Perinatal Hepatitis C Case Management Protocol

Division of Public Health | Adult Viral Hepatitis Unit
P-03772 (03/2026)

WISCONSIN DEPARTMENT of HEALTH SERVICES

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Introduction

Hepatitis C is a condition caused by the hepatitis C virus (HCV). In Wisconsin, there are an estimated 47,000 people living with HCV, which is a leading cause of morbidity and mortality related to liver cirrhosis, hepatocellular carcinoma, and bile duct carcinoma.

HCV is transmitted through blood contact. Common exposures for HCV include sharing supplies for injecting drugs, needlesticks, and sharing personal care items with someone who is HCV RNA-positive. HCV can also be transmitted from a pregnant parent to their infant; this is called perinatal or vertical transmission. About 6% of infants perinatally exposed to HCV go on to develop a hepatitis C infection. According to the American Association for the Study of Liver Diseases, between 25% and 40% of perinatal HCV infections will spontaneously clear, usually by age 2 years old. However, after the age of 2 years old, spontaneous viral clearance before the age of 19 drops to 6—12%.

Direct-acting antivirals (DAAs) are available to many people with hepatitis C. These medications are taken orally for 8–12 weeks, have minimal side effects, and can cure hepatitis C for more than 95% of patients.

DAAs are not cleared by the United States Food and Drug Administration (FDA) to be prescribed to pregnant people or infants under the age of 3 years old. The best way to prevent perinatal HCV transmission is to treat people prior to becoming pregnant. **In the event of possible perinatal transmission, it is critical to retain the birthing parent in care, connect them to treatment as soon as possible after breastfeeding is completed, and ensure their infant is tested for HCV and referred to treatment at the appropriate time.**

The Centers for Disease Control and Prevention (CDC) recommends that everyone 18 years and older be screened for hepatitis C using an HCV antibody test at least one time. Pregnant people should be screened at least once during each pregnancy, and more often if exposure factors are present. Perinatally-exposed infants should be tested for HCV RNA no earlier than 2 months of age, or for HCV antibodies no earlier than 18 months of age. If children are tested for HCV antibodies before 18 months of age, the test may detect maternal HCV antibodies as opposed to the child's own antibodies.

The CDC's Division of Viral Hepatitis has identified eliminating perinatal HCV as a key step in viral hepatitis elimination by 2030. To accomplish this in Wisconsin, several surveillance and case management activities are being implemented, including:

- Ensuring perinatally-exposed infants are tested at the appropriate time using contact investigations (CIs) to initiate case management.
- Connecting HCV-positive parents and their children to HCV treatment.

The Wisconsin Department of Health Services (DHS) Adult Viral Hepatitis Unit (AVHU) will use a combination of Wisconsin Electronic Disease Surveillance System (WEDSS) and Vital Records data to accomplish these activities in a voluntary pilot project.

Introduction: Key takeaways

- Hepatitis C is a bloodborne infection that can be spread during pregnancy or childbirth, called vertical or perinatal transmission.
- The CDC recommends every pregnant person be screened for HCV at least once during each pregnancy.
- The CDC recommends that infants perinatally exposed to hepatitis C be tested using a HCV RNA test at 2–6 months of age, or with an HCV antibody test at 18 months of age (followed by a reflex RNA test if antibody is reactive).
- Hepatitis C treatment is not recommended for pregnant people. Treatment is an 8–12-week oral regimen with minimal side effects that cures HCV in more than 95% of cases.
- Hepatitis C treatment is not recommended for children under the age of 3 years old.
- Since CDC screening recommendations have not been broadly adopted by all health care systems across Wisconsin, DHS has developed a voluntary pilot project to encourage hepatitis C screening among pregnant people and young children who may have been perinatally exposed.

Reasoning for protocol

Based on surveillance data, health care systems and providers may not be screening all pregnant people for hepatitis C and may not routinely be testing perinatally exposed infants at the recommended intervals with the recommended type of tests.

This voluntary pilot project identifies families who would have benefited from screening and educates them and their providers on the importance of hepatitis C testing. Since testing infrastructure has been slow to develop, this project will include a passive surveillance step: the AVHU-led identification of children with suspected exposure to hepatitis C using WEDSS and Vital Records data, and the creation of Contact Investigations (CIs) within WEDSS to facilitate case management and follow-up. The CIs represent children with a suspected, but not confirmed, exposure to hepatitis C.

The AVHU has a goal to increase provider education at all stages of pregnancy, so this protocol also includes an active surveillance component: contacting OB/GYN providers of patients who are known to be pregnant and who have positive hepatitis C testing, as identified in WEDSS.

Expectations

This protocol describes an AVHU-created voluntary pilot project. It is optional for local and Tribal health departments (LTHDs) to participate. DHS recommends that LTHDs utilize this protocol if they choose to participate in the project. The protocol and pilot program are not mandatory, and DHS is not providing medical advice in either. However, if a jurisdiction decides to participate in the voluntary pilot project, DHS requests that they follow the guidelines in this protocol. Also, LTHDs may choose not to investigate some or all of the CIs that are sent to their jurisdiction. This choice will not be penalized by either DHS or the CDC. The AVHU will ensure questions are answered and as much information as possible is available in each CI.

As Public Health Authorities, the AVHU and LTHDs are allowed to conduct these investigations without violating the Health Insurance Portability and Accountability Act (HIPAA) (see below). However, because these CIs do not contain any laboratory results, they are not required to be reported to the CDC and are not subject to the same case closeout deadlines as disease investigations (DIs).

This protocol contains both abbreviated and more in-depth instructions for both active and passive perinatal HCV case investigation**. If you have a question and the Investigation Checklists do not answer it, please review the detailed instructions in the Appendix on page 22.**

Reasoning for protocol: Key takeaways

- Not all health care systems screen every pregnant person for HCV once during each pregnancy, or screen potentially exposed infants at the CDC-recommended time and with the recommended tests.
- There are many parents and young children in Wisconsin who would benefit from HCV screening, but who have not received it.
- The passive surveillance component of this project starts with the AVHU identifying children who would benefit from HCV screening, based on Vital Records and WEDSS data for both them and their birth parent.
- The active surveillance component provides guidance when a pregnant person with positive HCV testing is identified.
- This is a pilot project. LTHDs are invited, but not required, to participate. The LTHD's decision, actions, and involvement with the pilot project will not be penalized by DHS or CDC. The protocol and pilot program are not mandatory, and DHS is not providing medical advice in either.

If you have a particular question and the investigation checklists do not answer it, please review the detailed instructions in the Appendix on page 22.

Public health authority letter

The Public Health Authority Letter exempts DHS, Division of Public Health from the HIPAA requirement defined in section 45 C.F.R. § 164.512(b). LTHDs may use this letter to inform health care staff of the type of information that may be shared in a public health investigation. The letter template can be found on the PCA Portal under the "Communicable Disease" section and is titled "Document C HIPAA Relative to State Law EIA Approved 121619v."

If the individual has a hepatitis C, perinatal contact investigation, turn to Page 8.

If the individual is a pregnant person with positive HCV testing, turn to Page 15.

Perinatal CI case prioritization cascade

CI Creation in WEDSS

The AVHU uses Vital Records and hepatitis testing data in WEDSS to create perinatal hepatitis C CIs for infants whose birth parents may not have completed hepatitis C RNA testing during pregnancy or at the time of delivery. The AVHU sets the CI to the correct jurisdiction and places a note in the Investigation tab of each CI in WEDSS to guide prioritization.

CI Prioritization

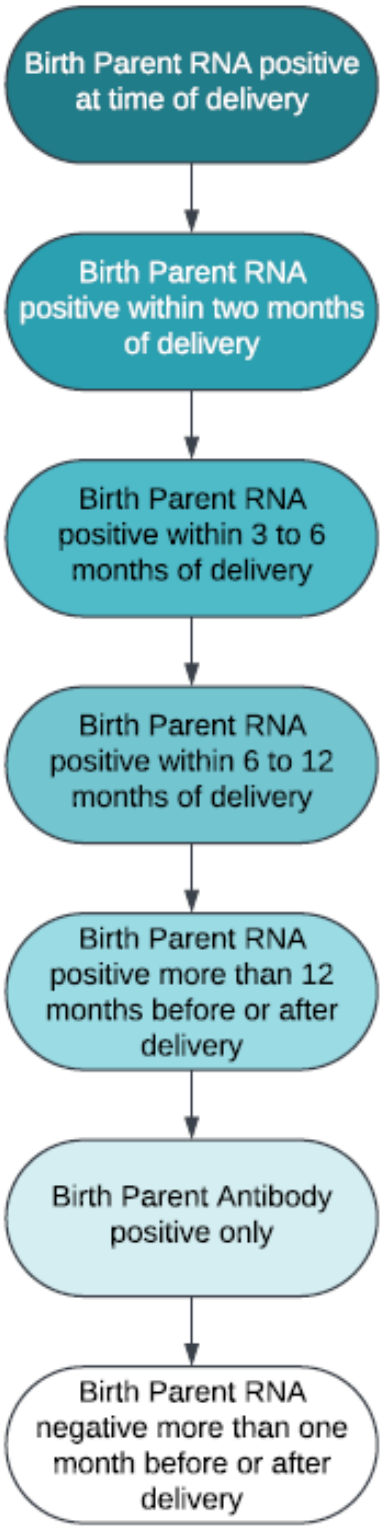
The AVHU uses the tiers in the figure to the right, sorted from highest to lowest priority.

Highest: Children whose birth parent was hepatitis C RNA positive at the time of delivery.

Children whose birth parent was hepatitis C RNA positive several months before or after delivery.

Lowest: Children whose birth parent does not have RNA testing (antibody positive only), and children whose birth parent was hepatitis C RNA negative more than one month before or after delivery.

LTHDs may always choose whether to investigate any CIs based on priority level or staff capacity. This priority cascade is meant to provide a recommendation for LTHDs and guidance for state staff.



Perinatal contact investigation checklist

Upon receiving a perinatal hepatitis C CI, LTHD staff are recommended to:

- ☐ **Search WEDSS for any HCV results that may have resulted since the CI was created.** Staff may also review the birth parent's HCV testing history using the linked DI on the Investigation tab of the infant's CI.
- ☐ **Identify the child's primary care provider (PCP) and/or guardian.** The AVHU will identify these contacts using the Wisconsin Statewide Health Information Network (WISHIN) and will put this information in the Investigation Tab.
- ☐ **Contact PCP and/or guardian.** This can be done via phone call or the Request for Testing or Re-Testing Letters (see page 9). Based on LTHD staff feedback, the AVHU recommends contacting the infant's PCP first. It may be difficult to identify a child's current guardian without additional context, while their PCP may have that information on file. The PCP can also use the relationship they've established with their patient's family to guide a discussion around hepatitis C testing.
- ☐ **Share with PCP or guardian that the child would benefit from hepatitis C testing.** There is no need to mention that the infant may have been perinatally exposed, only that there may be risk for hepatitis C exposure.
- ☐ **Share the CDC's screening guidelines with PCP or guardian.** Infants should be screened with a hepatitis C antibody test no earlier than 18 months of age, and they should be tested using a hepatitis C RNA test no earlier than 2 months of age. Every adult should be screened for hepatitis C at least once in their lifetime, and once during each pregnancy. Share fact sheets and CDC recommendations found on page 17.
- ☐ **Once the child's provider tests them, and results are available in WISHIN or the child's Electronic Health Record, upload them to the WEDSS Filing Cabinet for the child's CI.**
- ☐ **If PCR is positive for HCV RNA, contact PCP to put a note in the child's chart that the CDC and American Association for the Study of Liver Diseases recommend hepatitis C treatment at 3 years old. Contact the guardian to discuss treatment options.**
- ☐ **Send the CI to the AVHU when test results have been received and WEDSS documentation is complete, or in cases of loss to follow-up (see Appendices A and B).**
- ☐ **Contact the AVHU with any questions: DHSDPHHCVSurveillance@dhs.wisconsin.gov.**

Sharing perinatal exposure with children's providers

LTHD staff are not required to share that a child was perinatally exposed to hepatitis C with anyone, including the child's provider. However, several jurisdictions have shared that disclosing this information is beneficial for health care providers to have the clearest clinical picture of their patients' exposure. It also facilitates the provider's conversation with the child's guardian(s). Much like disclosing perinatal hepatitis B virus (HBV), human immunodeficiency virus (HIV), or sexually transmitted infection (STI) exposure, sharing perinatal HCV exposure in a confidential manner with a child's provider improves that provider's ability to give their patient the highest possible quality of care. Sharing information on the child's birth parent's hepatitis C diagnosis, including how they may have been exposed to HCV, is not required for their child's hepatitis C testing. Consequently, any information beyond the birth parent testing positive for hepatitis C within a specific window of delivery should not be disclosed. If providers still have questions or concerns with ordering HCV testing for children, they can be referred to the AVHU (see email on page 8).

Request for infant or child testing letter

Letter templates that LTHD staff can use to recommend hepatitis C testing for infants who may have been exposed, either perinatally or via some other mechanism, but for whom testing has not yet been completed are available on the PCA Portal. They can be found under the "Communicable Disease" section, with the names "Request for Hepatitis C Testing in Infant_Child" and "Request for Hepatitis C Re_Testing in Infant_Child." LTHDs may use the letter templates as they are provided on the PCA portal or modify them to fit their jurisdiction's needs.

Perinatal case investigation talking points

LTHD staff may use these talking points to guide their conversations with providers and/or guardians. Because there may be differences between provider and guardian knowledge of hepatitis C, the AVHU has made some specific language suggestions based on public health nurse experience. **Suggestions for provider-specific language will be bolded**:

Good morning/afternoon, my name is [NAME]. I am calling from [HEALTH DEPARTMENT]. Our state health department is conducting a voluntary project to identify families that would benefit from hepatitis C screening and to share the current testing recommendations from the CDC. Based on data that the state health department has collected from the Wisconsin Electronic Disease Surveillance System (WEDSS) and Vital Records, it's possible that [CHILD'S NAME] was exposed to hepatitis C at some point in the past.

For providers: [CHILD'S] birth parent was positive for hepatitis C [NUMBER OF MONTHS BEFORE OR AFTER] [CHILD] was born.

We'd like to share the CDC's recommendations for screening for hepatitis C:

- Infants can be tested for hepatitis C using a hepatitis C RNA test at 2 months of age or older.
- Children can be tested for hepatitis C using a hepatitis C antibody test at 18 months of age or older.
- Everyone over the age of 18 years old should be screened for hepatitis C using an antibody test at least once in their life. Antibody testing can tell if a person has ever been exposed to the hepatitis C virus. Pregnant people should be screened for hepatitis C at least once during each pregnancy.

For providers: We'd like to recommend that a note is placed in [CHILD'S] chart so that hepatitis C screening can be discussed at their next appointment. Our team can help provide education on hepatitis C to [CHILD'S] family and follow up on any positive test results. Would you or your team be willing to place an order for a [HEPATITIS C ANTIBODY OR HCV PCR] test for this patient?

Question: How could this child have been exposed to hepatitis C?

Answer: According to the CDC, Hepatitis C is spread from blood-to-blood contact. This can happen several ways: When blood from one person's wound accidentally enters another person via a cut or other wound, during pregnancy or childbirth, or when personal care products are shared that may have small amounts of blood on them like toothbrushes or razors. To ensure everyone's privacy, I cannot share the exact way that [CHILD] may have been exposed, but this also means that [CHILD]'s information is protected.

For providers: We are not at liberty to share the exact method(s) of potential transmission for this individual. They were identified as potentially benefiting from hepatitis C testing based on Vital Records and data from the Wisconsin Electronic Disease Surveillance System.

Question: Why am I learning of this potential exposure now, when the child is already several months or years old? Why wasn't this addressed earlier?

Answer: The Wisconsin Department of Health Services started this voluntary project in 2024. The CDC released their screening recommendations for pregnant people in 2020, but much of the work to put these recommendations in place was delayed by the COVID-19 pandemic. Completing the data steps to identify children who may benefit from screening was delayed by the pandemic as well. In short, we are communicating the potential exposure to you as we learn about it.

Question: This child was already tested for hepatitis C and was negative. Do they need to be tested again?

Answer: That depends. If they were tested using any test at less than 2 months of age, the CDC recommends that they be tested again. If they were tested for HCV antibodies at less than 18 months of age, the CDC recommends that they be tested again. If they were tested for HCV antibodies at 18 months of age or older and the test was reactive, they should be tested with an HCV PCR test to show if they have an active infection.

Question: The child was screened for hepatitis C using the correct test at the appropriate timing window, and their results were negative. Is there anything else I need to do?

Answer: Please send those test results to DHS, so we have a record that this child was negative for hepatitis C. We will store those results in our secure database, the Wisconsin Electronic Disease Surveillance System.

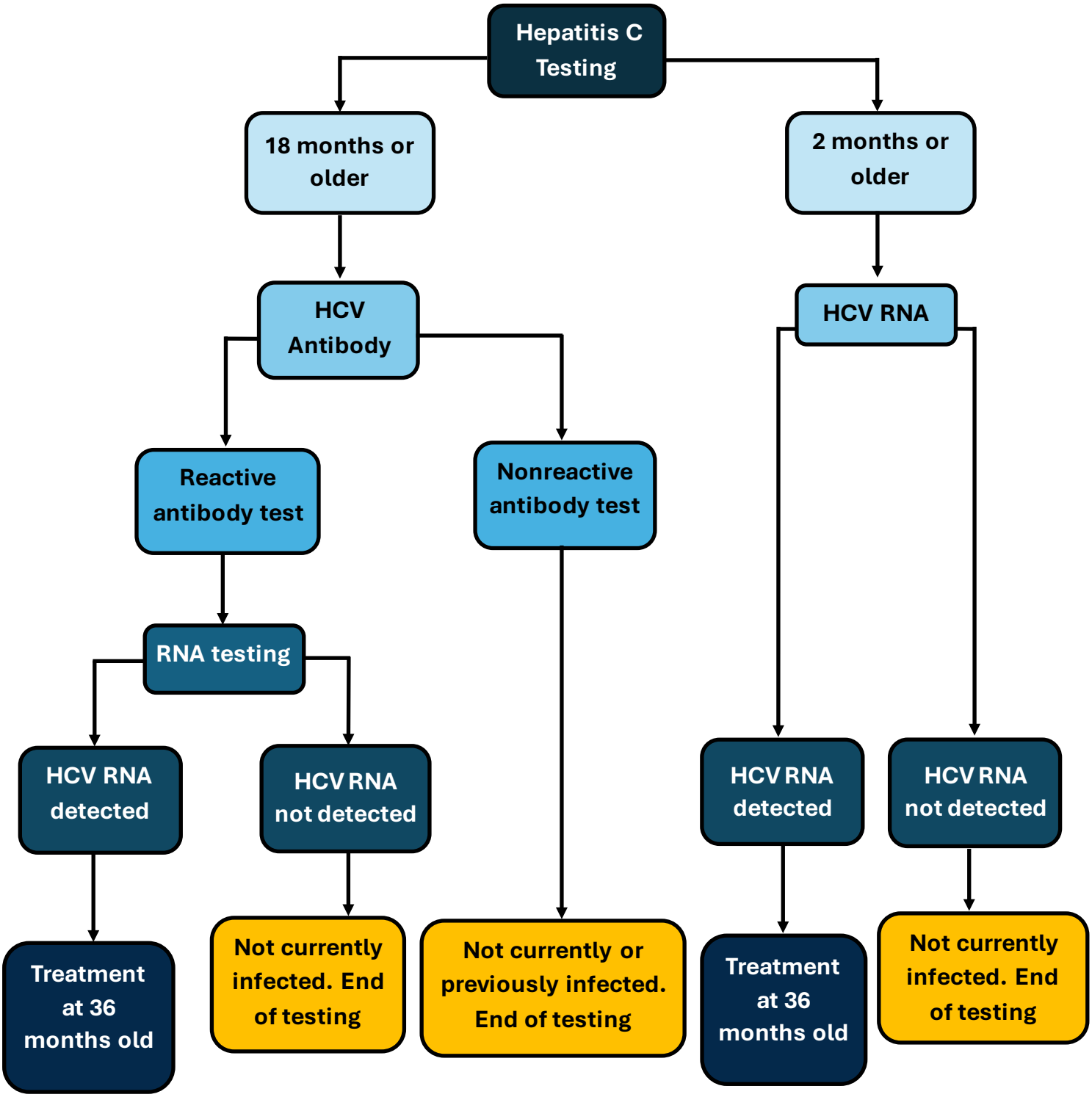
Question: What if the child tests positive for hepatitis C?

Answer: If they are more than 3 years old, they can be treated for hepatitis C right away. If they are younger, they will have to wait for treatment. According to the American Association for the Study of Liver Diseases, children with HCV can still attend school or daycare and perform all normal childhood activities. Hepatitis C doesn't spread from casual contact and should not be stigmatized. Instead, proper bloodborne cleaning procedures should be in place at every childcare facility to help prevent the spread of HIV, hepatitis B, and hepatitis C. You can limit potential transmission by covering any cuts or scrapes with bandages, not sharing toothbrushes that may have small amounts of blood, and by disinfecting any surfaces that have blood on them with a 1:10 solution of bleach.

Question: Is it possible that this positive hepatitis C result is a false positive?

Answer: False positive test results for hepatitis C testing can happen, but they are uncommon. Your child's provider will likely test them before starting treatment to confirm they have not cleared their infection on their own. Your provider will then determine a hepatitis C treatment plan for your child if they have an active infection. If your child has a positive hepatitis C antibody test, that test will remain positive for the rest of their life. If their HCV RNA test is negative, they do not have an active infection of hepatitis C.

Hepatitis C testing and treatment algorithm for children



Timeline for perinatal contact investigation (CI) follow-up key takeaways

- The AVHU will create and send hepatitis C and perinatal CIs each June to LTHDs based on data from WEDSS and Vital Records. This does not include CIs that LTHD staff may create to follow the infant of a pregnant person who is known to be HCV-positive (see page 14).
- Many jurisdictions will receive fewer than 10 CIs per year.
- These CIs are not reported to CDC unless positive laboratory results are received, so they do not need to be closed within one year the way HCV DIs do.
- LTHD staff may send CIs to DHS whenever they have reached the end of their investigation, or at any point there are questions or concerns.
- There are specific Process Statuses for hepatitis C and perinatal CIs that indicate when an infant has received testing or is awaiting treatment. Specific instructions for how to use these statuses can be found in Appendix B.
- Contact the AVHU whenever there are questions, concerns, or a need for support on a case-by-case basis: DHSHCVSurveillance@dhs.wisconsin.gov.

Pregnant person case investigation checklist

- ☐ **Confirm the patient's pregnancy.** Look at Reason for Testing in the patient's lab results in the WEDSS Filing Cabinet or contact the provider who ordered the testing.
- ☐ **Identify the patient's PCP and/or obstetric provider.** Look up the provider who ordered their HCV testing and confirm that they are the patient's PCP or pregnancy care provider.
- ☐ **Determine if other testing is needed.** If the patient only has a positive HCV antibody test, they will need RNA testing to determine if their infection is active or resolved. Based on LTHD feedback, the AVHU encourages staff to contact the provider's office once the antibody result is received to discuss ordering a PCR. The care team may be able to use the same blood draw to complete both tests. This saves time and a second laboratory appointment and blood draw.
- ☐ **If the patient is HCV RNA positive, contact the provider(s) and share the "Hepatitis C in Pregnant Patient" letter (see page 15).** If they are HCV RNA negative, they are Not a Case of HCV and do not need further investigation.
- ☐ **Ensure the provider(s) are aware of correct screening for pregnant people and infants.** Pregnant people should be screened at least once in each pregnancy. Infants can be tested for HCV RNA starting at 2 months of age. Infants can be tested for HCV antibodies at 18 months of age.
- ☐ **Conduct routine case investigation activities.** Use information in WEDSS to contact the pregnant person, identify exposure factors, and share methods to reduce transmission. Record investigation activities in the person's DI in WEDSS.
- ☐ **Inform both the patient and provider(s) about HCV treatment options.** The pregnant person can be treated after they deliver their baby or breastfeeding is completed. Treatment is not recommended for breastfeeding people due to a lack of safety data.
- ☐ **Once the estimated delivery date has passed, contact the provider to determine the infant's name and date of birth, and create a CI to follow the infant's testing history (see Perinatal Contact Investigation Checklist on page 8).**
- ☐ **Contact the AVHU with any questions:** DHSDPHHCVSurveillance@dhs.wisconsin.gov**.**

Letter to recommend treatment for pregnant patients

LTHD staff can use the Provider Letter for Pregnant Patients to inform pregnancy care providers of their patient's hepatitis C test results and to share recommendations for treatment. The letter may also be modified for patients who do not have hepatitis C RNA testing to recommend that testing for a patient. The letter can be found on the PCA Portal under the "Communicable Disease" section.

Resources for case investigation

Public health authority letter

The Public Health Authority Letter exempts the Department of Health Services, Division of Public Health from the HIPAA requirement defined in section 45 C.F.R. § 164.512(b). LTHDs may use this letter to inform health care staff of the type of information that may be shared in a public health investigation. The letter template can be found on the PCA Portal under the "Communicable Disease" section and is titled "Document C HIPAA Relative to State Law EIA Approved 121619v".

Other resources

Besides WEDSS, additional information repositories make case identification and investigation easier. The following are resources that the AVHU encourages LTHDs to explore:

The Wisconsin Statewide Health Information Network (WISHIN) is a repository of Electronic Medical Record (EMR) data from select health care systems across Wisconsin. WISHIN may contain lab information in the Results section, or demographic information (including contact information) in the Patient Summary section. WISHIN is not comprehensive; not every Wisconsin health care system volunteers to have their EMRs linked to it. The cost for a WISHIN license may vary; staff should contact WISHIN directly for specific pricing.

Accurint contains alternate names, addresses, and contact information for people 18 years of age or older. While not directly helpful for perinatal cases, Accurint may provide additional contact information for birthing parents or their household contacts. The cost for an Accurint license may vary; staff should contact Accurint directly for specific pricing.

Wisconsin Circuit Court Access case search can also provide demographic information on individuals who have cases within the Wisconsin Circuit Court.

LTHDs may be able to contact their local social or human services department to identify if children involved in the foster care system currently reside in their county.

The AVHU has access to these resources. LTHD staff is encouraged to contact the surveillance specialist with any case-specific questions that could be answered using one of these repositories: DHSHCVSurveillance@dhs.wisconsin.gov.

Some LTHDs have had success with accessing their local health care systems' EMRs directly. This requires collaboration on a facility-by-facility basis; one hospital may agree to allow access to their patients' records, while another in the same system may not. The benefit to approaching each hospital or clinic individually is that a data linkage fee may not be charged. The information below is an incomplete list of links and contacts that LTHDs have used to begin the EMR linkage process:

- Advocate Aurora EpicCare Link Portal
- MercyHealth Link Information
- Ascension EpicCareLink: epiccarelinkphysicianoffices@ascension.org
- Aspirus EpicCare Link Portal
- CHW EpicCare Link Portal
- Froedtert EpicLink Portal
- Essentia Health Link Information
- Partner Agreement Form GHC
- GHC EpicLink Information
- GHS Link Request
- Request access to EpicCare link HSHS
- SSM EpicCare Link Request
- UnityPoint Health EpicCare Link
- UW Health Care Link Information
- EpicCare Link | ThedaCare
- Emplify Health Electronic Medical Record Request Form | Cures Act (or email privacy.office.bellin@emplifyhealth.org)

Treatment resources for children

For patients with private insurance, parents or guardians will need to navigate their plans for specific coverage options. If a patient is uninsured or underinsured, pharmaceutical companies may offer prescription assistance programs. The patient's provider can submit the application for coverage directly to the pharmaceutical company. Parents or guardians should work with the provider to submit these requests. Links to prescription assistance programs can be found below:

MAVYRET Patient Support and Nurse Ambassador Program

Gilead Support Path® (mysupportpath.com)

If enrolled in Wisconsin Medicaid (BadgerCare Plus), the cost of hepatitis C treatment is covered for both pediatric patients and adults. Wisconsin Medicaid has no sobriety requirements and no prior authorization requirements. HCV treatment is considered at all levels of disease severity.

Patients may begin treatment at 3 years of age. To assist with medication adherence for pediatric patients, providers may order powdered forms of the medication to be mixed with food or liquid.

Educational materials

Screening and treatment recommendations

Screening Recommendations for Perinatally-Exposed Infants (CDC)

Screening Recommendations for Adults and Pregnant People (CDC)

WI DHS hepatitis C program homepage

Wisconsin Hepatitis C Program (DHS)

Perinatal hepatitis C fact sheets for providers and parents

Perinatal Hepatitis C - Health Professionals (DHS)

Perinatal Hepatitis C - Public (DHS)

Perinatal Hepatitis C - Public, Spanish (DHS)

Wisconsin DHS Support

The AVHU will notify LTHD staff before each annual upload during WEDSS Help Calls. To attend the Help Calls, email: DHSWEDSS@dhs.wisconsin.gov. The team will also be available to discuss individual cases and management strategies via email, phone call, or virtual meeting. The surveillance specialist will also be available on the biweekly WEDSS Help Calls, where general protocol or case questions can be answered. Within WEDSS, the surveillance specialist will also:

- Review perinatal CIs and DIs for lab results and correct documentation.
- Close out any CIs or DIs for infants with subsequent negative HCV lab results.
- Confirm the appropriate Process and Resolution Status for perinatal CIs and DIs.
- Conduct quarterly reviews of CIs and DIs from earlier reporting years and re-open cases with new HCV lab results or those that are now old enough to start HCV treatment.
- Notify the correct LTHD and investigator when a perinatal CI or DI is being re-opened, and for what purpose.
- Provide management for cases in high-volume jurisdictions.

Please reach out to the hepatitis C surveillance inbox if your jurisdiction would like additional support: DHSDPHHCVSurveillance@dhs.wisconsin.gov.

Acknowledgments

The AVHU would like to acknowledge the internal and external partners who contributed greatly to the creation of this protocol, including: Stephanie Borchardt and Sarah Born of the Wisconsin DHS Immunization Program; Megan Moze at Marathon County Health Department; Alecia Pluess at Wood County Health Department; Katrina Wichlacz at Public Health Madison Dane County; and all our LTHD colleagues who provided their expertise and advice. We are so grateful to work with you on this project. It would not be what it is today without you!

Appendices

Appendix A: Local and Tribal health department activities

Appendix B: Process status case classification flowchart

Appendix C: Timeline for follow up

Appendix D: Perinatal contact investigation creation flowchart

Appendix A: Local and Tribal health department (LTHD) activities

The AVHU will create all the perinatal CIs for the previous year and share CIs with LTHD staff. LTHD staff should:

Identify the vital status of parents and infants

Conduct a search through WEDSS, the Wisconsin Statewide Health Information Network (WISHIN), local obituary notifications, or Accurint to determine the vital status of a patient. Dates of death in WEDSS may not always be reflected in WISHIN; the opposite is also true. The data processed by DHS to produce these CIs is run through Vital Records, and those with a documented date of death are excluded. However, another search should be completed.

Determine if there are existing hepatitis C test results available

Use any additional record sources available (for example, WISHIN, links to Epic or Cerner) to confirm that there are no hepatitis C test results for the infant or birthing parent. The infant may have had a name change, so alternate spellings or adoptive names may need to be used.

- If positive test results are found in a non-WEDSS source for the child, LTHD staff should convert their CI into a DI and record the lab results in the Initial Laboratory Results section of the Lab Clinical tab and in the Filing Cabinet. The nurse should then conduct case investigation as described in the Local and Tribal Health Department Guidelines.
- If negative test results are found in a non-WEDSS source for the child, LTHD staff should record the lab results in the Initial Laboratory Results section of the Lab Clinical tab in WEDSS and in the Filing Cabinet, then send the CI to the state.
- If results are found for the birth parent, their DI should be updated with those tests. If the results show the parent was HCV RNA-negative at the time of delivery, send the infant's CI to state after making a note in the Investigation tab.

Contact provider and/or guardian to initiate screening procedure

LTHD staff should identify the infant's PCP whenever possible, and first contact can generally be made to the PCP's office. This is because it may be difficult to accurately identify a child's guardian without additional sources of information, while their PCP should have that information on file. The public health nurse should inform the PCP that one of their patients may have been exposed to hepatitis C. The nurse should explain the current CDC hepatitis C screening recommendations and ask the provider if they are willing to discuss testing with the guardian at the patient's next visit. The nurse can then monitor the CI and await test results or follow up if the next appointment date has passed and no hepatitis C results are available.

Contacting the child's provider first frequently expedites the investigation and may also mean that the nurse will not need to directly contact an infant's birth parent or other guardian(s). However, **guardians may be contacted to provide additional education or support as the nurse deems beneficial.**

The following information from the CDC is important to share with health care providers and/or guardians: The infant should be tested for hepatitis C RNA using a PCR or NAT test at 2 months of age or older. Infants should not receive an HCV RNA test at the time of delivery or before they are 2 months of age. This is because maternal RNA may lead to a false positive result in the infant before 2 months of age.

The infant should be tested for hepatitis C antibodies using an EIA test at 18 months of age or older. Infants should not receive an HCV EIA test at the time of delivery or before 18 months of age. This is because maternal antibodies may lead to a false positive result in the infant before 18 months of age. The infant's birth parent should be tested for HCV RNA and, if positive, started on hepatitis C treatment as soon as possible.

The infant's PCP should be contacted regarding possible exposure and the need for hepatitis C screening, even if the birth parent did not have positive hepatitis C RNA test results before or around the time of delivery. Since hepatitis C testing is often incomplete, there is no way to guarantee that a pregnant person did not have an active infection unless there is testing during their pregnancy. If no testing can be found from that time period, nurses should assume a possible perinatal exposure occurred and conduct the investigation as described.

Assess treatment needs

Contact the legal guardian or provider to discuss any other exposure factors for the infant and provide information on and connection to hepatitis C testing and/or treatment. Ensure a note to assess the infant for hepatitis C treatment at 3 years of age has been added to their electronic medical record. Share information about medication options for perinatal treatment with providers (see Treatment Resources section of this protocol). Provide education on HCV testing and treatment for the birth parent, if they are in custody of the child.

Identify and select the appropriate Process Status

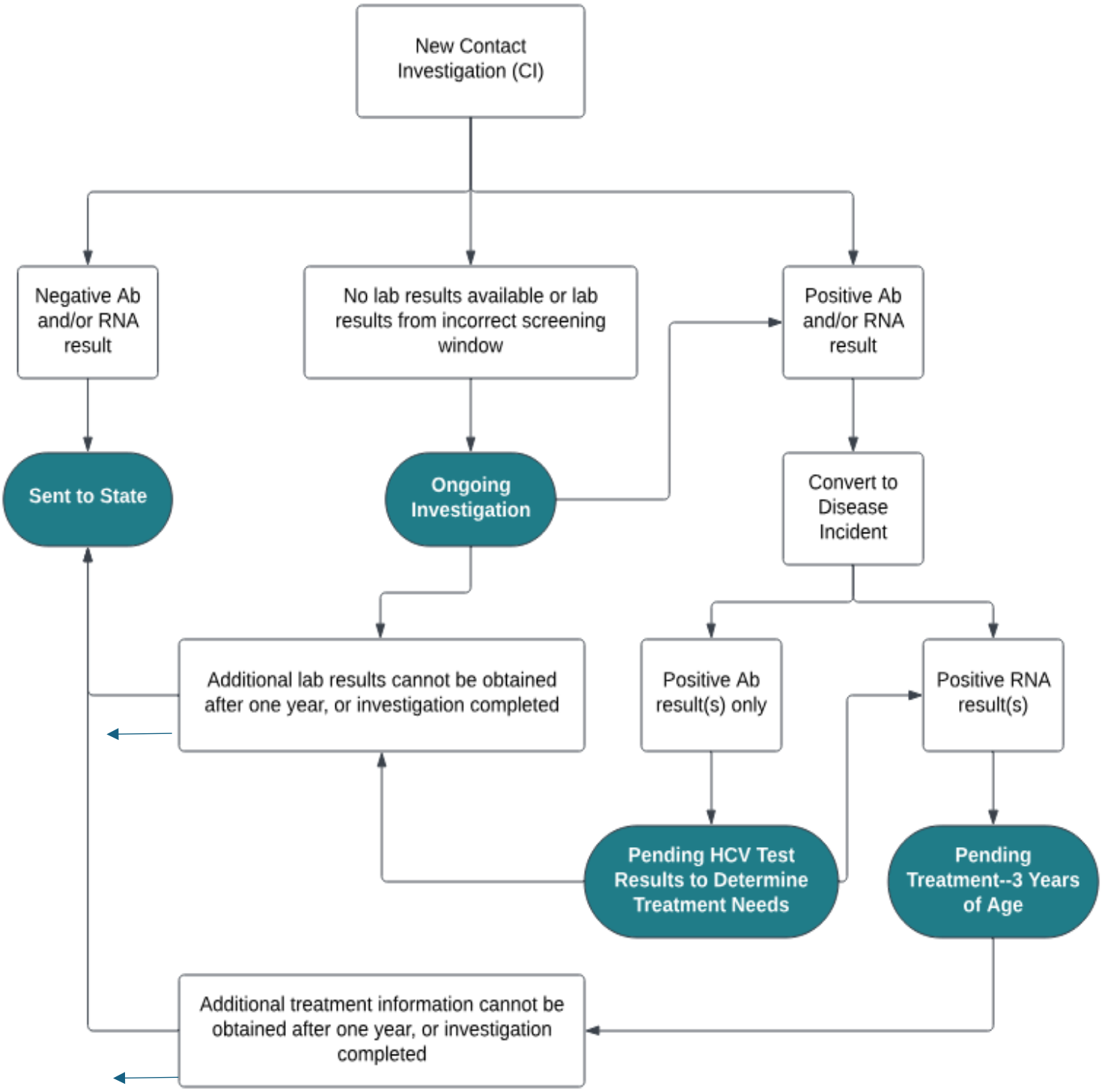
New perinatal CIs will come into WEDSS with the Process Status of "New". Use the following instructions to identify how a perinatal CI or DI's Process Status should be classified:

- If a new CI has been created, and no lab results are available, or the only lab results available are not from the appropriate screening windows, set Process Status to "Ongoing Investigation."

- If a negative antibody or RNA result during the appropriate screening window is available, the infant does not have hepatitis C; set Process Status to "Sent to State" after documenting the negative test in the CI.
- If a positive antibody or RNA result is available during the appropriate screening windows, convert the CI to a DI. The DI will automatically be named "Hepatitis C, Perinatal".
- If a perinatal DI is created and only a positive HCV antibody test is available, set Process Status to "Pending HCV Test Results to Determine Treatment Needs".
- If a positive RNA result is available, but the infant is not old enough to receive HCV treatment, set Process Status to "Pending Treatment—3 Years of Age".
- To minimize the number of CIs and DIs kept open for multiple years, please change the Process Status to "Sent to State" if additional results or other information cannot be obtained after one year.
- **Please set Process Status to "Sent to State" in cases of loss to follow-up (three unique attempts at contact made during different days and times with no response) or clients moving out of state.**

You can use the CDC's Perinatal Hepatitis C Case Definition to set the resolution status for each CI or DI.

Appendix B: WEDSS process status case classification flowchart for LTHDs



Appendix C: Timeline for Follow-Up

The AVHU will create and distribute perinatal CIs once per year using Vital Records and WEDSS data. This will not include CIs for infants that LTHD staff identify as being born to a person who is known to be HCV RNA positive. Most jurisdictions will have fewer than ten CIs created for the previous year. Perinatal HCV CIs will not be sent to CDC, so they are not subject to the same timeline restrictions as HCV DIs in WEDSS.

Due to the nature of HCV testing and treatment, some cases will not have complete investigations within one year. To minimize the number of CIs and DIs that remain on investigators' caseloads indefinitely, LTHD staff may change the CI/DI's Process Status to "Sent to State" whenever they have reached the farthest possible stage of follow-up given the infant's age and known HCV status. State staff will then set the Process Status to "Closed" or "Final".

- There is **no annual deadline** for Perinatal HCV CIs to be closed; they are not subject to the same timeline restrictions as HCV DIs in WEDSS.
- LTHDs should attempt to complete as many stages of investigation as possible **within one year of the CI's Date Created**. This should be achievable for most LTHDs due to the relatively low volume for most jurisdictions.
- **If a child will be receiving a screening antibody test** within six months of the case investigator's last contact with their family or provider, leave the CI open and:
    - Set the Process Status to "Ongoing Investigation".
    - Set the Resolution Status to "Suspect".
    - Add a note in the WEDSS Investigation tab that mentions when the antibody test is scheduled to occur.
    - Leave the CI assigned to the Investigator until the time has come to review and close.
- **If a child will be receiving confirmatory testing** within six months of the case investigator's last contact with the family/provider, please leave the DI open and:
    - Set the Process Status to "Pending HCV Test Results to Determine Treatment Needs".
    - Set the Resolution Status to "Probable".
    - Add a note in the WEDSS Investigation tab that mentions when the confirmatory test is scheduled to occur.
    - Leave the CI assigned to the Investigator until the time has come to review and close.
- **If a child will be starting treatment** within six months of the case investigator's last contact with the family/provider, please leave the DI open and:
    - Set the Process Status to "Pending HCV Treatment—3 Years of Age".
    - Set the Resolution Status to "Confirmed".

- Add a note in the WEDSS Investigation tab that mentions when the testing is scheduled to occur
- Leave the CI assigned to the Investigator until the time has come to review and close.

CIs and DIs that are closed/finalized pending additional lab results or treatment information will still be viewable by LTHDs using Jurisdiction Review. Due to the low volume of perinatal CIs/DIs created each year, LTHD staff may conduct yearly or quarterly perinatal investigation reviews. The AVHU will also conduct quarterly reviews to ensure jurisdictions are not experiencing undue burdens due to perinatal investigations. LTHDs may also contact the AVHU at any time to discuss additional support on a case-by-case basis.

Appendix D: Perinatal contact investigations (CIs) workflow

This flowchart describes the activities that the AVHU will conduct annually to create and share perinatal hepatitis C CIs with LTHDs.