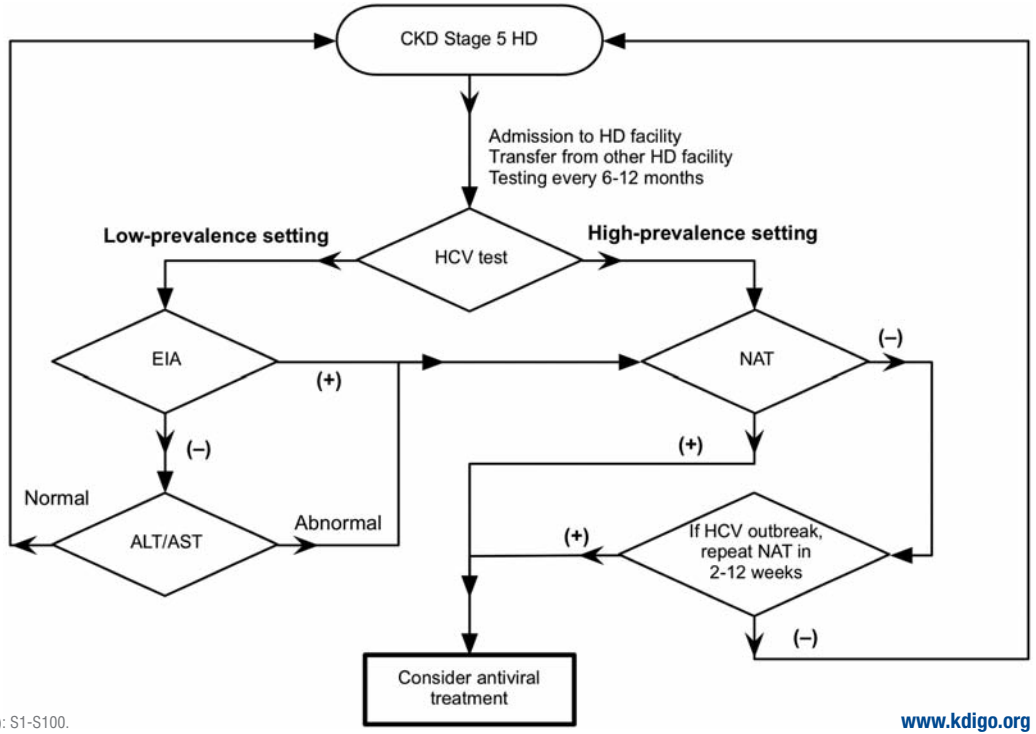
KDIGO's Clinical Practice Guidelines for the Prevention, Diagnosis, Evaluation and Treatment of Hepatitis C in Chronic Kidney Disease recommend testing for Hepatitis C virus (HCV) in patients on maintenance hemodialysis and in kidney transplant candidates. They recommend that all kidney donors should be tested for HCV.



Algorithm 1. CKD Stage 5 hemodialysis diagnostic algorithm. Please refer to the guideline* for a detailed explanation of the impact of pretest probability of HCV + on the choice of HCV test. In particular, note that after a negative primary NAT, a patient can be considered to be at low probability of HCV infection (unless other factors change) so that subsequent testing by EIA is appropriate.

Abbreviations: ALT, alanine alminoteransferase; AST, aspartate aminotransferase; CKD, chronic kidney disease; EIA, enzyme immunoassay; HCV, hepatitis C virus; NAT, nucleic acid test.

*KIDNEY INTERNATIONAL 2008; 73 (SUPPL 109): S1-S100.

KDIGO's Clinical Practice Guidelines for the Prevention, Diagnosis, Evaluation and Treatment of Hepatitis C in Chronic Kidney Disease. Hepatitis C virus (HCV) infection is more prevalent in patients with CKD than the general population, and thus treatment of HCV is an important consideration.

Table 5. Recommended treatment of HCV infection in patients with CKD and their associated adverse events.
a) Patients with genotypes 1 and 4 should receive 48 weeks of IFN therapy if an early viral response is obtained at 12 weeks (> 2 log fall in viral titer). Genotypes 2 and 3 should be treated for 24 weeks.
b) See guideline* for a detailed discussion of ribavirin usage and dosing in patient with CKD Stages 3–5. Patients with genotypes 2 and 3 infection should receive 800 mg day^{-1} with Stages 1 and 2 CKD. Patients infected with genotypes 1 and 4 should receive 1000-1200 mg day^{-1} with Stages 1 and 2 CKD.

Abbreviations: eGFR, estimated glomerular filtration rate; IFN, interferon; SQ, subcutaneous; q week, every week.

Stage of CKD	IFN[a]	Ribavirin[b]	Common Adverse Events
1 and 2	Pegylated IFN alfa-2a: 180 µg SQ q week Pegylated IFN alfa-2b: 1.5 µg kg^{-1} SQ q week	800-1200 mg day^{-1} in two divided doses	IFN: headache, flu-like illness, depression Ribavirin: worsened anemia due to hemolysis
3 and 4	Pegylated IFN alfa-2a: 135 µg SQ q week Pegylated IFN alfa-2b: 1 µg kg^{-1} SQ q week	Stage 3: 400-800 mg day^{-1} in two divided doses Not recommended for eGFR <50 mL per min per 1.73 m^2	IFN: same as above Ribavirin can cause hemolytic anemia and its use must be supported with increased erythropoietin as needed
5	Pegylated IFN alfa-2a: 135 µg SQ q week; Pegylated IFN alfa-2b: 1 µg kg-1 SQ q week	Not recommended	IFN: same as above
5D	Alfa-2a IFN: 3 mU SQ 3 times per week; Alfa-2b IFN: 3 mU SQ 3 times per week	Not recommended	IFN: same as above
5T 1-5	Not recommended unless treating fibrosing cholestatic hepatitis or life-threatening vasculitis	Not recommended	IFN has been associated with allograft rejection and failure

*KIDNEY INTERNATIONAL 2008; 73 (SUPPL 109): S1-S100.