

**North Carolina Department of Health and Human Services  
Division of Public Health • Epidemiology Section  
Communicable Disease Branch**



**ATTENTION HEALTH CARE PROVIDERS:**

Please report relevant clinical findings about this disease event to the local health department.

**PERINATAL HEPATITIS C**  
**Confidential Communicable Disease Report—Part 2**  
This form is to be used for children age 2-36 months.

**REMINDER to Local Health Department staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.**

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
---------------------	-------	--------	--------	--------------	-------	-------------------------------

**NC EDSS LAB RESULTS** Verify if lab results for this event are in NC EDSS. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /			HCV RNA			/ /	
/ /			HCV Antibody			/ /	
/ /			HCV Genotype			/ /	

**CASE CLASSIFICATION**

**To be considered for any perinatal hepatitis C case classification, the infant must have been born to an HCV-infected mother.**

Select the case classification for this individual:

**CONFIRMED PERINATAL HEPATITIS C:** Individuals who meet all the conditions in the following case definition:

- Age 2-36 months of age
- Positive test for HCV RNA or detectable HCV genotype during 2-36 months of age
- Not known to have been exposed to HCV via mechanism other than perinatal

**PROBABLE PERINATAL HEPATITIS C:** Individuals who do not meet the above case definition but who meet the criteria below:

- Age 2-36 months of age
- Positive test for HCV antibody

**SUSPECT PERINATAL HEPATITIS C:** Individuals who do not meet the above case definitions, but who meet all the conditions in the following case definition:

- Age 2-36 months of age
- Mother is HCV-positive with unknown serology

**NOT A CASE:** Individual does not meet the conditions for a Confirmed, Probable, or Suspect perinatal hepatitis C case

**GENDER**

Female

Male

Unknown

**REASON FOR TESTING**

**Why was the patient tested for this condition? (Select all that apply)**

Gestational parent has hepatitis C

Symptoms of acute hepatitis C

Evaluation of liver enzyme

Other, specify: \_\_\_\_\_

Unknown

**CHILD CLINICAL INFORMATION**

Does the child have or has the child been linked to a regular healthcare provider?  Y  N  U

Provider Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Provider Specialty: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of first appointment (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

**DEMOGRAPHIC INFORMATION**

Street Address: \_\_\_\_\_

Apt Number: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

**Race**

American Indian/Alaska Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

Other

Unknown

**Ethnicity**

Hispanic or Latino

Not Hispanic/Latino

Unknown

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy)
---------------------	-------	--------	--------	--------------	-------	------------------------

### GESTATIONAL PARENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

#### TRIMESTER OF FIRST PERINATAL CARE VISIT FOR THIS PREGNANCY?

1st trimester     2nd trimester     3rd trimester     No prenatal care visits     Unknown

#### IF THE GESTATIONAL PARENT HAS AN EXISTING DISEASE INCIDENT FOR ANY OF THE FOLLOWING DISEASES, PLEASE ENTER THEIR NC EDSS EVENT NUMBER BELOW:

Acute or Chronic Hepatitis C NC EDSS Event ID: \_\_\_\_\_ HIV Disease NC EDSS Event ID: \_\_\_\_\_



#### NC EDSS LAB RESULTS

Verify if lab results for this event are in NC EDSS. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /			HCV RNA			/ /	
/ /			HCV Antibody			/ /	
/ /			HCV Genotype			/ /	
/ /						/ /	

DOES THE GESTATIONAL PARENT HAVE A REGULAR HEALTHCARE PROVIDER?     Y     N     U

Provider Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Provider Specialty: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Date of first appointment (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

On HCV treatment?     Y     N     U

### CHILD LEGAL PARENT/GUARDIAN

IS THE GESTATIONAL PARENT ALSO THE CHILD'S LEGAL GUARDIAN?     Y     N     U

If no, please list the child's legal guardian(s):

Legal Parent/Guardian Name: \_\_\_\_\_

Legal Parent/Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### INVESTIGATOR INFORMATION

Investigator Name: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes:

### PERINATAL HEPATITIS C INFORMATION

**Clinical Symptoms:** Signs and symptoms of perinatal HCV may range from asymptomatic to sudden onset of hepatitis. Acute HCV infection can progress to chronic infection. People chronically infected with hepatitis C are thought to be the main reservoir for new infections.

**Modes of Transmission:** HCV is most often transmitted by percutaneous exposure to blood from a person with HCV infection. Most new HCV infections in the United States and North Carolina are related to sharing injection drug equipment. Some infections are due to healthcare exposures. Infection via sexual contact and perinatal transmission is possible but uncommon; these modes of transmission are more common in the presence of HIV coinfection. Evidence suggests that the rate of transmission of HCV-infected HIV-negative parents is approximately 6% and from HCV/HIV coinfecting gestational parents approximately 11%.

**Incubation Period:** Among those who develop symptoms following exposure to HCV, the average period from exposure to symptom onset is 2-12 weeks (range: 2-26 weeks). Most people with chronic HCV infection are asymptomatic and may eventually develop chronic liver disease slowly without any signs or symptoms for several decades.

**Period of Infectiousness:** An individual is considered infectious anytime HCV RNA is present in the blood. HCV RNA can be detected in the blood or plasma 1 to 2 weeks after exposure. Around 15-25% of people clear the virus from their bodies without treatment and do not develop chronic infection. The remainder will have HCV RNA and remain infectious unless treated and cured.

**HCV Testing Guidelines in Children:** Available guidelines consistently recommend against antibody testing for children under 18 months of age due to transient maternal HCV antibody that may not indicate actual infection status of the child. Infants who test positive for HCV antibody should also be tested for HCV RNA to confirm infection.