



## HCV testing and navigation timeline

The program to Screen, Treat, or Prevent hepatitis C virus and hepatocellular carcinoma (STOP HCV-HCC) aids low-resource, primary care settings that serve uninsured (or underinsured) patients in implementing onsite HCV screening, staging, and onsite treatment. The table below outlines the STOP HCV-HCC testing timeline, as modified for care in under-resourced settings.

Universal: ongoing case management (weekly or biweekly phone calls, reminders, navigation support)

Test Name	Screening	Confirmatory testing	Staging (for chronic HCV)	During direct-acting antiviral (DAA) therapy	End of DAA therapy	12 weeks post treatment	Monitoring for HCC
HCV Antibody reflex to HCV Quantitative PCR*	HCV Antibody	HCV PCR					
HCV Quantitative PCR		X*			X	X	
HCV Genotype†			X				
Comprehensive metabolic panel (CMP) – Aspartate Aminotransferase (AST) Alanine Aminotransferase (ALT)‡ Renal function, glucose§			X	If <b>fibrosis</b> or <b>cirrhosis</b> (FIB-4 >3.25): monthly If <b>HBV core positive</b> : monthly (to monitor reactivation)		X	
PT-INR			X				
CBC with platelets ‡			X	If on <b>ribavirin</b> : monthly			
FIB-4 (calculation)‡			X				
HIV screen			X				
Hepatitis A total Ab			X				
Hepatitis B surface Ag¶			X				
Hepatitis B surface Ab			X				
Hepatitis B core Ab			X				
Abdominal (liver) ultrasound			X				If <b>cirrhotic</b> , every 6 mos
Screen for alcohol and drug use							
Office/lab visit	X	X	X	X	X	X	If <b>fibrosis</b> or <b>cirrhosis</b> , every 6 mos

\* Reflex testing reduces loss to follow-up. If unavailable, bring patient back to obtain quantitative HCV PCR to confirm chronic infection.

† With pan-genotypic DAAs, consult a specialist, as the genotype may not be necessary for treatment naïve patients.

‡ Age, AST, ALT, and platelet count are used to calculate **Fibrosis-4 (FIB-4) level**, a non-invasive measure of liver disease severity. View the calculator [here](#).

§ If glucose is high, check for undiagnosed or uncontrolled diabetes.

¶ If Hepatitis B surface Ag positive, before treatment for HCV, initiate hepatitis B virus (HBV) antiviral regimen (i.e. tenofovir or entecavir) to avoid HBV flare-up (abrupt increase of ALT levels) during HCV treatment