



Pretreatment Assessment in Adults With Chronic Hepatitis C Virus Infection

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Table 1: Key Elements of Patient History and Physical Examination	
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 Clinical Trials.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.
<p>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.</p> <p>Notes:</p> <p>a. See NYSDOH AI guideline Treatment of Chronic Hepatitis C Virus Infection in Adults > HCV Testing and Management in Pregnant Adults.</p> <p>b. See NYSDOH AI guideline Rapid ART Initiation.</p> <p>c. As indicated in the Centers for Disease Control and Prevention Adult Immunization Schedule (recommendations for ages 19 years of older).</p> <p>d. See U.S. Food and Drug Administration Influenza Virus Vaccine Safety & Availability.</p> <p>e. See, for instance, Medscape Cutaneous Manifestations of Hepatitis C Clinical Presentation.</p>	