

The Bottom Line

Vaughan Endoscopy Clinic (VEC) is a **state of the art** out-of-hospital endoscopy clinic providing **Screening colonoscopy and endoscopy** for the work up of mild gastrointestinal disorders. It is staffed by gastroenterologists.

In addition to the endoscopic services, they will provide all the necessary **GI follow-up** and make all the appropriate referrals required due to findings at the endoscopy.

The Medical Director has been an active participant at the CPSO in the development of **standards for out-of-hospital clinics**, all of which VEC adheres to.

Gastroenterologists:

Dr. William Appell
Dr. David Ford
Dr. Michael Gould
Dr. Susan Greenbloom
Dr. David Kreaden
Dr. Eric Leong
Dr. Michael Ostro
Dr. Ted Ptak
Dr. Jonathon Springer
Dr. Rajiv Sethi
Dr. Stephen Sinclair

In addition to high quality and convenient access to endoscopy, the Doctors at VEC will provide you with supplemental practical GI advice through this periodic newsletter. This article on Hepatitis C is written by Dr. Susan Greenbloom (a gastroenterologist from William Osler Health Centre, Etobicoke Campus).

Screening for Hepatitis C

Background: Chronic Hepatitis C is one of the most common causes of liver disease and probably the most common cause of death from liver disease in Canada. It is estimated that 1% of Canadians are infected. Approximately one third of cases have not been diagnosed which makes screening patients at risk so important.

Who should be screened for Hepatitis C (HCV)?

A. Anyone with an increased risk including:

- 1) IV drug use – past or present (even if only once)
- 2) Blood, blood products transfusion or organ transplantation before 1990
- 3) Incarceration (includes risk from exposure to contaminated drugs and injection materials, contaminated tattooing needles, physical trauma e.g. fighting where blood is present and unprotected intercourse where blood is present)
- 4) Needle stick or sharp injuries
- 5) Born, traveled or resided in parts of world where there is a higher prevalence of HCV (due to use and reuse of contaminated equipment for immunization, injections, multi-dose vials, surgery, transfusions and ceremonial rituals)
- 6) Tattoos or body piercing using equipment that is contaminated
- 7) Hemodialysis
- 8) Sharing personal items contaminated with blood with person who is HCV positive (toothbrush, razor, and nail clippers)
- 9) Inhalation or intranasal drug use (due to use of contaminated materials and equipment)
- 10) Infants born to mother with HCV infection
- 11) Unprotected intercourse with a sexual partner with HCV, multiple sexual partners, a partner with a sexually transmitted infection like HIV or lymphogranuloma venereum, traumatic sex that can cause mucosal tearing e.g. sex toys and anal intercourse, and vaginal sex during menstruation

B. Anyone with condition associated with a high prevalence of HCV infection:

- 1) Drug or alcohol dependency (past or present)
- 2) Blood diseases requiring multiple transfusions e.g. thalassemia, sickle cell anemia and hemophilia
- 3) Hepatitis B infection

Continued on back



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- 4) HIV infection
- 5) Vasculitis secondary to cryoglobulinemia
- 6) Unexplained renal impairment
- 7) Non-Hodgkin's lymphoma

C. Anyone with:

- 1) Abnormal liver enzymes
- 2) Signs of chronic liver disease e.g. hepatomegaly, splenomegaly, jaundice, spider neva

How do you screen for HCV?

The initial screening test for Hepatitis C is the antibody to Hepatitis C (anti-HCV). The second test is the HCV RNA, which indicates that the patient is viremic. Most patients that are positive for anti-HCV will also be positive for HCV RNA but it is possible for the patients to have cleared the virus on their own and they will then be positive for anti-HCV but negative for HCV RNA. It is very uncommon to have a positive HCV RNA and negative anti-HCV. The possibilities include and early acute infection, a false positive HCV-RNA and an immunosuppressed patient. The following table may help you interpret the results:

Anti-HCV	HCV RNA	Interpretation
Positive	Positive	HCV infection
Positive	Negative	Resolution of HCV; or acute infection
Negative	Positive	False positive; early acute infection; immunosuppressed patient
Negative	Negative	No HCV infection

Why Screen Patients?

Once the patients have been diagnosed with Hepatitis C they can be referred for treatment. Chronic infections occur in up to 85% of patients infected. Without treatment up to 25% of patients will develop cirrhosis within 20 to 30 years. The patients with cirrhosis are at risk for developing decompensated liver disease, liver failure and cirrhosis. With treatment 40 - 90% of patients (depending on multiple factors including the genotype of the virus and the patients genetics) can clear the virus.

The information, lists and tables in this newsletter were adapted from the American association of the study of liver disease practice guidelines April 2009; Management of Chronic Hepatitis C: Consensus guidelines. Can J Gastroenterology June 2007; The college of Family Physicians of Canada: Primary Care Management of Hepatitis C 2009.

The bottom line is:

It is important to screen all patients at risk for Hepatitis C in order to offer as many patients as possible effective treatment to clear the virus.

This newsletter will be posted on our website (www.vaughanendoscopy.com) thus your patients are able to download a copy for reference. Other GI topics of interest will be published periodically.