

## Hepatitis C Summary

- 1. Screening to identify persons with HCV infection:** It is recommended that HCV serology testing be offered to individuals who are part of a population with high HCV prevalence or who have a history of HCV risk exposure/ behavior (strong recommendation, moderate quality of evidence).
- 2. When to confirm the diagnosis of chronic HCV infection:** It is suggested that nucleic acid testing (NAT) for the detection of HCV ribonucleic acid (RNA) be performed directly following a positive HCV serological test to establish the diagnosis of chronic HCV infection, in addition to NAT for HCV RNA as part of the assessment for starting treatment for HCV infection (conditional recommendation, very low quality of evidence).
- 3. Screening for alcohol use and counselling to reduce moderate and high levels of alcohol intake:** An alcohol intake assessment is recommended for all persons with HCV infection followed by the offer of a behavioral alcohol reduction intervention for persons with moderate-to-high alcohol intake (strong recommendation, moderate quality of evidence).
- 4. Assessing degree of liver fibrosis and cirrhosis:** In resource-limited settings, it is suggested that the aminotransferase/platelet ratio index (APRI) or FIB4 tests be used for the assessment of hepatic fibrosis rather than other non-invasive tests that require more resources such as elastography or Fibrotest (conditional recommendation, low quality of evidence).
- 5. Assessing for HCV treatment:** All adults and children with chronic HCV infection, including people who inject drugs, should be assessed for antiviral treatment (strong recommendation, moderate quality of evidence).
- 6. Treatment with pegylated interferon and ribavirin:** Pegylated interferon in combination with ribavirin is recommended for the treatment of chronic HCV infection rather than standard non-pegylated interferon with ribavirin. (Strong recommendation, moderate quality of evidence)
- 7. Treatment with telaprevir or boceprevir:** Treatment with the direct-acting antivirals telaprevir or boceprevir, given in combination with pegylated interferon and ribavirin, is suggested for genotype 1 chronic HCV infection rather than pegylated interferon and ribavirin alone (conditional recommendation, moderate quality of evidence).
- 8. Treatment with sofosbuvir:** Sofosbuvir, given in combination with ribavirin with or without pegylated interferon (depending on the HCV genotype), is recommended in genotypes 1, 2, 3 and 4 HCV infection rather than pegylated interferon and ribavirin alone, or no treatment for persons who cannot tolerate interferon (strong recommendation, high quality of evidence).

9. **Treatment with simeprevir:** Simeprevir, given in combination with pegylated interferon and ribavirin, is recommended for persons with genotype 1b HCV infection and for persons with genotype 1a HCV infection without the Q80K polymorphism rather than pegylated interferon and ribavirin alone (strong recommendation, high quality of evidence).

*Note: Recommendations 8 and 9 were made without taking resource use into consideration, as pricing information was not available for any country other than the United States at the time this recommendation was formulated.*

Source: <http://www.who.int/mediacentre/factsheets/fs164/en/>