**Hepatitis C (HCV) Testing Guidelines for Infants and Children**

When determining which infants to test for HCV, several aspects need to be considered such as the duration of maternal infection, likelihood of reinfection, maternal treatment, adherence, and likelihood of seroconversion. Please use the algorithms below.

**Determining which newborns require follow-up HCV testing**

\*If there is concern for maternal infection (or reinfection) in the 2-4 weeks leading up to delivery (prior to seroconversion or after most recent RNA test) or if there is concern that seroconversion may not be possible (immunocompromised), then baby should undergo further testing via the algorithm on the next page.

**What to order in EPIC:**

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| --- | --- |
| **Spoken/Colloquial** | **Order in Epic** |
| “Maternal Serology” *or* “HCV IgG” | Hepatitis C IgG |
| “RNA Quant” *or* “Viral Load” *or* “HCV RNA” | PCR Hepatitis C Virus Qt |

**Additional recommendations while ruling out HCV infection:**

1. Patient should have own grooming kit (toothbrush, nail clippers, etc.)
2. Breastfeeding is safe unless mother has cracked/bleeding nipples.

Testing algorithm for a **child aged ≥2 months** who was born to a mother with **confirmed** (maternal HCV IgG+, RNA+), **probable** (maternal HCV IgG+, RNA unknown), or **possible** (sibling with same birth parent who has HCV, adopted child with risk factors, etc). Children <2 months old should not be tested because of false-negative results (RNA quant) and passive transfer of maternal antibody (HCV IgG).

**Box C.** Parents of perinatally exposed children aged ≥18 months with reactive HCV Ab tests and undetectable HCV RNA can be reassured that although there was likely perinatal HCV transmission, the child does not have current HCV infection and does not require further follow-up.

**Box A.** Parents of perinatally exposed children with undetectable HCV RNA aged ≥2 mo can be reassured that the child does not have perinatal HCV infection and does not require further follow-up. However, some clinicians obtain a second HCV PCR to confirm a negative result. If clinical symptoms, signs, or lab findings consistent with HCV appear later in childhood, retesting is reasonable because rare false-negative tests and postnatal acquisition of infection are possible.

**Box B.** Parents of perinatally exposed children aged ≥18 mo with nonreactive anti-HCV test results can be reassured that the child does not have perinatal HCV infection and does not require further follow-up.

**References:**

1. Panagiotakopoulos L, Sandul AL, et al. CDC Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children — United States, 2023. MMWR Recomm Rep 2023;72(No. RR-4):1–19. DOI: <http://dx.doi.org/10.15585/mmwr.rr7204a1>
2. Testing Recommendations for Hepatitis C Virus Infection | CDC. Published October 30, 2023. Accessed February 20, 2024. https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm