

Best Practice Recommendations for HCV Testing in Infants

Infant's Age	Testing	Follow-Up
0-2 Months	No Testing	
2-18 Months	HCV RNA Testing	 + RNA - RNA - RNA - Antibody + Antibody + RNA + RNA + RNA - Refer infant to a specialist (i.e. Infectious disease specialist, hepatologist, or gastroenterologist) for HCV follow-up and liver monitoring
18+ Months	HCV RNA Testing or HCV Antibody Testing	

MDHHS is encouraging clinicians to test infants born to HCV-infected mothers for HCV. Maternal HCV antibodies transfer efficiently from the mother to the child and may not clear for up to 18 months. Therefore, the American Association for the Study of Liver Diseases (AASLD) recommends testing infants according to this algorithm.

For more information regarding perinatal hepatitis C infection: <u>https://www.mi.gov/documents/mdhhs/Perinatal_HCV_Tool_Kit_FINAL_609604_7.pdf</u> <u>https://www.hcvguidelines.org/unique-populations/children</u> https://www.hcvguidelines.org/unique-populations/pregnancy



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Hepatitis C Testing for Pregnant Women

As of 2018, The American Association For the Study of Liver Diseases (AASLD) Recommends that ALL pregnant women get tested for Hepatitis C infection (particularly at initiation of prenatal care)

In 2010:

2,293 women of childbearing age in Michigan reported a new Hepatitis C virus (HCV) infection In 2016:

3,769 women of childbearing age in Michigan reported a new HCV infection

Increase from 2010-2016= 64.4%

HCV treatment decisions are generally made in consultation with a gastroenterologist, hepatologist, or infectious disease physician. Currently, pregnant women are advised to defer HCV treatment until after birth.

HCV testing should be conducted in accordance with the CDC's HCV testing algorithm:

Recommended Testing Sequence for Identifying Current HCV Infection



https://www.cdc.gov/hepatitis/hcv/pdfs/hcv_flow.pdf

*To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV antibody assay can be considered

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