Management of Chronic Hepatitis C Virus (HCV) Infection in Children (*for health care professionals*)

Who should be screened?

- Infants born to HCV-infected mothers. The risk of transmission from mother to baby is doubled if the mother is co-infected with HIV (from 5-6% to 10-11%).
- Children and adolescents with the suspicion of chronic hepatitis.
- Adolescents with high risks, such as intravenous drug use, or in populations with a high prevalence of the infection.
- Pregnant women should be screened for HCV infection at least once during each pregnancy.

Which tests should be used in patients with maternal HCV infection?

- Anti-HCV antibody in patients aged ≥ 18 months. If positive, follow this with HCV RNA to confirm active infection.
- Nucleic acid test for HCV RNA in infants aged 2 to 6 months

Is breastfeeding safe for the baby of an HCV-infected mother?

- Breastfeeding is considered safe in HCV-positive mothers unless there are cracked or bleeding nipples or if the mother is co-infected with HIV.

Whom to treat

- All children and adolescents with chronic HCV infection aged ≥3 years

When to treat

- Regardless of any disease activity

How to treat

- Using approved direct-acting antivirals (DAAs)

Regimen	**Genotype**	**Duration (weeks)**
Glecaprevir/pibrentasvir	1-6	8
Sofosbuvir/velpatasvir	1-6	12
Ledipasvir/sofosbuvir	1,4,5,6	12
Sofosbuvir/daclatasvir	1-6	12 or 24*

*Treatment for 12 weeks if no cirrhosis, 24 weeks if treatment-experienced or with compensated cirrhosis

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How to monitor after the treatment

- HCV RNA (quantitative or qualitative nucleic acid test) to evaluate sustained virologic response at 12 weeks after the end of treatment.

What is the efficacy and cost-effectiveness of DAAs?

- High efficacy; reported with SVR12 of >95%
- Cost-effective in children

What is the safety of DAAs?

- Rates of serious adverse events and treatment discontinuation of <1%.

References

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