



Recommended Follow-up and Counseling for Patients Who Achieved Undetectable Viral Load \geq 12 Weeks Post-treatment

No Cirrhosis (Stages F0-F2)

Follow-Up:

1. Follow-up is the same for patients who never had Hepatitis C.
2. Patients with ongoing risk factors for reinfection should have a viral load drawn every 6-12 months to detect reinfection if it occurs (remember the antibody will remain positive indefinitely).

Counseling:

1. Remember to tell patients that the Hepatitis C antibody test will usually remain positive for life and does not indicate relapse.
2. Inform patients that they will be ineligible to donate blood but they can still be organ donors.
3. Remember to tell patients that they are not immune to Hepatitis C and can become reinfected if they re-engage in high risk behaviors.

Advanced Fibrosis or Cirrhosis (Stages F3-F4)

Follow-Up:

1. Patients with advanced fibrosis or cirrhosis should be referred to GI for evaluation and screening EGD for esophageal varices.
2. Order serial hepatic ultrasounds and alpha-fetoprotein levels every 6 months (to screen for hepatoma) indefinitely. Refer to GI if either of these tests becomes abnormal.
3. Patients with ongoing risk factors for reinfection should have a viral load drawn every 6-12 months to detect reinfection if it occurs (remember the antibody test will remain positive indefinitely).

Counseling:

1. Remember to tell patients that the Hepatitis C antibody test will usually remain positive for life and does not indicate relapse.
2. Inform patients that they will be ineligible to donate blood but they can still be organ donors.
3. Remember to tell patients that they are not immune to Hepatitis C and can become reinfected if they re-engage in high risk behaviors.
4. Remember to tell patients with advanced fibrosis or cirrhosis that the safest course of action is to refrain from drinking alcohol.