

(To be read in conjunction with the Ontario Association of Medical Laboratories (OAML) Guidelines for Ordering Diagnostic Testing for Viral Hepatitis - (CLP012) September, 2010 Revision)

Panel /Tests Ordered	Tests Performed	Result	Interpretation
Acute Hepatitis	ALT	See "Interpretation" column	An elevation of serum ALT greater than 1.5 times the upper reference limit is compatible with acute hepatitis. ALT values at or below 1.5 times the upper reference limit are unlikely to reflect acute hepatitis.
	anti-HAV IgM	Positive	Acute hepatitis A or recent vaccination May remain positive for up to 6 months post infection
	HBsAg	Positive	Acute hepatitis B If HBsAg persists longer than 6 months, the patient is considered to be a chronic carrier. See section 6b of the Guideline.
	anti-HBc IgM	Positive	Acute hepatitis B or acute flare up of chronic hepatitis B infection. May remain positive for up to 8 months post-acute infection.
	anti-HCV	Positive	Acute or chronic hepatitis C. Differentiation of acute from chronic depends on the clinical presentation. A negative anti-HCV result does not exclude early, acute hepatitis C. See section 6a of the Guideline for follow-up to a negative result.
Chronic Hepatitis	HBsAg	Positive	Chronic hepatitis B, if HBsAg persists longer than 6 months
	HBeAg	Positive	HBeAg is usually detectable within a week or two of the appearance of HBsAg. Presence of the 'e' antigen in a chronic hepatitis B carrier indicates active disease. An HBV viral load exceeding 20,000 IU/mL in a chronic hepatitis B carrier calls for referral to a hepatitis specialist. In other patients, monitor for seroconversion to anti-HBe.
	anti-HBe	Positive	Presence of antibodies to the 'e' antigen is often indicative of a favourable prognosis for disease resolution. Continue to monitor for possible disease re-activation and for the appearance of anti-HBs, which will indicate disease resolution and acquired immunity to at least one sub-type of hepatitis B. An HBV viral load exceeding 2000 IU/mL in an anti-HBe positive chronic hepatitis B carrier, calls for referral to a hepatitis specialist.

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Panel /Tests Ordered	Tests Performed	Result	Interpretation
Chronic Hepatitis (Continued)	anti-HCV	Positive	This marker appears several weeks after exposure and persists for life. A positive anti-HCV result is consistent with acute or chronic hepatitis. Differentiation of acute from chronic depends on the clinical presentation.
Immune Status - Hepatitis A	anti-HAV Total	Positive	The presence of hepatitis A antibodies indicates exposure to hepatitis A or vaccination. Because both IgM and IgG antibodies are detected, the test does not distinguish between acute infection (IgM) and immunity (IgG). However, this is usually clinically apparent.
	anti-HAV IgG	Positive	The presence of IgG antibodies to HAV indicates previous exposure or vaccination, and immunity to hepatitis A.
Immune Status - Hepatitis B	anti-HBs	Positive	Previous exposure to hepatitis B by infection or vaccine. Anti-HBs can occasionally be present in the carrier state. It is advisable to test for the presence of HBsAg at least one time in each anti-HBs-positive patient to ensure that they are not chronic carriers. Negative anti-HBs does not rule out immunity to hepatitis B.
Previous Exposure - Hepatitis C	anti-HCV	Positive	Previous exposure. There is no serological marker available to determine "immune status" for hepatitis C. All hepatitis C antibody-positive patients are potentially infectious and require further evaluation.
Hepatitis B Contacts	HBsAg and anti-HBs	Negative	Not a hepatitis B carrier and probably not immune to hepatitis B. Consider vaccination.
	HBsAg and anti-HBs	Negative	
	HBsAg and anti-HBs	Positive	Hepatitis B carrier or acute hepatitis B infection
Hepatitis B Contacts	HBsAg and anti-HBs	Negative or Positive	Immune to at least one sub-type of hepatitis B and probably a general immunity to hepatitis B
		Positive	

Note: These are very limited examples of serological hepatitis profiles. In patients with discordant results, tests should be repeated. Persistently discordant results should be evaluated by a hepatologist or gastroenterologist.