






Hepatitis C virus infection

Hepatitis C virus (HCV) infection affects more than 230,000 people in Australia and is a common cause of chronic liver disease. It is estimated that 20% of people remain undiagnosed. New direct-acting antiviral (DAA) therapies are now available on the PBS and are well tolerated and highly efficacious. DAAs are increasingly being prescribed by GPs in the community setting. GP registrars need to know which patients to opportunistically test, how to investigate a patient with a positive test, and how to manage HCV in the general practice setting.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Pathophysiology of hepatitis C • Risk factors for hepatitis C and case-finding – IVDU, abN LFT, refugees etc. • Investigation and pre-treatment assessment of HCV infection • PBS criteria for treatment <ul style="list-style-type: none"> - Potential drug interactions with HCV medications - Approach to management and local referral routes 				
PRE- SESSION ACTIVITIES 	<ul style="list-style-type: none"> • Read the 2016 AFP article A practical overview of the treatment of chronic hepatitis C virus infection (though there have been recent changes in treatment options and monitoring) 				
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • Some countries have a very high population prevalence of HCV e.g. Egypt • The appropriate initial test for HCV infection is serology (HCV antibodies) • 20% of people will spontaneously clear HCV infection but will continue to have HCV Ab – active HCV needs to be confirmed with a PCR test • All patients with chronic HCV infection should be tested for HCV genotype • Use the APRI score in combination with clinical assessment to determine likelihood of cirrhosis and need for FibroScan • Strict adherence to DAAs is critical for effective treatment - there should be no break in continuity of treatment 				
RESOURCES 	<table border="1"> <tbody> <tr> <td data-bbox="336 1731 435 1861">Read</td> <td data-bbox="435 1731 1489 1861"> <ul style="list-style-type: none"> • ASHM HCV Quick Reference Tool • Australian recommendations for the management of hepatitis C virus infection: a consensus statement (September 2018) </td> </tr> <tr> <td data-bbox="336 1861 435 1921">Listen</td> <td data-bbox="435 1861 1489 1921"> <ul style="list-style-type: none"> • 2016 Radio National story </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • ASHM HCV Quick Reference Tool • Australian recommendations for the management of hepatitis C virus infection: a consensus statement (September 2018) 	Listen	<ul style="list-style-type: none"> • 2016 Radio National story
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FOLLOW UP/ EXTENSION ACTIVITIES 	<ul style="list-style-type: none"> • Registrar to undertake clinical reasoning challenge and discuss with supervisor 				



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Clinical Reasoning Challenge

Sam is a 46-year-old project manager who has been recalled to the surgery with persistent mildly elevated LFTs. He is asymptomatic, drinks minimal alcohol, is not overweight, and takes no medications. You wish to explore his risks of hepatitis C infection.

QUESTION 1. What are the MOST IMPORTANT key features of history in helping to stratify his risk of possible hepatitis C infection? List as many as appropriate.

QUESTION 2. Serological testing confirms HCV antibody positive, and HBV/HIV serology is negative. Liver ultrasound is unremarkable. What is the MOST IMPORTANT next investigation?

QUESTION 3. You plan to offer DAA treatment for the chronic HCV infection. What important aspects of management do you need to discuss with Sam. List as many as appropriate.

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ANSWERS

QUESTION 1

What are the MOST IMPORTANT key features of history in helping to stratify his risk of possible hepatitis C infection? List as many as appropriate.

- History of injecting drug use
- History of time in prison
- Previous tattoos or body piercing
- Having received blood products or an organ transplant before 1990
- Born to HCV-infected mothers
- Sexual partner of an HCV-infected person
- Co-infection with HIV or HBV
- History of a needle-stick injury
- Migrants from high-prevalence regions (Egypt, Pakistan, Mediterranean and Eastern Europe, Africa and Asia)

QUESTION 2

Serological testing confirms HCV antibody positive, and HBV/HIV serology is negative. Liver ultrasound is unremarkable.

What is the MOST IMPORTANT next investigation?

- HCV RNA and genotype

QUESTION 3

You plan to offer DAA treatment for the chronic HCV infection. What important aspects of management do you need to discuss with Sam. List as many as appropriate.

- Need to assess level of fibrosis/cirrhosis
- Vaccination against HAV and HBV
- Need to assess all concomitant medications for risk of interaction
- Medication is well tolerated and highly effective (95% cure rate)
- Need for strict adherence to treatment