



# Hepatitis C positive, PCR positive

## Clinician results factsheet

The enclosed report indicates that your patient is antibody positive, and polymerase chain reaction (PCR) positive, and therefore has hepatitis C infection. This indicates active virus replication and if it becomes chronic there is a risk of developing serious liver disease.

A further specimen of clotted blood has been requested for repeat antibody testing and genotyping of the virus. If you need additional explanation of the result, please phone the laboratory (see Further information on the back page).

### What is hepatitis C?

- A disease caused by the hepatitis C virus (HCV), which is a blood-borne virus spread mainly through blood-to-blood contact.
- Only 20% of patients infected with HCV clear the virus spontaneously. The remaining 80% have chronic HCV infection (PCR positive), which if not treated can lead to severe liver disease, with 20% of these developing cirrhosis after 20 years.
- Those with cirrhosis are at risk of liver failure and hepatocellular carcinoma.
- Symptoms can take years or decades to occur so the majority of those infected are probably unaware of it.

### Who is at risk and should be tested?

Hepatitis C testing should be offered to anyone who:

- has unexplained abnormal liver function tests, for example, elevated ALT or unexplained jaundice;
- has injected drugs, including image and performance enhancing drugs like anabolic steroids, using shared equipment, however long ago and even if only once or twice;
- had a blood transfusion in the UK before September 1991 or received any blood products in the UK before 1986;
- has received medical or dental treatment in countries where infection control may have been poor;
- is the child of a mother with hepatitis C;

- is a regular sexual partner of someone with hepatitis C;
- has been accidentally exposed to blood where there is a risk of transmission of hepatitis C;
- has had tattoos, piercings, acupuncture or electrolysis where infection control procedures have been poor;
- is a migrant from a medium or high prevalence country.

## How do I test for HCV?

The primary screening test is a blood test for antibodies to the virus (anti-HCV), which indicate if a person has ever been infected with HCV. A positive HCV PCR result means that the person is currently infected and infectious.

If the result is anti-HCV positive and HCV PCR negative, the person has either cleared the virus spontaneously; been successfully treated; or is very early in their infection. A positive test should be confirmed by testing a second sample. It can take three months for antibodies to become detectable, therefore a negative test should be repeated if the exposure was within six months of the test.

Around 20% of people will clear the virus naturally, normally within the first 3 months after becoming infected. Chronic infection with HCV is present if a person has antibodies to the virus and is still HCV PCR positive.

## How do I explain the testing procedure?

**Pre-test** discussion should include:

- hepatitis C, its natural history and the benefits offered by treatment;
- assessment of exposure risks and establishing when the last risk activity took place;
- implications of a positive result for the individual and his/her family or close contacts.

**Post-test** discussion for the following results should include:

### Negative antibody result

- the need for further testing if the last exposure risk occurred in the preceding three month 'window period';
- ways of avoiding infection in the future.

### Positive antibody result

- the need for a second blood sample to confirm the results.

### Positive HCV PCR result

- the need for referral to a specialist for further assessment and possibly also a repeat PCR test if there is a chance the infection may have cleared spontaneously;
- patient information (as below) on reducing risk of spread;
- consideration of the need to test other family members or close contacts.

## Treatment

The introduction of newer oral antiviral drugs in 2014/15 has revolutionised treatment of chronic hepatitis C, leading to shorter courses of all oral treatments without the need for interferon. The success rate of treatments exceeds 95%, depending on various factors, such as compliance.

Treatment of hepatitis C in Northern Ireland is carried out through the liver unit at the Royal Victoria Hospital. Patients with a positive HCV PCR test should be referred to a consultant hepatologist at RVH for assessment. Evidence of second positive HCV PCR test may be required prior to considering treatment in some cases to ensure that there has not been spontaneous clearance of the virus.

Following specialist assessment, a fibroscan and ultrasound are needed to assess the severity of disease before deciding on the appropriate treatment. Liver disease can be quite severe with only minimal abnormality of liver function tests, so these results should not be used for reassurance.

## Patient information

Patients with chronic hepatitis C should be advised:

- that treatment of their disease is very successful, with most people being cured of the infection;
- their blood is infectious and they should be careful to prevent others coming into contact with

their toothbrushes or razor blades, and they should not share these with other people;

- they should never share any equipment if injecting drugs;
- to always clean up their own blood from floors and work surfaces using undiluted household bleach;
- to carefully clean cuts and wounds and cover with a waterproof plaster;
- HCV infection still remains an absolute contraindication for donation of gametes and embryo as per SABTO guidance;
- sexual transmission is possible but unusual and the risk should be reduced by always using condoms;
- alcohol consumption can speed up the progression of liver disease, so it is best not to drink any alcohol;
- ordinary social contact, and sharing towels or crockery, do not transmit the disease;
- being infected with HCV should not exclude them from employment except in certain clinical areas.

A factsheet for patients containing advice is enclosed with this information.

**Vaccination against hepatitis A and B, the annual flu virus and pneumococcal infections is recommended.**

## Further information

Further information for patients and clinicians and translations of the patient information can be obtained from:

### **Northern Ireland Hepatitis B and C Managed Clinical Network -**

[www.hepbandcni.net](http://www.hepbandcni.net)

### **Regional virus laboratory**

Duty virologist, Tel: 07889 086 946

[bll.dutyvirologist@belfasttrust.hscni.net](mailto:bll.dutyvirologist@belfasttrust.hscni.net)

### **Consultant hepatologists**

Dr Neil McDougall:

Tel: 028 9615 6222

Dr Ian Cadden:

Tel: 028 9615 6356

Dr Johnny Cash:

Tel: 028 9504 1986

Dr Roger McCorry:

Tel: 028 9063 3308

Dr Conor Braniff:

Tel: 028 9504 7760

Dr Leanne Stratton:

Tel: 028 9504 7760

### **Hepatitis nurse specialist**

Tel: 07788 883457 /07712 506350

### **Hepatology pharmacist**

Tel: 07841 808962

### **Patient support groups**

British Liver Trust

Helpline: 0800 652 73300

RVH Liver Support Group

Tel: 07737 718493

Hepatitis C Trust

Tel: 020 7089 6221

**HCV is notifiable to the Public Health Agency duty room.  
Tel: 0300 555 0119**



Public Health Agency, 12–22 Linenhall Street, Belfast BT2 8BS.

Tel: 0300 555 0114 (local rate). [www.publichealth.hscni.net](http://www.publichealth.hscni.net)