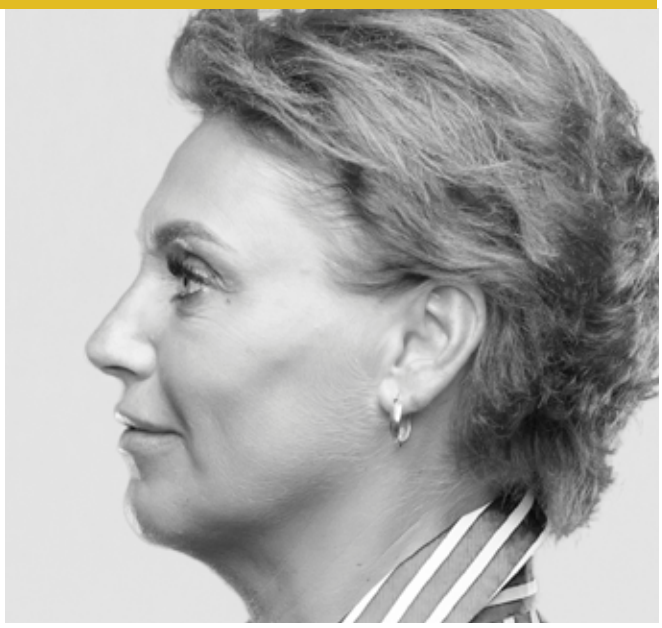
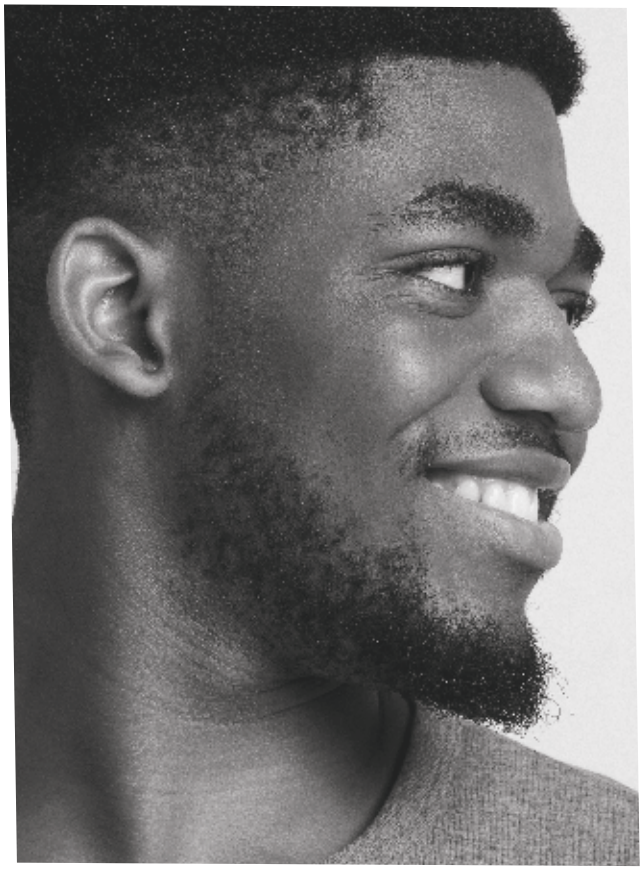
HEP C BASICS FOR HEALTHCARE PROFESSIONALS

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What is Hep C?

Hepatitis C (Hep C or HCV) is a viral infection that causes inflammation of the liver. HCV may be acute or chronic. There are 6 genotypes that may affect treatment options. HCV is spread primarily through contact with infected blood. Most of today's HCV infections are found in people who inject drugs (PWID). HCV can be cured with oral tablets with minimal side effects.



SIGNS & SYMPTOMS

Acute HCV: Many people don't exhibit symptoms; but if they do, symptoms may include:

- Fever
- Fatigue
- Dark urine
- Jaundice
- Clay-colored stool
- Abdominal/ joint pain
- Nausea/vomiting
- Diarrhea
- Loss of appetite

Average onset is 2-12 weeks.

Chronic HCV

Primarily asymptomatic or non-specific symptoms. Progression of disease is very slow and usually not identified until chronic liver disease is established.

RISK BEHAVIORS & EXPOSURES

Risk Behaviors:

- PWID (current or historically)
- Unregulated tattooing
- Sharing personal hygiene items
- Sharing drug use tools
- Sexual intercourse (when blood is present)

Risk Exposures:

- Contact with infected blood
- Long-term hemodialysis
- Occupational needle sticks or other mucosal exposure
- Children born to HCV+ mothers
- Incarceration

Other considerations: Coinfection with HCV is common in HIV+ PWID (62-80%).





Who Should Be Tested

Since chronic HCV is asymptomatic, anyone over the age of 18 should be tested at least once. Anyone under 18 with risk behaviors or exposures should be tested at least once. Periodic testing is recommended for individuals with risk behaviors, exposures, or conditions. Annual testing is recommended for PWID and HIV+ men who have sex with men (MSM) who have condomless sex.

Stigma

Due to stigma attached to HCV, clients are apprehensive to disclose risk behaviors or exposures to healthcare providers. Even after being cured from HCV, many patients still feel afraid to disclose their history. Recognizing these barriers, providers are encouraged to normalize these conversations.

Hepatitis C Treatment

Is the Patient Actively Infected?

All patients should receive an HCV antibody test.* If positive, test for HCV RNA. If the HCV RNA yields a quantifiable result, the patient is actively infected and needs treatment.

*Acute HCV may not detect antibodies for up to 6 weeks after exposure.

When To Start Treatment

ASAP! Treatment is recommended for all individuals with acute or chronic HCV. Although up to 50% of acute HCV cases spontaneously resolve, there is no indication to delay initiating treatment. Active injection drug use is NOT a contraindication to begin treatment.



BEFORE TREATMENT

The following tests are recommended prior to initiating treatment:

- Liver directed physical exam
- Routine blood tests
- Serum fibrosis marker panel
- Transient elastography
- Liver imaging
- HIV
- HBsAg

Review guidelines for a comprehensive list.

Treatment (Any Genotype)

Treatment is with direct-acting antivirals (DAAs). Please refer to treatment guidelines for specific considerations.

- **Treatment naïve, no cirrhosis:** glecaprevir 300mg/pibrentsavir 120 mg (Mavyret) daily for 8 weeks OR sofosbuvir 400mg/velpatasvir 100mg (Epclusa) daily for 12 weeks.
- **Treatment naïve, with compensated cirrhosis:** glecaprevir 300mg/pibrentsavir 120 mg (Mavyret) daily for 8 weeks.
- **Treatment experienced:** depends on initial treatments used; please refer to guidelines.

Post-Treatment

HCV RNA that demonstrates Sustained Virologic Response 12 weeks (SVR12) post-completion of treatment is required. If SVR12 is undetectable or unquantifiable, the patient is deemed cured.

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Payment

Treatment with DAAs can be extremely costly. The National Average Drug Acquisition Cost (NADAC) for a 12-week supply of Epclusa is $73,000 and an 8-week supply of Mavyret is $24,000. However, it is reported that insurers have negotiated large drug rebates or discounts from the manufacturers, reducing the cost of therapy to the insurer.

Estimates from the AASLD suggest insurers pay up to 50% off wholesale acquisition cost. Coverage under private insurances and Medicare/Medicaid vary.

- **Manufacturer Assistance Programs:** Each drug manufacturer usually has their own payment assistance program if all other means of payment have been exhausted. Often will help cover copays from primary insurance.
- **Uninsured clients:** If patients do not qualify for Medicaid, Medicare, or Manufacturer Assistance Programs, it is possible for the patient to use a Federally Qualified Health Center (FQHC). FQHCs are covered entities under the 340B Program and have access to discounted drug pricing.
- **CT AIDS Drug Assistance Program (CADAP):** CADAP is a service that helps eligible Connecticut residents with HIV or AIDS afford the cost of medications approved by the U.S. Food and Drug Administration.

CT RESOURCES

CT DPH Hep C Program

All patients that meet the epidemiological case definition for acute HCV infection are required to be reported by providers to DPH using the PD23 form. This includes:

- Seroconverts: a patient who has a documented negative HCV result followed within 12 months by a positive HCV RNA result in the absence of a more likely diagnosis
- A patient >36 months of age (unless known to have been exposed non-perinatally) with a positive HCV RNA result and one or more of the following signs:
  - Jaundice;
  - Peak elevated total bilirubin levels ≥ 3.0 mg/dL; OR
  - Peak ALT levels >200 IU/L and the absence of a more likely diagnosis (such as acute liver disease due to other causes or advanced liver disease resulting from preexisting chronic HCV infection or other causes, such as alcohol exposure, other viral hepatitis, hemochromatosis, etc.)

After reporting, DPH staff will contact the client for an interview and work to ensure the person is connected to care.





CT RESOURCES

SSP Programs

Syringe Service Programs (SSPs) are community-based prevention programs that can provide a range of services, including:

- Linkage to substance use disorder treatment
- Access to and disposal of sterile syringes and injection equipment
- Vaccination, testing, and linkage to care and treatment for infectious diseases

SSPs protect the public and first responders by facilitating the safe disposal of used needles and syringes. Providing testing, counseling, and sterile injection supplies also helps prevent outbreaks of other diseases.

CONTACTS

For Case Reporting and other HCV-related information, please contact the HIV Surveillance Program at **(860) 509-7900.**

For further information about HCV prevention, education information, or high impact prevention strategies, such as SSPs, please contact the CT DPH HIV Prevention Program at **(860) 509-7801** or visit their website: **https://portal.ct.gov/DPH/AIDS--Chronic-Diseases/AIDS-Home/HIV-and-AIDS**

Sources:

CDC: https://www.cdc.gov/hepatitis/hcv/index.htm

AASLD/IDSA: https://www.hcvguidelines.org/

World J Gastroenterol. Sep 28, 2014; 20(36): 12722-12733; published online Sep 28, 2014. doi: 10.3748/wjg.v20.i36.12722

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