



Hepatitis C

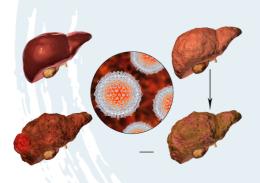
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Hepatitis C virus (HCV) causes both acute and chronic infection. Acute HCV infection is usually asymptomatic and is only very rarely associated with life-threatening disease. About 15-45% of infected persons spontaneously clear the virus without any treatment. The remaining 55-85% of persons will develop chronic HCV infection. Of those with chronic HCV infection, the risk of Cirrhosis of the liver is 15-30% within 20 years.



TRANSMISSION

- By sharing injection equipment or inadequate use of medical equipment.
- Via transfusion of unscreened blood products.
- · Sexual or mother to child transmission.
- HCV is NOT spread through breast milk, food, water, kissing, sharing food or drink with an infected person.





VIRAL LOAD & GENOTYPING

- Because of increasing demand for high-quality and affordable HCV diagnostics. We implemented HCV genotype and viral load analyses.
- The HCV Genotype assay detects genotypes 1, 2, 3, 4, 5, and 6, and subtypes 1a and 1b in 0.5 mL of human serum and plasma with a lower limit of detection of 500 IU/mL.
- For the HCV RNA load assay, 900 µl plasma from EDTA blood is used to accurately quantify HCV within a range of 12 to 100 million IU/ml. Above and below this range, HCV can be detected.
- The lower limit of detection has been determined by the manufacturer with a 95% probability between 4.4 to 11.0 IU/mL. Therefore, a "NOT DETECTED" test result does not mean that HCV is absent in the patient.



SCREENING AND DIAGNOSIS

HCV infection is diagnosed in several steps:

- Screening for anti-HCV antibodies will identify people that have been exposed to HCV.
- Sero-positive persons with a chronic infection are confirmed by detecting HCV RNA.
- Assessment of degree of liver damage
- Genotyping HCV to guide treatment decisions and management of the disease.
- The viral load can be measured to monitor the treatment.





