



**Table 4-3. Considerations for hepatitis C cases who were organ (or tissue) transplant recipients\***

Organ Recipient Pre-Transplant Laboratory Result <sup>†</sup>	Organ Recipient Post-transplant Laboratory Result <sup>†</sup>	Case Classification
Positive HCV antibody (anti-HCV) <b>AND</b> positive HCV detection test <sup>‡</sup>	Positive anti-HCV <b>AND</b> positive HCV detection test <sup>‡</sup>	Should not be considered a new case due to organ transplant, but rather an infection documented prior to transplant <sup>§</sup> . To determine whether this case should be considered newly reported, follow <a href="#">Figure 4-2</a> .
Positive anti-HCV with evidence of cure according to AASLD/IDSA hepatitis C treatment guidelines <sup>(92)</sup>	Positive anti-HCV <b>AND</b> positive HCV detection test <sup>‡</sup>	Should be classified as an acute infection due to reinfection according to the CDC/CSTE case definition <sup>(14)</sup> and investigated with three major hypotheses in mind: <ul style="list-style-type: none"> <li>• donor-derived transmission</li> <li>• transmission related to recipient risk behaviors or exposures</li> <li>• health care-associated transmission</li> </ul> CDC's Division of Viral Hepatitis might already have been notified about the investigation and is available for consultation.
Negative anti-HCV <b>AND</b> negative HCV detection test <sup>‡</sup>	Positive anti-HCV <b>AND</b> positive HCV detection test <sup>‡</sup>	Should be classified as an acute infection according to the CDC/CSTE case definition <sup>(14)</sup> and investigated to identify the source of transmission with 3 major hypotheses in mind: <ul style="list-style-type: none"> <li>• donor-derived transmission</li> <li>• transmission related to recipient risk behaviors or exposures</li> <li>• health care-associated transmission</li> </ul> CDC's Division of Viral Hepatitis might already have been notified about the investigation and is available for consultation.
No prior HCV laboratory results <sup>§</sup>		

\*It is recommended that donors undergo anti-HCV and HCV RNA testing prior to organ procurement<sup>(67)</sup>. If donors are negative for HCV RNA, transmission is considered “unexpected.” Transmission has occurred from donors who were infected/re-infected shortly before death; in this scenario, transmission to the recipient occurs during the “window period”<sup>(66)</sup>.

<sup>†</sup>Because of the large number of tests performed on recipients, irreproducible positive results are sometimes reported. Investigators should review all results in context. CDC's Division of Viral Hepatitis is available for consultation.

<sup>‡</sup>The 2020 Public Health Service (PHS) guidelines recommend testing all organ recipients for anti-HCV and HCV RNA pre-transplant and for HCV RNA at 4–5 weeks post-transplant<sup>(67)</sup>.

<sup>§</sup>If the pre-transplant genotype differs from that observed post-transplant, consider investigating as if the infection is newly acquired.

<sup>¶</sup>All recipients should be tested pre-transplant for anti-HCV and HCV RNA. If the recipient has not been tested appropriately pre-transplant, consider contacting the transplant center to promote awareness of the 2020 PHS guidelines.

References:

14. Council of State and Territorial Epidemiologists. Position statement 19-ID-06: Revision of the case definition for hepatitis C. Available at: [https://cdn.ymaws.com/www.cste.org/resource/resmgr/2019ps/final/19-ID-06\\_HepatitisC\\_final\\_7..pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/2019ps/final/19-ID-06_HepatitisC_final_7..pdf). Accessed on January 16, 2020.

92. American Association for the Study of Liver Diseases/Infectious Diseases Society of America. HCV guidance: recommendations for testing, managing, and treating hepatitis C. Available at <https://www.hcvguidelines.org/>. Accessed January 16, 2020.