

CHECK FOR HEP!



DIRECTIONS: Read the questions below and check the box if any of the following are true.

- Are you currently pregnant?
- Were you born between 1945 and 1965?
- Have you received clotting factor concentrates produced before 1987?
- Did you have a blood transfusion or organ transplant before 1992?
- Have you ever been on long-term hemodialysis?
- Have you ever received a tattoo or piercing outside of a regulated body art facility (at a party or friend's house)?
- Have you ever used intravenous or injectable drugs for non-medical purposes (even if only once)?
- Have you ever been incarcerated?
- Have you been told that you have elevated liver enzymes?
- Are you infected with HIV?
- Have you worked in a medical or dental field where you may have been exposed to blood via a needlestick?
- Have you worked in a public safety field where you may have been exposed to another person's blood?
- Were you born to an HCV-infected mother?

For more information

For more information, please contact your healthcare provider, local health department, or the Michigan Department of Health and Human Services' (MDHHS) Viral Hepatitis Unit.

MDHHS Viral Hepatitis Unit

- Website: www.michigan.gov/hepatitis
- Phone: 517-335-8165
- E-mail: MDHHS-Hepatitis@michigan.gov

CDC

- Website: www.cdc.gov/hepatitis

AASLD

- Pregnancy: www.hcvguidelines.org/unique-populations/pregnancy
- Children: www.hcvguidelines.org/unique-populations/children



Rev. 6/18

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Perinatal Hepatitis C: Is Your Baby At Risk?



If you checked the box for any of the questions above, **you should get tested for hepatitis C.**

What is perinatal hepatitis C?

The hepatitis C virus (HCV) is a blood-borne pathogen spread primarily through exposure to infected blood. In some circumstances, transmission of HCV can occur among infants born to mothers infected with HCV. **Perinatal hepatitis C** occurs when the mother passes HCV to the child in utero or during childbirth (also known as vertical transmission).



Should I be screened for HCV?

 According to the American Association for the Study of Liver Diseases (AASLD), **all pregnant women should be tested for HCV infection**, ideally at the start of prenatal care. Women should be tested with an HCV-antibody test. If positive, this should be followed with confirmatory testing for HCV RNA. Women with HCV infection should have their HCV RNA reevaluated after delivery to assess whether the virus spontaneously cleared.

Can I be treated for HCV while pregnant?

Due to the lack of safety and efficacy data, the AASLD and the Infectious Disease Society of America (IDSA) do not recommend treatment for HCV during pregnancy.



Are there ways to reduce the risk of transmission?

Though this is an active area of research, no intervention (such as delivery through cesarean section or prophylaxis) has been shown to be effective in reducing the risk of mother-to-child transmission of hepatitis C.

Can I breastfeed my child if I have HCV?

Yes. There is no evidence of transmission of HCV through breast milk. Mothers who are infected with HCV should refrain, however, from breastfeeding if their nipples are cracked, damaged, or bleeding.



Can my child be treated for HCV infection?

Based on the Food and Drug Administration (FDA) approval and recommendations, there are currently two prescription drugs (Harvoni and Sovaldi) that can treat children over the age of 12 with HCV.



Treatment recommendations may change over time; therefore, to learn about the latest treatment recommendations from the AASLD, please visit the AASLD Recommendations webpage at www.hcvguidelines.org/unique-populations/children.

Are there any recommended vaccines for children with perinatal HCV?

 There is currently no vaccine available for HCV. There are, however, vaccines for hepatitis A and hepatitis B. The Centers for Disease Control and Prevention (CDC) recommends all children receive the hepatitis A vaccine at one year of age and the hepatitis B vaccine at birth. Children infected with HCV should receive both the hepatitis A and hepatitis B vaccines to help prevent further liver complications.

What are some symptoms of children with perinatal HCV?

The majority of children with perinatal HCV infection will have mild or no symptoms. Approximately 80 percent of children with perinatal HCV will have minimal to no scarring of the liver (known as fibrosis) by age 18. Between 20 to 25 percent of children will experience more aggressive disease symptoms and can develop advanced scarring of the liver as early as 8 years of age. Symptoms that can occur among those with liver damage caused by HCV infection include fatigue, itchy skin, muscle soreness, nausea, stomach pain, loss of appetite, jaundice (yellowing of the skin or eyes), and dark urine.

