



Pretreatment Assessment in Adults With Chronic Hepatitis C Virus Infection

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| Table 1: Key Elements of Patient History and Physical Examination | |
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| Elements of Patient History | Rationale |
| Previous treatment for HCV infection | Previous regimen and treatment outcome will guide choice and duration of therapy. |
| History of hepatic decompensation | Warrants referral to a liver disease specialist. |
| History of renal disease | Findings may influence choice of regimen. |
| Medication history and current medications, including over-the-counter and herbal products | Carefully consider potential drug-drug interactions with DAAs. See American Association for the Study of Liver Diseases (AASLD)/Infectious Diseases Society of America (IDSA) or University of Liverpool HEP Drug Interactions . |
| Pregnancy status and plans | <ul style="list-style-type: none"> • HCV treatment may be deferred during pregnancy [a]. • Clinician could discuss the possibility of clinical trial participation and refer patient as appropriate (see ClinicalTrials.gov). • Birth control use is recommended during HCV treatment due to limited data on the safety of treatment during pregnancy. • For patients who have been exposed to DAA treatment during pregnancy, contact the Treatment in Pregnancy for Hepatitis C Registry. |
| HIV infection | <ul style="list-style-type: none"> • If HIV infection is confirmed, offer the patient ART [b]. • If the patient is being treated with antiretroviral medications, assess potential drug-drug interactions. • HIV infection may influence fibrosis assessment modality, choice of treatment, treatment duration, and monitoring. |
| History of infection/vaccination status | <ul style="list-style-type: none"> • HAV: Obtain HAV antibody test (IgG or total). • HBV: Obtain HBsAg, anti-HBs, and anti-HBc (total). • Pneumococcal: Administer pneumococcal polysaccharide vaccine [c] to all patients with cirrhosis, which is associated with increased susceptibility to bacterial infections [Jalan, et al. 2014]. • Influenza: Administer annual influenza vaccine [d]. |
| Elements of Pretreatment Physical Examination | Clinical Details |
| Presence or absence of ankle edema, abdominal veins, jaundice, palmar erythema, gynecomastia, spider telangiectasia, ascites, encephalopathy, and asterixis | Presence may suggest cirrhosis or decompensated cirrhosis and may require additional evaluation and management or treatment. |
| Presence or absence of physical signs related to extrahepatic manifestations of HCV, such as porphyria cutanea tarda, vasculitis, or lichen planus | Presence may increase urgency of HCV treatment and may require additional evaluation and treatment needs [e]. |
| Liver size by palpation or auscultation for hepatomegaly or splenomegaly, as well as tenderness or hepatic bruits | Size and tenderness may suggest the severity of liver disease and may require additional evaluation. |

Table 1: Key Elements of Patient History and Physical Examination

Abbreviations: anti-HBc, hepatitis B core antibody; anti-HBs, hepatitis B surface antibody; ART, antiretroviral therapy; DAA, direct-acting antiviral; HAV, hepatitis A virus; HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; HCV, hepatitis C virus; IgG, immunoglobulin G.

Notes:

- a. See the NYSDOH AI guideline [Treatment of Chronic Hepatitis C Virus Infection in Adults > HCV Testing and Management in Pregnant Adults](#).
- b. See the NYSDOH AI guideline [Rapid ART Initiation](#).
- c. As indicated in the Centers for Disease Control and Prevention [Adult Immunization Schedule \(recommendations for ages 19 years of older\)](#).
- d. See U.S. Food and Drug Administration [Influenza Virus Vaccine Safety & Availability](#).
- e. See, for instance, Medscape [Cutaneous Manifestations of Hepatitis C Clinical Presentation](#).

Reference

Jalan R, Fernandez J, Wiest R, et al. Bacterial infections in cirrhosis: a position statement based on the EASL Special Conference 2013. *J Hepatol* 2014;60(6):1310-1324. [PMID: 24530646] <https://pubmed.ncbi.nlm.nih.gov/24530646>