



## SCREENING AND TREATING HEPATITIS C IN PERINATALLY EXPOSED INFANTS

Infants born to persons with RNA-positive hepatitis C virus (HCV) are at risk for acquiring hepatitis C. The U.S. Centers for Disease Control and Prevention (CDC) recommends screening all pregnant persons during each pregnancy, and testing infants born to persons with HCV infection to determine their HCV status. The rate of perinatal transmission of HCV is approximately 5%, although rates are higher among persons with poorly controlled HIV coinfection, and persons with HCV RNA levels above  $>6 \log_{10}$  IU/mL. **Screening, following, and treating children exposed to HCV is recommended.**

### HEPATITIS C TEST TYPES

- **HCV RNA** test: a marker of HCV viremia in the blood by nucleic acid testing (NAT). The presence of HCV RNA indicates current infection.
- **Anti-HCV** test: detects the presence of hepatitis C antibodies in serum. The presence of HCV antibodies does not indicate whether the infection is acute, chronic, or resolved.

Additional test interpretation guidance: [https://www.cdc.gov/hepatitis/HCV/PDFs/hcv\\_graph.pdf](https://www.cdc.gov/hepatitis/HCV/PDFs/hcv_graph.pdf)

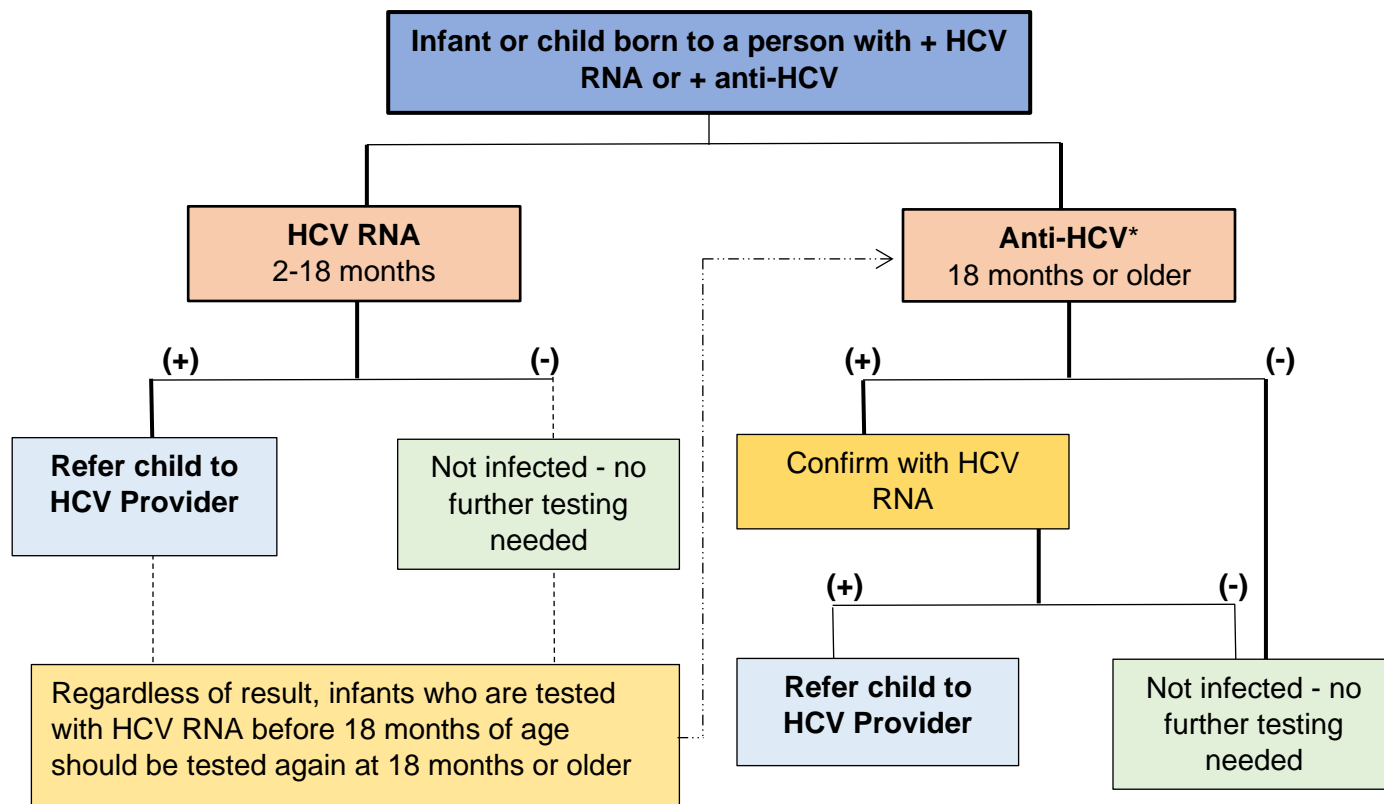
- Testing is recommended using an HCV RNA test between 2-18 months of age **OR** anti-HCV test at or after 18 months of age.
  - Regardless of HCV RNA test result, children who are tested with HCV RNA *before 18 months* of age should be tested again at **18 months or older** using an Anti-HCV test (per algorithm below). Repeat HCV RNA testing before 18 months of age is not recommended.
  - Testing anti-HCV before 18 months of age will reflect residual maternal Hep C antibodies and is therefore not recommended.
  - Children who are anti-HCV positive after 18 months of age should be tested with an HCV RNA test to confirm HCV infection.
- Early testing with HCV RNA is preferred to enable identification and engagement with a pediatric infectious disease specialist or pediatric gastroenterologist, particularly where there is a risk of loss to follow up before 18 months of age.
- Siblings of infants with perinatally-acquired HCV should be tested for HCV infection if born from the same person (following the same screening testing recommendations.)
- **Perinatal hepatitis C is a notifiable condition. All suspected or confirmed cases of hepatitis C must be reported to Maine CDC via electronic lab reporting, Telephone: 1-800-821-5821 or Fax: 1-800-293-7534.**

**Additional resources on viral hepatitis from Maine CDC:**  
<https://www.maine.gov/dhhs/hepatitis>



## Hepatitis C Testing Algorithm for Perinatally Exposed Infants<sup>1</sup>

(+) indicates positive result (-) indicates negative result



*\*Request reflexive anti-HCV to HCV RNA testing wherever possible to minimize occasions of venipuncture.*

HCV Quick Testing Guide		
Infected with HCV	Previously Exposed to HCV	No Exposure to HCV
HCV RNA (+) and Anti-HCV (+)	HCV RNA (-) and Anti-HCV (+)	HCV RNA (-) and Anti-HCV (-)

### Additional Resources:

- Guidelines by the American Association for the Study of Liver Disease: <https://www.hcvguidelines.org/unique-populations/children>
- Algorithm For Screening and Treating Hepatitis C In Pregnant and Postpartum Women: <https://www.maine.gov/dhhs/oms/about-us/projects-initiatives/mainemom>

<sup>1</sup> This testing algorithm is consistent with recommendations from American Association for the Study of Liver Diseases, American Academy of Pediatrics, and CDC.



## TREATMENT OF HEPATITIS C IN PERINATALLY EXPOSED INFANTS

- Direct-acting antiviral (DAA) treatment with an approved regimen is recommended for all children and adolescents with HCV infection aged  $\geq 3$  years as they will benefit from antiviral therapy, regardless of disease severity.
- No recommended curative treatments are FDA approved for [pregnant persons](#) or children aged  $< 3$  years.
- All perinatally exposed infants with a positive HCV RNA test at  $> 2$  months should be referred to a HCV specialist per the above testing algorithm; typically a pediatric infectious disease specialist or pediatric gastroenterologist.
- Below is a list of specialists in Maine:

### **Maine Medical Partners Division of Pediatric Gastroenterology**

887 Congress Street, Suite 300  
Portland, ME 04102  
Phone: 207-662-5522  
Fax: 207-662-5526

### **Maine Medical Partners Pediatric Infectious Diseases**

887 Congress Street, Suite 300  
Portland, ME 04102  
Phone: 207-662-5522  
Fax: 207-662-5526

### **Northern Light Pediatric Gastroenterology**

417 State Street, Webber Medical Building, Suite 121  
Bangor, ME, 04401  
Phone: 207-973-7107  
FAX: 207-973-9003

### **Northern Light Pediatric Infectious Disease Care**

417 State Street, Webber Medical Building  
Bangor, ME, 04401  
Phone: 207-973-4051  
FAX: 207-973-9003



## PROVIDER TALKING POINTS

Reassurance is critical when talking to pregnant patients about a hepatitis C diagnosis or to the parent(s)/ guardian(s) of an infant or child perinatally exposed to HCV. A Guide for Pregnant People with Hep C is available [here](https://www.maine.gov/dhhs/hepatitis) (Perinatal Hepatitis C Resources: <https://www.maine.gov/dhhs/hepatitis>).

### Counsel patients on the following:

- The risk of transmission is low (5-10%) and it will not impact delivery or ability to breastfeed.
- If the infant does contract HCV, treatment can be initiated as young as 3 years old.
  - Treatment is appropriate for almost everyone with HCV, even if they do not have symptoms.
  - Treatment with direct-acting antivirals (DAA) reduces the risk of liver damage (including cancer).
  - DAA therapy consists of daily oral medication for a few months (typically 8-12 weeks) and cures most HCV infections (over 90%) with few side effects.
- Treatment should be recommended for the pregnant person as well. This can take place during the postpartum period, upon cessation of breastfeeding, if applicable.
- Any other biological children, regardless of age, should also be screened for HCV as they could also have been exposed prenatally. If they test positive, it is not too late to treat (follow treatment algorithm above).
- HCV is not transmitted by casual contact.
  - Children with HCV infection do not pose a risk to other children and can participate in school, sports, and activities without restrictions.
- It is important to minimize blood exposures, such as avoiding the sharing of toothbrushes, razors, and nail clippers, and the use of gloves and dilute bleach<sup>2</sup> to clean up blood.

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<sup>2</sup> In general, bleach should be diluted with water 1:10 (bleach: water). It is important to check each [product label](#).