

**Management of hepatitis C virus infection:**

Patients infected with HCV may be able to limit the amount of liver damage through self-care and lifestyle modification.

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**VACCINATE FOR HEPATITIS A & B**

HCV infected individuals should be vaccinated for hepatitis A & B to prevent further damage to the liver.

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**ANNUAL PHYSICAL EXAM**

HCV causes liver damage and people with chronic HCV should be evaluated at least once per year.

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**DO NOT DRINK ALCOHOL**

Alcohol is processed by the liver and can make hepatitis C infection and liver disease a lot worse.

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**USE CARE WITH MEDICINE/DRUGS**

Many drugs are processed by the liver. All drugs (over-the-counter and prescription) should be reviewed by a health care provider before starting.

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**DIET & EXERCISE**

HCV infected people can improve their quality of life by eating a healthy variety of foods and exercising regularly as tolerated.

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**Treatment of hepatitis C virus:**

- ✓ Referral for treatment required by primary care provider.
- ✓ Pegylated interferon and ribavirin.
- ✓ 6-12 months duration depending on genotype.
- ✓ Side effects from pegylated interferon and ribavirin.
- ✓ Contraindications: active drug or alcohol use, untreated mental health problems, failure to show up for multiple medical appointments, and decompensated liver disease.

**Substance abusers and treatment of hepatitis C virus:**

- People who are actively drinking or using drugs must stop for a period of six months in order to be considered for treatment by most doctors.

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**Counseling on HEPATITIS C :**

**Recommendations**

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**Patient education regarding hepatitis C:**

Most people are confused about hepatitis because of the many ways in which “hepatitis” or liver inflammation can occur. It is recommended that primary care providers discuss tests results and write down “hepatitis C” or give the patient written materials that specify hepatitis C to refer to after they leave the office. Patients newly diagnosed with HCV should understand what the current treatment is, that treatment is available, and that they may choose to be evaluated for treatment.

**Preventing transmission to others:**

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**DO NOT SHARE NEEDLES  
(OF ANY KIND)**

Sharing needles is the easiest way to catch other forms of hepatitis and HIV and is the easiest way for an infected person to pass the disease on to another person.

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**DO NOT SHARE DRUG EQUIPMENT**

Hepatitis can live on drug cookers, cotton or filters, and straws, and infect people who share them.

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**DO NOT SHARE RAZORS OR  
TOOTHBRUSHES**

Razors and toothbrushes can cut skin and gums and draw blood. Blood exposure is the main way people catch hepatitis C.

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**DO NOT DONATE BLOOD**

Even though blood donations are tested for infections, people who already know they have hepatitis should not donate.

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**CONSIDER USING CONDOMS**

HCV may be spread sexually, but sexual transmission is not well understood. Persons with high risk sexual behaviors should use latex condoms. Long-term monogamous partners are not considered to be at risk and are not recommended to change their sexual practices.

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# Health Info



Chicago Department of Public Health  
John Wilhelm, MD, MPH, Commissioner

**Communicable Disease Program**

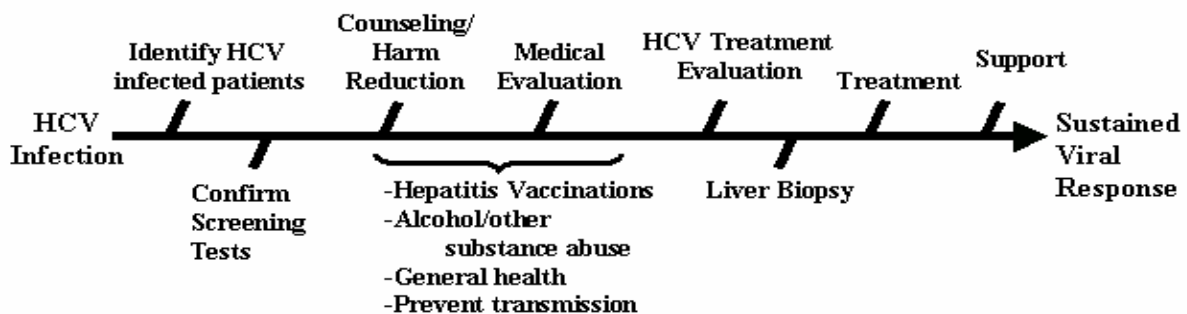
City of Chicago  
Richard M. Daley, Mayor

## PRIMARY CARE OF HEPATITIS C : *Recommendations*

### MANAGEMENT OF NEWLY IDENTIFIED HEPATITIS C INFECTION:

- 1) **Confirm diagnosis by HCV PCR test (Polymerase Chain Reaction)**
- 2) Patient evaluation
  - a. History
  - b. Physical exam
  - c. Laboratory tests
- 3) Education
  - a. Taking care of your liver
  - b. Treatment of HCV
  - c. Prevention of transmission
  - d. Support group information
- 4) Administer hepatitis A and/or B vaccine if patient not immune by laboratory assay
- 5) Evaluate need and eligibility for treatment
  - a. Eligibility: patients should be considered for treatment if they have:
    - i. HIV infection
    - ii. Existing liver damage
    - iii. Symptoms
  - b. Clinical evaluation
    - i. Assess for underlying disease e.g., HIV infection, autoimmune disorder, diabetes, thyroid disease, anemia, kidney disease, etc.
    - ii. Assess for history of hepatitis B/D infection, depression/mental health problems, substance abuse
    - iii. Assess for pregnancy, LMP
    - iv. Laboratory tests: complete metabolic panel including liver function tests, albumin and total protein, CBC, PT/INR, TSH, alpha-fetoprotein, HIV, other lab tests based on underlying illness(es), toxicology screen
    - v. Consider HCV quantitative PCR and genotype at 2<sup>nd</sup> visit
  - c. Refer for liver ultrasound, liver biopsy

## The Path from Screening to Treatment



### Hepatitis C virus testing and the need for confirmatory tests:

Hepatitis C virus antibody tests such as the EIA (enzyme immunoassay) and RIBA (recombinant immunoblot assay) indicate that a patient has been exposed to the hepatitis C virus. However, approximately 1 in 4 people who are exposed clear the virus without treatment and may no longer be infected with HCV. Patients who have a positive HCV antibody test should be tested for the presence of the virus using a PCR test. The PCR test is a blood test that should be considered for all patients who have a positive antibody test.