

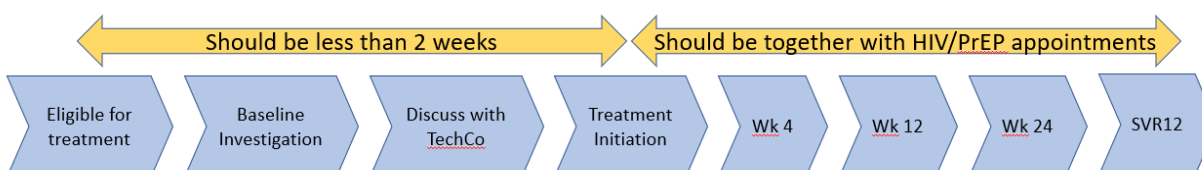
## HCV treatment follow-up

*The aim is to reduce number of clinic appointments and travel burden of the patient as much as possible.*

**The treatment initiation should be within 2 weeks of eligibility.**

HCV appointments should be made

- On week 4,
- On week 12,
- On week 24 for 24 weeks regime and
- appointment for SVR12.



For HIV patients on ART, adjust ART appointments with HCV appointments. (i.e., to supply ART in accordance with HCV drug supply).

### Follow-up Investigation

| Examination                  | Baseline       | W4                  | W12 | W24 | 12 weeks after Rx |
|------------------------------|----------------|---------------------|-----|-----|-------------------|
| Clinical evaluation          | X              | X                   | X   | X   | X                 |
| HBsAg                        | X              |                     |     |     |                   |
| CBC                          | X              |                     |     |     |                   |
| Hemoglobin                   | X              | Only when indicated |     |     |                   |
| ALT                          | X              | Only when indicated |     |     |                   |
| AST                          | X              |                     |     |     |                   |
| Creatinine                   | X              | Only when indicated |     |     |                   |
| Total bilirubin <sup>2</sup> | X              | Only when indicated |     |     |                   |
| INR <sup>2</sup>             | X              | Only when indicated |     |     |                   |
| Albumin <sup>2</sup>         | X              | Only when indicated |     |     |                   |
| CD4 count <sup>1</sup>       | X              |                     |     |     |                   |
| HIV VL                       | X <sup>1</sup> |                     |     |     |                   |

|                             |                                     |                                                     |  |  |   |
|-----------------------------|-------------------------------------|-----------------------------------------------------|--|--|---|
| Glucose                     | X                                   |                                                     |  |  |   |
| HCV VL                      | X                                   |                                                     |  |  | X |
| Ultrasound (Abd)            | Only when requested by hepatologist |                                                     |  |  |   |
| Pregnancy test <sup>3</sup> | X                                   | To do 4 weekly if the woman is not on contraception |  |  |   |

<sup>1</sup>Do not repeat if the result is within one year.

<sup>2</sup>Tests to determine Child-Pugh score only in cases with cirrhosis (by APRI, FIB-4 or FibroScan)

<sup>3</sup>Need to make monthly appointments for pregnancy tests