



## ALGORITHM FOR SCREENING AND TREATING HEPATITIS C IN PERINATALLY EXPOSED INFANTS

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

- Testing is recommended using an HCV RNA test between 2-18 months of age<sup>1</sup> **OR** antibody-based test (anti-HCV) with reflex to RNA at or after 18 months of age.
  - Children who are HCV RNA positive before 12 months of age may be tested again at 18 months or older by the HCV Provider (pediatric infectious disease specialist or pediatric gastroenterologist) to account for possible spontaneous clearance.
  - Repetitive HCV RNA testing prior to 18 months of age is not recommended
  - Children who are anti-HCV positive after 18 months of age should be tested with an HCV RNA assay to confirm chronic HCV infection.
- The siblings of children with vertically-acquired HCV should be tested for HCV infection, if born from the same woman (may follow same screening recommendations.)

### HEPATITIS C TEST TYPES

- **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.
- **HCV RNA** test: is a marker for HCV viremia in the blood by nucleic acid testing/ NAT. The presence of HCV RNA indicates current infection.

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

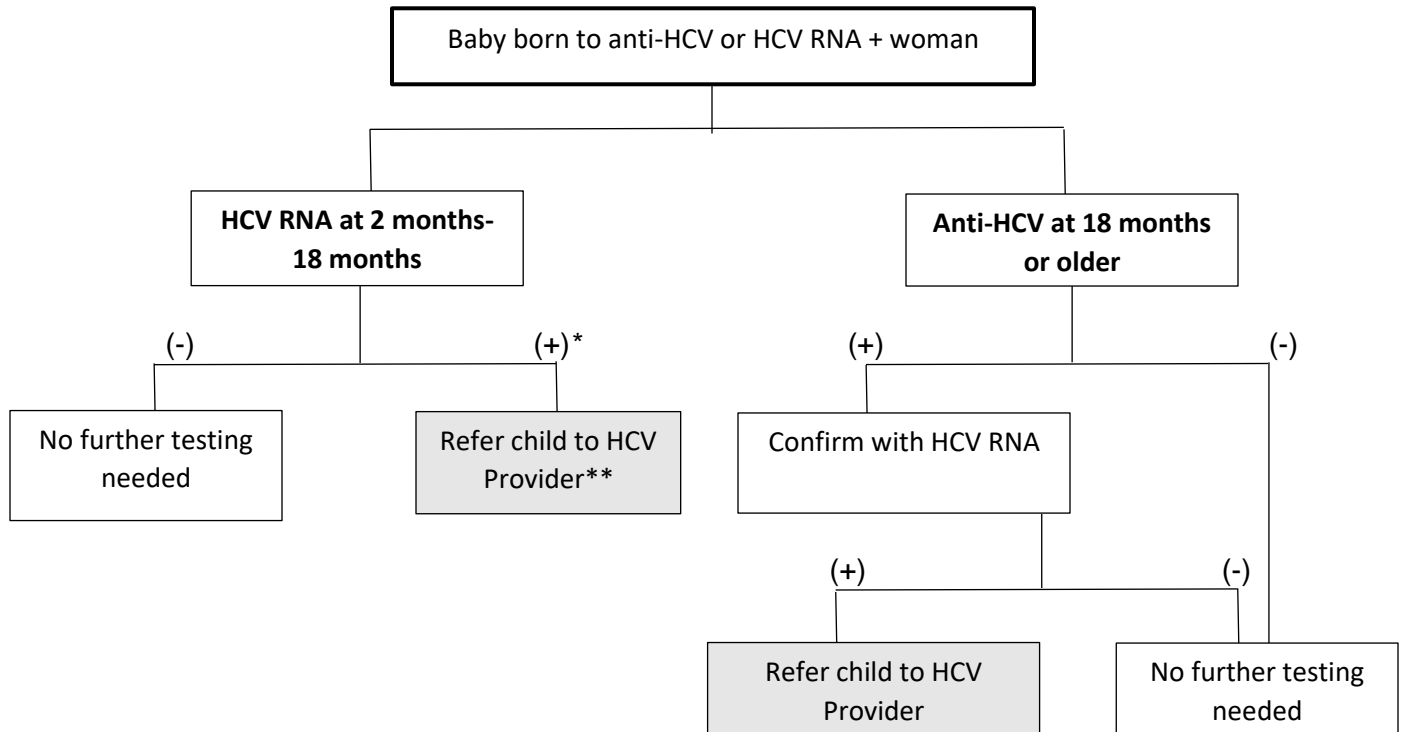
Perinatal hepatitis C is a **notifiable condition**. All suspected or confirmed cases of hepatitis C must be reported to Maine CDC via Telephone: 1-800-821-5821 or Fax: 1-800-293-7534.

Additional resources on viral hepatitis: <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/hepatitis/index.shtml>

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<sup>1</sup> Maternal antibodies may persist for 18 months

## Hepatitis C Testing Algorithm for Perinatally Exposed Infants



*\*Includes indeterminant/ equivocal results*

*\*\*Additional testing may be conducted depending on timing of first HCV RNA test.*

This testing algorithm is consistent with recommendations from American Association for the Study of Liver Diseases, American Academy of Pediatrics, and the Center for Disease Control and Prevention.

### **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>

## 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 women](#) or young children (aged  $< 3$  years).
- All pediatric patients should be referred to a HCV specialist; typically a pediatric infectious disease specialist or pediatric gastroenterologist.

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