



Hepatitis C Treatment

Life After Hepatitis C Treatment

You've completed treatment for hepatitis C virus (HCV), so now what? [HCV Guidelines](#) recommend quantitative HCV viral load testing 12 weeks following completion of therapy. The guidelines recommend that this testing be performed using a sensitive polymerase chain reaction assay.

When people are cured of hepatitis C, their test results show an undetectable viral load 12 weeks after completion of treatment with direct-acting antivirals. This is called a sustained virologic response (SVR), also known as a virological cure. Some doctors wait for 24 weeks following treatment completion before declaring someone has had an SVR, particularly for patients with genotype 3 of the virus.

An SVR means you no longer have hep C and you can't transmit the virus to anyone else. The virus is no longer in your body, and you are cured for life unless you get a new hepatitis C infection. However, this is a virologic cure. The virus is gone, but if you have cirrhosis, your liver disease remains. Sometimes, the liver will regenerate. If the liver returns to a healthy condition, you've experienced both a virologic cure and a disease cure. If there is still cirrhosis, or near-cirrhosis, you need medical follow-up.

Note: Even though you are cured of HCV, you will continue to test positive for [HCV antibodies](#). Positive antibody results merely show that you were exposed to hepatitis C at some point in your life.

Medical Follow-Up

In addition to HCV viral load testing at 12 weeks following completion of therapy, HCV Guidelines also state that another viral load test can be considered 24 weeks or longer after treatment is done. Although it is extremely unusual for an HCV viral load test to be positive at this point, some individuals and doctors want a bit more reassurance that the virus is gone.

- Those without advanced fibrosis (Stage F0 to F2) who have an SVR need no further follow-up. It is as if they never had HCV.
- Those with Stage F3 or F4 fibrosis need twice-yearly ultrasound exams even if they have an SVR. This is because people with [cirrhosis](#) (or near-cirrhosis) are at risk for developing a type of [liver cancer](#) known as hepatocellular carcinoma. Some experts recommend [regular blood tests](#),

including alpha-fetoprotein.

- If cirrhosis is present, a baseline upper endoscopy is recommended to screen for varices, which are swollen vessels in the digestive tract, usually in the esophagus and upper stomach. These can hemorrhage, which can be life-threatening. Patients with varices should be treated and followed as indicated.

HCV Reinfection and Other Liver Diseases

People who are cured of HCV may get another hepatitis C infection if they are reexposed. Although reinfection is uncommon, make sure you are familiar with how [to prevent](#) getting hep C again. If you have any indication of a liver problem, such as elevated liver enzymes or fatigue, see your health care provider.

Talk to your health care provider about how to maintain a healthy liver. Alcohol, poor diet, lack of physical activity, diabetes, some medications and toxins can injure the liver. Vaccination will protect you from hepatitis A and B.

Last Reviewed: February 13, 2019

© 2026 Smart + Strong All Rights Reserved.

<http://beta.docker.hepmag.com/basics/hepatitis-c-basics/life-hepatitis-c-treatment>