

Hepatitis C Virus (HCV) Risk Assessment Screening

The American Association for the Study of Liver Diseases (AASLD) recommends HCV testing for all pregnant women.

! Read the following list of statements to your patient. After reading the complete list of statements below, ask your patient if any of the following statements are applicable. If you patient states at least one of the below statements are true, **she should be tested for HCV.**

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

For more information

For more information, contact the Michigan Department of Health and Human Services' (MDHHS) Viral Hepatitis Unit.

MDHHS Viral Hepatitis Unit

- 2018 Perinatal Hepatitis C Toolkit 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

American College of OB/GYNs

- Hepatitis C in Pregnancy: www.acog.org/~media/For%20Patients/faq093.pdf



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Perinatal Hepatitis C

For Obstetrician-Gynecologists (OB/GYN)

This brochure contains information regarding perinatal hepatitis C, risk assessment screening, and testing recommendations in pregnant women.

What is perinatal hepatitis C?

The hepatitis C virus (HCV) is a blood-borne pathogen transmitted 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).

Why are women of childbearing age becoming a growing concern for HCV risk?

The number of women of childbearing age diagnosed with HCV is growing by the hundreds each year. This is most likely due to the rise of HCV infections in the young adult populations as a byproduct of the concurrent opioid epidemic. With the rise of HCV infection among women of childbearing age, there is an increasing concern of the risk of mother-to-child transmission.



Should I screen all my patients 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 initiation 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 spontaneous viral clearance.

What should I do when my patient reports a risk factor associated with HCV?

If a patient reports any risk factor associated with HCV infection, both the Centers for Disease Control

and Prevention (CDC) and the AASLD recommend testing for the presence of HCV antibody. If the antibody test is reactive or positive, an HCV nucleic acid test should be performed to confirm infection and differentiate past infection versus current or active infection. The Testing Guidance for HCV in Adults demonstrates the testing sequence recommended by the CDC for adults determined to be at risk for HCV infection (**Note: See the Recommended Testing Sequence for Identifying Current Hepatitis C Virus Infection flowchart below.**)

According to the AASLD, pregnant women with HCV infection should have their HCV RNA reevaluated after delivery to assess spontaneous viral clearance.

Can my HCV-infected patient be treated for her infection while she is 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.

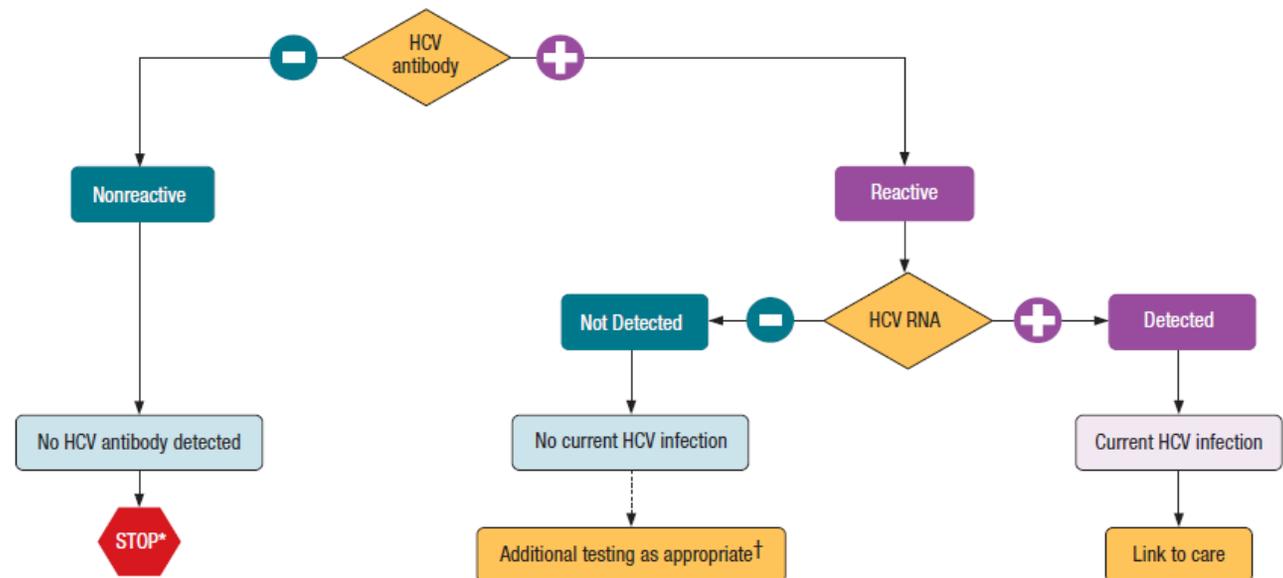
Are there ways to reduce the risk of HCV transmission?

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.

Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



* For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended. For persons who are immunocompromised, testing for HCV RNA can be considered.

† To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV antibody assay can be considered. Repeat HCV RNA testing if the person tested is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease, or if there is concern regarding the handling or storage of the test specimen.