



### INTERPRETATION OF THE HEPATITIS C VIRUS RESULTS:

Test results	Interpretation	Follow-up
Negative anti-HCV antibodies	No HCV antibodies detected	The sample can be reported as a negative anti-HCV antibody. No further action required. If the patient is suspected of having been recently exposed to HCV, test for HCV Ag / HCV-RNA.
Positive anti-HCV	Presumptive HCV infection	A repeatedly positive result is consistent with an active HCV infection (acute or chronic) or with a past and resolved infection or a biological false positive for anti-HCV antibodies. Test for HCV Ag / HCV-RNA to identify an active infection.
Positive anti-HCV Positive HCV Ag / HCV-RNA	Active infection	Provide the patient with appropriate advice and guide them to the adequate health care and eventual treatment.
Positive anti-HCV Negative HCV Ag / HCV-RNA	No current infection (past or biological false positive)	In most cases there is no additional action required. If the goal is to distinguish a real positive from a biological false positive for anti-HCV antibodies and the sampling is repeatedly positive in the initial exam, test with other anti-HCV antibodies assays (RIBA).

\* For people who may have been exposed to HCV in the last 6 months or for those who are highly suspected of being infected with HCV (e.g.: high ALT in patients with Hepatitis C risk) despite a negative anti-HCV result, it is recommended to test for HCV Core Ag or HCV-RNA. For immunocompromised people, consider testing for HCV-RNA.

\*\* To distinguish between a past and resolved infection from a biological false positive for anti-HCV antibodies, consider testing with a different antibodies assay, such as the Recombinant Immunoblot (RIBA).  
Repeat the HCV-RNA test if the patient is suspected of having been exposed to HCV in the last 6 months or shows clinical evidence of an HCV disorder.