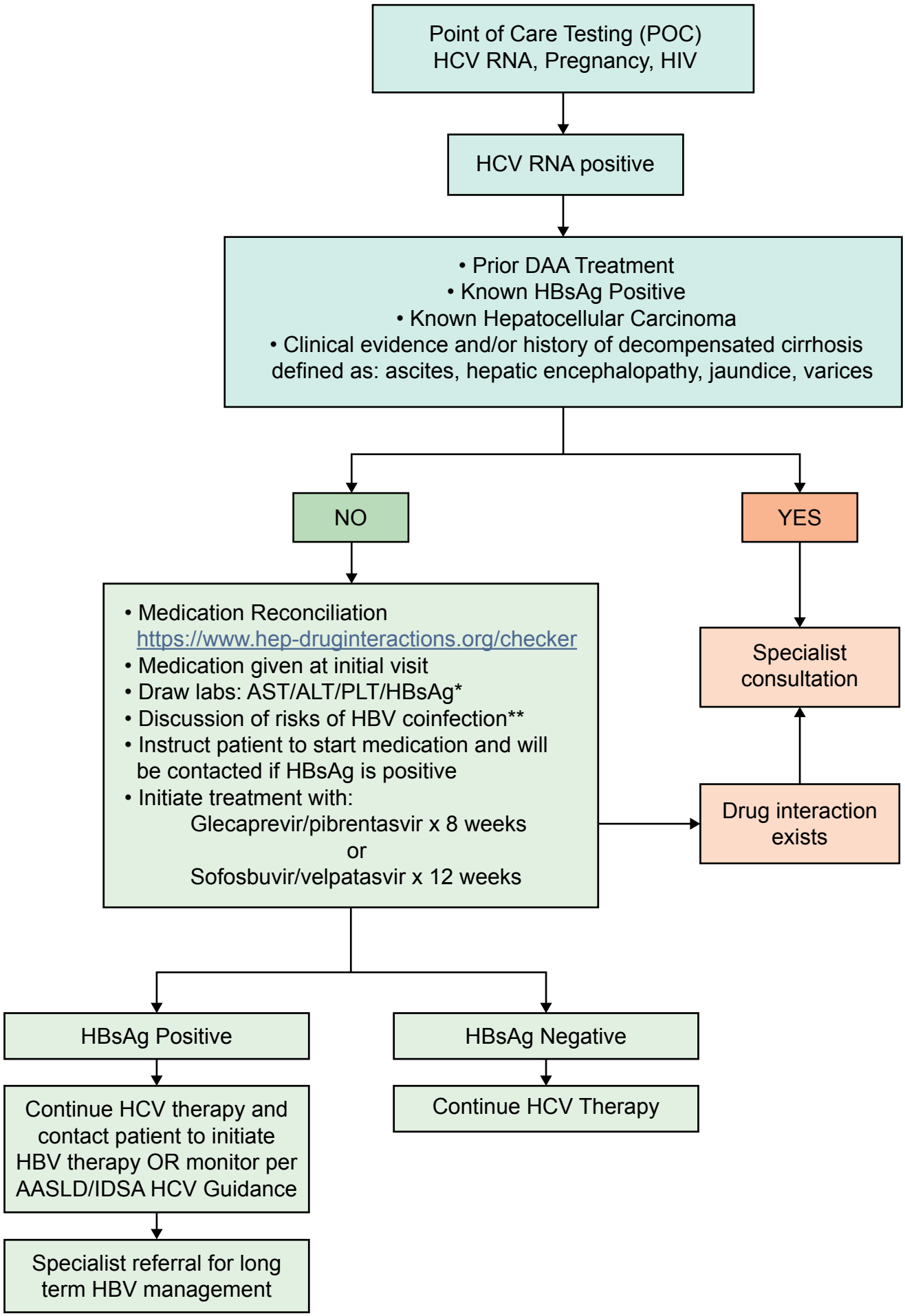
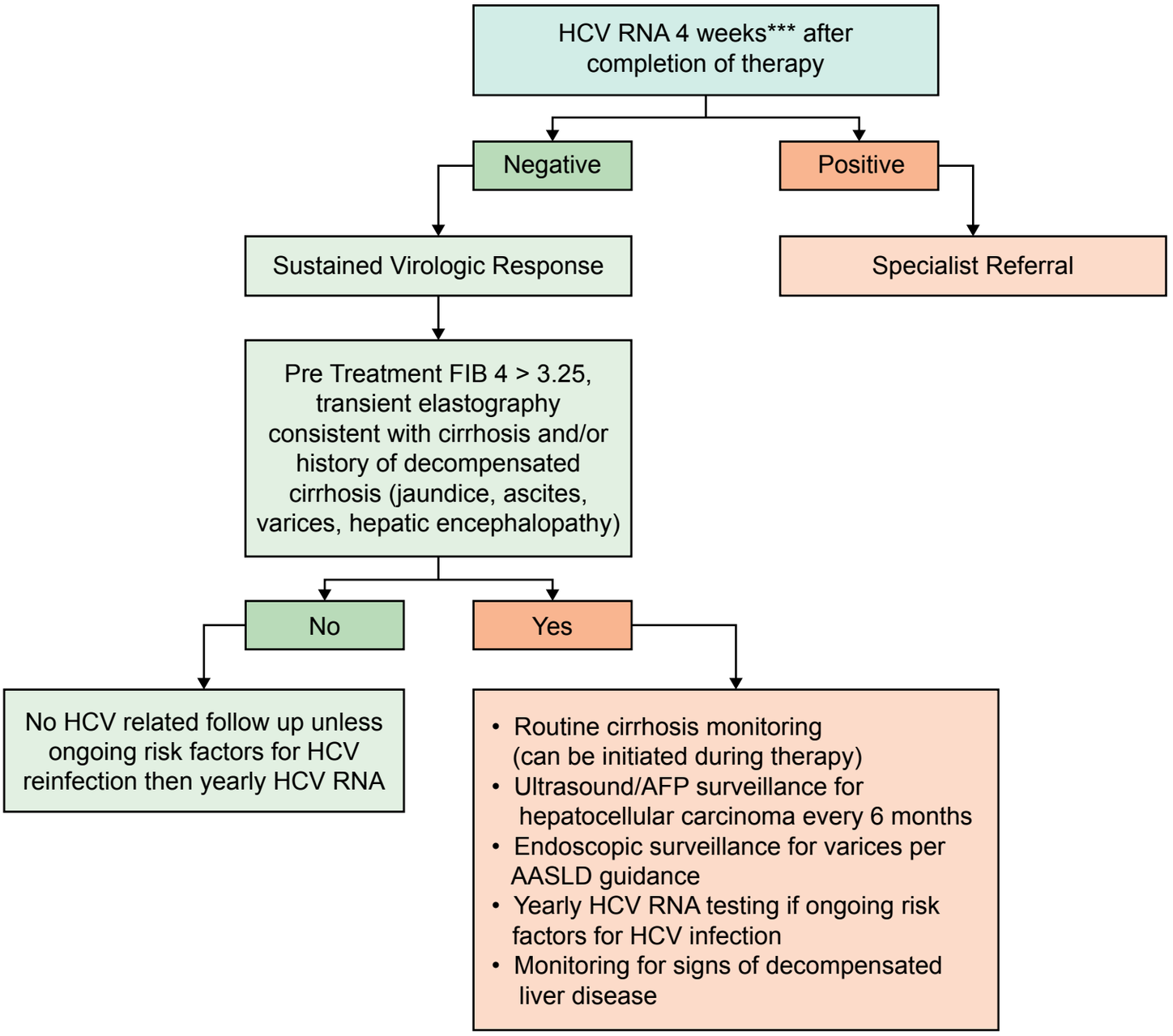
Hepatitis C Test and Treat Initial Visit



Hepatitis C Test and Treat Follow Up Visit



*AST/ALT and PLT can be deferred if a transient elastography has been completed in past 6 months. AST/ALT and PLT may be drawn anytime within 6 months prior to treatment initiation or at time of treatment initiation and HBsAg any time prior to treatment initiation or at the time of treatment initiation.

**Unrecognized active hepatitis B virus (HBV) infection (defined by positive hepatitis B surface antigen [HBsAg]) carries a risk of flare and reactivation in the setting of hepatitis C virus (HCV) treatment. Discussion of the risks and benefits of HCV treatment without HBsAg data should take place. This discussion should encompass shared decision-making with consideration of patient wishes, provider comfort level managing potential HCV/HBV coinfection, access to HBV therapy and treatment services, predicated ability to reach patient/patient follow-up, and the overall risk of underlying HBV infection and risk of HBV flare/reactivation. If patient and provider decide to defer initiation of direct-acting antiviral (DAA) treatment until HBsAg results are available, the DAA treatment regimen may be given to the patient with instructions to await contact from the provider regarding initiation of HCV therapy.

***Quantitative PCR testing using venipuncture is recommended, but point-of-care qualitative tests can be used to determine sustained virologic response (SVR) in certain settings where venipuncture may be unavailable such as primary care practices, correctional facilities, substance use treatment programs, mobile services, or telehealth programs. In cases where there is concern for suboptimal adherence to DAA therapy, providers may choose to check HCV RNA at week 4. In addition, evaluation of SVR at 12 weeks (SVR 12) by HCV RNA testing should be performed as measure of HCV cure among people with cirrhosis.