



Screening and management of hepatitis C in primary care

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Stella aged 36 years

- Stella presents to you asking for help with her drug problem
- She has been injecting heroin for 10 years x4 / day (smoked before this for 4 years)
- She also uses crack about 3x/week
- She drinks about 2 cans strong lager / day
- She also uses regular benzodiazepines



Stella (2)

- She decides she wants to stop injecting and stabilise
- She is concerned about hepatitis because her ex-partner has recently found out he is hepatitis C positive
- *How what you proceed?*
- *What further questions would you ask?*
- *Who should be tested?*



What further questions would you ask?

- History of injecting
- History of sharing
- Tattoos, body piercing
- Blood transfusions
- History of vaccinations



Who should be tested?

- Anyone who has ever injected (or snorted) drugs
- Current injecting drug users
- Recipients of blood (before Sept 1991), or blood products (before 1986 in the UK) – if not already tested
- If used unsterile medical equipment abroad
- People who may may had tattooing, body piercing, ear piercing or acupuncture with unsterile equipment
- Children born to mothers with HCV



Why should we offer Stella testing?

- Testing can allay anxiety even if the result is positive
- A positive test allows early monitoring and intervention by specialist if required
- Opportunity to immunise against Hepatitis B and A (co-infection significantly worsens prognosis)
- Testing can encourage the patient to change patterns of behaviour such as injecting drug use or excessive drinking whether the result is positive or negative
- Treatment improved



Stella's risk assessment

- Nature of risk
- Timing of risk



What need to cover in the pre-test discussion?

- Stella's understanding of her risk factors
- Test is for antibodies only - PCR result may be required for further assessment/referral
- Antibodies can develop up to 6 months after exposure - negative test may need to be repeated
- Natural history and disease progression variable and related to impact of treatment
- Risk of transmission to others: sexual, vertical, and social



100 people exposed to hepatitis C

- 80 develop chronic hepatitis C, 20 clear the virus within 2-6 months
- Further 20 never develop liver damage or physical symptoms but 60 develop some long-term symptoms or signs of liver inflammation
- Of these 60, 16 develop cirrhosis of the liver over 20 years and 1-2 later develop liver cancer



What other advice do we need to give?

- Need for hepatitis A + B vaccinations
- Reduce drinking and keep alcohol intake to a minimum
- Stop injecting if possible
- If not all use clean equipment
- Harm Reduction strategies to stop sharing injecting equipment



What predictors of disease progression can we give Stella?

- She is a woman and less likely to progress
- She probably caught it early in her injecting – older age more rapidly progressing
- She is a drinker
- She is immune to hepatitis B and HIV negative – co-infection progress to serious disease more rapidly



What does she need to know before testing?

- Does Stella clearly understand the testing procedure?
- Is she able to give informed consent?
- Does she now have enough information about the disease to understand the long-term implications of a positive result?
- What support does she have to deal with her result?
- Is she assured of confidentiality?



Potential disadvantages of testing

- Is the timing right? Negative result could give false reassurance if sample is taken within window period
- Are there issues behind request for a test that should be dealt with first e.g. worries about drug use, relationships.
- Anxiety whilst awaiting the result.
- Coping with a positive result will require adaptation. The uncertainty of the prognosis of HCV can lead to depression
- Rehearse with her how they will feel if result is positive or negative.



After testing

- Negative results:
 - Discuss risky behaviour
 - Window period
- Positive results:
 - Does she understand the result?
 - Need for further investigations to determine what a positive test means



Stella antibody test is positive

- *How do we now proceed?*
- Referral on
- Support while waiting
- On-going harm reduction work:
 - reduce/stop alcohol
 - Never share any injecting equipment
 - Use condoms
 - Don't share razors or toothbrushes



Testing

- Initial antibody test indicates whether been infected or not
- To establish whether the virus is currently circulating need a polymerase chain reaction (PCR)
- Viral load
- Genotype of the virus
- Need for liver biopsy?



Stella is PCR positive

- Genotype 2 and high viral load
- Declines liver biopsy
- Has stopped injecting but continues to drink
- *How would you now proceed?*
- She is now pregnant
- *Does that change anything?*



Screening and management of hepatitis C in primary care

- Offer screening (& vac) of HAV, HBV & HCV to all current and past injecting drug users
- Give good clear information pre-testing so people can make an informed choice about screening
- Continue to work with the patient on harm reduction whether the result is positive or negative
- Refer on for further investigations and treatment