Figure 4-3. Process for perinatal hepatitis C case ascertainment and classification

Receipt of provider or other report of hepatitis C virus (HCV) infection in a person 2-36 months of age* → Contact provider to obtain laboratory report(s) indicating HCV infection → Receipt of HCV laboratory report(s) in a person 2-36 months of age*

Positive HCV antibody AND no HCV detection test† reported → Recommend HCV detection (e.g., HCV RNA) testing to provider to confirm infection → Positive HCV antibody and negative HCV detection test†

No HCV detection test† performed to confirm infection → Perinatal exposure?

Unknown, no other known exposure → Confirmed perinatal hepatitis C case

No → Assess if patient meets acute or chronic hepatitis C case definition → Confirmed perinatal hepatitis C case

Yes → Confirmed perinatal hepatitis C case

*Test results among infants <2 months of age should not be used for classification. Cases among children <36 months of age who are known to have been exposed to HCV through health care or otherwise, and not perinatally, should be reported under the 2020 acute and chronic hepatitis C case definitions.

†HCV detection testing includes nucleic acid testing (NAT) for HCV RNA (including qualitative, quantitative, and genotype testing) or testing indicating the presence of HCV antigen. At present, no HCV antigen tests are approved by the US Food and Drug Administration (FDA). These tests will be acceptable laboratory criteria, equivalent to HCV RNA testing, when an FDA-approved test becomes available.