CONGENITAL HEPATITIS C

LAB VALUES



TESTING

Every pregnant woman should be tested.

Assay tests to detect a previous or current infection for anti-hepatitis C virus (anti-HCV) include:

- Enzyme immunoassays (EIA)
- Chemiluminescent immunoassays (CIA)
- Immunochromatographic or rapid tests

Nucleic acid amplification testing (NAAT): a highly sensitive test for HCV RNA to diagnose current HCV infection.

- Recommended test during pregnancy

CURRENT INFECTION If no HCV test done during pregnancy but the person had a previous detectable NAAT without subsequent completion of hepatitis C treatment.

PROBABLE HCV INFECTION If a pregnant woman has a reactive anti-HCV and NAAT results are not available.

PROBABLE HCV INFECTION If no HCV test is available from pregnancy but the most recent anti-HCV test is reactive, no NAAT result available, and no history of hepatitis C treatment.

Infant exposed perinatally should be tested by NAAT at age 2-6 months to determine if HCV infection is present.

LAB RESULTS AND INTERPRETATION

ANTI-HCV	• Nonreactive = no HCV antibody detected. No further action needed. • Reactive = prior or current HCV infection. Next step = NAAT testing to identify a current infection.
NAAT	• Current infection = Any detectable HCV RNA, quantifiable or not ◦ **"Detected" = HCV RNA** is detectable at levels that cannot be quantified = current infection (i.e., "<25 IU/mL") • "Target not detected" = No HCV RNA is detectable, no infection

IF	• Anti-HCV reactive and HCV RNA detected = acute or chronic infection.
	  ◦ Provide appropriate counseling, care, and treatment.
	• Anti-HCV reactive and HCV RNA not detected = resolved HCV infection.
	  ◦ No further testing is required. Provide appropriate risk reduction counseling. With a significant HCV exposure history and concern for a false negative result, retest HCV RNA immediately.

ADDITIONAL LABS	• HCV genotype (if not previously obtained) • STI screening (HIV, syphilis, gonorrhea, chlamydia, and HBV)

References

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