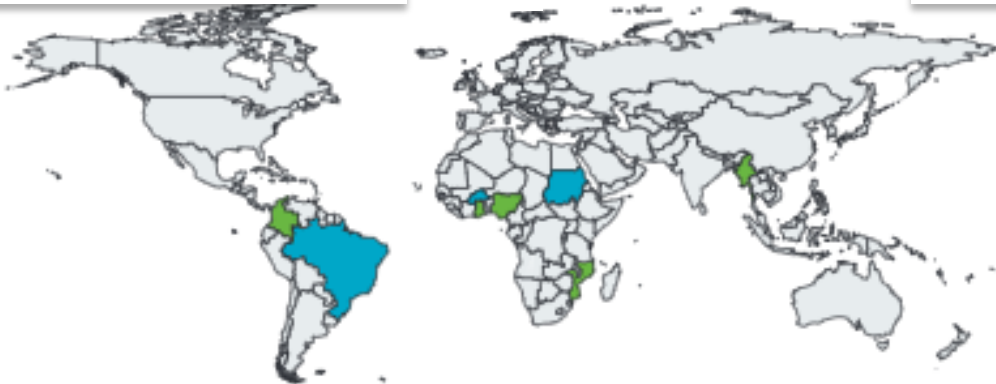
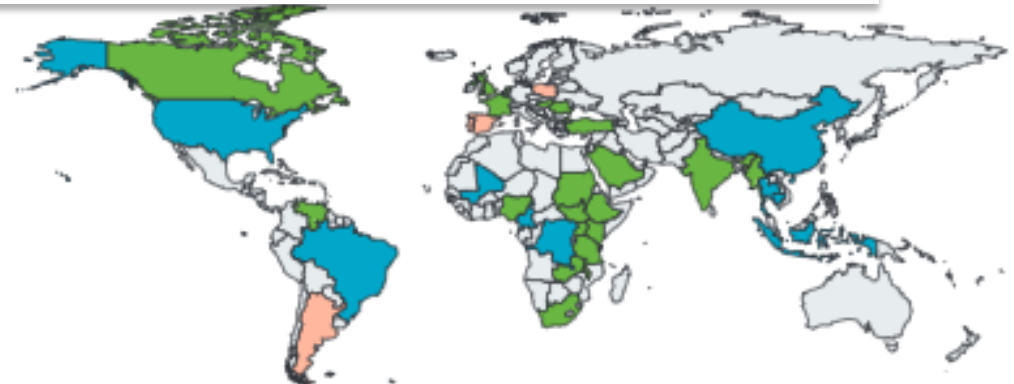


Global Prevalence of HIV-HCV Coinfections

General population **2.4%**



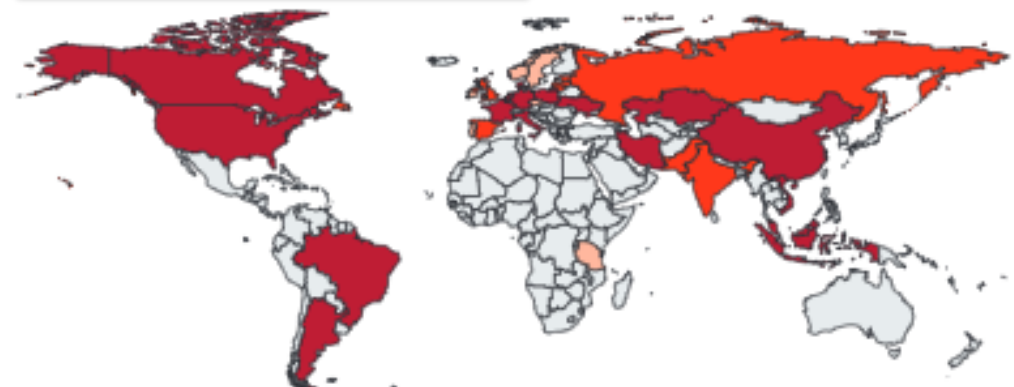
People living with HIV (heterosexual exposure & pregnant women) **4.0%**



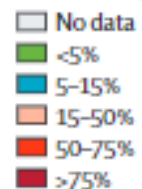
Men who have sex with men **6.4%**



People who inject drugs **82.4%**



Prevalence (anti-HCV)



- **HIV-HCV coinfection: 2,278,400**
- **PWID: 1,362,700**

HIV-HCV Coinfection in United States

- Of people with HIV about 25% are coinfecting with HCV
- Nearly 75% of PWID with HIV are infected with HCV
- HIV/HCV coinfection more than triples the risk for liver disease, liver failure, and liver-related death

<https://www.cdc.gov/hiv/pdf/library/factsheets/hiv-viral-hepatitis.pdf>

Page updated June 2017

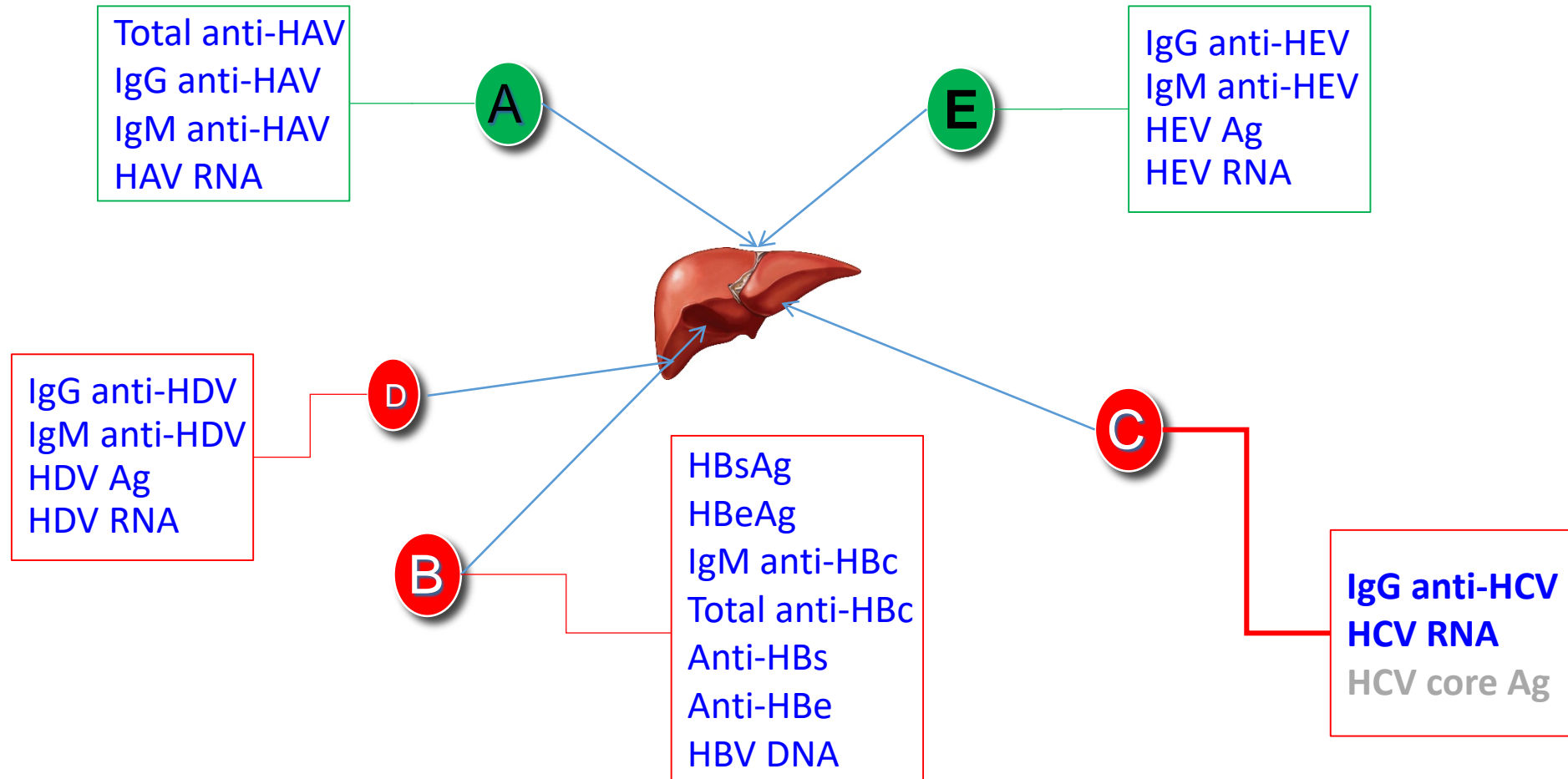
Hepatitis C Virus Infection: Diagnostic Methodologies

Saleem Kamili, PhD

Division of Viral Hepatitis
Centers for Disease Control and Prevention, Atlanta, GA

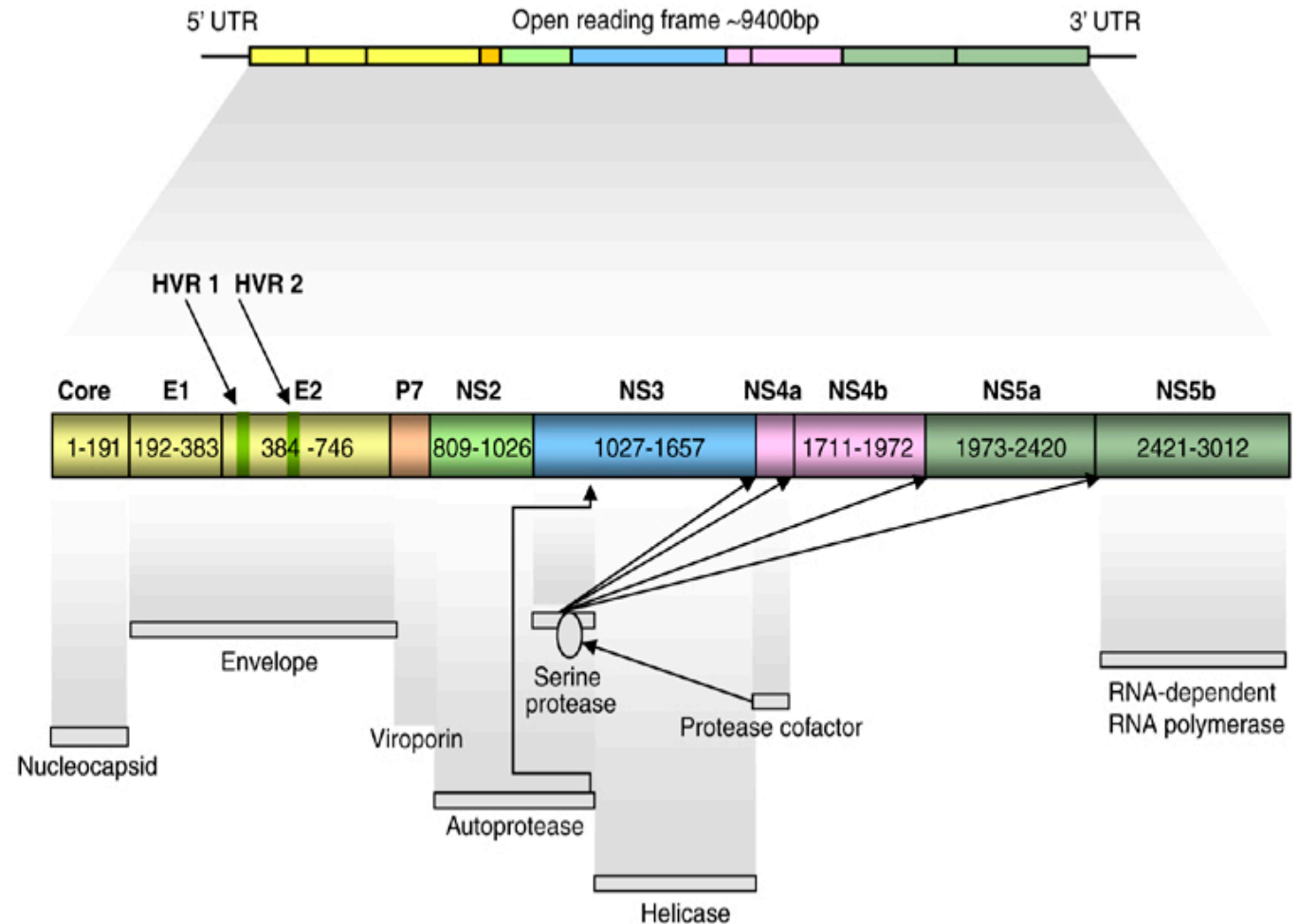
HIV Diagnostic Conference
25 March 2019

Viral Hepatitis: Diagnostic Landscape

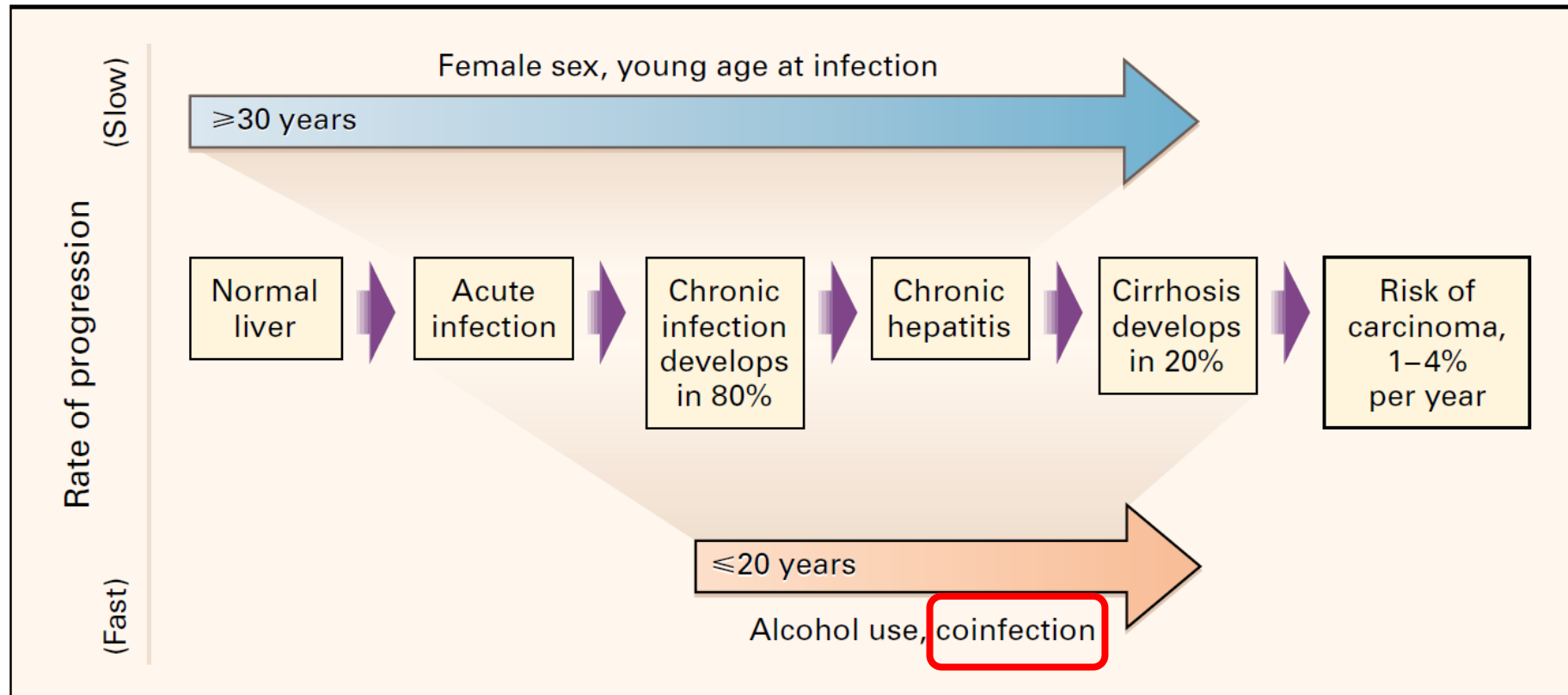


Hepatitis C Virus

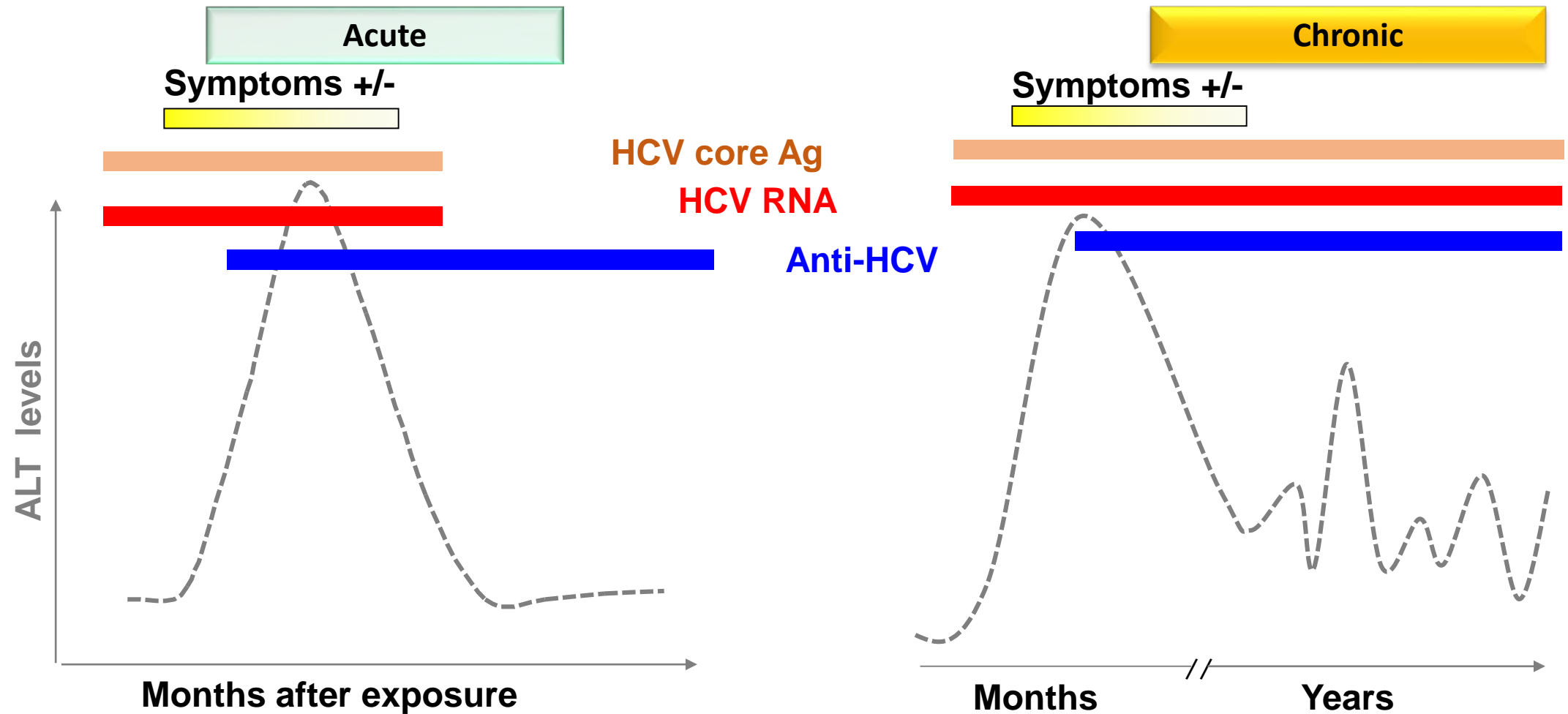
- Identified in 1989
- Single, positive-stranded RNA virus
- Family *Flaviviridae*
- Seven genotypes
 - >60 subtypes



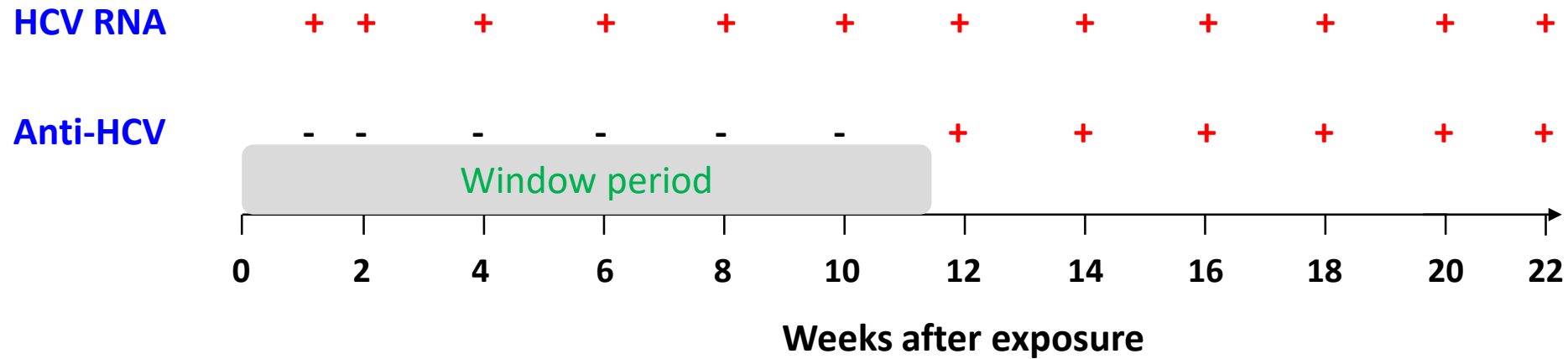
Natural History of HCV Infection



Clinical and Serologic Course of HCV Infection



Diagnostic Markers of HCV Infection



Anti-HCV IgG Assays: Antigenic Composition



Screening Assays

EIA 1.0

c-100-3

Window period

22 wks

EIA 2.0

c22-3

c33-c

c-100-3

13 wks

EIA 3.0

c22-c

c33-c

c-100-3

NS5

11 wks

Confirmatory Assays

RIBA 2.0

c22-3

c33-c

c-100-3

5-1-1

RIBA 3.0

c22-p

c33-c

c-100-p

NS5

INNO-LIA

C1
C2

E2 HVR1

NS3

NS4A

NS4B

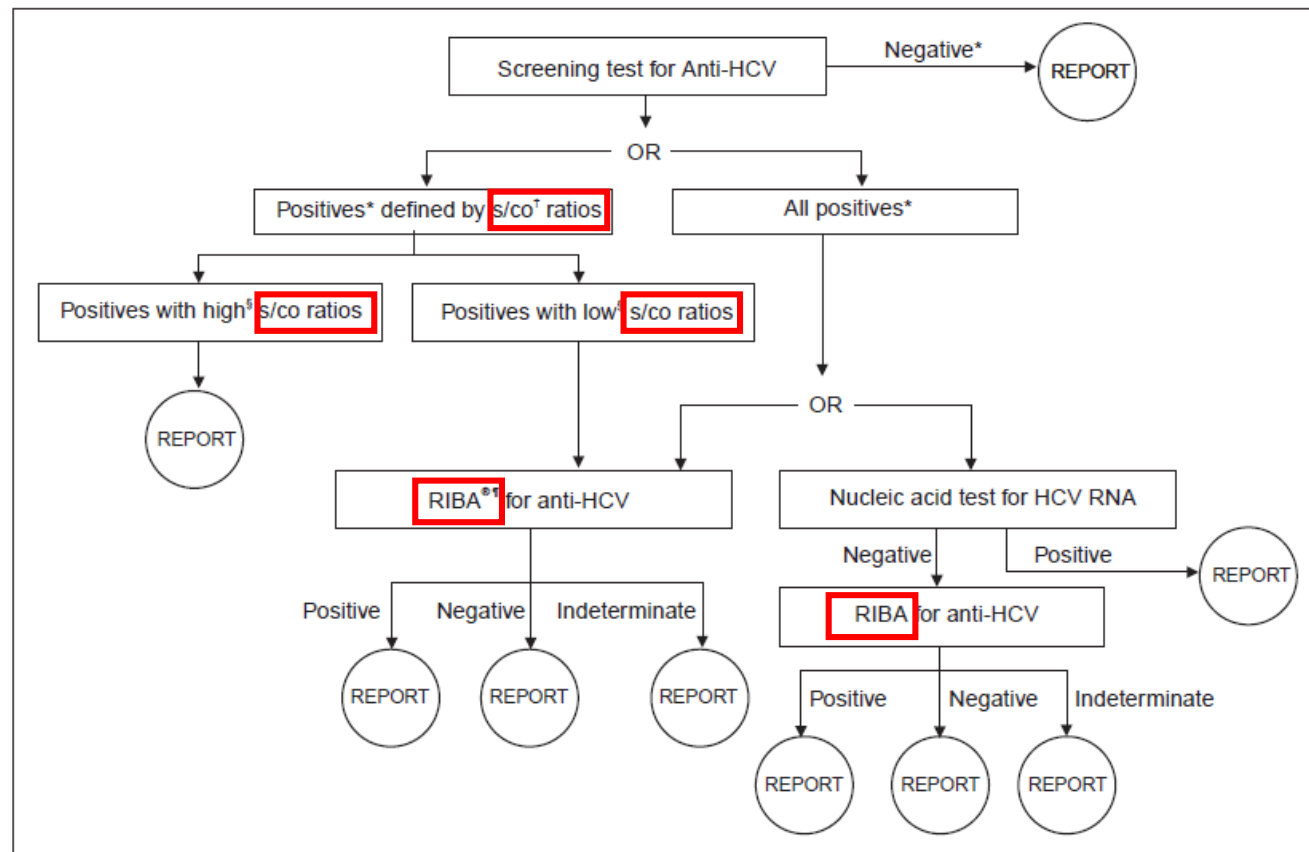
NS5A

Anti-HCV Assays

Manuf.	Device	PPA (Sensitivity) [95% CI]	NPA (Specificity) [95% CI]
Roche Diagnostics	Elecsys Anti-HCV II	99.6% [98.7%-99.96%]	98.8% [98.2%-99.3%]
OraSure Technologies	OraQuick HCV Rapid Antibody Test	99.5% [98.4%-99.9%]	99.0% [98.0%-99.6%]
		97.9% [96.9%-98.8%]	98.5% [97.5%-99.2%]
Roche Diagnostics	Elecsys Anti-HCV	99.6% [98.5%-99.5%]	96.9% [95.9%-97.7%]
Roche Diagnostics	Elecsys Anti-HCV	99.6% [98.5%-99.95%]	97.1% [96.2%-97.9%]
Roche Diagnostics	Elecsys Anti-HCV	99.4% [98.1%-99.9%]	97.2% [96.3%-98.0%]
Abbott Laboratories	ARCHITECT Anti-HCV	99.53% [97.4%-99.99%]	97.6% [96.5%-99.8%]
Siemens Healthcare	ADVIA Centaur HCV	99.9% [99.5%-100%]	97.5% [96.4%-98.3%]
Ortho-Clinical Diagnostics	VITROS Anti-HCV	99.5% [98.7%-99.9%]	98.2% [97.5%-98.8%]

Courtesy: Maria Garcia (FDA)

CDC's Guidelines for Hepatitis C Testing -2003

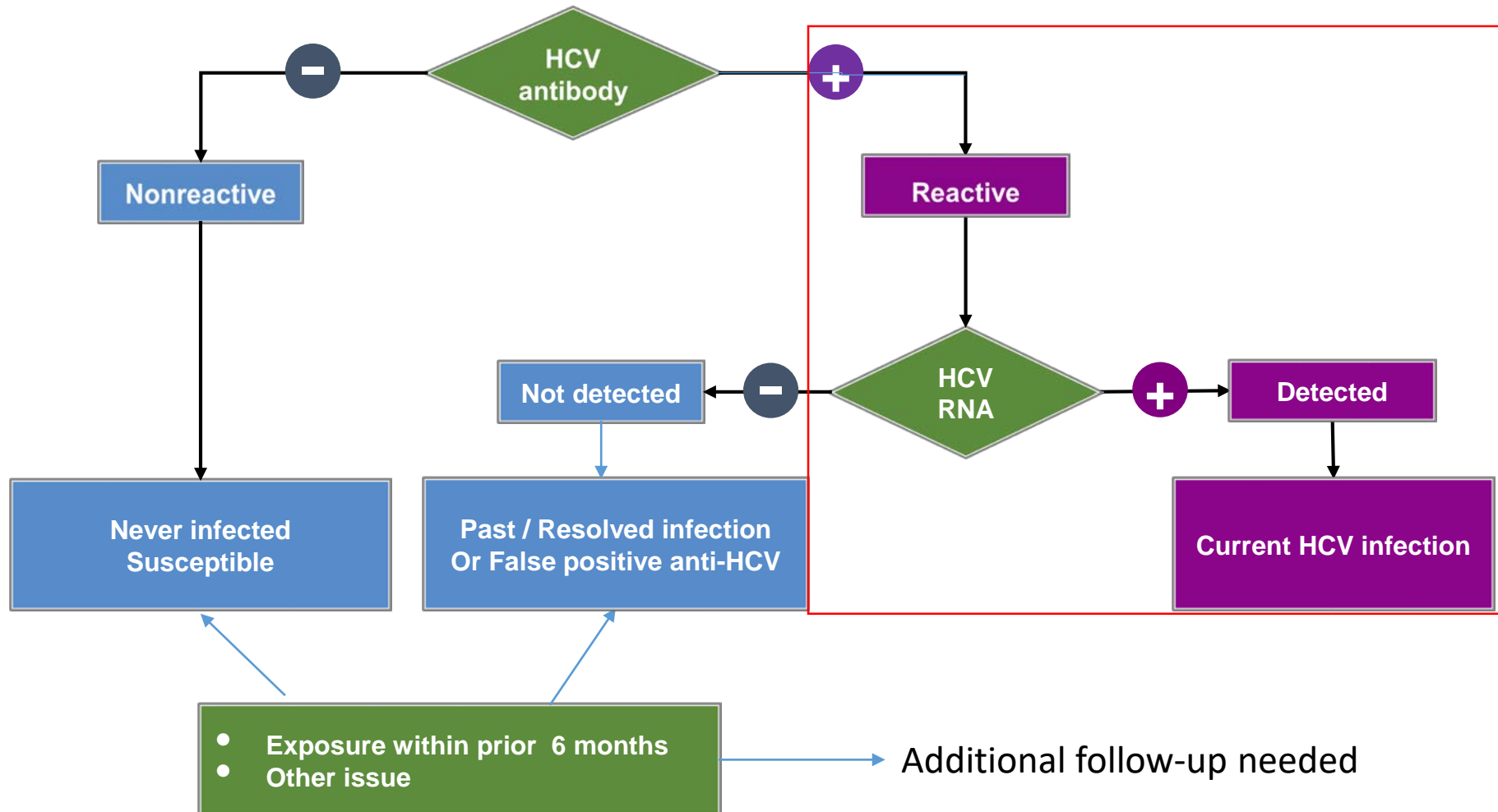


Manuf.	Device
Roche Diagnostics	Elecsys Anti-HCV II
OraSure Technologies	OraQuick HCV Rapid Antibody Test
Roche Diagnostics	Elecsys Anti-HCV
Roche Diagnostics	Elecsys Anti-HCV
Roche Diagnostics	Elecsys Anti-HCV
Abbott Laboratories	ARCHITECT Anti-HCV
Siemens Healthcare	ADVIA Centaur HCV
Ortho-Clinical Diagnostics	VITROS Anti-HCV

Updating HCV Testing Guidelines

- Identify actively infected HCV cases for referral to care
- New antivirals achieve >90% SVR
- Discontinuation of RIBA
- Availability of an FDA-approved rapid test for anti-HCV

Updated HCV Testing Guidelines - 2013



Challenges in Implementation of Updated Testing Guidelines

- All quantitative HCV RNA assays not approved for diagnostics
 - Logistics of reflex testing
 - Potential of contamination if same sample used for NAT?
 - Cost
 - Not all states have implemented reflex testing
- Requires expert technical staff, expensive kits
- Dedicated procedure areas
- Requires pristine serum/plasma samples
- *Not routinely performed in many clinical laboratories*

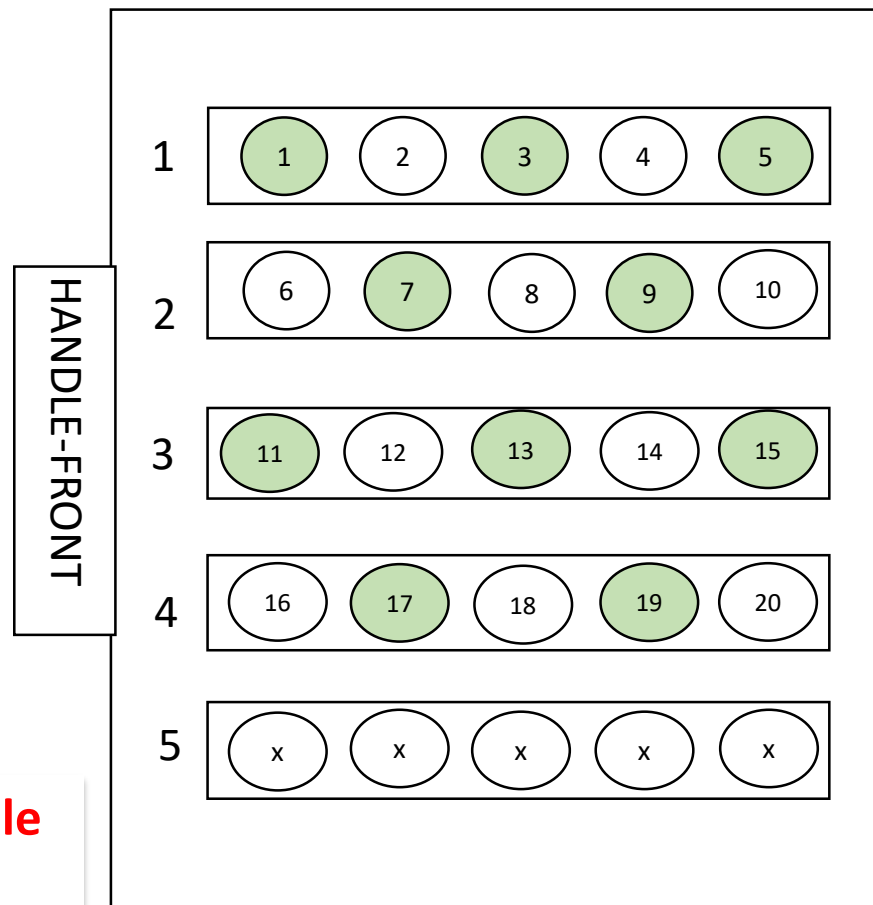
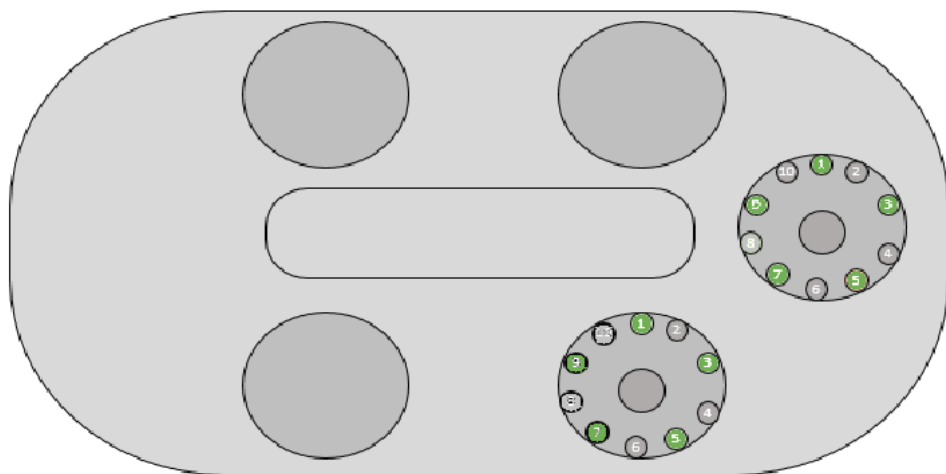
Reflex Testing to HCV RNA

Evaluation of Potential of Contamination

- Assessed potential to test same serum sample for HCV RNA used on various serology platforms
 - Ortho-Clinical Vitros Eci
 - Advia Centaur
 - Abbott ARCHITECT
 - Roche Elecsys
- HCV negative serum interspersed with low, mid and high positive specimens

Reflex Testing to HCV RNA

Evaluation of Potential of Contamination



Low level contamination in a system with fixed probe, while systems with disposable tips had no cross contamination

Performance of Currently Marketed HCV RNA Tests (Qualitative & Quantitative)

Manufacturer	Device	LoD ^a serum (IU/mL)	PPA (Sensitivity) [95% CI]	NPA (Specificity) [95% CI]
Hologic	Aptima HCV Quant Dx Assay	3.4 IU/mL	98.8% [96.7-99.6]	100% [95.4-100]
Roche Molecular	cobas-HCV	13.7 IU/mL	100.0% [97.5-100]	98.8 % [93.3-99.8]
Abbott Molecular	Abbott RealTime HCV ^b	12 IU/mL	N/A ^b	N/A ^b
Roche Molecular	COBAS AmpliPrep/ COBAS TaqMan HCV Test	18 IU/mL	100.0% [97.3-100]	100.0% [95.5-100]
Hologic (Gen-Probe)	VERSANT TM HCV RNA Qualitative Assay	7.5 IU/mL	99.7% ^d	97.9% ^d

^a LoD as assessed with the WHO IS for HCV RNA (Genotype 1a); LoDs can vary by genotype

^b Performance metrics were related to the ability of the test result to predict SRV (PPV/NPV)

^c Diagnostic claim added to P060030 per PMA supplement

^d Performance against another PCR assay

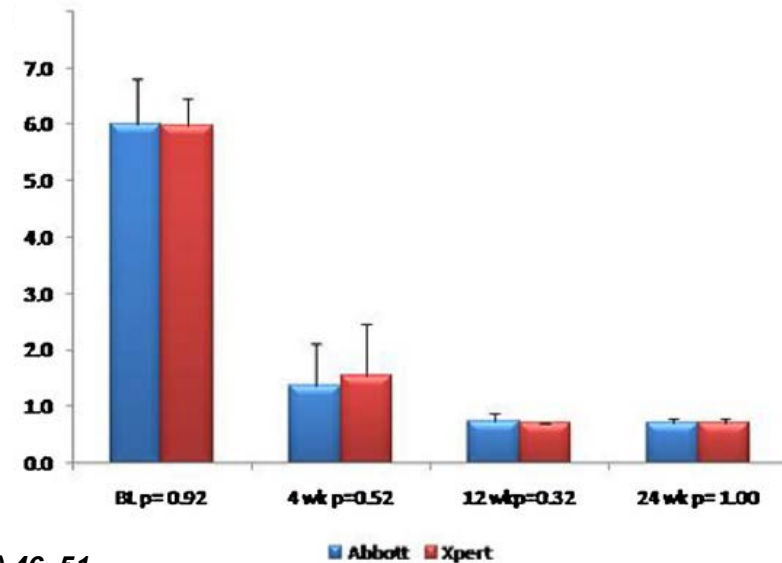
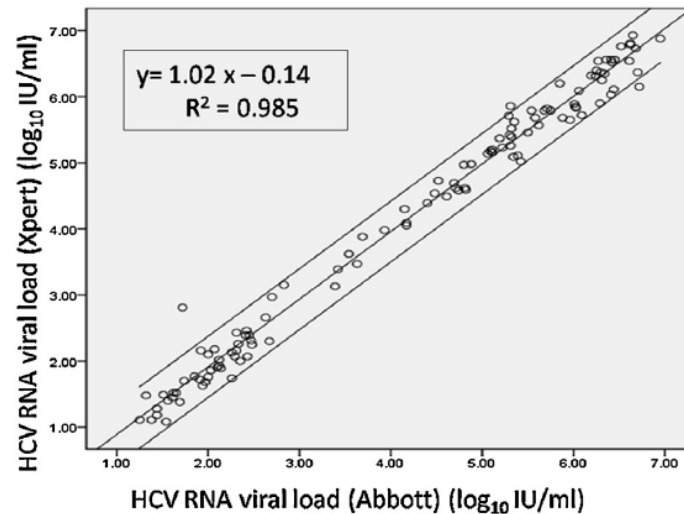
Courtesy: Silke Schlottmann (FDA)

Sequencing of HCV Genome

- Genotyping
- Outbreak investigations
- Transmission studies
- Resistance-associated variants
- Recombinants
- Evolutionary studies
- Phylodynamics/phylogeography

- Technologies
 - Sanger
 - Whole genome
 - Amplicon
 - clones
 - NGS
 - Ion Torrent
 - MiSeq
 - PacBio

Point-of-care HCV RNA Test – the Xpert System



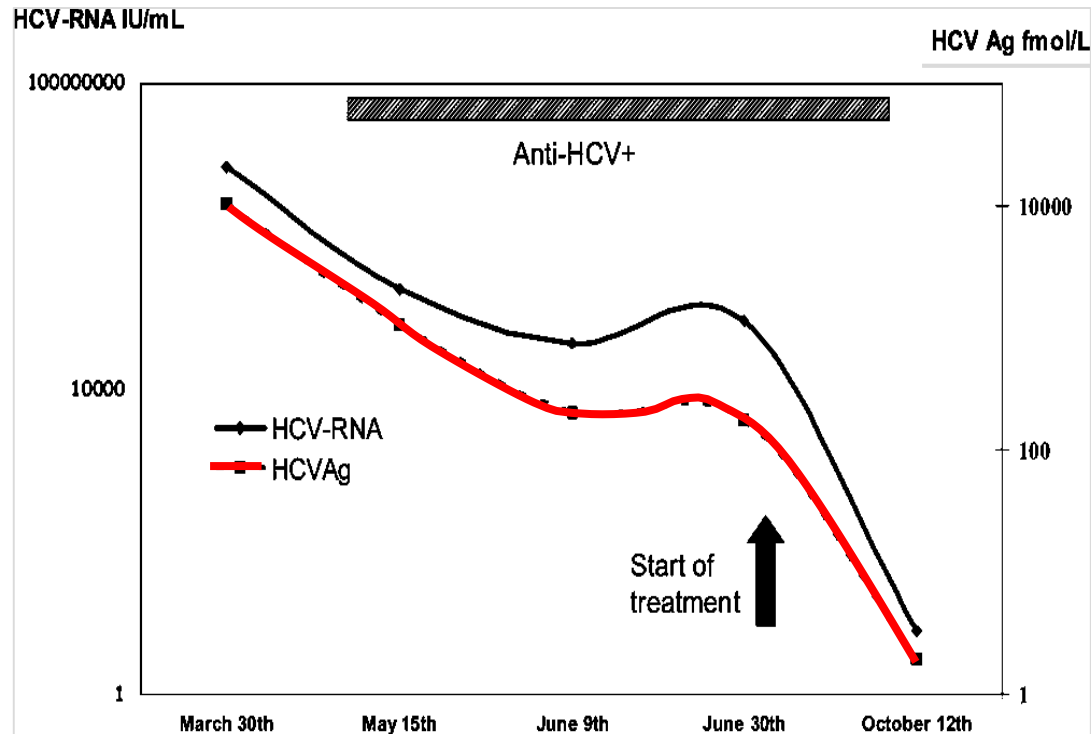
Journal of Clinical Virology 88 (2017) 46–51

Lancet Gastroenterol Hepatol. 2017 Jul;2(7):514-520. doi: 10.1016/S2468-1253(17)30075-4. Epub 2017 Apr 22.

Evaluation of the Xpert HCV Viral Load point-of-care assay from venepuncture-collected and finger-stick capillary whole-blood samples: a cohort study.

Grebely J¹, Lamoury FMJ², Hajarizadeh B², Mowat Y², Marshall AD², Bajis S², Marks P², Amin J³, Smith J⁴, Edwards M⁵, Gorton C⁶, Ezard N⁷, Persing D⁸, Klemm M⁹, Cunningham P¹⁰, Catlett B¹⁰, Dore GJ², Applegate TL², LiveRLife Study Group.

HCV Core Antigen



Medici MC et al. J Clin Virol 2011; 51: 264-269

Eval. panel: 551 serum samples

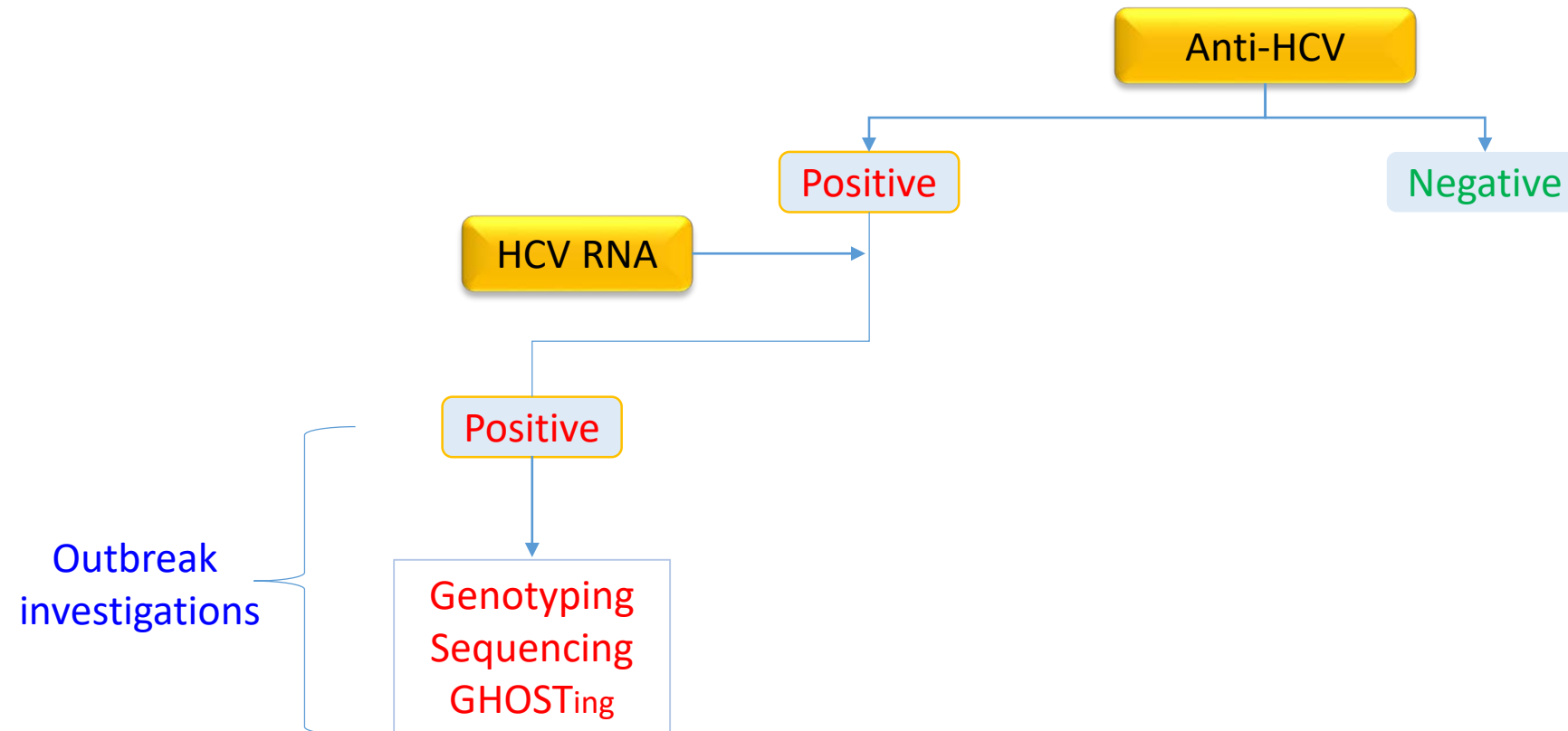
- Pre-seroconversion: Anti-HCV - / HCV RNA +
 - Sensitivity 100%
- Post-seroconversion: Anti-HCV and HCV RNA +
 - Sensitivity ~ 94%

Hayden et al. J Clin Virol 2015;66:15-18

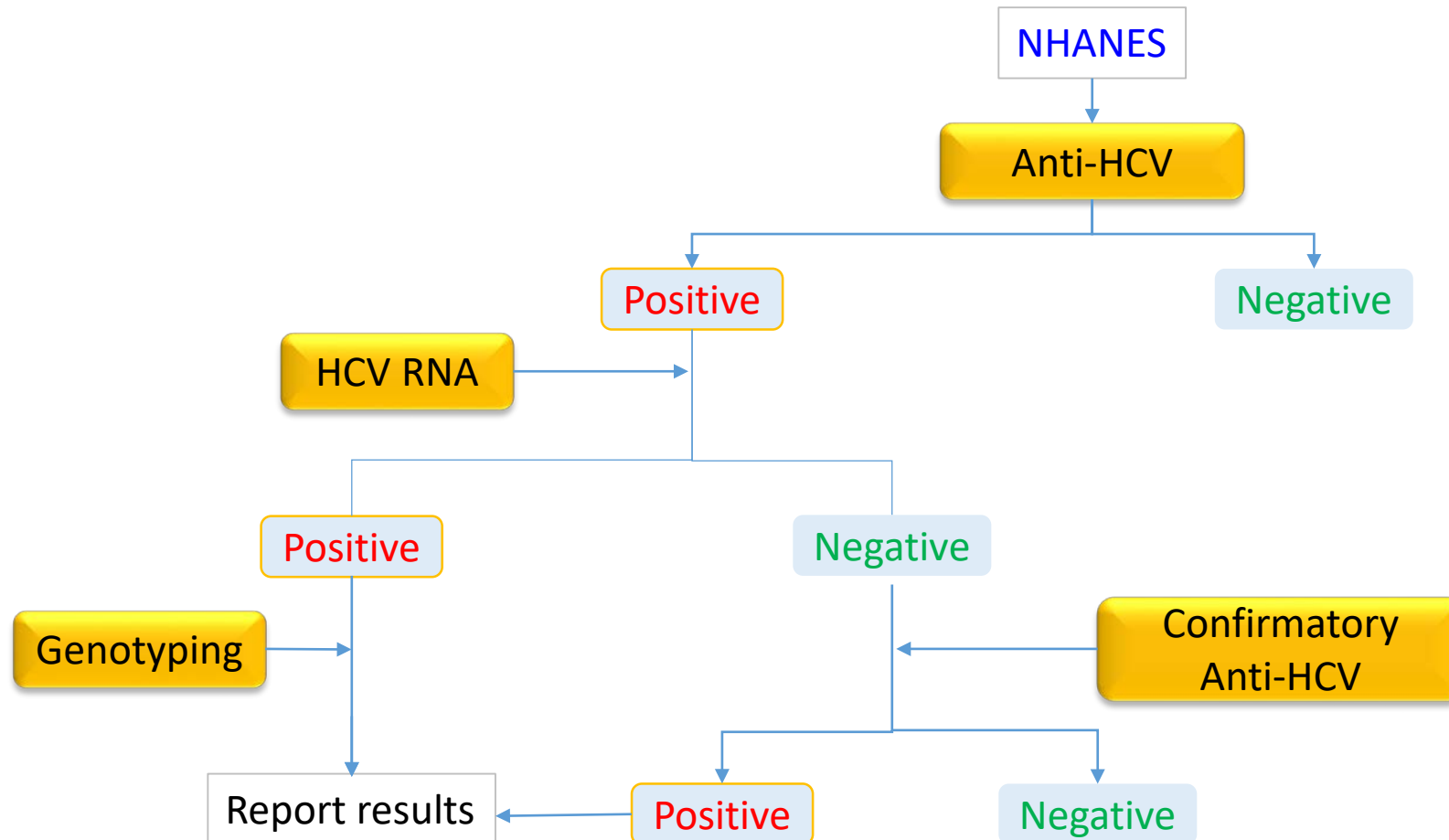
HCV Core Antigen

- Detectable within 1-2 weeks after exposure to HCV
- Broad linear range of detection by serologic assays
- Test samples
 - Serum, plasma, dried blood spots, urine
 - Lower sample volume than NAT
 - No pristine sample needed
- Undetectable when HCV RNA <2000 IU/ml
- Requires Abbott ARCHITECT i2000 platform

HCV Testing Algorithm for Diagnosis



HCV Testing Algorithm for Surveillance



Summary

- The diagnostic landscape of hepatitis C is limited to just anti-HCV and HCV RNA; HCV core antigen
- Anti-HCV antibodies are present through acute, chronic, and resolved phases of infection
- HCV RNA (and HCV core antigen) remain(s) the only marker/s for diagnosing active infection
- NGS technologies provide unique opportunities for outbreak investigations, transmission studies, and molecular surveillance of HCV
- **Accurate, Affordable and Accessible** assays for diagnosing current infections key to any elimination programs

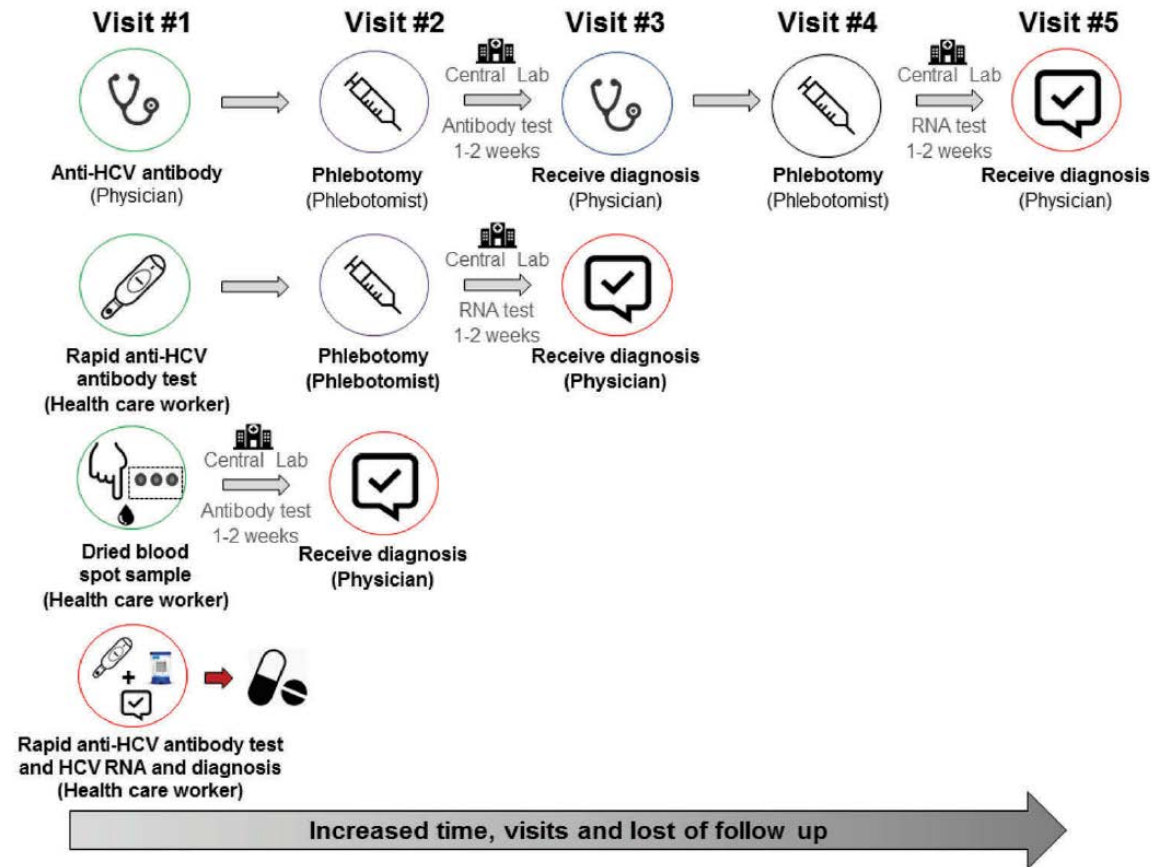
Thank you!

Saleem Kamili, PhD

SKAMILI@CDC.GOV

The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

In Pursuit of Single visit for hepatitis C Diagnosis



“Diagnostic burn-out”

Country	HCV Epidemic	Diagnosed Before 2016	New HCV Diagnoses	Cures in 2016	Outcome Dx Burn-out
Brazil	1.8M	235,000 (13%)	10,000 (0.6%)	43,000 (2.4%)	2025
Spain	328,000	140,000 (43%)	5500 (1.7%)	25,000 (8%)	2022
Portugal	96,000	37,000 (39%)	1300 (1.3%)	4400 (4.6%)	2026

potential outcomes, based on 2016 data

AASLD 2017, Abstract #205

Andrew Hill, University of Liverpool