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TECHNICAL BULLETIN

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TOPIC: Centers for Disease Control Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children

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TO: Pediatric health care providers and Hepatitis C testing facilities

Background¹

The elimination of hepatitis C virus (HCV) is a national priority. Rates of HCV during pregnancy have been increasing, and only 30% of perinatally exposed infants and children are tested for HCV infection. Perinatal transmission rates are up to 7% among exposed infants; many children with a current infection remain undiagnosed and are lost to follow up.

Perinatal transmission of HCV is limited to infants born to pregnant people with detectable HCV ribonucleic acid (RNA); is more common among those with poorly controlled co-infection with human immunodeficiency virus; and might be more common in those who inject drugs. Breastfeeding is not contraindicated in most cases. According to the American Academy of Pediatrics, after delivery, breastfeeding does not increase HCV transmission unless nipples are cracked or bleeding.

The Centers for Disease Control and Prevention (CDC) recommends testing of all infants and children born to pregnant persons with current or probable HCV infection. A pregnant person with a current HCV infection has detectable HCV RNA. A person is considered to have a probable infection if anti-HCV testing is reactive, and the HCV RNA results are not available.

Testing Recommendations¹

- Perinatally exposed infants should receive a nucleic acid test (NAT) for HCV RNA at age 2–6 months to identify children in whom chronic HCV infection might develop if not treated.
 - Infants with detectable HCV RNA should be managed in consultation with a health care provider with expertise in pediatric hepatitis C management.
 - Infants with an undetectable HCV RNA result do not require further follow-up unless clinically warranted. For full testing guidelines, see: [Testing Recommendations for Hepatitis C](#).
- Infants and children aged 7–17 months who are perinatally exposed to HCV and have not previously been tested should receive a NAT for HCV RNA.
- Children aged ≥18 months who are perinatally exposed to HCV and have not previously been tested should receive an anti-HCV test with reflex to NAT for HCV RNA.

¹ [CDC Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children — United States, 2023 | MMWR](#)

According to CDC, the most common harms related to testing for perinatal HCV infection relate to interpretation of test results, including intermittent or transient viremia, false-positive antibody results, false-negative antibody results, the cost of testing, and stigma. However, currently used NATs for HCV RNA tests are highly sensitive and specific for diagnosing perinatal HCV transmission. Additionally, more children attend well-child visits and receive perinatal HCV testing during the first 6 months of life compared with well-child visits at 18 months. Finally, early diagnosis of perinatal HCV transmission at age 2–6 months was determined to be cost-effective and cost-saving in preventing morbidity and mortality from chronic HCV complications. Curative treatment is available starting at age 3 years. As a result, CDC has determined that the benefits of testing outweigh any potential and identified harms.

CDC published [the Morbidity and Mortality Weekly Report linked here](#) for further details.

Questions

For updated guidance, review [the Division of Public and Behavioral Health Technical Bulletin web page](#) regularly. Email stateepi@health.nv.gov for other questions regarding the CDC recommendations for HCV testing among perinatally exposed infants and children.



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