



## Pretreatment Assessment in Adults With Chronic Hepatitis C Virus Infection

October 2022

Table 2: Pretreatment Laboratory Testing	
Test	Clinical Note
Quantitative HCV RNA	Confirms active HCV infection and determines HCV viral load.
Genotype/subtype	Genotype and subtype guide choice of regimen.
Complete blood count	<ul style="list-style-type: none"> <li>Low platelet count (&lt;140,000 platelets/<math>\mu</math>L) suggests cirrhosis and portal hypertension [Ebell 2003; Kaul and Munoz 2000].</li> <li>Anemia may necessitate choice of a regimen that does not contain ribavirin.</li> </ul>
Serum electrolytes with creatinine	<ul style="list-style-type: none"> <li>Marked electrolyte abnormalities may suggest decompensated cirrhosis (e.g., hyponatremia).</li> <li>Renal function will influence choice of regimen.</li> </ul>
Hepatic function panel	<ul style="list-style-type: none"> <li>Elevated direct bilirubin suggests decompensated cirrhosis.</li> <li>Markedly elevated transaminases may suggest comorbidities.</li> </ul>
INR	Elevated INR suggests decompensated cirrhosis.
Pregnancy test for all individuals of childbearing potential	If patient is pregnant, suggest treatment deferral [a].
HAV antibodies	Obtain HAV antibody test (IgG or total) and administer the full HAV vaccine series in patients not immune to HAV.
HBV antibodies	<ul style="list-style-type: none"> <li>Obtain HBsAg, anti-HBs, and anti-HBc (total) and recommend administration of the HBV vaccine series (0, 1, and 6 months) for HBV-susceptible patients (negative for all serologies).</li> <li>In patients with a positive HBsAg test result, perform HBV DNA testing to assess for active HBV infection.</li> <li>If HBV DNA is detectable, care providers new to HCV treatment should consult a liver disease specialist regarding treatment for HBV and HCV.</li> </ul>
HIV test if status is unknown	If HIV infection is confirmed, offer the patient antiretroviral therapy [b].
Urinalysis	Protein may suggest extrahepatic manifestation of HCV.
Fibrosis serum markers	If not previously evaluated by biopsy or FibroScan.
<p><b>Abbreviations:</b> anti-HBc, hepatitis B core antibody; anti-HBs, hepatitis B surface antibody; ART, antiretroviral therapy; HAV, hepatitis A virus; HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; HCV, hepatitis C virus; IgG, immunoglobulin G; INR, international normalized ratio.</p> <p><b>Notes:</b></p> <p>a. See NYSDOH AI guideline <a href="#">Treatment of Chronic Hepatitis C Virus Infection in Adults &gt; HCV Testing and Management in Pregnant Adults</a>.</p> <p>b. See NYSDOH AI guideline <a href="#">Rapid ART Initiation</a>.</p>	

### References

- Ebell MH. Probability of cirrhosis in patients with hepatitis C. *Am Fam Physician* 2003;68(9):1831-33. [PMID: 14620604] <https://pubmed.ncbi.nlm.nih.gov/14620604>
- Kaul VV, Munoz SJ. Coagulopathy of liver disease. *Curr Treat Options Gastroenterol* 2000;3(6):433-38. [PMID: 11096602] <https://pubmed.ncbi.nlm.nih.gov/11096602>