



## Hepatitis C positive, PCR positive

# Clinician results factsheet

The enclosed report indicates that your patient is antibody positive, and polymerase chain reaction (PCR) positive, and therefore has chronic hepatitis C infection. This indicates active virus replication and a risk of developing serious liver disease.

A further specimen of clotted blood has been requested for repeat antibody testing and genotyping of the virus. If you need additional explanation of the result, please phone the laboratory (see Further information).

### Hepatitis C

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

### Treatment of hepatitis C

The latest generation of anti-viral treatments will clear the hepatitis C virus in up to 80–90% of patients, depending on virus genotype and other factors.

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 hepatologist at the RVH or a consultant gastroenterologist with an interest in viral hepatitis.

Following specialist assessment, a fibroscan and/or liver biopsy may be used to assess the severity of the disease and 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 used toothbrushes or razor blades, and they should never share these with other people;
- sexual transmission is possible but unusual and the risk should be reduced by using condoms;
- alcohol consumption can speed up the progression of liver disease, so it is best not to drink any alcohol;
- 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.

**Vaccination against hepatitis A and B, the annual flu, and pneumococcal infection are recommended.**

Translations of the patient results factsheet are available on the Public Health Agency website: [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

## Further information

Further information can be obtained from:

**Northern Ireland Hepatitis B and C Managed Clinical Network** - [www.hepbandcni.net](http://www.hepbandcni.net)

### Regional virus laboratory

Dr Peter Coyle, Dr Conall McCaughey, Dr Alison Watt, Dr Susan Feeney and Dr Tanya Curran  
Duty Virologist, Tel: 078 8908 6946  
Email: [blldutyvirologist@belfasttrust.hscni.net](mailto:blldutyvirologist@belfasttrust.hscni.net)

### Consultant hepatologists

Dr Neil McDougall, Dr Ian Cadden, Dr Johnny Cash and Dr Roger McCorry  
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### Hepatitis nurse specialist

Ward 6D, Royal Victoria Hospital (RVH)  
Tel: 028 9063 3335 / 077 8888 3457

## Patient support groups

### British Liver Trust

Helpline: 014 2548 1320

### RVH Liver Support Group

Tel: 077 3771 8493

### Hepatitis C Trust

Tel: 0845 223 4424