### Preventive Health: Screening

<table>
<thead>
<tr>
<th>CHN Hepatitis Workgroup and:</th>
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<td>• CDC/MMWR Recommendations for Prevention and Control of HCV Infection and HCV-Related Chronic Disease, 1998</td>
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#### Hepatitis A Screen
- □ HAV Ab (-) → Vaccinate
- □ HAV Ab (+) → Immune

#### Hepatitis B Screen
- □ HBsAb (-) & HBsAg (-) → Vaccinate
- □ HBsAb (+) & HBsAg (-) → Immune
- □ HBsAb (-) & HBsAg (+) → Co-infection w/HBV

#### HIV Screen
- □ HIV Ab (+) → Co-infection w/HIV

### Immunizations:
- □ Influenza vaccination
- □ Pneumococcal vaccination

### Patient Information:
- □ HCV infection
- □ Risk factors for disease progression

### Patient Education:
- ▪ Avoid sharing toothbrushes and dental or shaving equipment and cover any cut or sore in order to prevent contact of their blood with others.
- ▪ Stop using illicit drugs. Get treatment for substance abuse. Those who continue to inject drugs should avoid reusing or sharing syringes, needles, water, cotton or other paraphernalia; if equipment is used, clean with bleach and water; use only sterile syringes from a reliable source (e.g., pharmacy); use a new sterile syringe to prepare and inject drugs; use sterile water, use sterile water to prepare drugs – otherwise use clean water from a reliable source (e.g. tap); clean the injection site with a new alcohol swab; and dispose of syringes and needles after one use in a safe, puncture-proof container.
- ▪ Do not donate blood, body organs, other tissue, or semen.
- ▪ If the patient has high risk sexual behavior (including multiple sex partners or rough sex/fisting) or the patient has sex with people who are HIV positive, recommend barrier precautions (e.g., latex condoms or gloves) and “safer” sex. Otherwise, the risk of sexual transmission of HCV is low, and the infection itself is not a reason to change sexual practices (i.e., those in long-term relationships need not start using barrier precautions).
- ▪ To protect the liver from further harm: do not drink alcohol; do not start any new medicines, including over-the-counter and herbal medicines, without checking with their provider.

### Surveillance: Labs

#### Baseline/Ongoing (q3-6 months):
Use clinical judgment to determine frequency.

One purpose of labs is to monitor for cirrhosis, but there is insufficient evidence to recommend a specific screening strategy.

| □ ALT | □ Total Bilirubin |
| □ Albumin | □ CBC/platelets |
| □ AST | □ Alkaline Phosphatase |
| □ PT/INR | □ Creatinine |

### Hepatocellular Carcinoma (HCC) Screening

#### If No Cirrhosis
- □ No HCC screening

#### If Cirrhosis
- □ Complete abdominal ultrasound q6 months, with or without AFP
- □ If AFP ≥ 20, consider diagnostic CT or MRI

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For info/ed, may refer to SFGH HCV class (http://in-sfghweb01/invision/ereferralHELP/LiverClinic/HepCClass.htm).

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