



MEMORANDUM #168

TO: UNC Hospitals Attending Physicians, Housestaff, Nursing Coordinators,
Department Heads and Supervisors

FROM: *JS* John Schmitz, Ph.D., Associate Director, Clinical Microbiology/Immunology Laboratories
MM Melissa Miller, Ph.D., Director, Molecular Microbiology Laboratory
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DATE: September 7, 2016

SUBJECT: HCV Reflex Test

Effective September 8, 2016 serum samples that test positive for HCV antibody (LAB868) will be automatically reflexed to HCV viral load testing. This policy will ensure people receive additional appropriate testing following an initial positive HCV antibody result to assess their HCV infection status without the need for a return visit. The following table describes the interpretation of the combined (antibody and viral load) results from the HCV reflex testing algorithm.

| HCV Antibody Result | HCV RNA Result | Interpretation/Further Action |
|---------------------|------------------|--|
| Non-reactive | Not indicated | Non-reactive for HCV antibody. No further action necessary unless recent exposure is suspected. For immunocompromised, consider HCV RNA testing |
| Reactive | RNA detected | Current HCV infection. Counsel appropriately and link to care |
| Reactive | RNA not detected | No current HCV infection. No further action required. If distinction between true positive and false positive HCV antibody screening test is desired, test with a different HCV antibody assay (contact referral testing laboratory (984-974-1414) for further information). If exposure within last 6 months is suspected or there is clinical evidence of HCV disease, follow up HCV RNA testing is recommended. |

MMWR May 10, 2013. 62(18);362-365

Questions regarding this reflex policy or testing result can be directed to Dr. John Schmitz (984-974-1452) or Dr. Melissa Miller (984-974-1444).