



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

March 2024

Dear Obstetrics and Gynecology Providers:

An estimated 2.2 million persons nationally and 116,000 New Yorkers are infected with hepatitis C. Forty percent of persons living with hepatitis C do not know it. **Nationally, rates of hepatitis C have risen among persons of reproductive age. Hepatitis C among the United State obstetric population rose nearly 10-fold over the last decade.** Pregnant persons with hepatitis C have a 6% chance of transmitting the virus to their baby. That chance doubles in babies born to individuals who are coinfecting with human immunodeficiency virus and hepatitis C or who have high hepatitis C viral loads. Infection with hepatitis C can result in adverse fetal outcomes.

The purpose of this letter is to inform obstetrics and gynecology providers and other practitioners caring for pregnant people of the new hepatitis C screening requirement for all pregnant people in New York State. The new requirement includes:

- Every physician or practitioner caring for a pregnant person shall order a hepatitis C virus screening test.
- If the screening test is reactive, a hepatitis C ribonucleic acid test (RNA) must be performed on the same specimen, or a second specimen collected at the same time as the initial hepatitis C screening test specimen, to confirm diagnosis of current infection.
- Pregnant persons with a detectable hepatitis C ribonucleic acid test are offered follow-up hepatitis C health care and treatment or are referred to a health care provider who can provide follow-up hepatitis C health care and treatment.
- The physician or practitioner caring for the pregnant person shall record the hepatitis C test results prominently in the pregnant person's medical record at or before the time of hospital admission for delivery.

This requirement will go into effect on May 3, 2024. The requirement aligns with the [Centers for Disease Control and Prevention](#) and [U.S. Preventive Services Task Force](#) hepatitis C screening recommendations for adults and pregnant persons. This recommendation is also endorsed by the [American Academy of Obstetrics and Gynecology](#).

Testing for hepatitis C infection requires two laboratory tests. The first test screens for hepatitis C antibodies. If this initial hepatitis C antibody test is reactive, it must be immediately followed with a hepatitis C ribonucleic acid confirmatory test on the same or a second specimen collected at the same time. If hepatitis C virus is detected, active hepatitis C infection is confirmed. To ensure the complete and timely diagnosis, hepatitis C reflex testing is recommended to ensure that the hepatitis C ribonucleic acid test is performed following all reactive hepatitis C antibody screening tests. Reflex testing allows active hepatitis C infection to be confirmed or excluded with a single test order, obviates the need for the patient to return for follow-up testing,

expedites identification of persons with current hepatitis C infection, and allows for prompt linkage to hepatitis C care and treatment.

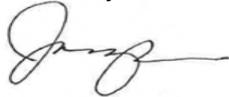
The development of newer and simpler direct-acting antivirals allows for more than 95% of patients to be cured. While direct-acting antivirals have not yet been approved by the Food and Drug Administration for use during pregnancy, studies are ongoing to assess the safety and efficacy of direct-acting antivirals in pregnant people. Treatment can be considered during pregnancy on an individual basis after a patient-physician discussion about the potential risks and benefits.

Testing during pregnancy also allows for identification of infants who should receive testing at a pediatric visit. Therefore, it is important that the hepatitis C status of each pregnant person is communicated in a timely manner to the pediatrician. Testing of exposed infants consists of hepatitis C ribonucleic acid testing at age 2-6 months of age. Although direct-acting antiviral treatment is not approved for children aged <3 years, infected children aged <3 years should be monitored.

When reporting any hepatitis C case in a pregnant person to the local health department, providers should indicate the pregnancy status of the individual.

Finally, this new hepatitis C screening requirement will allow [New York State to eliminate hepatitis C](#) as a public health problem by 2030. If you have questions about the new hepatitis C screening requirements email hepatabc@health.ny.gov

Sincerely,



Joseph Kerwin
Director
AIDS Institute

Resources:

[Test4HEPC Campaign Materials for Pregnant People and Providers](#)

[New York Cures Hep C Campaign Materials](#)

[New York State Department of Health Viral Hepatitis Web Resources](#)

[New York State Department of Health AIDS Institute Clinical Education Initiative](#)

[Hepatitis C Screening During Pregnancy Provider Toolkit](#)

[Guidance on Hepatitis C Reflex Testing](#)

[New York State Department of Health Guidelines on the Management and Treatment of Hepatitis C](#)

References

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