



## Department of Health

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Commissioner

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Executive Deputy Commissioner

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Dear Colleague:

Hepatitis C virus (HCV) infection is a leading cause of liver-related morbidity and mortality (1). Injection drug use (IDU) is the most common risk for HCV infection. HCV can be transmitted vertically from mother to child. Vertical transmission occurs in 5.8% of infants born to women who are infected only with HCV and in up to twice as many infants born to women who are also infected with HIV or who have high HCV viral loads (2, 3).

The purpose of this letter is to inform health care providers of the increases in HCV among women of child bearing age (15-44 years) both nationally and within New York State (NYS). Concurrent with the Centers for Disease Control and Prevention's (CDC) recently reported 22% increase in HCV rates among women of child bearing age (4), NYS has also seen notable increases among this population. During 2015, 58% of the female HCV cases reported outside of NYC and 33% of NYC reported cases were among women of child bearing age (5,6). The most common risk among female HCV cases reported outside of NYC was IDU. This increase coincides with the increase in IDU and increases in incidence of HCV infection among young people in suburban and rural areas who inject drugs.

With the availability of new, more effective HCV treatments, HCV screening among women of child bearing age can act as a prevention intervention. Women identified with HCV can be treated before becoming pregnant.

HCV testing is recommended for persons with a history of injection drug use and others at risk, including persons infected with HIV and persons with recognized exposures (7). To improve early identification and linkage to care of HCV-infected women and their infants, it is important that providers assess women of childbearing age, particularly pregnant women, for HCV risk and test accordingly. HCV testing is also recommended for children born to HCV-infected women. Therefore, it is important that the HCV infection status of each pregnant woman is communicated in a timely manner to the pediatrician. Finally, when reporting HCV cases to the local health department, providers should indicate the pregnancy status of the woman.

### Resources

New educational materials targeting pregnant women and women of child bearing age are currently available free of charge through the NYS Department of Health AIDS Institute. The materials and order form are available at:

[http://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis\\_c/providers/educational\\_materials.htm](http://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/providers/educational_materials.htm)

Additional information on HCV prevention, screening, care and treatment can be found at:

[www.health.ny.gov/hepatitis](http://www.health.ny.gov/hepatitis)

## References

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2. Benova L, Mohammad YA, Calvert C, Abu-Raddad LJ. Vertical transmission of hepatitis C virus: systematic review and meta-analysis. Clin Infect Dis 2014; 59:765-73.
3. Dunkelberg JC, Berkley EM, Thiel KW, Leslie KK. Hepatitis B and C in pregnancy: a review and recommendations for care. J Perinatol. 2014 Dec; 34(12):882-91.
4. New York State Department of Health. Bureau of Communicable Disease Control. Data as of August 4, 2016.
5. New York City Department of Health and Mental Hygiene, Bureau of Communicable Disease, Viral Hepatitis Program. Data as of December 7, 2016.
6. Koneru A, Nelson N, Hariri S, et al. Increased hepatitis C virus (HCV) detection in women of child bearing age and potential risk for vertical transmission- United states and Kentucky, 2011-2014. MMWR Morb Mortal Wkly Rep 2016; 65:705-710.
7. CDC. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. MMWR Recomm Rep 1998;47(No. RR-19).

Sincerely,



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AIDS Institute