WASHINGTON STATE DEPARTMENT OF HEALTH

Provider Alert

Provider Alert: Increase in Perinatal Hepatitis C Infections

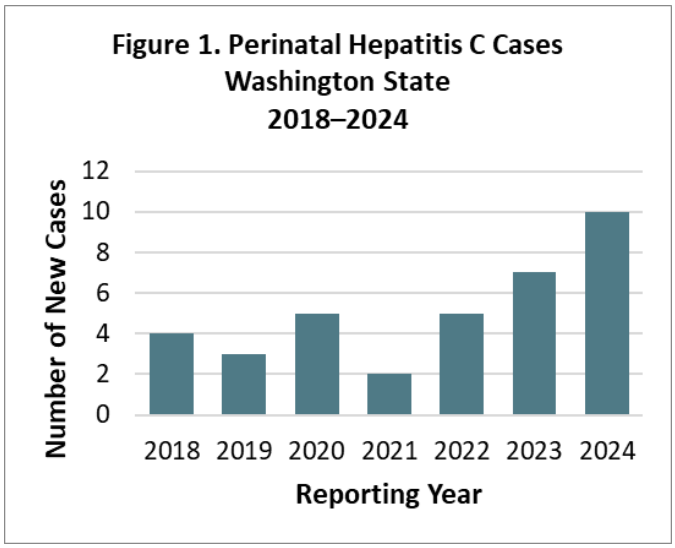
Date: June 17, 2026

This is a Provider Alert from the Washington State Department of Health (WA DOH) regarding an increase in reported perinatal hepatitis C virus (HCV) cases in Washington state.

Current Situation

Washington state is experiencing a concerning increase in HCV diagnoses among children between the ages of 2 months and 36 months (referred to as perinatal HCV).

In 2024, 10 perinatal HCV cases were reported to WA DOH, representing more than double the number of cases reported in previous years (Figure 1). 2024 is the most recent year for which finalized HCV surveillance data are available. From 2018–2022, an average of 4 cases of perinatal HCV were reported annually.



The Centers for Disease Control and Prevention (CDC) have reported a similar rise in cases of perinatal HCV nationally.

Perinatal HCV became a Notifiable Condition in Washington in 2018. Healthcare providers are required to report any cases of HCV diagnosed to their Local Health Jurisdiction.

Actions Requested

Healthcare providers in Washington are requested to do the following:

IDENTIFY/TEST

- **Screen pregnant persons for HCV during each pregnancy**, following CDC recommendations for Clinical Screening and Diagnosis for Hepatitis C.
- **Screen pregnant people more than once during pregnancy if they have ongoing risk for HCV:**
  - Injection drug use
  - Shared drug equipment (needles, syringes, etc.)

        - Regular exposure to medical procedures such as dialysis equipment
    - **Include pregnancy status when ordering HCV testing for pregnant patients** to support public health follow-up.
    - **Screen for HCV in perinatally exposed children** following CDC guidance for HCV Testing Among Perinatally Exposed Infants and Children:
        - Children should be screened for HCV if their birthing parent was either:
            - HCV RNA positive, or
            - HCV antibody positive with no RNA results available, during pregnancy or at delivery.
        - **Conduct the following screening testing depending on age:**
            - **Infants 2–6 months of age:** Nucleic acid testing (NAT) for HCV RNA
            - **Children 7–17 months of age (if not previously tested for HCV):** NAT for HCV RNA
            - **Children 18 months of age or older** (if not previously tested for HCV):
                - Conduct **HCV antibody testing (anti-HCV)**
                    - If HCV antibody testing is REACTIVE: NAT for HCV RNA
                    - If HCV antibody testing is NON-REACTIVE: No further testing needed.
                - **HCV antibody testing is NOT recommended in perinatally exposed children younger than 18 months** because maternal antibodies may persist until this age.

NOTIFY

- Washington state law (WAC 246-101-101) requires reporting of HCV to the patient's Local Health Jurisdiction:
    - **Perinatal HCV: Notify the Local Health Jurisdiction within 24 hours** of any children who test positive for HCV.
    - Refer to the WA DOH Notifiable Conditions Guidelines for Hepatitis C for more information on reporting HCV (including Acute, Chronic, and Perinatal HCV).

MANAGE/ADVISE

- **Linkage to care for pregnant persons:** Ensure HCV-positive pregnant persons are linked to HCV care.
    - Note: Direct-acting antiviral (DAA) therapy is not yet FDA-approved for use during pregnancy. Limited studies suggest DAAs are safe during pregnancy and breastfeeding/bodyfeeding, and treatment may be considered on an individual basis (Dutra & Fenkle, 2026; Chappell et al., 2025; Giles et al., 2025).
    - It is generally considered safe to begin treatment once the parent has given birth; many clinicians defer until breastfeeding/bodyfeeding is completed due to limited safety data.
    - Breastfeeding/bodyfeeding is not contraindicated during HCV infection unless nipples are cracked, damaged, or bleeding. For parents with HIV coinfection, infant feeding decisions should follow current DHHS Perinatal HIV Clinical Guidelines, which recommend patient-centered, shared decision-making for parents on antiretroviral therapy (ART) with sustained viral suppression during pregnancy and at delivery. Parents living with unsuppressed HIV should abstain from breastfeeding/bodyfeeding.
- **Linkage to pediatric care:** Ensure children who test positive for HCV RNA after 2 months of age are linked to pediatric specialists for ongoing evaluation and HCV management.
    - Note: DAA therapy to treat HCV is FDA-approved for those 3 years of age or older.
- **Comprehensive prenatal STI screening**: Recent increases in congenital syphilis and perinatal HIV have also been reported in Washington state. Due to overlapping social and structural determinants of health, individuals with HCV may also benefit from syphilis and HIV testing.

- According to the CDC's 2021 Sexually Transmitted Infections Treatment Guidelines, it is recommended that **all pregnant persons be screened for HIV and syphilis, in addition to HCV testing, as part of comprehensive prenatal care.**
- For pregnant persons with ongoing risk factors for infection (e.g., those who use drugs and share equipment), consider repeat testing for HCV, HIV and syphilis in the third trimester, at labor and delivery, and in the postpartum period.

Background

Hepatitis C is a liver infection caused by the hepatitis C virus (HCV). HCV is a blood-borne virus that can cause both acute illness and chronic infections. Chronic HCV is now treatable with direct-acting antiviral (DAA) oral medications. DAAs can clear HCV infections in 95% of patients who receive treatment. If left untreated, chronic HCV can lead to long-term complications, such as liver scarring, liver cancer, and death.
HCV is the most common chronic blood-borne infection in the United States and remains a public health concern nationally as in Washington state.

Perinatal hepatitis C refers to HCV infection in infants and young children whose only known exposure is a birthing parent with HCV infection. Perinatal HCV became a distinct Notifiable Condition in Washington State in 2018. HCV can be transmitted from a pregnant or birthing parent to their infant during pregnancy or delivery, resulting in perinatal infection. This occurs in approximately 5–7% of infants born to pregnant or birthing parents with HCV infection. Although most perinatal infections are asymptomatic in infancy, chronic infection can lead to liver disease and, in rare cases, progress to fulminant hepatitis. From 2018–2024, there were a total of 36 reported perinatal HCV infections among infants and young children living in Washington state.

Resources

For more information about hepatitis C in young children and pregnant people, please visit:

Provider Consultation Resources

- **UW:** University of Washington Maternal-Fetal Medicine in Obstetrics & Gynecology is accepting referrals from providers for pregnant people with HCV who are interested in treatment during pregnancy. Tele-health and co-management of patients are available.
- **UW:** Viral Hepatitis Project ECHO, University of Washington (PDF), weekly telemedicine clinics to mentor providers in the treatment and management of hepatitis B and hepatitis C. Note that there are no pediatricians available on the panel of consulting physicians.
- **UCSF:** National Clinician Consultation Center, includes consultation on pregnancy and pediatrics
- **MultiCare:** Mary Bridge Children's - Specialty Referral with a physician line for Gastroenterology & Hepatology consultation
- **Seattle Children's:** Community Provider Resources for Questions and Consultations (PDF)
- **Providence:** Sacred Heart Children's Hospital - Pediatric Gastroenterology

Other Provider Resources

- **WA DOH:** Perinatal Hepatitis C – Tips for Healthcare Providers (PDF)
- **UW:** Hepatitis C Online Course | University of Washington
  - HCV Testing for Infants and Children Exposed to HCV
- **AASLD/IDSA:** Guidance for Testing, Managing, and Treating Hepatitis C | American Association for the Study of Liver Diseases (AASLD)/Infectious Diseases Society of America (IDSA)

    - HCV in Pregnancy
    - HCV in Children
- **ACOG:** Viral Hepatitis in Pregnancy | American College of Obstetricians & Gynecologists (ACOG)
- **CDC:** Hepatitis C Resources for Health Care Professionals
- CDC Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children — United States, 2023 | MMWR
- **CDC:** Recommended Testing Algorithm for Identifying Current Hepatitis C Virus Infection (in Adults) (PDF)
- **CDC:** Interpretation of Results of Tests for Hepatitis C Virus Infection and Further Actions (in Adults) (PDF)
  Academy of Perinatal Harm Reduction
- **NIH:** National Library of Medicine | Clinical Trials, recruiting, upcoming, completed, and terminated clinical trials of hepatitis C, using "pregnancy" as part of a keyword search

Patient Resources

- **WA DOH:** Hep C Hub
    - Should You Get Tested for Hepatitis C? (PDF)
    - Hepatitis C & Pregnancy (PDF)
- **CDC:** Testing for Hepatitis C

Contact

To report cases of HCV, or for any other questions, please contact your Local or Tribal Health Jurisdiction, as appropriate.

If you received this alert in physical form, visit **https://doh.wa.gov/public-health-provider-resources/washington-health-alert-network** to download the PDF and access hyperlinks/URLs.