



Hepatitis C

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Only 20% of patients infected with hepatitis C virus (HCV) clear the virus. The remaining 80% have chronic HCV infection which can lead to severe liver disease, with 20% developing cirrhosis after 20 years. Those with cirrhosis are at risk of liver failure and hepatocellular carcinoma.

Hepatitis C results report

The enclosed report indicates that your patient is antibody positive. The antibody level (optical density OD) gives some indication of the significance of this result for your patient. If you need additional explanation of the result please phone the laboratory telephone number (see 'Further information').

Further PCR tests

All sera with a positive antibody result will be tested for active virus infection by a further test (a PCR test) that checks for the presence of HCV RNA. If the PCR test is:

- positive – this indicates active virus replication and a risk of developing serious liver disease; a further specimen of clotted blood will be requested for repeat testing and genotyping of the virus.
- negative – this indicates that the virus has been eliminated and there should not be a risk of future liver disease. However, a single negative PCR result is potentially insufficient as virus levels can fluctuate. A second serum sample should therefore be tested after 4–6 weeks, particularly if your patient has specific risk factors for HCV infection.

Treatment of hepatitis C

Anti-viral treatment with pegylated interferon alpha and ribavirin will eliminate the virus in up to 80% of HCV patients, depending on the virus genotype and many other factors. Most treatment of hepatitis C in Northern Ireland is carried out through the Liver Unit at the Royal Victoria Hospital (RVH). Patients with a positive HCV PCR should be referred to a consultant gastroenterologist with an interest in hepatology

or to a consultant hepatologist at the RVH. Following specialist assessment, a liver biopsy will generally be used to assess the severity of the disease and to decide whether anti-viral drug treatment is necessary. Liver disease can be quite severe with only minimal abnormality of liver function tests (LFTs), so LFTs must not be used for reassurance.

Patient information

In the meantime, your patient should be advised that:

- treatment of their disease is possible but specialist assessment is necessary;
- their blood is infectious and they should be careful to prevent others, especially children, coming into contact with, for example, used toothbrushes or razor blades;
- sexual transmission is possible but unusual and the risk can be reduced by using condoms;
- 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.

Further information

Further information can be obtained from:

- Dr Peter Coyle and Dr Conall McCaughey, Regional Virus Laboratory.
Tel: 028 9063 5239;
Email: peter.coyle@bll.n-i.nhs.uk or conall.mccaughey@bll.n-i.nhs.uk
- Dr Michael Callender and Dr Neil McDougall, Consultant Hepatologists.
Tel: 028 9063 3529 / 028 9063 3182;
Email: michael.callender@royalhospitals.n-i.nhs.uk or neil.mcdougall@royalhospitals.n-i.nhs.uk

Patient support groups:

- British Liver Trust,
Tel: 0870 770 8028.
- RVH Liver Support Group,
Tel: 07737 718493.