Whom to Screen: Recommendations are available from The National Institutes of Health (NIH), Institute of Medicine (IOM), U.S. Centers for Disease Control and Prevention (CDC), and the U.S. Preventive Services Taskforce (USPSTF). They are based on the following criteria: 1) the evidence indicates that screening improves health outcomes and that the benefits outweigh harms, and 2) in the absence of strong evidence, the screening represents prudent clinical and/or public health practice.

HBV:
- All pregnant women (IOM, CDC, NIH, USPSTF rating = A)
- Children born to hepatitis B infected mothers (NIH, IOM, CDC)
- Household contacts (NIH, CDC)
- Sexual contacts (NIH, CDC)
- Born in regions with high rates of HBV infection (NIH, IOM, CDC)*
- Persons who have ever injected drugs illegally (NIH, IOM, CDC)
- Persons with multiple sexual partners (IOM, CDC)
- Persons with a history of sexually transmitted infections (IOM, CDC)
- Men who have sex with men (NIH, CDC)
- Inmates of correctional facilities (IOM, CDC)
- Persons with HIV (IOM, CDC)
- Healthcare worker exposures at risk for percutaneous and permcual exposures (CDC, MMWR 1997; 46(22))

HCV:
- Illicit injection drug use even once in the distant past - especially if drugs, equipment, paraphernalia or rinse water were shared (IOM, CDC, NIH)
- Persons with HIV (IOM, CDC)
- Received blood products, organ transplant, or a transfusion prior to 1992 (IOM, CDC, NIH prior to 1990)
- Children born to HCV-infected mothers (IOM, CDC, NIH)
- Health care, emergency medical and public safety workers after a needle stick injury or mucosal exposure to HCV-positive blood (CDC, NIH)
- Current sexual partners of HCV-infected persons (CDC, NIH). All agree that the risk is rare among monogamous couples, and that the risk increases with higher-risk sexual activity

Ask: Have you ever been exposed to another person’s blood through broken skin or mucous membranes (e.g. blood transfusion, needlestick injury, first responder, or combat related exposures)? • Have you ever shared syringes, needles, drugs, tattoo equipment, or body art ink or implements with another person? • Have you ever been treated for a sexually transmitted disease or have you been the sex partner of someone that was treated for a sexually transmitted disease?

Diagnostic Testing and Management of Hepatitis C Virus (HCV):
Report all suspected cases to the health department within 7 days at 1-800-866-2759 outside Denver or 303-692-2700 in the Denver metro area.

Treatment Workup:

HCV Therapeutic Agents:
The currently recommended therapy for chronic HCV infection is the combination of a pegylated interferon and ribavirin unless patient has a contraindication to ribavirin.

Adverse Event Monitoring:
See HealthTeamWorks Hepatitis B and C webpage.

*For educational resources, see HealthTeamWorks Hepatitis B and C webpage. 1See HealthTeamWorks Guideline

Goals of Treatment:
To cure HCV infection. To prevent complications and death from HCV infection. Outcomes can include sustained virologic response (cure), improved histology, and normalization of serum ALT levels.

Liver biopsy q 3-5 yrs. Should be treated. Liver ultrasound q 6-12 mos.

Expected cases to report:
1997; 46((22))

*Depression†

**Results not suggestive of Cirrhosis
Consider obtaining liver biopsy (liver biopsy should be read by an expert). Educate*

Co-infection
Any patient with HCV and either HBV or HIV infection.

Refer to Specialist

Hepatitis B and C Guideline: side 1 - HCV
Hepatitis B and C can be cured. This guideline is designed to help the primary care provider identify patients and provide the ongoing care needed to prevent complications caused by these infections. It can be used whether you treat, refer or monitor.
Hepatitis B and C Guideline: side 2 - HBV

Hepatitis B and C can be cured. This guideline is designed to help the primary care provider identify patients and provide the ongoing care needed to prevent complications caused by these infections. It can be used whether you treat, refer or monitor.

Goals of Treatment:
Sustained suppression of HBV replication, normalization of liver functions, prevent or delay progression of liver disease, and/or resolve infection.

Treatment Workup:
Pregnancy risk/contraception and if considering interferon therapy, baseline eye exam. Review behavioral assessment and clinical assessment. Providers managing the treatment of hep B should be familiar with the AASLD treatment guidelines for hep B.

HBV Therapeutic Agents:
**Preferred:** Interferon α 2B, Pegylated Interferon α 2a, Entecavir (ETV), Tenofovir (TDF).

**Not first line:** Adefovir (ADV), Telbivudine (LdT), Lamivudine (LAM).

Adverse Event Monitoring:
See HealthTeamWorks website.

This guideline is adapted from the AASLD Practice Guidelines Chronic Hepatitis B: Update 2009 and AASLD Practice Guidelines Diagnosis, Management, and Treatment of Hepatitis C. An Update (2009). The guideline is designed to assist the clinician in the care of patients with Hepatitis B and C. It is not intended to replace a clinician’s judgment or establish a protocol for all patients. For references and additional copies of the guideline go to www.coloradoguidelines.org or call 720/297-1681. Supported from funding through the Colorado Department of Public Health and Environment. Approved 2/9/10.