



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

9 August 2017

DEPARTMENT CIRCULAR

No. 2017 - 0273

- TO: ALL DIRECTORS OF BUREAUS, SERVICES, and REGIONAL OFFICES, MEDICAL CENTER CHIEFS OF DOH RETAINED HOSPITALS and DOH-DESIGNATED HIV TREATMENT HUBS, DOH ATTACHED AGENCIES, and KEY PARTNERS from the LOCAL GOVERNMENT UNITS, PRIVATE SECTORS, NON-GOVERNMENT and COMMUNITY-BASED ORGANIZATIONS, and OTHERS CONCERNED**
- SUBJECT: National HIV/AIDS and STI Program (NASPCP) Recommendations for Testing, Diagnosis and Treatment of Chronic Hepatitis C among People living with Human Immunodeficiency Virus (PLHIV)**

Globally, there is an estimated 2.3 million people co-infected with HIV and Hepatitis C Virus (HCV). Among people who inject drugs (PWID), local surveillance data has shown an alarmingly high incidence (73.1%-99.5%) of HIV and Hepatitis C co-infection. Persons with HIV/HCV co-infection generally have more rapid progression of liver fibrosis, especially those with a CD4 cell count of <200 cells/mm³. Furthermore, even among patients in whom antiretroviral therapy (ART) leads to successful control of HIV infection (i.e. undetectable HIV viral load), the risk of hepatic decompensation among co-infected patients is higher than among patients with HCV mono-infection. For these reasons, the NASPCP recommends the testing, diagnosis and Hepatitis C treatment of PLHIV following the 2016 WHO Guidelines for the Screening, Care and Treatment of Persons with Chronic Hepatitis C Infection.

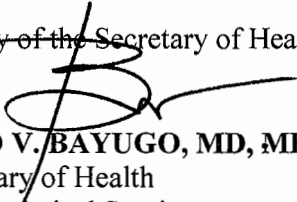
Specific recommendations are as follows:

1. All PLHIV shall be screened for HCV using anti-HCV test.
 - a. If positive, HCV RNA testing is needed to confirm HCV co-infection.
 - b. If negative, repeat screening with anti-HCV test on a yearly basis shall be recommended for individuals at ongoing risk of infection.
2. Hepatitis C treatment shall be initiated as soon as possible for confirmed HCV co-infection. Patients suspected with decompensated cirrhosis – or those presenting with any of the following: ascites, jaundice, Child-Pugh score B or C (see Annex 1), - shall be co-managed with a specialist.

3. The recommended HCV treatment regimen for PLHIV with no cirrhosis is Daclatasvir (60 mg) and Sofosbuvir (400 mg) to be given daily for 12 weeks. Treatment shall be extended to 24 weeks for patients with compensated or decompensated cirrhosis. HCV treatment regimen may be given together with anti-retroviral therapy.
4. Daclatasvir dosing shall be adjusted to 90 mg tablet per day for patients on Efavirenz-containing regimen.
5. Repeat HCV-RNA testing shall be done 12 weeks after completion of treatment to determine treatment success. If HCV RNA is detectable, patient is considered to be treatment failure and shall be referred to a specialist.
6. Standard reporting forms shall be utilized (See Annex 2 and 3).

For immediate dissemination and strict compliance.

By Authority of the Secretary of Health:


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Undersecretary of Health
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Annex 1. Child-Pugh Score

Source: WHO Guidelines for the Screening, Care and Treatment of Persons with Chronic Hepatitis C

Points	1	2	3
Encephalopathy	None	Minimal (grade 1 or 2)	Advanced (grade 3 or 4)
Ascites	Absent	Controlled	Refractory
Total bilirubin ($\mu\text{mol/L}$) (mg/dL)	<34 (<2)	34–51 (2–3)	>51 (>3)
Albumin (g/dL)	>3.5	2.8–3.5	<2.8
Prothrombin time (seconds) or PT-INR	<4 or <1.7	4–6 or 1.7–2.3	>6 or >2.3

PT-INR; prothrombin time international normalized ratio

Child-Pugh Class A: 5–6 points

Child-Pugh Class B: 7–9 points

Child-Pugh Class C: 10–15 points

Annex 2. HCV-HIV Quarterly Care Report

HCV-HIV QUARTERLY REPORT					
Name of Facility: _____					
Reporting Period: Q ___ Y ___					
A. HCV Screening and Diagnosis (Current Quarter)					
Indicators	No.	%	Remarks		
No. of new cases of People Living with HIV (PLHIV) within the reporting period					
No. of old cases of People Living with HIV (PLHIV) seen in the facility within the reporting period					
Total No. of People Living with HIV (PLHIV) seen in the facility within the reporting period					
HCV Screening					
No. and % of new cases of PLHIV screened for HCV					
No. and % of old cases of PLHIV screened for HCV					
Total No. and % of PLHIV screened for HCV					
HCV Diagnosis					
No. and % of new PLHIV confirmed positive for HCV					
No. and % of old PLHIV confirmed positive for HCV					
Total No. and % of PLHIV confirmed positive for HCV					
HCV Treatment					
No. and % of new PLHIV with HCV started on HCV Treatment					
No. and % of old PLHIV with HCV started on HCV Treatment					
Total No. and % of PLHIV with HCV started on HCV Treatment					
B. HCV Treatment Outcome of PLHIV started on treatment during cohort period (patients started on treatment from 2 quarters' ago)*					
Indicators	No.	%	Remarks		
No. and % of PLHIV who completed HCV treatment					
No. and % of PLHIV with HCV who were successfully treated (completed and cured)					
Treatment Outcome Summary:					
Total No. of PLHIV started on HCV treatment during the cohort period*	Treatment Outcome (No. of PLHIV)				
	Cured	Completed	Failed	LTFU	Died
*If current quarter is Q1, treatment outcome report is for those patients started on HCV treatment in Q3 of last year					
If current quarter is Q2, treatment outcome report is for those patients started on HCV treatment in Q4 of last year					
If current quarter is Q3, treatment outcome report is for those patients started on HCV treatment in Q1 of this year					
If current quarter is Q4, treatment outcome report is for those patients started on HCV treatment in Q2 of this year					
Prepared by: _____					
Approved by: _____					
HACT staff (date)			HACT Leader (date)		

Annex 3. Viral Hepatitis Patient Management Card

Viral Hepatitis Patient Management Card

Identification:

UIC: ___|___|___|___|___|___ Philhealth No.: _____
*UIC: First two letters of mother's name, first two letters of father's name, two-digit birth order, birthdate (MM-DD-YYYY)
Patient's Full name: _____ Sex (at birth) Female Male
Current residence: City/Municipality: _____ Province: _____
KP Class: MSM TGP SW IDU Partner of KP

Infection status on enrolment:

HBsAg: Positive Negative Not done
Date of first diagnosis of HBV infection: ___ / ___ / ___
Enrolment date: ___ / ___ / ___ Reporting Period (Q_Y___)
HBV DNA: Value Negative Not done HBeAg: Positive Negative Not done
Anti -HCV: Positive Negative Not done
Date of first diagnosis of HCV infection: ___ / ___ / ___
HCV RNA: Positive Negative Not done
HCV Core Ag: Positive Negative Not done

Staging:

ALT: ___ IU/mL
APRI: _____ Not done
Staging date: ___ / ___ / ___
Clinical cirrhosis diagnosis: Yes No
Fibrotest: _____ Not done
Elastometry: _____ Not done

Hepatitis B treatment:

Start
Anti -HBV treatment regimen: _____ Date stated: ___ / ___ / ___ Date stopped: ___ / ___ / ___
Annual viral response assessment
Date tested: ___ / ___ / ___
Date tested: ___ / ___ / ___
Date tested: ___ / ___ / ___
Date tested: ___ / ___ / ___
Date tested: ___ / ___ / ___
Date tested: ___ / ___ / ___
HBV DNA: Positive Negative Not done
HBV DNA: Positive Negative Not done
HBV DNA: Positive Negative Not done
HBV DNA: Positive Negative Not done
HBV DNA: Positive Negative Not done
ALT: ___ IU/mL
ALT: ___ IU/mL
ALT: ___ IU/mL
ALT: ___ IU/mL
ALT: ___ IU/mL

Hepatitis C treatment:

Start
Anti -HCV treatment regimen: _____ Date stated: ___ / ___ / ___ Date completed: ___ / ___ / ___
Sustained viral response assessment
Date tested: ___ / ___ / ___
HCV RNA: Positive Negative Not done

