

Hepatitis B and C Guideline: side 1 - HCV

Hepatitis B and C can be cured. This guideline is designed to help the primary care provider identify patients and provide the ongoing care needed to prevent complications caused by these infections. It can be used whether you treat, refer or monitor.
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Whom to Screen: Recommendations are available from The National Institutes of Health (NIH), Institute of Medicine (IOM), U.S. Centers for Disease Control and Prevention (CDC), and the U.S. Preventive Services Taskforce (USPSTF). They are based on the following criteria: 1) the evidence indicates that screening improves health outcomes and that the benefits outweigh harms, and 2) in the absence of strong evidence, the screening represents prudent clinical and/or public health practice.

HBV:

- All pregnant women (IOM, CDC, NIH, USPSTF rating = A)
- Children born to hepatitis B infected mothers (NIH, IOM, CDC)
- Household contacts (NIH, CDC)
- Sexual contacts (NIH, CDC)
- Born in regions with high rates of HBV infection (NIH, IOM, CDC)*
- Persons who have ever injected drugs illicitly (NIH, IOM, CDC)
- Persons with multiple sexual partners (IOM, CDC)
- Persons with a history of sexually transmitted infections (IOM, CDC)
- Men who have sex with men (NIH, CDC)
- Inmates of correctional facilities (IOM, CDC)
- Persons with HIV (IOM, CDC)
- Healthcare worker exposures at risk for percutaneous and permucosal exposures (CDC:MMWR 1997; 46(22))

- Patients undergoing renal dialysis (CDC)

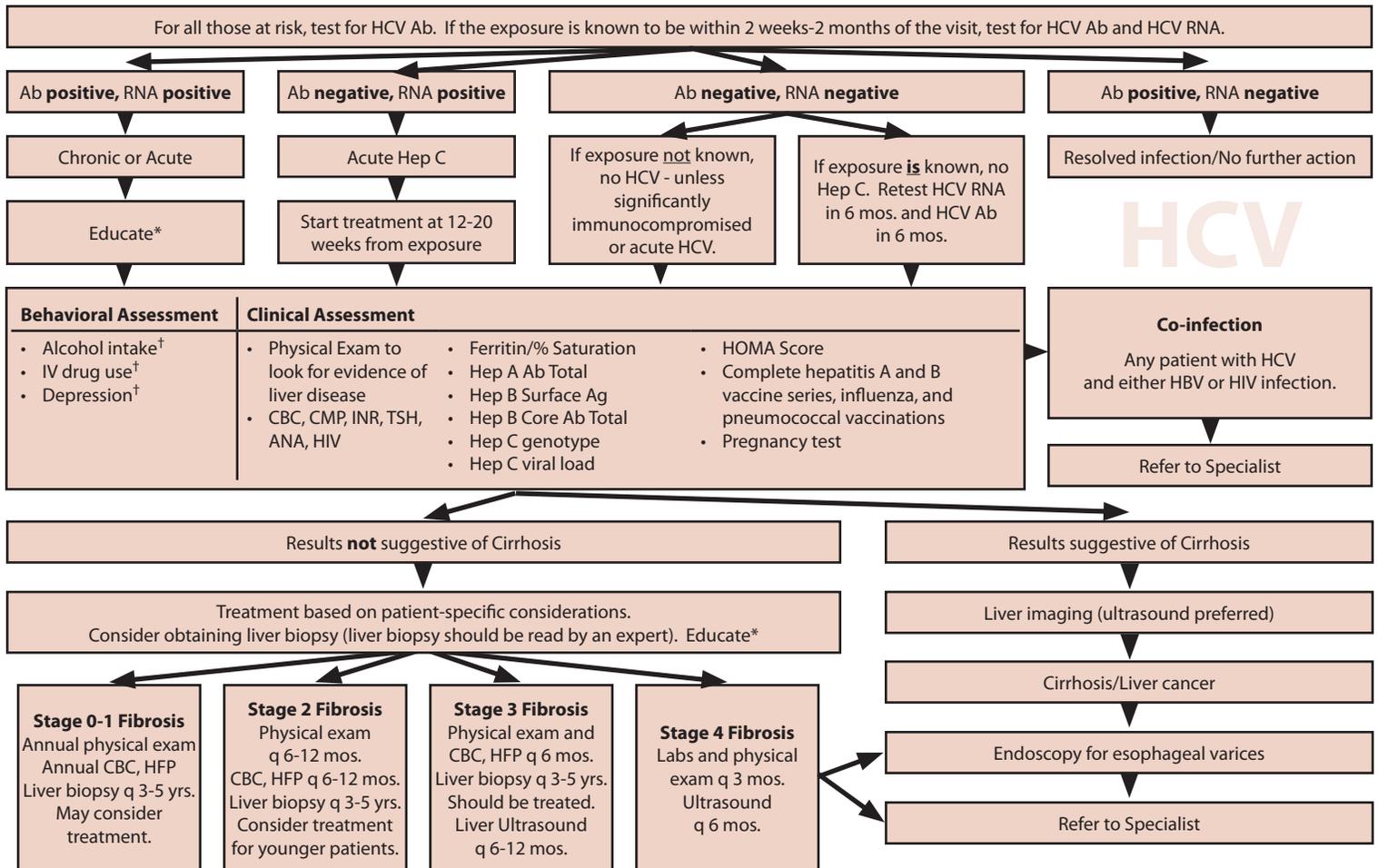
HCV:

- Illicit injection drug use even once in the distant past - especially if drugs, equipment, paraphernalia or rinse water were shared (IOM, CDC, NIH)
- Persons with HIV (IOM, CDC)
- Received blood products, organ transplant, or a transfusion prior to 1992 (IOM, CDC, NIH prior to 1990)
- Children born to HCV-infected mothers (IOM, CDC, NIH)
- Health care, emergency medical and public safety workers after a needle stick injury or mucosal exposure to HCV-positive blood (CDC, NIH)
- Current sexual partners of HCV-infected persons (CDC, NIH). All agree that the risk is rare among monogamous couples, and that the risk increases with higher-risk sexual activity

Ask: Have you ever been exposed to another person's blood through broken skin or mucous membranes (e.g. blood transfusion, needlestick injury, first responder, or combat related exposures)? • Have you ever shared syringes, needles, drugs, tattoo equipment, or body art ink or implements with another person? • Have you ever been treated for a sexually transmitted disease or have you been the sex partner of someone that was treated for a sexually transmitted disease?

Diagnostic Testing and Management of Hepatitis C Virus (HCV):

Report all suspected cases to the health department within 7 days at 1-800-866-2759 outside Denver or 303-692-2700 in the Denver metro area.



Goals of Treatment:

To cure HCV infection. To prevent complications and death from HCV infection. Outcomes can include sustained virologic response (cure), improved histology, and normalization of serum ALT levels.

Treatment Workup:

Pregnancy risk/contraception and baseline eye exam. Review behavioral assessment. Consult AASLD guidelines and the package inserts for more information.

HCV Therapeutic Agents:

The currently recommended therapy for chronic HCV infection is the combination of a pegylated interferon and ribavirin unless patient has a contraindication to ribavirin.

Adverse Event Monitoring:

See HealthTeamWorks Hepatitis B and C webpage.

*For educational resources, see HealthTeamWorks Hepatitis B and C webpage, †See HealthTeamWorks Guideline

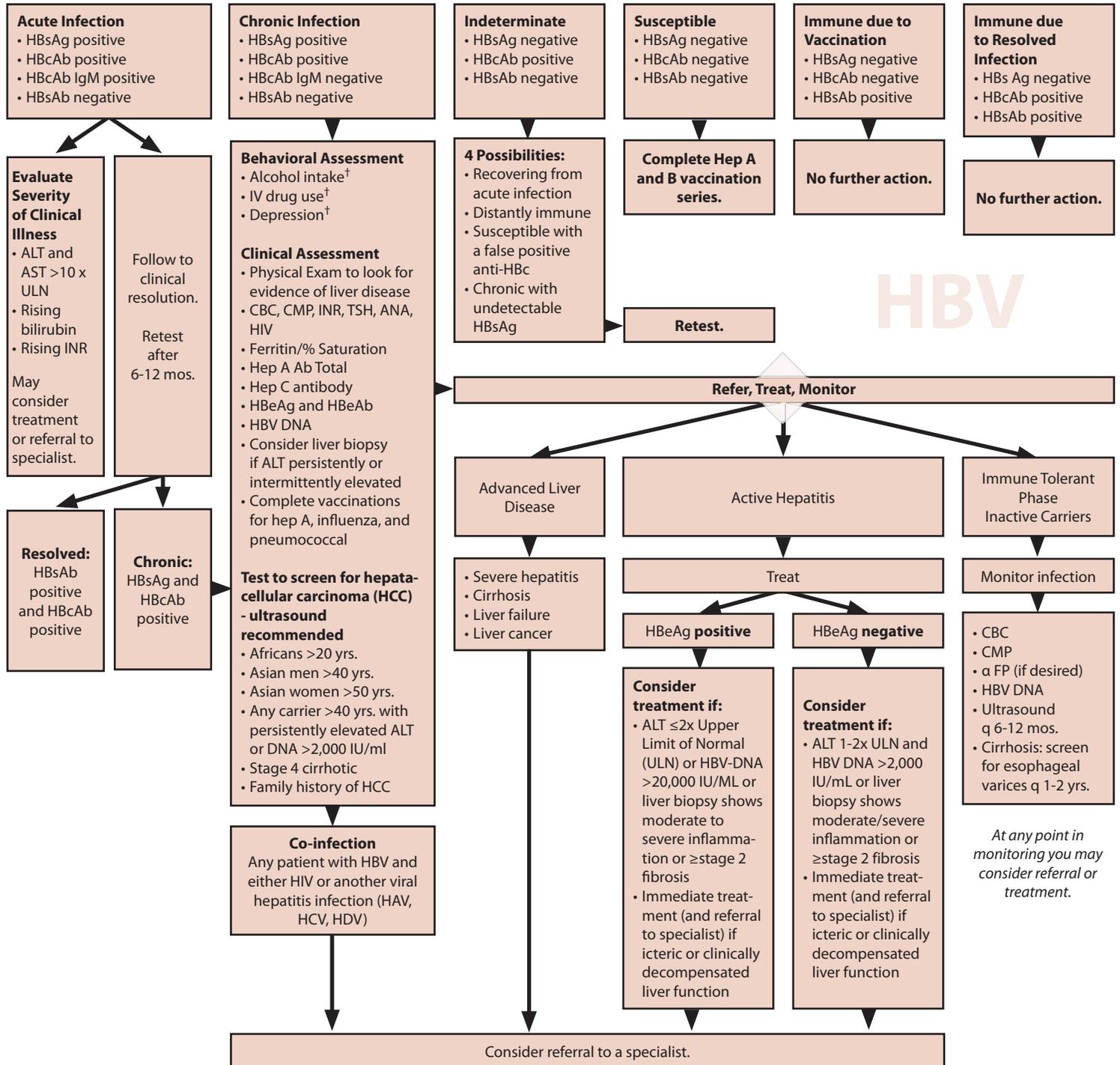
Hepatitis B and C Guideline: side 2 - HBV

Hepatitis B and C can be cured. This guideline is designed to help the primary care provider identify patients and provide the ongoing care needed to prevent complications caused by these infections. It can be used whether you treat, refer or monitor.
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Diagnostic Testing and Management of Hepatitis B Virus (HBV):

Report all suspected cases to the health department within 7 days at 1-800-866-2759 outside Denver or 303-692-2700 in the Denver metro area.



Goals of Treatment:

Sustained suppression of HBV replication, normalization of liver functions, prevent or delay progression of liver disease, and/or resolve infection.

Treatment Workup:

Pregnancy risk/contraception and if considering interferon therapy, baseline eye exam. Review behavioral assessment and clinical assessment. Providers managing the treatment of hep B should be familiar with the AASLD treatment guidelines for hep B.

HBV Therapeutic Agents:

Drugs Approved for Treatment of Hepatitis B:
Preferred: Interferon α 2B, Pegylated Interferon α 2a, Entecavir (ETV), Tenofovir (TDF).
Not first line: Adefovir (ADV), Telbivudine (LdT), Lamivudine (LAM).

Adverse Event Monitoring:

See HealthTeamWorks website.

[†]See HealthTeamWorks Guideline