NEW YORK STATE OF OPPORTUNITY. Department of Health

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Dear Pediatric Providers:

The purpose of this letter is to inform providers caring for infants and children of the Centers for Disease Control and Prevention recommendations for hepatitis C testing among perinatally exposed infants and children. **The recommendations prioritize hepatitis C virus testing of all perinatally exposed infants at age 2 to 6 months with a nucleic acid test (NAT) for detection of hepatitis C virus.** This new recommendation for diagnostic hepatitis C ribonucleic acid (RNA) testing at age 2 to 6 months strongly endorses and facilitates early diagnosis and linkage to care for this priority population.

As part of New York State's Hepatitis C Elimination Plan practitioners caring for pregnant persons must order a hepatitis C screening test during each pregnancy beginning May 3, 2024. If the screening test is reactive, a hepatitis C ribonucleic acid test (RNA) must be performed to confirm diagnosis of current infection. This will enable the pregnant person to be referred for curative treatment and identify the newborn as perinatally exposed and linked to diagnostic testing. Nationally, rates of hepatitis C have risen among persons of reproductive age. Hepatitis C among the United States obstetric population rose nearly 10-fold over the last decade[1]. Pregnant persons with hepatitis C have a 6% chance of transmitting the virus to their baby[2]. That chance doubles in babies born to individuals who are coinfected with human immunodeficiency virus (HIV) and hepatitis C or who have high hepatitis C viral loads. Presently, most children with perinatally-acquired hepatitis C infection remain undiagnosed and are lost to follow up.

Testing:

In November 2023, the Centers for Disease Control and Prevention published, Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children — United States, 2023. The report introduced several new recommendations regarding the testing, treatment, and care of infants and children with perinatal hepatitis C exposure and acquired infection. The chart below was developed to assist with determining the appropriate hepatitis C screening for your patients.[3]

Child's Age	Lab Test	Lab Result	Recommended Action
2-6 months of age[*]	NAT for HCV RNA by PCR	Detected/Positive	Hepatitis C infection is detected. Refer child to a hepatitis C Specialist.
		Not Detected/Negative	Hepatitis C infection is not detected. No further testing needed.
7-17 months of age who have not been previously tested	NAT for HCV RNA by PCR	Detected/Positive	Hepatitis C infection is detected. Refer child to a hepatitis C Specialist.
		Not Detected/Negative	Hepatitis C infection not detected. No further testing needed.
≥ 18 months of age who have not been previously tested	Anti-HCV test with reflex to NAT for HCV RNA	Reactive/Positive	Past or present hepatitis C infection detected. Reflex to HCV RNA needed to determine infection status.
		Non-Reactive/Negative	Past or present hepatitis C infection is not detected. No further testing needed.

[*] *Testing before 2 months of age is not recommended.*

These recommendations will help to increase identification and treatment of children with perinatally acquired hepatitis C infection, improve health outcomes, and result in cost-savings to the health care system. We strongly encourage that providers immediately implement these testing recommendations.

Treatment:

Although direct-acting antiviral treatment is not approved for children aged <3 years, infected children aged <3 years should be monitored. Curative direct-acting antiviral therapy is approved by the Food and Drug Administration (FDA) for persons aged ≥3 years. Treatment recommendations can be found here: Hepatitis C Recommendations for Children.

Reporting:

Reporting of suspected, or confirmed, hepatitis C is mandated under the New York State Sanitary Code (10NYCRR 2.10). This includes people with a reactive or positive hepatitis C screening test and/or a detectable hepatitis C ribonucleic acid test (RNA). Reports should be made to the local health department in the county in which the person resides, and they must be submitted within 24 hours of diagnosis.

Elimination of hepatitis C:

Proper identification with recommended testing of infants and children with perinatal hepatitis C exposure or infection, and timely referral to care and curative treatment are critical to achieving the goal of hepatitis C elimination. For more information on New York State's Hepatitis C Elimination Plan, including the requirement to screen pregnant persons during each pregnancy, visit: New York State Hepatitis C Elimination

If you have questions about the new hepatitis C recommendations for perinatally exposed infants and children, please email phpp@health.ny.gov.

Sincerely,

Joseph Kerwin
Director
AIDS Institute

References:

[1]Arditi, B, Emont J, Friedman AM, D'Alton ME, Wen T. Deliveries among patients with maternal hepatitis C virus infection in the United States, 2000-2019. Obstet Gynecol. 2023; 141:828-36.

[2]Benova L, Mohammond YA, Calvert C, Abu-Raddad LJ. Vertical transmission of hepatitis C virus: systematic review and meta-analysis. Clin Infect Dis 2014; 59:765-73.

[3]Centers for Disease Control and Prevention. Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children – United States, 2023: https://www.cdc.gov/mmwr/volumes/72/rr/rr7204a1.htm.

Additional Resources:

- New York State Department of Health Hepatitis C Testing Information: New York State Department of Health Hepatitis C Testing Information
- Clinical Guidelines - Hepatitis C in Pregnancy: www.hcvguidelines.org/unique-populations/pregnancy
- Caring For Your Baby With Hepatitis C (Booklet)

Hepatitis Provider Training Resources:

- Clinical Education Initiative: www.CEITraining.org
- Empire Liver Foundation: www.empireliverfoundation.org