

# UNDERSTANDING YOUR TEST RESULTS

## HEP C 123

1. Take Control
2. Health Check
3. Know your status

An important part of managing your health when you have hepatitis C is to have regular checks on your liver health. This can help you to maintain or improve your health.

## KNOWING YOUR STATUS

What difference can being up-to-date with your liver health and understanding your test results make to your health and decisions?

These are the experiences of some people in the HFA Hepatitis C needs assessment (“A Double Whammy”).

*The nurse gives me a printout on what the tests are and I find that that’s tremendously helpful. It will tell you what [your results were] last time you had a blood test and you can do a fair bit of self-monitoring.*

*I’d say go for treatment if you are given that option. I think we have regrets in that department, and we have now since found out that [my husband] has got the good genotype and it’s too late .*

Knowing your status can

- Confirm you are well and your liver health is good, if that is the case
- Help to you to make timely decisions about treatment. Not checking your liver health regularly can lead to missing opportunities to consider treatment if your liver health is deteriorating. Liver damage can sometimes be occurring even when you feel well, especially if you have hepatitis C for more than 20 years
- Prevent unnecessary worry, eg a negative HCV RNA PCR test result means you no longer have hepatitis C.

## FINDING OUT INFORMATION

Developing confidence and skills to find out information from hospital specialists and nurses takes time but is worth the effort.

*I think I understand [test results] reasonably well but that’s because I’ve known to ask. If I don’t understand then I can ask the doctor straight away, and depending on who the doctor is I will get an answer that is quite detailed or less than satisfactory. So then I can start seeking other sources of information, whether it be through the local [hepatitis] council, through publications, through Internet, and there are some very good web-based sources on the Internet.*

*Unless there’s something that I don’t understand - sometimes it is a hassle to ask them, what does that mean to me? Sometimes you feel a bit silly, or knowing that for him [doctor] it might be a minor issue, and he’s thinking, OK, why is this person asking me so much about it? You have to ask right.*

*It’s just a matter of taking the time to understand that because the staff are more than happy to help you. And you’ve got to ask these sorts of things, I feel. Then once you do that then you can pretty much keep control on what’s happening with yourself.*

## WHAT DO THE HEPATITIS C TEST RESULTS MEAN?

### HEPATITIS C ANTIBODY TEST

The first hepatitis C screening test. This shows whether you have ever come into contact with hepatitis C virus (HCV).

**Positive result:** shows you have come into contact with HCV and your body has produced antibodies to the virus. These are substances produced by the body’s immune system to fight against HCV.

**Negative result:** usually shows that you have not been infected with HCV – unless you were tested during the “window period”. This is the time it can take between being infected and before antibodies can be detected, which in early tests was up to six months. Most people with bleeding disorders acquired HCV before testing became available and their “window period” was well past when they were tested.

**Indeterminate result:** neither clearly positive nor negative. This could be due to the body being in the process of developing antibodies, or clearing HCV infection, or having a reduced immune response, or cross reactions with other antibodies.

**If you are HCV antibody positive, it is important to have a further test.** The HCV RNA PCR test tells you whether HCV is still present in your blood. It can clarify results if there is uncertainty.

## WHAT DO THE HEPATITIS C TEST RESULTS MEAN?

### HCV RNA PCR TEST

This test looks for a particular part of the hepatitis C virus (“RNA”) and tells you if there is detectable virus actively multiplying in your blood.

**Positive result:** if your hepatitis C antibody test was positive and the hepatitis C RNA PCR test is also positive, you still have hepatitis C.

**Negative result:** if the hepatitis C RNA PCR test is repeatedly negative on at least two occasions, you no longer have hepatitis C virus in your blood and will not infect other people.

### HCV GENOTYPE TEST

This tests for the genotype (type or strain) of HCV you have. There are 6 main types of hepatitis C virus. Some genotypes appear to respond better to treatment for hepatitis C than others. For example, people with genotypes 2 or 3 are more likely to have successful treatment than those with genotype 1 or 4.

### HCV VIRAL LOAD TEST

Also known as the “quantitative test”. This looks for the amount of HCV circulating in your blood. Lower levels of HCV are associated with a better response to treatment and may make a shorter course of treatment possible, but other factors will also be taken into account.

### ALT (ALANINE AMINOTRANSFERASE)

The most common liver function test, which measures the activity level of a particular enzyme or protein, which will leak into your blood in higher numbers if liver cells are damaged. The “normal” range of ALT results may vary from laboratory to laboratory, so check the normal upper range in the pathology test result to compare your result, eg if the normal upper range is 50 and your result is 65, your level is mildly elevated or raised.

This test is only a guide. Sometimes there may be damage occurring to the liver when tests are normal, or abnormal tests may not be related to hepatitis C. Your specialist may recommend an ultrasound of your liver or a liver biopsy to assess the state of your liver more accurately.

### ULTRASOUND

A scan of the surface and shape of your liver and the blood flow through your liver. A probe measures soundwaves through your skin to make a picture of your liver. Your skin is not cut or pierced.

### LIVER BIOPSY

A procedure to remove a tiny sample of your liver. This sample is assessed for any scarring (fibrosis) or inflammation in the liver tissue.

Results measure the “grade” of liver damage by the amount of

- portal inflammation (around liver cells and veins and bile ducts)
- lobular inflammation (in the sections or lobules of the liver)

and the “stage” of liver disease by the amount of fibrosis.

Scoring is typically from 0-4, where 4 means more serious liver scarring (cirrhosis).

If you are having a liver biopsy, the procedure should be performed in liaison with your Haemophilia Centre, who will monitor factor replacement. A transjugular liver biopsy may be recommended if you have a bleeding disorder, as there is less chance of bleeding than with biopsies through the abdomen. A wire is guided through the jugular vein in the neck down to the liver and a small sample of liver tissue is taken.

*If you would like some help with understanding your test results, speak to your doctor or the nurses where you get your hepatitis care. Your local hepatitis council will also be able to help you with more detailed information on hepatitis C tests. Contact information for hepatitis councils is available at [www.hepatitisaustralia.com](http://www.hepatitisaustralia.com)*

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**Important Note:** This fact sheet was developed by Haemophilia Foundation Australia for education and information purposes only and does not replace advice from a treating health professional. Always see your health care provider for assessment and advice about your individual health before taking action or relying on published information.

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