

Hepatitis C State Lab Testing Update

Rebecca Pelc, PhD, Virology/Serology Unit Manager, State Laboratory of Public Health Rick Moore, MD, AAHIVS, Viral Hepatitis Medical Director

September 8, 2021

What We'll Cover

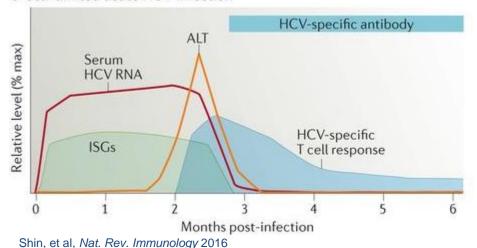
- 1. Changes to Hepatitis C testing in the state lab
 - a) Transition from qualitative to quantitative HCV RNA testing
- 2. Interpretation of lab results
- 3. Next steps in evaluation of specific results

Testing at SLPH

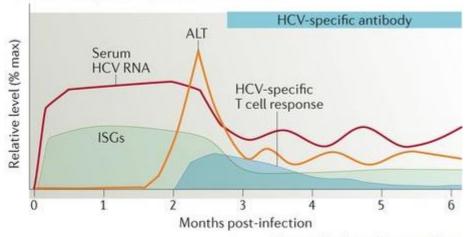
Rebecca Pelc, PhD, Virology/Serology Unit Manager, State Laboratory of Public Health

HCV Infection Kinetics

c Self-limited acute HCV infection

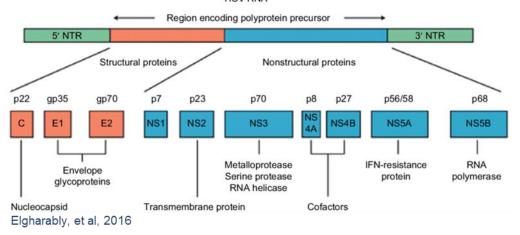


d Chronically evolving acute HCV infection



Nature Reviews | Immunology

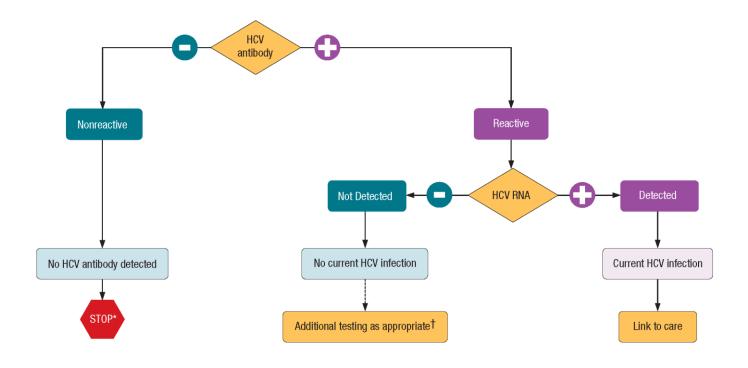
HCV RNA





Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection





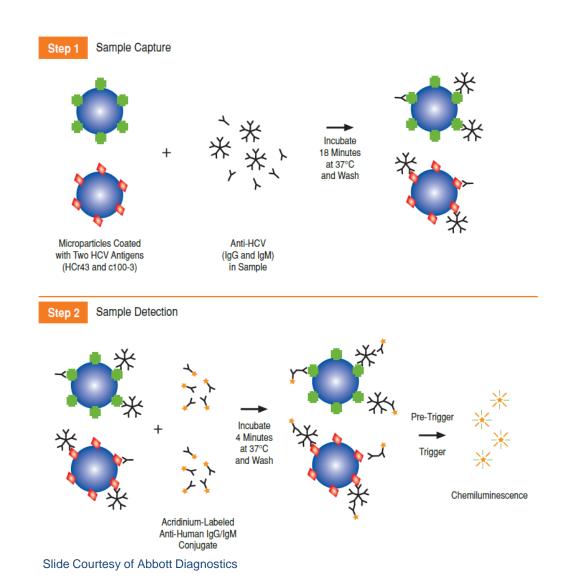
^{*} For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended. For persons who are immunocompromised, testing for HCV RNA can be considered.

Source: CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. MMWR 2013;62(18).



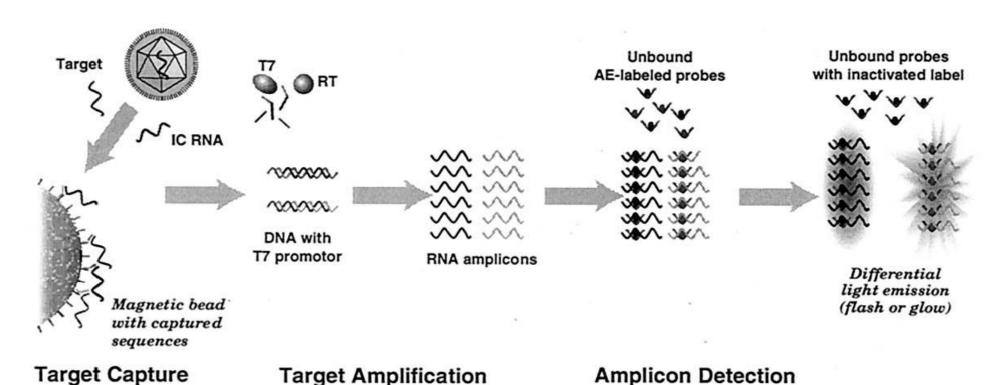
[†] To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV antibody assay can be considered. Repeat HCV RNA testing if the person tested is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease, or if there is concern regarding the handling or storage of the test specimen.

Abbott Architect anti-HCV





Transcription Mediated Amplification (Hologic)



Comanor, et al, Am. Journal of Gastroenterology 2001



Transcription Mediated Amplification (Hologic)







Effective 9/20/2021



North Carolina DHHS HIV/STD/Hepatitis Surveillance Unit

What Is Not Changing

- Use of DHHS 1111 (filled out completely)
- 2-3 mL serum in pour-off tubes
- Specimens must be received cold within 5 days of collection or frozen on dry ice in red bags
- Labeling requirements for tubes (2 identifiers that match the form)
- Risk-based testing populations, prenatal, and >18
- Results mailed or available through CELR

Acceptance Criteria Not Met Reason:			NG REPORT FORM ealth and Human Services bry of Public Health	Test Requested	HIV and HCV
Date:	_Initials:	. 4312 District Drive	Raleigh, NC 27607-5490		
Attach Printed Label Below					
Last Name					
First Name		MI			
Address					
Address					
Address City			County St	ate Zip Cod	le



North Carolina DHHS HIV/STD/Hepatitis Surveillance Unit

Interpreting Results

Rick Moore, MD, AAHIVS, Viral Hepatitis Medical Director

Hepatitis C RNA Quantitative Results

- Transitioning from qualitative positive/negative result to quantitative result
 - Will include numerical value and logarithmic value
- Will aid in Hepatitis C management and follow-up
 - Less need to repeat testing
 - Fulfills requirement of many insurances

Hepatitis C Ab Positive, RNA Positive

- Patient is Hepatitis C infected
- HCV RNA levels can be very high and do not correlate directly with disease activity
- Follow usual referral patterns for linkage to care
 - Can reach out to state-based bridge counselor program for assistance in treatment linkage
 - NC Drug User Health Guide: https://epi.dph.ncdhhs.gov/cd/hepatitis/DrugUserHealthReso urceGuide_04122021.pdf
 - Contains links to HCV-treating providers by region

Hepatitis C Ab Positive, RNA negative

- Consistent with either
 - 1. Prior infection with immune clearance
 - 2. Prior treatment success
- Individual considered uninfected
 - Not protected against future infection
- Caveat: If acute hepatitis suspected, consider repeating testing in 4–12 weeks

Hepatitis C Ab Positive, RNA < 10 det

- RNA is detected but not present in quantifiable level
- Recent or current symptoms?
 - Refer to Hepatitis C-Treating Provider
- Asymptomatic?
 - Repeat HCV RNA testing in 3-6 months

Hepatitis C Ab Equivocal

- Will reflex to Hepatitis C RNA
- Results can be managed with the same algorithms based on Hepatitis C RNA results

Questions?

Contact Info:

Rebecca S. Pelc, Ph.D. rebecca.pelc@dhhs.nc.gov

Rick Moore, MD richard.a.moore@dhhs.nc.gov

Brian Gravlin, RN brian.gravlin@dhhs.nc.gov



"BY THE WAY, I HAVE HEPATITIS C"



