



DBS RESULT INTERPRETATION

DRIED BLOOD SPOT (DBS) TESTING FOR HCV

Always refer to the assay's Instructions for Use (IFU) for the intended use and interpretation of DBS results

NOT DETECTED / NEGATIVE

No hepatitis C infection. HCV RNA was not detected in the sample. Follow local protocols for notification of NOT detected HCV RNA result. If ongoing risk factors, follow [ECDC guidelines](#) on how often to re-test, based on target population and local epidemiological data.

DETECTED

Possible hepatitis C infection. HCV RNA was detected in the sample. Follow local guidelines for notification of detected HCV RNA result.

DETECTED, BELOW THE LIMIT OF DETECTION

HCV RNA was detected, but at a level that was too low for the lab to determine how much virus was present in the sample. This result has three meanings:

1. Possible hepatitis C infection
2. To distinguish between low level and viraemic results and to help manage patient expectations
3. False positive

Result should be confirmed with a repeat sample by a conventional molecular assay from venous blood for HCV RNA detection and/or HCV confirmatory antibody testing, in conjunction with clinical correlation.

INVALID

The test did not work. Please collect a minimum of 3 full spots or complete HCV confirmatory testing from conventional venepuncture.

INSUFFICIENT

There was insufficient sample to complete HCV RNA testing. Please collect a minimum of 3 spots or complete HCV confirmatory testing from conventional venepuncture.



HEPATITIS C RESULT INTERPRETATION

DRIED BLOOD SPOT (DBS) TESTING FOR HCV

		HCV RNA RESULT #	
		DETECTED	NOT DETECTED
HCV ANTIBODY RESULT	Reactive/positive	Current HCV infection*	Past HCV infection^
	Non-reactive/negative	N/A [†]	No past or current HCV infection

*Where a low viral load (≤ 1000 IU/mL)¹ is detected, repeat testing by conventional venepuncture may be warranted to ensure the patient has cleared HCV. Low viral loads detected on DBS testing can be correlated with 'NOT detected' viral loads by HCV confirmatory testing from conventional venepuncture.

^Where past HCV infection is thought to be spontaneous clearance, it may be warranted to repeat testing in 3-6 months to ensure the HCV viral load remains 'NOT detected'.

#It is important to note that DBS results are reported as a qualitative result despite a viral load generated from the analyser. Unless the analyser has inbuilt software to apply a conversion factor, DBS is not directly comparable to the gold standard due to the volumetric differences in plasma for DBS, therefore a qualitative result reported. Reporting DBS results within the Limit of Detection is a tool for clinicians to differentiate low level detection and viraemia, and to help manage patient expectations.

[†]Where acute infection is suspected, RNA testing should be performed regardless of antibody testing.

References

1. Pawlotsky, Jean-Michel, et al. "EASL recommendations on treatment of hepatitis C: final update of the series." *Journal of Hepatology* 73.5 (2020): 1170-1218.