QAIHC

Queensland Aboriginal and Islander Health Council

Decision support tools for Hepatitis C testing

NOVEMBER 2025

STEP 1 — Yarning about Hep C

How to have a conversation

Hepatitis C (also called HCV or Hep C) is a blood borne virus that is easily treated. If left untreated Hep C can slowly damage the liver, causing cirrhosis and potentially liver failure.

In Australia, Hep C is mostly spread through blood-blood contact. Hep C is treated by a direct-acting antiviral oral tablet that is 95% effective, with low or no side effects. This means that for most patients with Hep C, this disease is curable.

TIP: Yarning about Hep C judgement free

For many people, the experience of living with Hep C can be negatively affected by discrimination and judgement from the general public, healthcare professionals, friends and family, and internalised feelings of shame and low self-worth. People may have a current or previous history of injecting drug use or incarceration. This means mob may not feel safe engaging with health services due to fear of judgment and gossiping within the community—*this is a barrier for people getting tested and accessing treatment and support.*

You could say:

"You are safe to yarn with me about your health."

"I want to meet you where you're at in your health journey and there is support available."

STEP 2 — Who to test

Clinical indicators, risk factors and informed consent

All adults at higher risk of Hep C should be tested opportunistically. Those with persistent risk should be tested annually, while those who inject drugs may need to be tested 3-12 monthly (particularly if sharing needles or syringes).[1] Pregnant women should be offered testing at the first antenatal visit, 28 weeks gestation and birth (and additional times if recommended in local area or particularly high risk).

High risk groups for Hep C infection include:

- People who inject drugs (current/ever)
- People with non-professional tattoos or body piercings
- Time in prison
- People with evidence of liver disease (persistently raised AL and/or jaundice)
- Needlestick injury
- Children born to mothers with Hep C
- People living with HIV or Hep B
- Recipient of organ transplant or blood transfusion prior to 1990
- People on regular haemodialysis (**NOTE:** should be tested every 6 months for Hep C Ab)
- Men who have sex with men (MSM)
- People who are initiating PrEP use
- Sexual partners of a person with Hep C (**NOTE:** less than 5% of new Hep C infections occur from sexual activity).

TIP: Yarning about risk factors

Yarning about drug use, time in prison and BBVs can be tricky to navigate. When asking:

- "When was the last time you injected drugs? Some people injected drugs when they were younger, is this something you ever did?"
- "When was the last time you were tested or treated for Hep C?"
- "Have you ever been in prison?"
- "Do you ever share needles or other injecting equipment?"

You could say:

"If you have, that's ok, there's no shame, and it's your business — it helps me find out what tests need to done and how I can best support you in your health journey. I'll keep this private."

[1] National Aboriginal Community Controlled Health Organisation, & The Royal Australian College of General Practitioners. (2024). *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people: Recommendations (4th ed.).* p166.

STEP 3 — Testing and results

Interpreting results, actions, and discussing treatment and support.

TIP: Yarning about testing

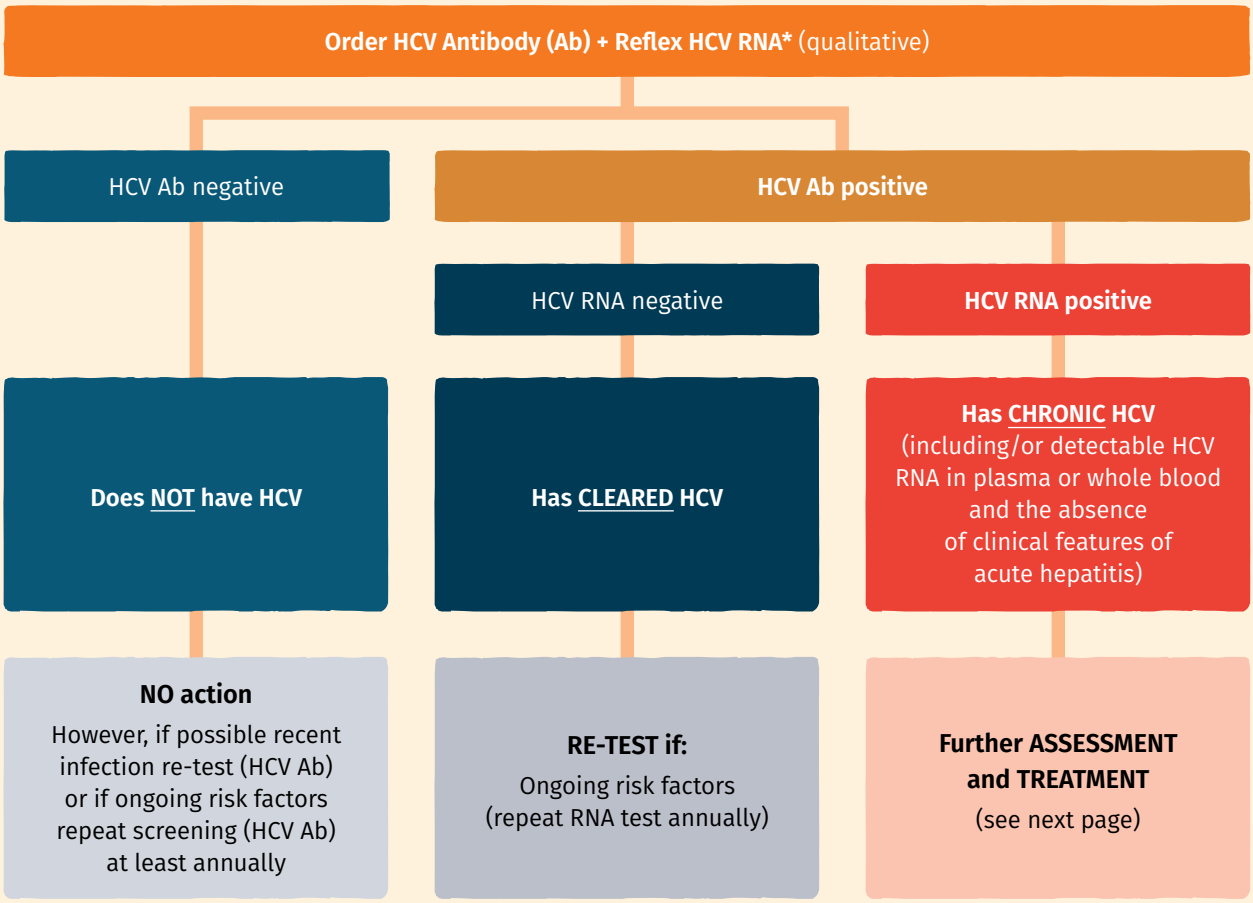
It's important to communicate about why a Hep C blood test is needed.

You could say:

"Lot's of people I've seen didn't even know they had Hep C — it can be quiet in the body for years. Sometimes we only find out when we check the blood. That's why we need to do the test, just to be sure and to find it early."

Order a test for 'Hep C virus antibody' serology to test for Hep C. Request 'reflex HCV RNA' at the same time — this means that pathology services will automatically test for Hep C RNA if the antibody is positive and ensure prompt diagnosis.

Figure 1: Test/s, Results and Actions[2]



[2] Australasian Society for HIV, Viral Hepatitis & Sexual Health Medicine. 2024. *Decision Making in Hepatitis C.* https://ashm.org.au/wp-content/uploads/2024/11/Web_Dec24_J2339_ASHM_Hep-C-Toolkit-Amends_V3.pdf

*If high level suspicion also consider requesting reflexive HCV RNA (ordering HCV Ab + HCV PCR if HCV Ab is positive) + LFTs

STEP 3 — Testing and results continued

Discussing the results:

If patient's test result is NEGATIVE for Hep C RNA:

When informing a NEGATIVE Hep C RNA result in the presence of positive Hep C antibody (Hep C Ab), discuss:

- The patient has cleared the Hep C infection.
- Inform how Hep C is transmitted and how to avoid repeat infection (risk reduction).
- If ongoing risk factors (for example — the patient continues to use injecting drugs), discuss the importance of repeating Hep C RNA testing at least annually to ensure if reinfection occurs, it can be treated.

If patient's test result is POSITIVE for Hep C RNA:

- The patient has chronic Hep C infection.
- Inform on the availability of curative treatment.
- Inform how Hep C is transmitted and offer harm minimisation support.
- Discuss safer sex to protect sexual partners through using condoms.
- Discuss lifestyle factors to protect against other causes of liver disease e.g. alcohol minimisation, diet and physical activity.
- Discuss availability of support services, including peer support services.
- Discuss contact tracing if patient engages in high risk behaviours (e.g. injecting drug use).

TIP: Discussing Hep C treatment

- Inform the patient that Hep C is easily cured (95% cure rate) with little to no side effects and is taken over 8-12 weeks via oral tablets — **no injections!**
- Anyone over 12 years old with a Medicare Card can get treatment and treatments are covered under the Closing the Gap PBS Scripts.

You could say:

"Your test shows you have Hep C virus in your blood — there's nothing to be ashamed of — Hep C is a virus that can affect anyone."

"Good news, there's no shame. It's easy to get rid of Hep C — treatment is just one dose a day for 2-3 months — as easy as antibiotics. This treatment can clear the virus completely and make sure it's gone from your body."

Contact tracing

In some cases, provider notification of contacts may be recommended, particularly if there is concern over a violent reaction or history of domestic violence within a relationship. This means that, with the patient's consent, you as the practitioner are responsible for notifying any contacts. Let your patient know this is confidential and their name won't be mentioned. Contact tracing support officers are also available across many locations in Queensland and may also be able to assist with contact tracing. Further information is available at: health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/contact-tracing or via the QR Code.

TIP: Yarning about contact tracing

You could say:

"Most people with Hep C don't know they have it because they have no symptoms, but they can still have complications or pass it on to others."

Check if your patient has shared injecting equipment or had unprotected sexual activity with anyone in the past 6 months. Help identify possible contacts and let them know that they should notify others who may have been exposed, so they can get tested too, if they are comfortable with this.

STEP 4 — Pre-treatment assessment

Baseline screening, liver fibrosis and disease

TIP: Yarning about screening

It's important to communicate *why* other screening and tests that check for liver disease and co-morbidities are needed.

You could say:

"Before we start Hep C treatment, we'd like to do a few blood tests. These help us understand how your liver is working, check for other infections and make sure the medication we choose is best for you."

Four key questions to consider prior to commencing treatment:

- Is Hep C RNA detectable?
- Is cirrhosis present?
- Is Hep B or HIV co-infection present?
- Are there potential drug interactions?

Baseline screening steps:

1. **Conduct baseline assessment after positive Hep C RNA:**
   - LFTs (including AST) and INR
   - Full Blood Count.
2. **Assess for cirrhosis by:**
   - Examining for physical signs of chronic liver disease.
   - Referring for non-invasive assessment of fibrosis via:
     - Serum biomarkers such as APRI (AST to Platelet Ratio Index <1.0 means cirrhosis is unlikely). Calculator available at: hepatitisc.uw.edu/page/clinical-calculators/apri or scan the QR code.
     - Elastography assessment e.g. Fibroscan®(>12.5 kPa consistent with cirrhosis).
3. **Check for other causes of liver disease:**
   - Check for viral coinfection:
     - HIV Ab/Ag
     - Hepatitis A — check Hep A IgG; vaccinate if negative
     - Hepatitis B — check HBsAg, anti-HBc and anti-HBs; vaccinate if all negative.
   - Heavy alcohol intake
   - Fatty liver disease — check weight, BMI.
4. **Check for other major co-morbidities:**
   - Renal impairment (eGFR < 50).
5. **Review previous Hep C treatment**
   - Choice/length of treatment may be influenced by prior Hep C treatment experience/response.
6. **Consider pregnancy and contraception**
   - Hep C antiviral medication is not recommended for use in pregnant or breastfeeding women.

Step 5 — Treatment

Hepatitis C treatment is crucial to prevent cirrhosis and to stop further transmission of the virus. Without treatment, 20-30% of patients with hepatitis C will go on to develop cirrhosis. Treatment also improves liver function for those with cirrhosis.

Most patients will not need specialist referral for treatment. General practitioners and authorised nurse practitioners can prescribe direct acting antiviral medication and manage most uncomplicated cases of Hep C without needing to complete a specific prescribing course. Patients who have had negative experiences with hospitals may be more likely to accept care from their regular GP.

TIP: Patients may require support for medication adherence.

Failure to achieve a cure with antiviral treatment is usually a result of non-adherence, drug resistance, or reinfection. Ask your patient to come back for a chat about progress and adherence to treatment. All treatment is given as a once daily dose, but ask about any issues that might lead the patient to forget or avoid taking their medication, or issues with safe storage of the medications, and any side-effects.

You could say: *"Most patients feel OK with these medications however some people have difficulty with remembering especially if taking lots of other pills. Come back if you are having difficulty."*

Figure 2: Treatment[3]

We recommend that, except for those with limited (< 12 months) life expectancy due to non-liver or non-HCV-related comorbidities, all people living with hepatitis C should be considered for treatment.

Is your patient likely to have cirrhosis?
(APRI ≥ 1.0 or Fibroscan® > 12.5 kPa)

- ☐ **Yes** → Discuss with or refer to a specialist
- ☐ **No**

Has your patient received previous treatment for HCV?

- ☐ **Yes** → Discuss with or refer to a specialist
- ☐ **No**

☐ Check for drug-drug interactions at hep-druginteractions.org

☐ Request PBS Authority by logging into PRODA via HPOS or calling the PBS Authority Script Line: 1800 888 333

Please consult Therapeutic Guidelines (Liver Disorders) for the best antiviral choice options to suit the patient and to align with PBS online listing criteria. Please check PBS Online via the QR code.

[3] Australasian Society for HIV, Viral Hepatitis & Sexual Health Medicine. 2024. *Decision Making in Hepatitis C.* https://ashm.org.au/wp-content/uploads/2024/11/Web_Dec24_J2339_ASHM_Hep-C-Toolkit-Amends_V3.pdf

Refer to a specialist if:

- Prior treatment failure for Hep C; if cirrhosis is present or likely such as APRI ≥1 and elastography score is not available; or elastography >12.5kPa; or co-infection with HIV or HBV.
- Renal impairment (eGFR <50), complex drug interactions, complex co-morbidities, not comfortable prescribing Hep C treatment, paediatric populations, major medication side effects, persisting abnormal LFTs, RNA positive 12 weeks after treatment.

Step 6 — Monitoring and prevention

It is important to confirm a cure of Hep C after antivirals. Test for Hep C RNA at least 4-12 weeks after treatment has been completed. There are now several studies that show there is a high correlation between obtaining an SVR at 4 weeks post-treatment completion and SVR12. Therefore, opportunistic testing of HCV RNA at any time beyond 4 weeks post-treatment completion can be considered, particularly when there is concern about subsequent loss to follow up.

What is a cure?

- A cure is often referred to as **SVR (Sustained Viral Response)**. This means an undetectable Hep C RNA at least 12 weeks after completion of direct-acting antiviral therapy (SVR12).
- Positive Hep C RNA after this timepoint (SVR12) is most likely due to reinfection.
- Treatment failure warrants referral to specialist services.

Preventive Measures

You can prevent getting or passing on Hep C by:

- Not sharing personal items like toothbrushes and razors
- Not sharing needles, including tattoos and piercing equipment
- Always using condoms with a water-based lube (prevent condom breaking), particularly if engaging in anal sex
- Covering open wounds.

TIP: Support services

There are a range of available support services including needle and syringe programs (NSPs) which dispense clean injecting equipment to help reduce the transmission of BBVs. These programs may also provide access to drug treatment programs. Some national and statewide services include:

- Queensland Injectors Health Network (QuIHN) —have fixed site NSPs.
- Hepatitis Queensland (1800 437 753)
- Queensland Injectors for Advocacy and Action (QuIVVA)
- Queensland Health alcohol and other services (AOD)
- HepLink Australia (1800 437 222).

Find your local NSP via the link: NSP Directory — Australian Injecting and Illicit Drug Users League

You can also obtain sterile injecting equipment at emergency departments and some pharmacies. **You don't need a referral to attend an NSP.**

Should I request genotype testing?

There are 6 genotypes of hepatitis C around the world. Knowing a patient's genotype is not typically required for initiation of treatment as the available therapies are effective against all genotypes (pan-genotypic). Genotyping may be useful if you are referring to a liver specialist, particularly if your patient has been unsuccessful with their first treatment. Hep C genotyping is currently covered under the MBS once per 12-month period (if the patient is HCV RNA positive and is being evaluated for antiviral therapy for chronic Hep C).

STEP 7

Step 7 — Follow up

People who do **not have cirrhosis and who have normal LFTs** once SVR is achieved can be medically managed as if they never had Hep C infection.

- Update medical records to reflect the dates of treatment and that they have had SVR.
- Positive Hep C antibody is not protective against re-infection with Hep C. People with ongoing risk factors should have annual Hep C RNA testing (or more frequently if indicated). Hep C antibody remain positive for life so there is no need to repeat Hep C antibodies when checking for reinfection.

If the patient **continues to have abnormal LFTs results once SVR is achieved**, further investigations are required:

- Consider other common causes of liver disease, including metabolic syndrome, diabetes, and alcohol use. Investigations to consider include: fasting glucose level, fasting lipid levels, iron studies, ANA, ASMA, anti-LKM antibodies, total IgG and IgM, AMA, coeliac serology, copper level, caeruloplasmin level and α-1-antitrypsin level, and ultrasound abdomen.
- Refer to gastroenterology or hepatology for specialist input. It can be useful to request advice early so necessary investigations and lifestyle optimisation can be done while awaiting specialist review.

If the patient **has cirrhosis**, ensure they have ongoing specialist review with a gastroenterologist or hepatologist:

- All people with cirrhosis need to enter appropriate surveillance programs for liver cancer and oesophageal varices, as recommended by existing guidelines.
- Monitor for complications of liver disease, such as ascites, confusion, malnutrition and osteoporosis.
- Check in regularly about optimising lifestyle risk factors—remember SNAP. In particular, consider screening regularly for alcohol use, as any alcohol consumption with cirrhosis can worsen liver function.
- Check in regarding social supports and life stressors.

The QAIHC Decision making in hepatitis C clinical guidelines have been adapted the *ASHM Decision making in hepatitis C guidelines:* Decision-making-in-hepatitis-C_090223_v03-23.pdf

The QAIHC guidelines align with the recommendations outlined in the 4th Edition of the National Guide to Preventive Healthcare for Aboriginal and Torres Strait Islander People. We have also referred to the *Clinical guidance for treating hepatitis C virus infection* GP-algorithm-2022.pdf and Hepatitis NSW Yarnin' About Hep C.

Disclaimer: Guidance provided on this resource is based on guidelines and best practice at the time of publication.

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