

## Labstract – February 2018

# Hepatitis C - New Case Definition and Changes in Reporting to Public Health Units

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## Audience

Health care providers who order Hepatitis C testing and public health units.

## Overview

Effective February 5, 2018, Public Health Ontario (PHO) will be implementing changes to hepatitis C virus (HCV) reporting in order to align with the new provincial HCV case definition as outlined in the Ontario Public Health Standards (OPHS). For patients with hepatitis C virus infection (anti-HCV antibody reactive and/or RNA detected), public health units will receive a cumulative report from PHO Laboratory that describes current and past infection status as summarized below. This information will facilitate correct application of the HCV case definition and implementation of appropriate public health interventions.

## Background Information

HCV is of major public health importance in Ontario and worldwide. Preventing infection relies on reducing exposures and treating those who are infectious. HCV is a communicable disease of public health significance and is reported to public health under the *Health Protection and Promotion Act* (HPPA). Reporting of HCV infection to local medical officers of health allows public health units to support the patient to reduce the risk of transmission of the virus and to seek appropriate medical care.

[Appendix B of the Infectious Diseases Protocol](#) outlines the new case definition and case classifications for newly reported HCV infections in Ontario. These changes will facilitate determining which patients are a priority for public health follow-up and guide public health management. Changes to Regulation 569 of *the Health Protection and Promotion Act* have been made to allow the reporting of the laboratory information required to apply the new case definition (i.e., reporting results of anti-HCV antibody tests from the time of the first confirmed positive result, back to and including the most recent negative result; as well as results of all HCV RNA tests including any initial tests and any tests done at any time subsequently).

# Changes to PHO Reporting of Hepatitis C Virus Laboratory Results to Public Health Units

Before February 5, 2018	Effective February 5, 2018
<p><b>Public health units receive reactive anti-HCV antibody results with no cumulative history</b></p> <p>HCV RNA results are only reported to the ordering practitioner and not to the public health unit; public health units currently need to seek this information from the ordering health care provider to guide public health management</p>	<p><b>Public health units will receive a cumulative report* for patients with hepatitis C infection (patients who are anti-HCV antibody reactive and/or RNA detected) that contains the following information, if available, from the Public Health Ontario Laboratory:</b></p> <p><b>i) Previous anti-HCV antibody results back to the most recent non-reactive/inconclusive result</b></p> <p>Previous anti-HCV antibody results (from the current reactive anti-HCV antibody result) back to and including the most recent non-reactive/inconclusive result are needed to determine if the infection is “newly acquired “ or “previously acquired/unspecified”. Priority will be given to the public health management of “newly acquired” infections.</p> <p><b>ii) HCV RNA results</b></p> <p>HCV RNA results are needed to determine if the patient remains infectious (i.e., HCV RNA detected) or has cleared their infection (i.e., HCV RNA not detected). Priority will be given to the public health management of patients who are currently infectious. Knowing the patient’s RNA status will assist public health units in providing appropriate counselling and intervention to patients with detectable HCV RNA and supporting them to seek treatment that is now more readily available. Those with unknown RNA status will be supported to obtain this testing.</p>

\*A cumulative report will provide up to 10 previous results for the same test. Historical data on the reports captures data for samples submitted after April 26, 2010. In addition, PHO Laboratory will also routinely report on additional positive laboratory findings as per subsection 29(1) of the HPPA, namely HCV classification (including genotype and subtype; e.g., 1a, 1b, 2, etc...). Classification can be used by public health units to identify re-infection in someone who was previously HCV infected and support cluster identification; patients with re-infections would be a priority for public health management.

## References

1. PIDAC. Recommendations for the Public Health Response to Hepatitis C in Ontario, July 2014
2. Appendix B of the Infectious Diseases Protocol.  
[health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/hep\\_c\\_cd.pdf](http://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/hep_c_cd.pdf) (accessed January 3, 2018)

## For Further Information

- Contact PHO Laboratory Customer Service Centre at 416-235-6556 or 1-877-604-4567(toll-free), or by email at [CustomerServiceCentre@oahpp.ca](mailto:CustomerServiceCentre@oahpp.ca)
- For PHO Laboratory specimen collection information and previous Lababstracts, refer to [publichealthontario.ca/Labs](http://publichealthontario.ca/Labs)
- The current version of the PHO Laboratory General Test Requisition and other forms are available at [publichealthontario.ca/Requisitions](http://publichealthontario.ca/Requisitions)
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