Your hepatitis C virus (HCV) is gone. You went through treatment, and you are cured. You won’t ever have to think about it again, right? Wrong. You may have to think about it, depending on the condition of your liver at the time treatment ended. This article explores life after hepatitis C.

Let’s begin with some basic information about hepatitis C. Being cured from hepatitis C means you don’t have the virus any more. You are a free from it, and you can’t infect anyone else. If you don’t get a new hepatitis C infection, you are cured for life. However, this is a virologic cure. The virus is gone, but if you have cirrhosis, your liver disease isn’t cured. Sometimes, the liver will regenerate. If the liver returns to its beautiful, original condition, these lucky individuals have both a virologic cure and a disease cure. If there is still cirrhosis, or near-cirrhosis, the patient needs medical follow-up.

The experts at the HCV Guidelines recommend quantitative HCV viral load testing at 12 weeks following completion of therapy. The guidelines recommend testing viral load using a sensitive polymerase chain reaction (PCR) assay.

When people are cured of hepatitis C, their tests results show an undetectable viral load (HCV RNA) at 12 weeks after completion of treatment with direct-acting antivirals (DAAs). We call this a sustained virologic response (SVR), also known as a virological cure. Note that some doctors wait for 24 weeks following treatment completion before declaring someone has had an SVR, particularly for genotype 3 patients.

As for monitoring people who have successfully completed hepatitis C treatment, the critical factor is determined by the degree of liver damage you had. The HCV Guidelines recommend that the follow-up for patients who do not have advanced fibrosis (stage F0-F2) is the same as if they were never infected with HCV.

For those with stage F-3 or F4 who achieve an SVR, twice-yearly ultrasound examination is recommended. This is because people with cirrhosis (or near-cirrhosis) are at risk for developing hepatocellular carcinoma. If cirrhosis is present, a baseline upper endoscopy is recommended. The purpose of this is 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 in whom varices are found should be treated and followed as indicated.

Note that just because we are cured doesn’t mean we can’t get another hepatitis C infection. And
hepatitis C isn’t the only liver disease we can get. If we have any indication of a liver problem, a quantitative viral load test is recommended. This is especially important for people with an ongoing risk for another hepatitis C infection. For those who want another opinion on the matter, three experts published their recommendations in the May 2017 issue of Gastroenterology. (American Gastroenterological Association Institute Clinical Practice Update—Expert Review: Care of Patients Who Have Achieved a Sustained Virologic Response after Antiviral Therapy for Chronic Hepatitis C Infection – Ira Jacobsen, et al. ) Their recommendations are the same as those in the HCV Guidelines, but they also recommend the following:

- In addition to the 12-week post-treatment viral load, they advise a routine confirmation of SVR at 48 weeks following completion of HCV treatment. A viral load may be performed 24 weeks following treatment. They do not recommend routine viral load testing beyond 48 weeks unless there are risk factors for reinfection.
- Twice-yearly surveillance for hepatocellular carcinoma (liver cancer) for patients with stage 3 fibrosis or liver cirrhosis post-SVR. The screening tests that Jacobsen and colleagues recommend using are liver imaging with or without a blood test measuring alpha-fetoprotein (AFP).
- These researchers are specific in their endoscopic screening recommendations, advising them for cirrhotic patients every 2 to 3 years if no varices or small varices are identified on initial screening examination. These can be stopped if no varices are found and there are no risk factors for progressive cirrhosis.
- Noninvasive tools, such as liver elastography, can be used to assess for interval fibrosis progression or regression to guide clinical management.

We don’t have long-term data evaluating liver-related outcomes in patients post-SVR with oral DAA regimens. However, hepatitis C or no hepatitis C, there are other types of liver disease, such as fatty liver disease or alcoholic liver disease. 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. There is one more thing you can do if you have a healthy liver: register to be an organ donor. Hopefully you will live a long and healthy life and die of natural causes when you are old. But just in case, consider organ donation.


Lucinda K. Porter, RN, is a long-time contributor to the HCV Advocate and author of “Free from
Hepatitis C” and “Hepatitis C One Step at a Time.” She blogs at www.LucindaPorterRN.com and HepMag.com This first appeared in the HCV Advocate, and is reprinted with permission.