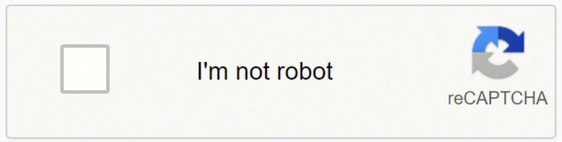

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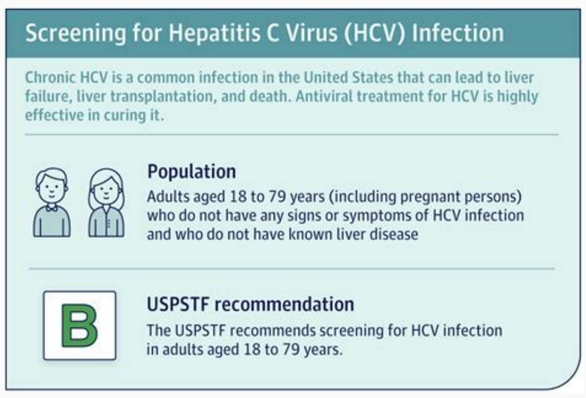
Hep c in pregnancy guidelines



CDC Testing Recommendations for Chronic Hepatitis C Virus Infection

Persons for Whom HCV Testing is Recommended

Adults Born During 1945 to 1965

HCV Testing Recommended for those who:

- Currently inject drugs
- Ever injected drugs, including those who injected once or a few times many years ago
- Persons with selected medical conditions, including persons
  - who received clotting factor concentrates produced before 1987
  - who were ever on long-term hemodialysis
  - with persistently abnormal alanine aminotransferase (ALT) levels
  - who have HIV Infection
- Were prior recipients of transfusions or organ transplants, including persons who
  - were notified they received blood from a donor who later tested positive for HCV infection
  - received a transfusion of blood, blood components, or organ transplant before July 1992

HCV Testing Based on a Recognized Exposure is Recommended for:

- Healthcare, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood
- Children born to HCV-positive women

Note: 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.

Interpretation of HCV testing

Test outcome	Interpretation	Further actions
HCV Antibody (Ab)-non-reactive	No HCV Ab detected	Sample can be reported as nonreactive for HCV antibody. No further action required. If recent exposure in person tested is suspected, test for HCV RNA.[a]
HCV Ab reactive	Presumptive HCV infection	A repeatedly reactive result is consistent with current HCV infection, or past HCV infection that has resolved, or biologic false positivity for HCV antibody. Test for HCV RNA to identify current infection.
HCV Ab reactive, RNA detected	Current HCV infection	Provide person tested with appropriate counseling and link person tested to care and treatment.[b]
HCV Ab reactive, RNA not detected	No current HCV infection	No further action required in most cases. If distinction between true positivity and biologic false positivity for HCV antibody is desired, and if sample is repeatedly reactive in the initial test, test with another HCV antibody assay. **In certain situations[c] follow up with HCV RNA testing and appropriate counseling.**

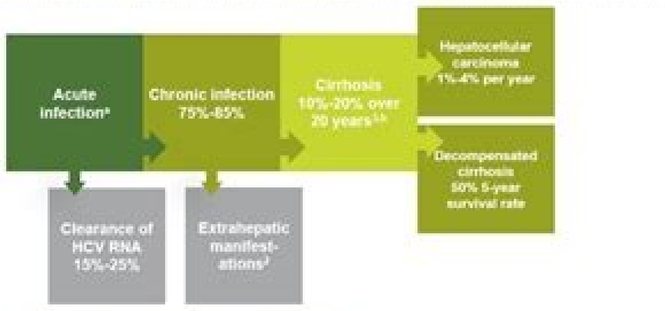
[a] If HCV RNA testing is not feasible and person tested is not immunocompromised, do follow-up testing for HCV antibody to demonstrate seroconversion. If the person tested is immunocompromised, consider testing for HCV RNA.
[b] It is recommended before initiating antiviral therapy to retest for HCV RNA in a subsequent blood sample to confirm HCV RNA positivity.
[c] If the person tested is suspected of having 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

1. CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. MMWR 2013;62(18). Accessed August 25, 2020. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6218a5.htm

Population	Recommended regimens	FDA approved?	Alternative regimens	FDA approved?
Genotype1 interferon eligible	Sofosbuvir 400 mg daily + PEG/RBV x 12 weeks	Yes	Simeprevir 150 mg daily + PEG/RBV x 12 weeks, then PEG/RBV x 12 weeks Genotype 1b or 1a without Q80K	Yes
Genotype 1 interferon ineligible	Simeprevir 150 mg daily Sofosbuvir 400 mg daily (with or without RBV) x 12 weeks	No	Sofosbuvir 400 mg daily + RBV x 24 weeks	Yes
Genotype 2	Sofosbuvir 400 mg daily + RBV x 12 weeks	Yes	None	
Genotype 3	Sofosbuvir 400 mg daily + RBV x 24 weeks	Yes	If interferon eligible: Sofosbuvir 400 mg daily + PEG/RBV x 12 weeks	No
Genotype 4 interferon eligible	Sofosbuvir 400 mg daily + PEG/RBV x 12 weeks	Yes	Simeprevir 150 mg daily + PEG/RBV x 12 weeks, then PEG/RBV x 12–36 weeks	No
Genotype 4 interferon ineligible	Sofosbuvir 400 mg daily + RBV x 24 weeks	No		
Genotype 5 or 6	Sofosbuvir 400 mg daily + PEG/RBV x 12 weeks	No	PEG/RBV x 48 weeks	Yes

for other treatment failure patients in **Figure 2** .

Natural history and pathophysiology of HCV[1]



[a]20% to 30% of individuals are symptomatic.
[b]In patients who have had hepatitis for 30 years, cirrhosis rates are estimated at 41%, almost 3 times higher than the rates predicted at 20 years' duration.[3]

1. Chen SL, Morgan TR. The natural history of hepatitis C virus (HCV) infection. *International journal of medical sciences*. 2006;3(2):47.
2. Cacoub P, Gragnani L, Comarmond C, Zignego AL. Extrahepatic manifestations of chronic hepatitis C virus infection. *Digestive and Liver Disease*. 2014 Dec 15;46 S165-73.
3. Westbrook RH, Dusheiko G. *J Hepatol*. 2014;61(1 suppl):S58-S68. Adapted from Chen SL, Morgan TR. *Int J Med Sci*. 2006;3(2):47-52.

Hep c guidelines. Can you be treated for hep c while pregnant. Can you give hep c to your unborn baby.

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"Exposure ³ to HCV within 6 months and negative antibody. The PCR (seroconversion may not ³ happened yet). HCV-positive pregnant women display for other sexually transmitted diseases³ including HIV, syphilis, gonorrhea, chlamydia and hepatitis B Virus treatment (HBV). "Treatment: HCV patients, including pregnant women, are advised to refrain from alcohol. One of the recommended antiviral therapies (second generation AAD³s) for HCV infection is currently approved for use in pregnant ³. Ribavirin is contraindicated in Pregnancy (embrylocidal and/ or teratogenic effects in all animal species studied). A.DAA regimen is only used in the establishment of a single trial or antiviral treatment is deferred to the postpartum period, as DAA regimen is not currently approved for use in pregnancy. Pethods To reduce vertical transmission³: invasive prenatal diagnostic tests are requested³ women are advised that data on the risk of vertical transmission³ are reassuring but limited; Amniocentesis is recommended on the sampling of single coriÃ ³ villi, given the lack of data on the delivery of the latter. It is not recommended to give the only indication ³ fetal monitoring to hcv.internal, the prolonged rupture of membranes and episiotomÃa should be avoided in the management ³ work in women with HCV positive .BreastFeating should not be discouraged. These people can pass the disease on to other people. Test babies consist of HCV RNA tests in or after 1 to 2 months or anti-HCV tests in or after 18 months of age.3,4 Women at increased risk for hepatitis C virus (HCV) should be tested with anti-hepatitis C virus Antibodies. Pregnant women with Ã, refrain from the alcohol regimens will only be used in the configuration of the investigation or deferred postpartumamniocentesis is recommended on the sampling of Villus Chorionic against the delivery cessation only for the indication of the Fetal Monitoring of hepatitis, The prolonged rupture of membranes and episiotomy. Episiotomy. Diagnosis / Definition: Ã, Acute: The first 6 months after exposure to HCV. Vaccines are manufactured from very small amounts of devil or dead agents that cause diseases (bacteria, toxins and viruses). An example is the pneumonia that occurs as a result of the flu. CHC is a leading cause of infection mortality by HCV.epidemiology / incidence: Ã, up to 8% of pregnant women are infected by the hepatitis C virus (HCV). In the United States, the prevalence Estimated prenatal infection by HCV is 1-2.5% .gestion: Ã, detection / analysis: detection of women who have a higher risk of HCV by detecting anti-HCV antibodies at their first prenatal visit. Ã, if the initial results are negative, the detection of HCV must be repeated later in pregnancy in women with persistent or new risk factors or intranasal illicit drugs). Contract universal screening during pregnancy at this time. Diagnosis of the infection by HCV depends on the detection of anti-HCV antibodies and antibody test against HCV RNA: Ã, a positive antibody test: active infection by HCV (acute or chronic), or past infection that has been Resolved, or false positive. Vaccination: The administration of a vaccine to help the body â € the natural immune system â € ™ developed protection against a disease. Asymptomatic, although it can cause progressive hepatic damage with serious consequences. Immunoglobulin Antihepatitis B (IGHB): Substance that is administered to provide temporary protection against infection by hepatitis B virus B. Human immunodeficiency virus (HIV): A virus that attacks certain body cells â € the system Immunologic Â ™. A complication can also occur as a result of a condition, such as pregnancy. The follow-up of this group to determine if the baby has hepatitis c be a difficulty. It represents most of the morbidity and mortality associated with HCV. Lost cells are replaced by scar tissue that affects the hepatic function. Asymptom in 75% of cases; When symptoms occur, they include abdominal pain, nausea, nauseous, jaundice, or discomfort. discomfort.

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