

WHO Guidelines for the Screening, Care, and Treatment of Persons with Hepatitis C Infection

In April 2014, the World Health Organization published its first guidelines on screening, care, and treatment of hepatitis C infection to help government officials and healthcare providers in low- and middle-income countries establish screening, care, and treatment programs for individuals infected with the virus. This fact sheet summarizes the major recommendations.

WHAT DO THE GUIDELINES SAY?

Screening

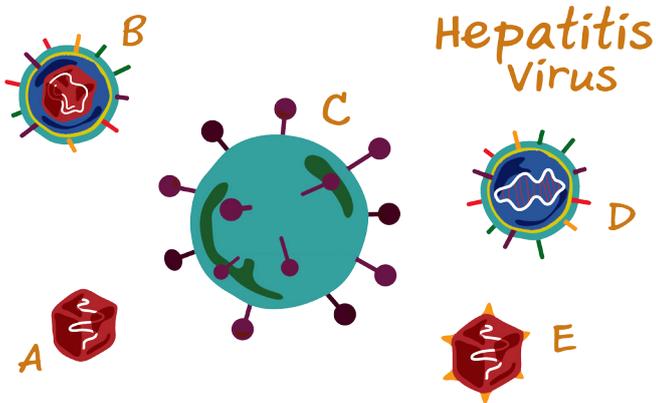
Screening is the process that allows individuals to know if they have ever been infected with hepatitis C. The guidelines recommend that:

- All individuals who have ever been part of a population with high rates of hepatitis C infection should be screened with the hepatitis C antibody test. This includes people who inject drugs (PWID) and people living with HIV (PLHIV).
- Anyone who has a positive antibody test should have a hepatitis C RNA test (also known as a hepatitis C viral load test) to confirm whether or not there is ongoing chronic infection.

Care

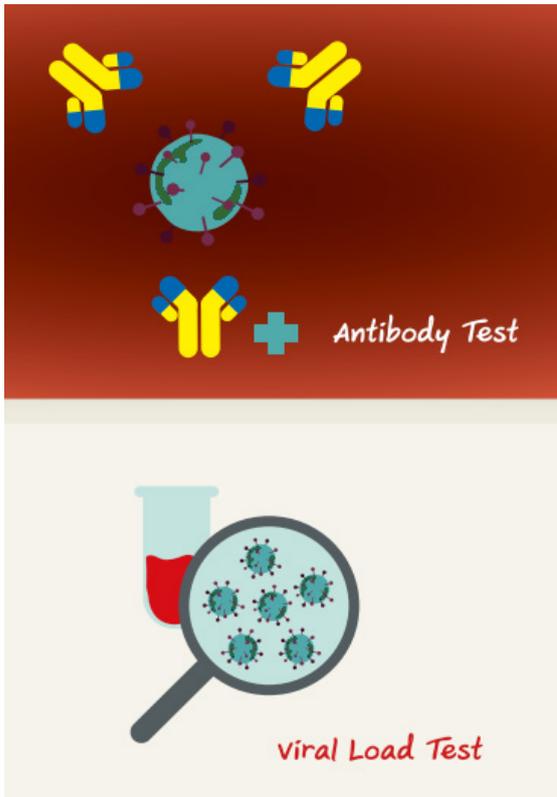
All people with chronic hepatitis C infection can take steps to prevent liver damage and should have access to appropriate medical care to monitor the condition of their livers.

- An alcohol intake assessment should be done for people who have confirmed hepatitis C infection, followed by an alcohol reduction intervention for those with moderate or high alcohol intake (more than nine glasses of beer or wine per week).
- PWID should be offered information on how to prevent hepatitis B and C infection, including being offered vaccination against hepatitis B virus to avoid the risk of having two liver infections at the same time.
- Liver damage should be assessed using the APRI and FIB4 scores, which are calculated using a combination of liver enzymes, platelets, and the age of the person.¹ A special ultrasound of the liver that assesses liver stiffness (called a FibroScan®) can be used, if available.



¹ Online score calculators are available at: <http://gihep.com/calculators/hepatology/fibrosis-4-score/> and <http://www.hepatitisc.uw.edu/page/clinical-calculators/apri>.

The guidelines make the following recommendations about the medications used to treat hepatitis C:



Hepatitis C treatment regimen	Genotype of hepatitis C	Treatment duration ²	HIV medicines that should not be given at the same time
Pegylated interferon alfa and ribavirin	Genotypes 1 and 4	48 weeks	Didanosine, stavudine, zidovudine
	Genotypes 2 and 3	24 weeks; 48 weeks if co-infected with HIV	Didanosine, stavudine, zidovudine
Boceprevir with pegylated interferon alfa and ribavirin	Genotype 1	28 weeks; 48 weeks if co-infected with HIV	Didanosine, efavirenz, stavudine, zidovudine, all protease inhibitors
Telaprevir with pegylated interferon alfa and ribavirin	Genotype 1	24 weeks; 48 weeks if co-infected with HIV	Stavudine, zidovudine, all protease inhibitors (except boosted atazanavir)
Simeprevir with pegylated interferon alfa and ribavirin	Genotype 1	24 weeks	Didanosine, efavirenz, nevirapine, stavudine, zidovudine, all protease inhibitors
Sofosbuvir ³ with pegylated interferon alfa and ribavirin	Genotypes 1, 3, and 4	12 weeks	Didanosine, stavudine, zidovudine
Sofosbuvir and ribavirin	Genotypes 1, 3, and 4	24 weeks	Didanosine, stavudine, zidovudine
	Genotype 2	12 weeks	

Treatment

People with chronic HCV infection can receive medical treatment to try and cure their infection.

- All adults and children with chronic hepatitis C infection should be evaluated for whether or not they are eligible to receive treatment.
 - ✓ HIV co-infection causes more rapid progression of hepatitis C disease, and hepatitis C treatment should be prioritized for these individuals.
 - ✓ Stabilization of HIV disease with antiretroviral therapy is advisable prior to starting hepatitis C treatment in persons whose CD4 count is less than 200 cells/mm³.
 - ✓ Treating PWID for hepatitis C reduces its prevalence and prevents transmission of hepatitis C.

Regional relevance

National public health programs in South and Southeast Asia are beginning to explore developing hepatitis C treatment programs, but program implementation remains rare, leaving millions of people without access to a cure for hepatitis C. These guidelines are intended to provide a framework to facilitate establishment of hepatitis C programs and can be used by community advocates to lobby for screening, care, and treatment of hepatitis C.



The full guidelines can be accessed at <http://www.who.int/hiv/pub/hepatitis/hepatitis-c-guidelines/en/>.

A patient with hepatitis C receives a FibroScan®.

² Treatment durations are for both mono- and co-infected patients unless otherwise indicated.

³ Sofosbuvir-containing regimens require shorter treatment periods, have higher cure rates, and are associated with less drug-related toxicity. The recommended duration of treatment is dependent on the genotype, not on whether or not there is co-infection with HIV. The current price of the medicine (e.g., \$84,000 for a 12-week course in the United States) and the lack of a generic option make it inaccessible in low- and middle-income countries.