FOR EDUCATIONAL PURPOSES ONLY
The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

Screening
(See chart on screening recommendations for HCV infection on reverse side)

ALT (SGPT)

Normal
(Repeat if clinically indicated)

Elevated (or high risk patient)

Anti-HCV by EIA

Negative

High Risk
(in groups with elevated ALT and risk factors for HCV; rare: ~8% of people) with active Hep C)

Low Risk
(In groups with no risk factors for HCV, negative test is sufficient to R/O HCV infection)

Consider HCV-RNA by PCR (Qual) to confirm active infection. Refer for management

Positive

High Risk
(or elevated ALT)

Low Risk
(normal ALT)

RIBA-II

Negative
(false pos EIA)

Indeterminant or positive

HCV-RNA by PCR (Qual)

Positive

Refer for monitoring and/or therapy

HCV-RNA (Quant) prior to and during anti-viral therapy

Negative

No viremia identified

Elevated ALT

ALT Normal

Clinical F/U indicated

STOP or consider verification testing to R/O false pos EIA

Hepatitis C Virus Genotyping: The HCV genotyping assay can be used as a guide to duration of therapy and can affect a patient’s long-term response to interferon (IFN-α).
Screening Recommendations for Hepatitis C Virus (HCV) Infection

Persons who should be tested routinely for HCV infection based on their risk for infection:

- Persons who ever injected drugs, including those who injected once or a few times many years ago and do not consider themselves as drug users

- Persons with selected medical conditions, including:
  - persons who received clotting factor concentrates produced before 1987
  - persons who were ever on chronic (long-term) hemodialysis; and
  - persons with persistently abnormal ALT levels

- Prior recipients of transfusions or organ transplants, including:
  - persons who were notified that they received blood from a donor who later tested positive for HCV infection
  - Persons who received a transfusion of blood or blood components before July 1992, and
  - Persons who received an organ transplant before July, 1992

Persons who should be tested routinely for HCV infection based on a recognized exposure:

- Healthcare, emergency medical, and public safety workers after needle sticks, sharps or mucosal exposures to HCV-positive blood
- Children born to HCV-positive women

References:
2. Dula, William F. and Anderson, Steven M., Diagnosis and Monitoring of Hepatitis C Infection, Advance for Administrators of the Laboratory, June, 1998
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8. LabHorizons, Current Developments in Clinical Diagnostics, Laboratory Corporation of America, c147-1197-1, 1997
9. Center for Disease Control Morbidity and Mortality Weekly Report, Guidelines for Laboratory Testing and Result Reporting of Antibody to Hepatitis C Virus, February 7, 2003/52 (PRO3); 1-16

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