

Hepatitis C Prevention Pocket Guide

Management of patients in primary care settings

- **Test all adults** aged 18 and older at least once in their lifetime. Conduct routine testing for all adults aged 18 and older with known increased risk*, and anyone who requests testing regardless of known or perceived risk.
 - Recommended tests include a hepatitis C (HCV) antibody test (anti-HCV) and a nucleic acid test (NAT), commonly called a PCR or an RNA test. The best practice is anti-HCV testing with automatic reflex to NAT testing.
- **Interpret results** using the workflow on the back of this card.
- **Provide or refer for** follow-up care for patients with diagnosed HCV, including counseling on options for HCV cure. Offer the following:
 - Information on modes of HCV transmission and guidance on how to prevent transmission to close contacts, including drug-use and sexual contacts.
 - Referral to substance use disorder treatment and/or mental health care as necessary.
- **Offer** hepatitis A vaccine to patients who are unvaccinated or have not completed the hepatitis A vaccine series. Offer hepatitis B vaccine to patients who are unvaccinated or have not completed the hepatitis B vaccine series and do not already have HBV infection.

Additional considerations for patients with known increased HCV risk or co-occurring diagnoses

In addition to the steps listed above, consider the following for patients with known increased risk or with co-occurring diagnoses:

- **People who inject drugs:** Refer patient to a syringe service program and provide education on the importance of never sharing injection drug use equipment.
- **People with an HBV or HIV diagnosis:** Refer or provide follow-up care for hepatitis B and/or HIV care management.
- **Men who have sex with men and people with multiple partners:** Provide patient education on safer sex practices, including the use of barrier contraceptives, HIV PrEP and doxy PEP.

Hepatitis C treatment

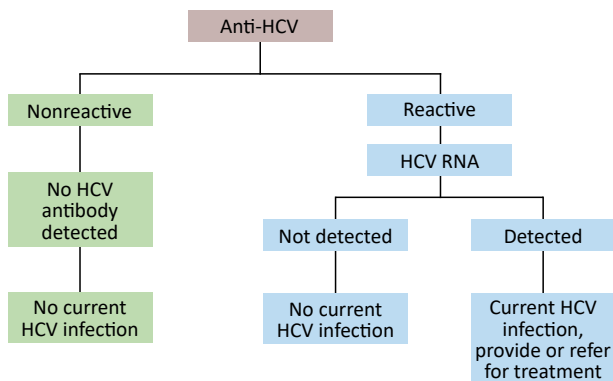
- **Treatment is successful** in over 95% of cases and usually takes only eight to 12 weeks.
- Treatment consists of **pills taken by mouth** each day.
- Successful HCV treatment means that a person has been **cured of their infection**. However, HCV treatment **does not prevent reinfection**.

*Individuals at increased risk include people with certain medical conditions, including individuals who receive maintenance hemodialysis and people who currently inject drugs and share needles, syringes or other drug use equipment.

Management of perinatal hepatitis C

- **Test pregnant persons** for HCV during every pregnancy.
- **Interpret results** using the workflow below.
- **Test all perinatally exposed infants** between 2-6 months of age for HCV RNA using a NAT test. If testing is delayed, children aged 7-17 months should still receive a NAT test, while children 18 months or older should undergo the standard testing routine recommended below (anti-HCV with automatic reflex testing to HCV RNA).
- **Refer or provide care** in partnership with a provider who has expertise in pediatric hepatitis C management for all infants with a detectable RNA result.
 - Infants with an undetectable RNA result do not require additional follow-up.
 - Hepatitis C treatment is approved for children 3 years of age and older.

Hepatitis C diagnostic workflow



For help interpreting results, contact MDH.

References

- [CDC: Clinical Screening and Diagnosis for Hepatitis C](https://www.cdc.gov/hepatitis-c/hcp/diagnosis-testing/index.html)
- [AAP: Perinatal Hepatitis C](https://www.aap.org/en/patient-care/perinatal-hepatitis-c/)