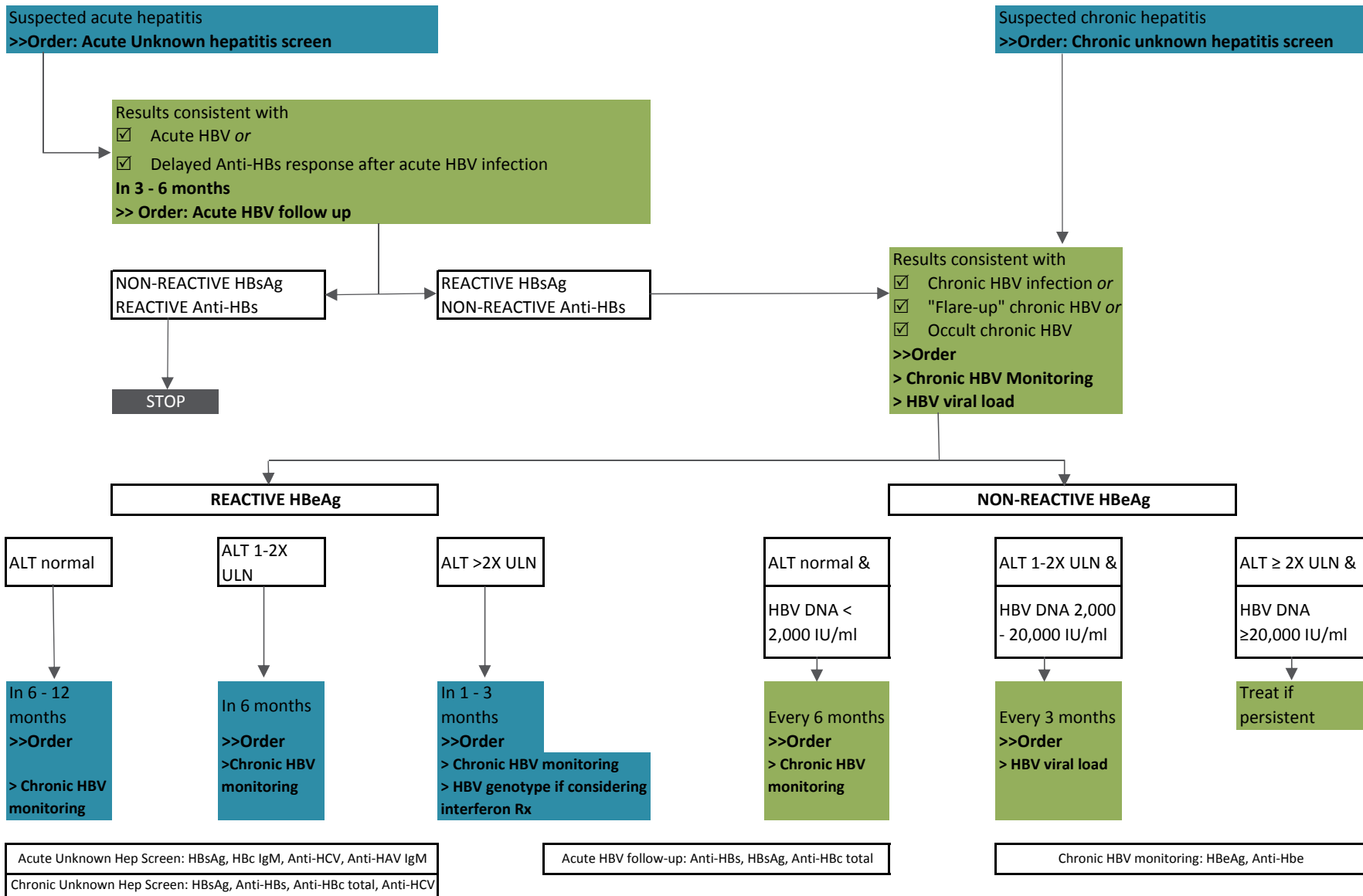


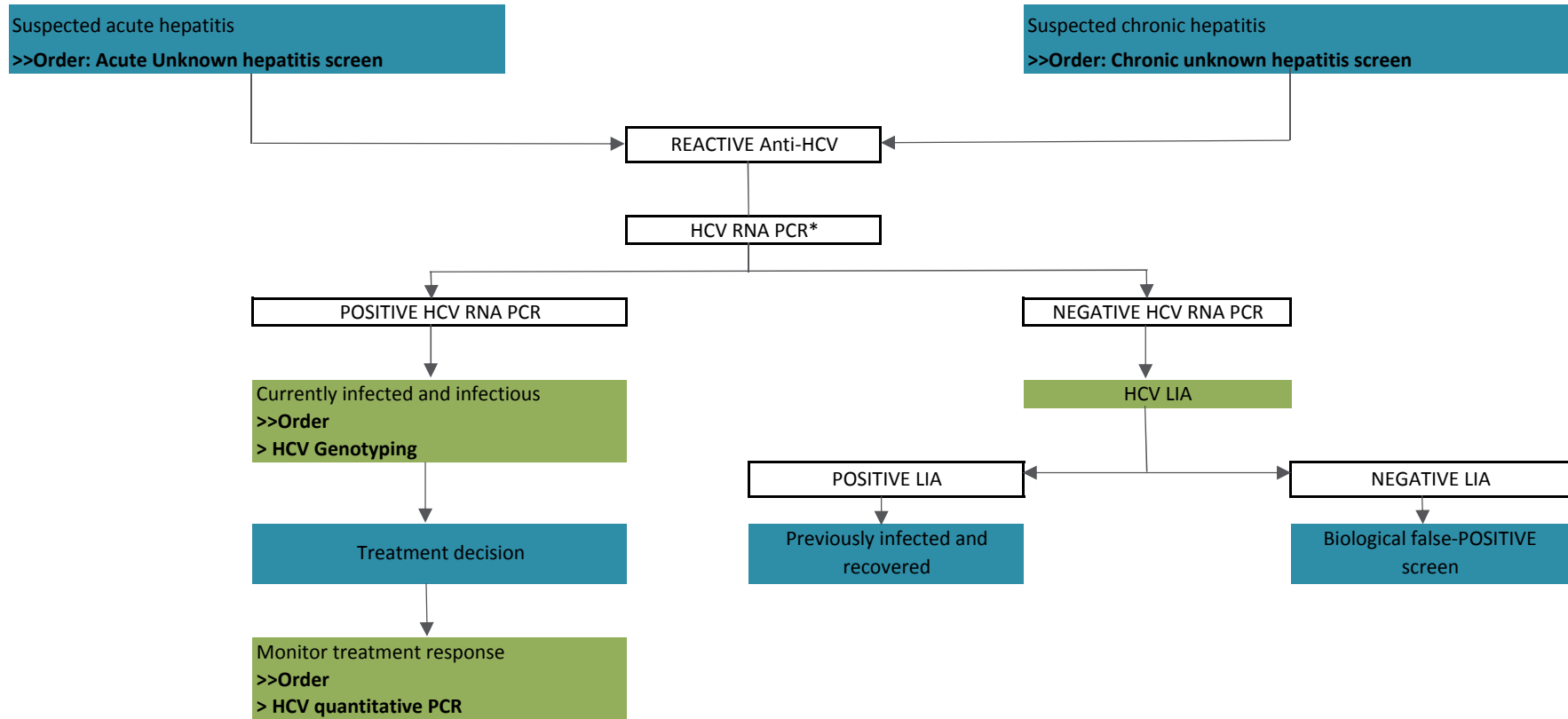
INFECTIOUS HEPATITIS: RECOMMENDED DIAGNOSTIC APPROACH

Hepatitis B Virus



INFECTIOUS HEPATITIS: RECOMMENDED DIAGNOSTIC APPROACH

Hepatitis C Virus



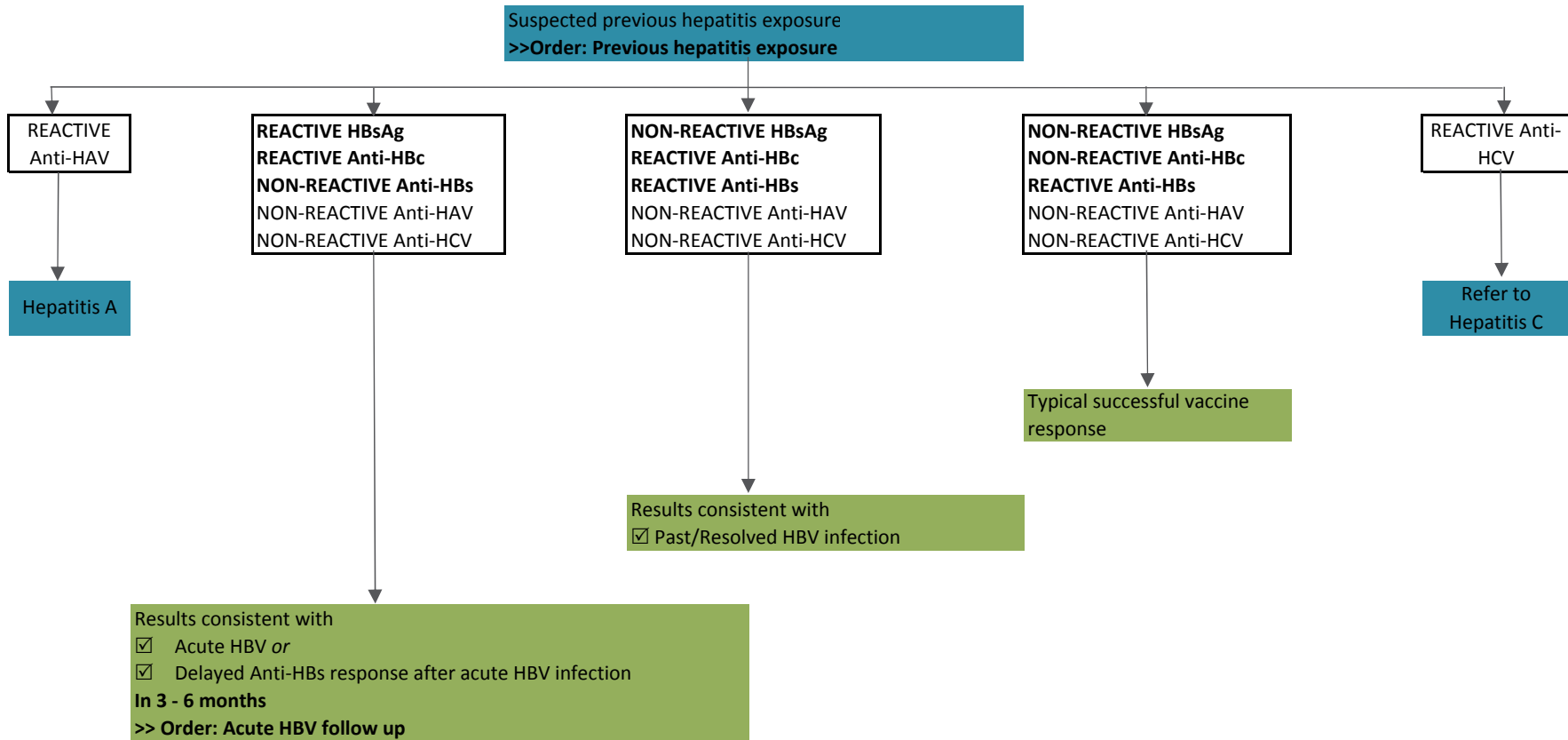
* If specimen is unsuitable for PCR (aged) then anti-HCV-reactive specimens will be confirmed employing HCV LIA

Acute Unknown Hep Screen: HBsAg, HBcM, Anti-HCV, Anti-HAV IgM

Chronic Unknown Hep Screen: HBsAg, Anti-HBs, Anti-HBc, Anti-HCV

INFECTIOUS HEPATITIS: RECOMMENDED DIAGNOSTIC APPROACH

Previous Hepatitis exposure screen

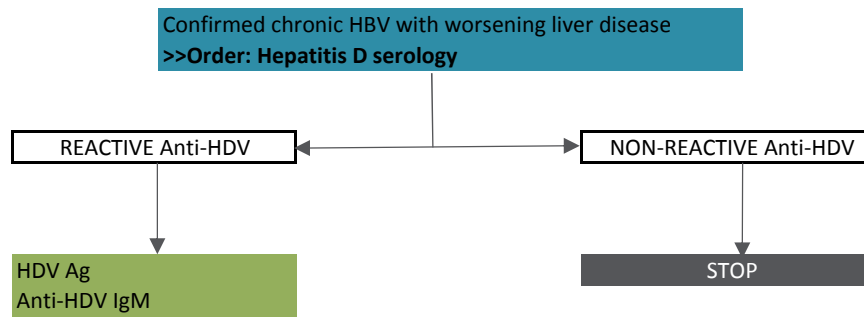


Previous hepatitis exposure: HBsAg, Anti-HBs, Anti-HBc total, Anti-HAV, Anti-HCV

Acute HBV follow-up: Anti-HBs, HBsAg, Anti-HBcT

INFECTIOUS HEPATITIS: RECOMMENDED DIAGNOSTIC APPROACH

Hepatitis D virus co-infection/super-infection



INFECTIOUS HEPATITIS: RECOMMENDED DIAGNOSTIC APPROACH

Hepatitis B test order guidelines

Hepatitis B profiles

These markers are indicated for the different clinical scenarios. Order by Profile Name preferred, otherwise by individual marker

A	Acute Hepatitis Screen Unknown etiology	HBsAg	HbC IgM	Anti-HCV	Anti-HAV IgM	
B	Acute Hepatitis B Follow-up HBV	Anti-HBs	HBsAg	Anti-HBc total		
C	Chronic Hepatitis B monitoring HBV	HBeAg	Anti-HBe	HBV Viral Load		
D	Chronic Hepatitis Screen Unknown etiology	HBsAg	Anti-HBs	Anti-HBc total	Anti-HCV	
E	Previous Hepatitis Exposure Screen Unknown etiology	HBsAg	Anti-HBs	Anti-HBc total	Anti-HAV tI	Anti-HCV

Hepatitis B Molecular Diagnostic Tests

These instructions govern the prudent use of molecular diagnostic tests to support Hepatitis B management

HBV DNA PCR (quantitative viral load)

1	For a patient who has not been on treatment a maximum of 2 tests will be processed Indications: Follow-up for patient with indeterminate HBV serology Determine eligibility for antiviral therapy Precore mutant (persistent NON-REACTIVE HBeAg)
2	For a non-transplant patient who is on or has completed treatment, a maximum of 1 test every 3 months will be processed

HBV Lamivudine resistance (YMDD) mutation

1	For patients with continuously rising HBV DNA while on lamivudine after an initial fall in HBV DNA quantity while on lamivudine
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- 1 Kraiden M, G McNabb, and M Petric. The laboratory diagnosis of hepatitis B virus. Can J Infect Dis Med Microbiol 2005;16(2):65-72.
- 2 Lok A. S. F., and B. J. McMahon. Chronic Hepatitis B: Update 2009. Hepatology 2009;50(3):1-36.
- 3 Al-Mehaizeem K. A., M. Miriello, and A. H. Sherker. The frequency and significance of isolated hepatitis B core antibody and the suggested management of patients. Can Med Assoc J 2001;165(8):1063-1064.
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INFECTIOUS HEPATITIS: RECOMMENDED DIAGNOSTIC APPROACH

Hepatitis C test order guidelines

Hepatitis C profiles

These markers are indicated for the different clinical scenarios. Order by Profile Name preferred, otherwise by individual marker

A	Acute Hepatitis Screen Unknown etiology	HBsAg	HbC IgM	Anti-HCV	Anti-HAV IgM	
D	Chronic Hepatitis Screen Unknown etiology	HBsAg	Anti-HBs	Anti-HBc total	Anti-HCV	
E	Previous Hepatitis Exposure Screen Unknown etiology	HBsAg	Anti-HBs	Anti-HBc total	Anti-HAV tI	Anti-HCV

Hepatitis C Molecular Diagnostic Tests

These instructions govern the prudent use of molecular diagnostic tests to support Hepatitis C management

HCV RNA PCR (quantitative detection)

- For patient who has not been on treatment for HCV a maximum of 2 tests will be processed
 - Indications
 - INDETERMINATE Anti-HCV (laboratory autoreflex)
 - REACTIVE anti-HCV assessment of viremia status
 - Follow-up of infants born to anti-HCV positive mothers (at 2 - 6 months old)
 - Acute seroconversion suspected (e.g. 4 weeks after needlestick injury from HCV positive source)
 - Immunosuppressed patient (non-seroconverting)
- For patients who is on, or has completed treatment for HCV, a maximum of 3 post-treatment tests will be processed
 - Indications
 - Week 12 early virologic response assessment (for non-genotypes 2 or 3 only)
 - End of treatment:
 - genotypes 1,4,5,6 after 48 weeks
 - genotypes 2,3 after 24 weeks
 - 6, 12, 24, or 36 months after end of treatment to detect relapse

HCV Genotyping

- HCV genotyping will only be provided pre-treatment in consultation with a Hepatologist/Gastroenterologist or Infectious Disease physician

REFERENCES

- Gutfreund, K. S., and V. G. Bain. Chronic viral hepatitis C: management update. *Can Med Assoc J* 2000;162(6):827-833.
- Sherman, M., V. Bain, J-P. Villeneuve, et al. The management of chronic viral hepatitis: A Canadian consensus conference 2004. *Can J Infect Dis Med Microbiol* 2004;15(6):313-326.