Know Your Status

Pat Dinanno awoke early one morning in May 1987 with a wave of instantly recognizable pain: She was in labor. Dinanno, 31, and her husband Charles were about to welcome their third child into the world.

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Delivery complications arose, but nothing a skilled OB/GYN team and a few pints of blood couldn't fix. Mother and daughter recovered quickly and were discharged a few days later, back to their home in Beaufort, South Carolina.

Flash forward nearly two decades. "In 2006, I went to a dermatologist about a suspicious mole," Dinanno recalls. "He did a biopsy and took blood. It turned out the mole wasn't anything to worry about. He did, however, say that my liver [function] tests were concerning and that I'd best check in with my regular doctor."

Four weeks and a few more rounds of blood tests later, Dinanno's grim-faced doctor delivered the diagnosis: active hepatitis C virus (HCV) infection. "It just didn't make sense," she remembers. "Wasn't hepatitis a problem for drug users? But this wasn't me! I was shocked and devastated."

It turned out that Dinanno's blood transfusion during delivery was the cause. Back in 1987, blood banks were checking for HIV, the virus that causes AIDS—but not for hepatitis C. The first test to screen blood supplies for HCV wasn't approved until 1990. "I didn't have any symptoms," Dinanno says, and neither the hospital nor the blood bank ever sent a notice alerting her to the possibility of infection. "Next thing we all knew," she adds, "I was dealing head-on with a disease I never thought I'd be dealing with."

Not an Isolated Case

Dinanno's story isn't unusual, but receiving her HCV diagnosis before she'd developed advanced liver scarring makes her one of the lucky ones. According to estimates from the U.S. Centers for Disease Control and Prevention (CDC), only 30 percent of people living with hep C are aware of their infection. Many won't find out until they are very ill and their livers have been damaged to the point that treatment may not be helpful.

How can such a damaging disease go undetected by so many? Reason No. 1: There are often no symptoms, at least until liver disease becomes severe. When early symptoms do arise, they tend to be nonspecific—fatigue, feeling blah, and other seemingly innocuous problems—so they're easy

to overlook.

Presently, hep C testing is recommended only for those with known risks for the virus—and who identify themselves as such to health care providers (click here, to see if you are at risk). Meanwhile, the CDC recommends testing all adults for HIV, a virus that is far less prevalent in the United States.

Whether the U.S. government plans to recommend universal testing for hep C—and, perhaps more important, whether it will spend money on testing—isn't clear. A viral hepatitis "action plan" released by the Department of Health and Human Services (HHS) in May 2011 lists steps to create consistent testing guidelines for doctors, but it says nothing about routine testing. And while HHS hopes to make hep testing a standard medical procedure under the Affordable Care Act, a.k.a. health care reform, signed into law by President Obama in March 2010, there is no mention of actual dollar amounts that the government may need to support this crucial public health initiative.

Testing Made Simple

While government agencies and other experts sort out how to get more people tested for hep C, it's actually pretty simple for you to find out whether you've been exposed to the virus—and whether you're still actively infected and at risk for serious liver disease.

The first step is a standard hep C antibody test, in which blood is collected by a health care provider or technician and analyzed by a laboratory, with results available in one to two weeks. If you are eager to learn your results, there are also rapid assays, including OraQuick's HCV Rapid Antibody Test, which require no more than a pinprick of blood and a 20-minute wait time for results. With rapid test results, health care providers can inform patients on the spot whether they have been exposed to hep C—and take the opportunity to share important information with those who might not keep follow-up appointments to learn whether or not they have the virus.

If the antibody test is positive, a follow-up test will look for HCV genetic material in a blood sample. Between 15 and 25 percent of those exposed to hep C are able to clear the virus on their own, meaning that they were infected at some point but it's no longer a health concern—and they can no longer transmit hepatitis C to others.

Follow-up testing typically involves what's called a PCR. This blood test can only be ordered by a health care provider, so it's very important to connect with a doctor—if you don't have one, be sure to get a referral from the site that conducted your antibody test.

If both the antibody and PCR test results are positive, a diagnosis of chronic hep C is made. From there, additional tests are ordered, usually by a specialist, to determine if there's damage to the liver and whether or not treatment is necessary.

"Fortunately I have one of the easier-to-treat types of the virus, and my doctor says I'm a good candidate for treatment," Dinanno says. "While this has been a nightmare, I'm really glad I found

out when I did. I have options, which may not have been the case if I didn’t find out until I was really sick.”
