

Overview

Useful For

Screening of pregnant women for hepatitis C virus (HCV) infection in primary care settings, with or without risk factors for hepatitis C

This test **should not be used** as a screening test for hepatitis C in blood or human cells/tissue donors.

This test profile is **not useful for** detection or diagnosis of acute hepatitis C since HCV antibodies may not be detectable until after 2 months following exposure and HCV RNA testing is not performed on specimens with negative HCV antibody screening test results.

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
HCVRP	HCV RNA Detect/Quant Prenatal, S	Yes	No

Testing Algorithm

If the hepatitis C virus (HCV) antibody screen is reactive, then HCV RNA testing by reverse transcription polymerase chain reaction will be performed at an additional charge.

For more information, see [Hepatitis C: Testing Algorithm for Screening and Diagnosis](#).

Special Instructions

- [Viral Hepatitis Serologic Profiles](#)
- [Hepatitis C: Testing Algorithm for Screening and Diagnosis](#)

Highlights

This test is intended for screening all women who are pregnant for hepatitis C during each pregnancy and to report positive results to the applicable local communicable disease surveillance agencies.

Method Name

Electrochemiluminescence Immunoassay (ECLIA)

NY State Available

Yes

Specimen

**Specimen Type**  
Serum SST

**Ordering Guidance**  
This test is intended for testing either symptomatic or asymptomatic women who are pregnant.

For testing autopsy/cadaver or hemolyzed specimens, order HCCAD / Hepatitis C Virus Antibody Screen for Cadaveric or Hemolyzed Specimens, Asymptomatic, Serum for asymptomatic individuals or HCCDD / Hepatitis C Virus Antibody in Cadaveric or Hemolyzed Specimens, Symptomatic, Serum for symptomatic individuals.

Specimens that are repeatedly reactive by screening tests should be confirmed by a more hepatitis C virus (HCV)-specific test. Order HCVRP / Hepatitis C Virus (HCV) RNA Detection and Quantification by Real-Time Reverse Transcription-PCR (RT-PCR), Prenatal, Serum.

**Shipping Instructions**  
If shipment will be delayed for more than 24 hours, freeze serum at -70 degrees C until shipment and transport on dry ice.

**Necessary Information**  
Date of collection is required.

**Specimen Required**  
**Patient Preparation:** For 24 hours before specimen collection, patient should **not** take multivitamins or dietary supplements (eg, hair, skin, and nail supplements) containing biotin (vitamin B7).  
**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)  
**Collection Container/Tube:** Serum gel  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 1.3 mL  
**Collection Instructions:**  
1. Centrifuge blood collection tube per manufacturer's instructions (eg, centrifuge and aliquot within 2 hours of collection for BD Vacutainer tubes).  
2. Aliquot serum into plastic vial.

**Forms**  
[If not ordering electronically, complete, print, and send 1 of the following with the specimen:](#)  
[-Infectious Disease Serology Test Request \(T916\)](#)  
[-Gastroenterology and Hepatology Test Request \(T728\)](#)

**Specimen Minimum Volume**  
0.9 mL

**Reject Due To**

Gross hemolysis	Reject
-----------------	--------

Gross lipemia	Reject
Gross icterus	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum SST	Frozen (preferred)	84 days	
	Refrigerated	6 days	

Clinical & Interpretive

Clinical Information

Hepatitis C virus (HCV) is recognized as the cause of most cases of posttransfusion hepatitis and is a significant cause of morbidity and mortality worldwide. In the United States, HCV infection is quite common, with an estimated 2.4 million chronically HCV-infected individuals.

Laboratory testing for HCV infection usually begins by screening for the presence of HCV-specific antibodies in serum, using an US Food and Drug Administration-approved screening test. Specimens that are repeatedly reactive by screening tests should be confirmed with HCV tests with higher specificity, such as direct detection of HCV RNA by reverse transcription-polymerase chain reaction or HCV-specific antibody confirmatory tests.

HCV antibodies are usually not detectable during the first 2 months following infection, but they are usually detectable by the late convalescent stage (>6 months after onset) of infection. These antibodies do not neutralize the virus and they do not provide immunity against this viral infection.

Current screening serologic tests to detect antibodies to HCV include enzyme and chemiluminescence immunoassays.

- Despite the value of serologic tests to screen for HCV infection, several limitations of serologic testing exist:
- There may be a long delay (up to 6 months) between exposure to the virus and the development of detectable HCV-specific antibodies in immunocompromised individuals
  - False-reactive screening test result can occur
  - A reactive screening test result does not distinguish between past (resolved) and present HCV infection
  - Serologic tests cannot provide information on clinical response to anti-HCV therapy

Reactive screening test results should be followed by a supplemental or confirmatory test, such as a nucleic acid test for HCV RNA or HCV antibody confirmatory test. Nucleic acid tests provide a very sensitive and specific approach for the direct detection of HCV RNA.

For more information see [Hepatitis C: Testing Algorithm for Screening and Diagnosis](#).

Reference Values

Negative

---

For more information see [Viral Hepatitis Serologic Profiles](#).

**Interpretation**

Reactive hepatitis C virus (HCV) antibody screening results with cutoff index (COI) values less than or equal to 20.0 with this assay are not predictive of the true HCV antibody status. Additional testing is recommended to confirm HCV antibody status.

Reactive results with COI values greater than 20.0 with this assay are highly predictive (95% or greater probability) of the true HCV antibody status, but additional testing is needed to differentiate between past (resolved) and chronic hepatitis C.

A negative screening test result does not exclude the possibility of exposure to or infection with HCV. Negative screening test results in individuals with prior exposure to HCV may be due to low antibody levels that are below the limit of detection of this assay or lack of reactivity to the HCV antigens used in this assay. Patients with acute or recent HCV infections (<2 months from time of exposure) may have false-negative HCV antibody results due to the time needed for seroconversion (average of 8 to 9 weeks). Testing for HCV RNA using HCVRP / Hepatitis C Virus (HCV) RNA Detection and Quantification, Real-Time Reverse Transcription-PCR Prenatal, Serum is recommended for detection of HCV infection in such patients.

**Cautions**

A single negative hepatitis C virus (HCV) RNA test result together with a reactive HCV antibody screen result with a cutoff index value greater than 20.0 with this assay do not rule out the possibility of chronic HCV infection. Repeat testing for HCV RNA in 1 to 2 months is recommended in patient at risk for chronic hepatitis C.

Serum specimens from individuals taking biotin supplements at 20 mg or more per day may have false-negative HCV Ab test results with this assay due to interference of biotin. Such individuals should stop taking these biotin-containing dietary supplements for a minimum of 12 hours before blood collection for this test.

Performance characteristics have not been established for the following types of serum specimen:

- Grossly icteric (total bilirubin level of >66 mg/dL)
- Grossly lipemic (Intralipid level of >2000 mg/dL)
- Grossly hemolyzed (hemoglobin level of >1000 mg/dL)
- Biotin >1200 ng/mL
- Presence of particulate matter
- Cadaveric specimens

**Clinical Reference**

1. Centers for Disease Control and Prevention (CDC). Testing for HCV infection: an update of guidance for clinicians and laboratorians. Morb Mortal Wkly Rep. 2013;62(18):362-365
2. Society for Maternal-Fetal Medicine (SMFM). Hughes BL, Page CM, Kuller JA: Hepatitis C in pregnancy: screening, treatment, and management. Am J Obstet Gynecol. 2017; 217(5):B2-B12
3. Centers for Disease Control and Prevention (CDC). Pregnancy and HIV, viral hepatitis STD and TB prevention: HCV challenges. CDC; Reviewed October 31, 2023. Accessed. December 19, 2023. Available at [www.cdc.gov/nchhstp/pregnancy/challenges/hcv.html](http://www.cdc.gov/nchhstp/pregnancy/challenges/hcv.html)
4. Schillie S, Wester C, Osborne M, Wesolowski L, Ryerson AB. CDC Recommendations for hepatitis C screening among

adults - United States, 2020. MMWR Recomm Rep. 2020;69(2):1-17

5. American Association for the Study of Liver Diseases and Infectious Diseases Society of America: HCV guidance: Recommendations for testing, managing, and treating hepatitis C. Updated October 24, 2022. Accessed December 19, 2023. Available at [www.hcvguidelines.org/evaluate/testing-and-linkage](http://www.hcvguidelines.org/evaluate/testing-and-linkage)

Performance

Method Description

The Elecsys Anti-HCV (hepatitis C virus) II assay is based on the sandwich immunoassay principle and performed using an electrochemiluminescence immunoassay on the automated cobas e 801 immunochemistry analyzer. HCV-specific antibodies present in the patient’s sample react with biotinylated HCV-specific antigens and a reagent containing HCV-specific antigens labeled with a ruthenium complex to form sandwich complexes. After addition of streptavidin-coated microparticles, these complexes become bound to the solid phase via interaction of biotin and streptavidin. The reaction mixture is aspirated into the measuring cell where the microparticles are magnetically captured onto the surface of the electrode, and unbound substances are then washed away. Voltage is applied to the electrode which induces chemiluminescent emissions that are measured by a photomultiplier. Test result is determined by comparing the electrochemiluminescence signal generated from the patient’s sample to the cutoff index value set from reagent lot-specific assay calibration. (Package insert: Elecsys Anti-HCV II. Roche Diagnostics; v1.0, 03/2023)

PDF Report

No

Day(s) Performed

Monday through Saturday

Report Available

Same day/1 to 3 days

Specimen Retention Time

14 days

Performing Laboratory Location

Rochester

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information

86803  
G0472 (if appropriate for government payers)  
87522 Hepatitis C, quantification (if appropriate)

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
HCVSP	HCV Ab Scrn Prenatal, S	40726-2

Result ID	Test Result Name	Result LOINC® Value
HCVA6	HCV Ab Prenatal, S	40726-2