[3]
This does not protect them against re-infection.[3]

Most people cannot spontaneously clear the virus and instead develop a chronic infection.[3]

Hep C antibody test (hep C Ab)

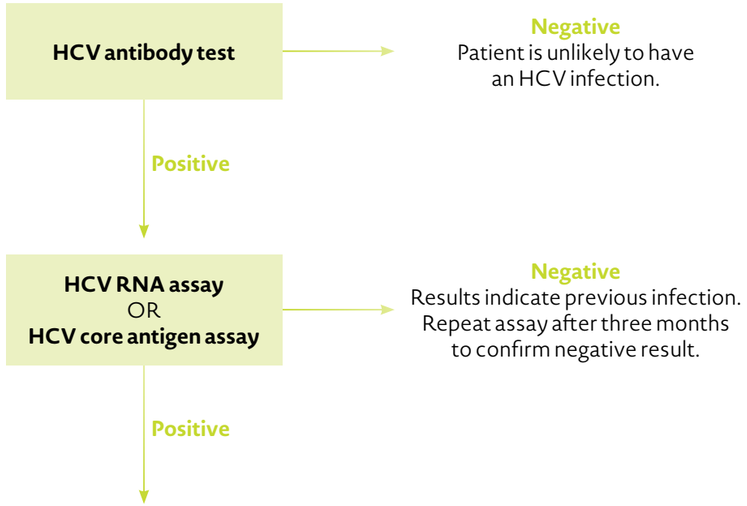
A positive antibody test indicates that the patient has been exposed to the virus at some point in their life; it doesn't necessarily mean the person is currently infected with HCV.[3]

Following exposure to the virus, it may take up to 3 months for hep C antibodies to present in blood, although the test is usually positive after 6 weeks.[15]

PCR (polymerase chain reaction) or HCV RNA (ribonucleic acid) test

A positive RNA test confirms the presence of viral RNA in the blood and current HCV infection.[3]

INTERPRETING HEP C TESTS[3]



Adapted from bpac[nz] Management of hepatitis C in primary care has changed. 2019.[3]

ASSESSING YOUR CHRONIC HCV PATIENT FOR CIRRHOSIS

Signs of cirrhosis may include jaundice, abdominal pain, splenomegaly, ascites, decreased serum albumin, elevated serum bilirubin, and high INR (>1.3). Decreased platelet count (<150×109/L).[3]

For the comprehensive list of risk factors for cirrhosis based on clinical examination and patient history please see bpac[nz] Pre-treatment assessment for patients with chronic HCV infection.[3]

Use a blood test to calculate the APRI ratio (Aspartate aminotransferase (AST) to platelet ratio index)[3]

APRI scores:[7]

<1.0 is consistent with no cirrhosis.

≥ 1.0 indicates that there may be cirrhosis.

An **APRI score calculator** is available from hepatitisc.uw.edu/page/clinical-calculators/apri

A liver scan (Fibroscan) will determine stage of liver disease.

A liver stiffness measurement of F3-F4 (≥12.5 kPa) indicates bridging fibrosis or cirrhosis.[3]

Local guidelines recommend discussing with a gastroenterologist or refer to secondary care those patients:[3]

- With cirrhosis
- Who have previously been unsuccessfully treated with other hep C medicines
- With uncertain results from investigations for liver pathology
- With eGFR < 30 mL/min/1.73 m^2
- With hepatitis B or HIV co-infection
- APRI>/= 1.0 and liver stiffness measurement ≥12.5kpa on liver elastography

DO YOU HAVE PREVIOUSLY DIAGNOSED BUT UNTREATED PATIENTS?

Undertake a query build in MedTech or MyPractice to define the cohort of people in your practice with a diagnosis of hepatitis C and those who may be indicated for treatment.

MedTech search terms that may be used:

Blood transfusion [before 1992]
Chronic active Hepatitis
Chronic Hepatitis
Chronic Hepatitis unspecified
Chronic Hepatitis NOS
Chronic Persistent Hepatitis
Cirrhosis
Country of origin south East Asian, Middle East, Eastern Europe and Africa
Diseases of liver
Drug use
Drug abuse opioids
Family member in prison
Hepatitis C*
Hepatitis Notification
Hepatitis Unspecified
Hepatitis Unspecified NOS
Hep C ab pos 24
Hep C group pos 1305
Hep C antiHCV pos 952
Infective Hepatitis
IV drug use
IVDU
Methadone
Prison
Recurrent Hepatitis
Sex worker
Viral Hepatitis
Viral Hepatitis Carrier
Viral Hepatitis in pregnancy

*Ideally a confirmed diagnosis of Hepatitis C should be coded as "A70z0" with a note made of "awaiting treatment", "Treatment/cured" or "Treatment failure". Allows for simplified future queries.

My Practice

Code is "hepatitis"

FOR MORE INFORMATION

Chronic Hepatitis C HealthPathway
Most regions have a localised Chronic Hepatitis C HealthPathway which provides region-specific information on testing, fibroscanning and treatment.

Hep C disease awareness website
hepCinfo.co.nz prepared by AbbVie Limited.

Hepatitis Foundation of New Zealand
hepatitisfoundation.org.nz

Ministry of Health
health.govt.nz/our-work/diseases-andconditions/hepatitis-c

Community Alcohol and Drug Services, Auckland
cads.org.nz

New Zealand Needle Exchange Programme
nznep.org.nz

bpacnz
bpac.org.nz/hepc

1. Eliminating Hepatitis C in New Zealand Green Paper. Presented to the Minister of Health by the Hepatitis C Summit Steering Committee. October 2018. https://researchspace.auckland.ac.nz/bitstream/handle/2292/45012/Green%20Paper%20National%20Action%20Plan%20for%20Hepatitis%20C%20in%20NZ.pdf?sequence=2. Accessed February 2020. 2. BPACnz Hepatitis C management in primary care has changed. https://bpac.org.nz/2019/hepc/overview.aspx Accessed September 2019. 3. Centers for Disease Control and Prevention. Hepatitis C. General Information. https://www.cdc.gov/hepatitis/HCV/PDFs/HepCGeneralFactSheet.pdf Accessed September 2019. 4. Paintsil E et al. The Journal of Infectious Diseases 2014;209:1205-11. 5. Gane E, Stedman C, Brunton C, et al. N Z Med J 2014;127:61–74. 6. PHARMAC. Pharmaceutical Schedule. https://www.pharmac.govt.nz/2019/09/01/Schedule.pdf Accessed September 2019. 7. MEDSAFE. New Zealand Medicines and Medical Devices Safety Authority. https://www.medsafe.govt.nz/ Accessed September 2019. 8. Australian recommendations for the management of hepatitis C virus infection: a consensus statement (September 2019). https://www.asid.net.au/documents/item/1208 Accessed September 2019. 9. AASLD and IDSA. HCV Testing and Linkage to Care. www.HCVGuidance.org Accessed September 2019. 10.Centers for Disease Control and Prevention. Hepatitis C FAQs for the Public. https://www.cdc.gov/hepatitis/hcv/cfaq.htm. Accessed September 2019. 11. Data on File. Immigration New Zealand. 12. CDC People Born 1945-1965 (Baby Boomers) https://www.cdc.gov/hepatitis/populations/1945-1965.htm Accessed September 2019. 13. Liu Z, Hou J, International Journal of Medical Science 2006;3(2):57-62. 14. Immunization Coalition. 2017. www.immunize.org/catg.d/p4042.pdf • Item #P4042 (6/17) Accessed October 2019. 15. ASHM. Hepatitis C. Your crucial role as a primary health care nurse. ASHM_HEP_C_ADVOCACY_Tool%20(2).pdf Accessed October 2019. 16. Centers for Disease Control and Prevention. Hepatitis C & Incarceration. https://www.cdc.gov/hepatitis/hcv/pdfs/hepcincarcerationfactsheet.pdf Accessed February 2020.

AbbVie Limited P O Box 11437 Manners Street Wellington 6142.
TAPS PP4706. NZ-VHCV-190036. HCV0049. March 2020.

abbvie