

## Hit the road Hep C...and don't you come back no more...!

Pearls for practice

Dr. Mat Rose

### Key Messages

#### Who should be tested for the hepatitis C virus (HCV)?

- Individuals at high risk, as defined by the Canadian Task Force on Preventive Health Care.
- Current or past history of injection drug use
- History of incarceration
- Born, resided, or had medical/dental treatment in HCV-endemic countries (Table 1)
- Received health care where there is a lack of universal precautions
- Recipients of blood transfusions, blood products, or an organ transplant before 1992
- Hemodialysis patients
- Individuals who have had needle stick injuries
- Other risks sometimes associated with HCV exposure, such as:
  - High-risk sexual behaviours (e.g. working in the sex industry, men who have sex with men, those with multiple partners, or HIV infection), homelessness, intranasal and inhalation drug use, tattooing, body piercing, or sharing sharp instruments or personal hygiene materials with someone who is HCV positive.
- Patients with persistently elevated ALT should be screened to rule out HCV infection.
- Patients requesting HCV screening.
- Children > 18 months of age born to mothers with HCV.
- For individuals at ongoing risk, test for HCV annually. Use antibody testing if the patient has never had HCV. Use RNA testing if patient has had a prior HCV infection.

#### Other Screening Considerations

- If RNA-, decide if rescreening at intervals is necessary (Intravenous Drug users IVDU/high risk)
- If **ongoing risks are present**, ongoing screening is recommended, but requires specific request for RNA and clinical history so that lab will do the test. If **no risks** are identified, then ongoing screening is not recommended.
- Anyone who is RNA detectable should be offered treatment

**Table 1. List of intermediate and high HCV-endemic countries**

<b>East Asia &amp; Pacific</b>	American Samoa, Cambodia, China, Fiji, Indonesia, Japan, Kiribati, Mongolia, Palau, Papua New Guinea, Philippines, Solomon Islands, Taiwan, Tonga, Vanuatu
<b>East Europe &amp; Central Asia</b>	Armenia, Azerbaijan, Belarus, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyz Republic, Latvia, Lithuania, FYR Macedonia, Moldova, Poland, Romania, Russia Federation, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan
<b>Latin America &amp; Caribbean</b>	Bolivia, El Salvador, Grenada, Haiti, St. Kitts and Nevis
<b>Middle East &amp; North Africa</b>	Egypt, Iraq, Jordan
<b>Sub-Saharan Africa</b>	Angola, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Democratic Republic of Congo, Côte D'Ivoire, Gabon, Gambia, Guinea, Guinea-Bissau, Liberia, Malawi, Mali, Mauritius, Mozambique, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, Sudan, Tanzania, Togo, Uganda, Zimbabwe

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#### Testing and blood work (at least 3 months after exposure)

- For patients with no history of HCV infection, complete antibody testing.
- If HCV antibodies are detected, the lab will automatically complete reflex testing to determine if the patient is RNA positive (viremic/infected).
- For patients with a known prior HCV infection, complete RNA testing.
- For patients with more than two prior RNA tests, include brief rationale on the lab requisition (e.g. patient is at ongoing risk, repeat exposure, patient is now ready for treatment, etc.).
- For some patients at high risk, it may be appropriate to order all blood work at the initial appointment

#### Managing and Referral in Primary Care

- Anyone RNA+ should be considered for treatment
- HCV is a common cause of cirrhosis
- Anyone with cirrhosis/liver dysfunction and HCV RNA+ should be referred to a specialist
- Evidence of liver dysfunction/cirrhosis: involve hepatology or at least consider Ultrasound screening regularly

### Tools & Resources

- **World Health Organization - Elimination of Hepatitis C by 2030:** [https://www.who.int/health-topics/hepatitis/elimination-of-hepatitis-by-2030#tab=tab\\_1](https://www.who.int/health-topics/hepatitis/elimination-of-hepatitis-by-2030#tab=tab_1)
- **Primary Care Pathway** - <https://www.specialistlink.ca/assets/pdf/ahs-scn-dh-pathway-hepatitisc.pdf>
- **Hep C Posters (free to download/order) - Catie** <https://orders.catie.ca/publications/testing/hepatitis-c-testing/>
- **Who's at risk (poster PDF)** <https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/publications/diseases-conditions-maladies-affections/poster-hepc-affiche/alt/poster-hepc-affiche-eng.pdf>

#### Additional Tools for Refugees & Newcomers to Canada

- **Refugee Care App** - provides key information to guide physicians during the initial appointment with a refugee patient <https://www.refugeecare.ca/>
- Evidence-based clinical checklists for patients from different regions [http://www.ccirhken.ca/ccirh/checklist\\_website/index.html](http://www.ccirhken.ca/ccirh/checklist_website/index.html)
- Guide for health professionals working with immigrant and refugee children and youth <http://www.kidsnewtocanada.ca/>
- New Canadians Health Centre (Phone: 780-540-9111)
- Pottie K, Greenaway C, Feightner J, Welch V, Swinkels H, Rashid M, Narasiah L, Kirmayer LJ, Ueffing E, MacDonald NE, Hassan G, McNally M, Khan K, Buhrmann R, Dunn S, Dominic A, McCarthy AE, Gagnon AJ, Rousseau C, Tugwell P; coauthors of the Canadian Collaboration for Immigrant and Refugee Health. **Evidence-based clinical guidelines for immigrants and refugees.** CMAJ. 2011 Sep 6;183(12):E824-925. doi: 10.1503/cmaj.090313. Epub 2010 Jun 7. PMID: 20530168; PMCID: PMC3168666.