

## HCV in Children

### Testing

#### Recommendations for HCV Testing of Perinatally Exposed Children and Siblings of Children With HCV Infection

RECOMMENDED	RATING 
All children born to HCV-infected women should be tested for HCV infection. Testing is recommended using an antibody-based test at or after 18 months of age.	I, A
Testing with an HCV-RNA assay can be considered in the first year of life, but the optimal timing of such testing is unknown.	IIa, C
Testing with an HCV-RNA assay can be considered as early as 2 months of age.	IIa, B
Repetitive HCV RNA testing prior to 18 months of age is not recommended.	III, A
Children who are anti-HCV positive after 18 months of age should be tested with an HCV-RNA assay after age 3 to confirm chronic hepatitis C infection.	I, A
The siblings of children with vertically-acquired chronic HCV should be tested for HCV infection, if born from the same mother.	I, C

### Transmission and Prevention

#### Recommendations for Counseling Parents Regarding Transmission and Prevention in Children with HCV Infection

RECOMMENDED	RATING 
Parents should be informed that hepatitis C is not transmitted by casual contact and, as such, children with HCV infection do not pose a risk to other children and can participate in school, sports, and athletic activities, and engage in all other regular childhood activities without restrictions.	I, B
Parents should be informed that universal precautions should be followed at school and in the home of children with HCV infection. Educate families and children about the risk and routes of HCV transmission, and the techniques for avoiding blood exposure, such as avoiding the sharing of toothbrushes, razors, and nail clippers, and the use of gloves and dilute bleach to clean up blood.	I, B

### Monitoring and Medical Management

## Recommendations for Monitoring and Medical Management of Children With HCV Infection

RECOMMENDED	RATING 
Routine liver biochemistries at initial diagnosis and at least annually thereafter are recommended to assess for disease progression.	I, C
Appropriate vaccinations are recommended for children with chronic HCV infection who are not immune to hepatitis B virus and/or hepatitis A virus to prevent these infections.	I, C
Disease severity assessment via routine laboratory testing and physical examination, as well as use of evolving noninvasive modalities (ie, elastography, imaging, or serum fibrosis markers) is recommended for all children with chronic HCV infection.	I, B
Children with cirrhosis should undergo hepatocellular carcinoma (HCC) surveillance and endoscopic surveillance for varices per standard recommendations.	I, B
Hepatotoxic drugs should be used with caution in children with chronic HCV infection after assessment of potential risks versus benefits of treatment. Use of corticosteroids, cytotoxic chemotherapy, and/or therapeutic doses of acetaminophen are not contraindicated in children with chronic HCV infection.	II, C
Solid organ transplantation and bone marrow transplantation are not contraindicated in children with chronic HCV infection.	II, C
Anticipatory guidance about the potential risks of ethanol for progression of liver disease is recommended for adolescents with chronic HCV infection and their families. Abstinence from alcohol and interventions to facilitate cessation of alcohol consumption, when appropriate, are advised for all persons with chronic HCV infection.	I, C

## Whom and When to Treat Among Children and Adolescents With HCV Infection

### Recommendations for Whom and When to Treat Among Children and Adolescents With HCV Infection

RECOMMENDED	RATING 
Direct-acting antiviral (DAA) treatment with an approved regimen is recommended for all children and adolescents with HCV infection aged $\geq 3$ years as they will benefit from antiviral therapy, regardless of disease severity.	I, B
The presence of extrahepatic manifestations—such as cryoglobulinemia, rashes, and glomerulonephritis—as well as advanced fibrosis should lead to early antiviral therapy to minimize future morbidity and mortality.	I, C

## HCV Antiviral Therapy for Children and Adolescents, Without Cirrhosis or With Compensated Cirrhosis (Child-Pugh A)

Recommended regimens listed by age:

### Treatment-Naive or Interferon-Experienced Children and Adolescents Without Cirrhosis or With Compensated Cirrhosis<sup>a</sup>

RECOMMENDED	DURATION	RATING
Combination of ledipasvir/sofosbuvir (weight-based dosing; see Table 1) for children aged $\geq 3$ years with genotype 1, 4, 5, or 6	12 weeks	I, B
Combination of sofosbuvir/velpatasvir (weight-based dosing; see Table 2) for children aged $\geq 6$ years or weighing $\geq 17$ kg with any genotype	12 weeks	I, B
Combination of glecaprevir (300 mg)/pibrentasvir (120 mg) for adolescents aged $\geq 12$ years or weighing $\geq 45$ kg with any genotype	8 weeks	I, B

<sup>a</sup> Child-Pugh A

Recommended regimens listed by age:

### DAA-Experienced Children and Adolescents, Without Cirrhosis or With Compensated Cirrhosis<sup>a</sup>

RECOMMENDED	DURATION	RATING
<b>Genotype 1:</b> Combination of ledipasvir/sofosbuvir (weight-based dosing; see Table 1) for children and adolescents aged $\geq 3$ years with prior exposure to an interferon ( $\pm$ ribavirin) plus an HCV protease inhibitor regimen, <u>without cirrhosis</u>	12 weeks	I, C
<b>Genotype 1:</b> Combination of ledipasvir/sofosbuvir (weight-based dosing; see Table 1) for children and adolescents aged $\geq 3$ years with prior exposure to an interferon ( $\pm$ ribavirin) plus an HCV protease inhibitor regimen, <u>with compensated cirrhosis<sup>a</sup></u>	24 weeks	I, C
<b>Genotype 4, 5, or 6:</b> Combination of ledipasvir/sofosbuvir (weight-based dosing; see Table 1) for children and adolescents aged $\geq 3$ years with prior exposure to an interferon ( $\pm$ ribavirin) plus an HCV protease inhibitor regimen, without cirrhosis or with compensated cirrhosis <sup>a</sup>	12 weeks	I, C
<b>Genotype 1, 2, 4, 5, or 6:</b> Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) for adolescents aged $\geq 12$ years or weighing $\geq 45$ kg with prior exposure to an interferon-based regimen ( $\pm$ ribavirin) and/or sofosbuvir but no exposure to NS3/4A or NS5A protease inhibitors, <u>without cirrhosis</u>	8 weeks	I, C
<b>Genotype 1, 2, 4, 5, or 6:</b> Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) for adolescents aged $\geq 12$ years or weighing $\geq 45$ kg with prior exposure to an interferon-based regimen ( $\pm$ ribavirin) and/or sofosbuvir but no exposure to NS3/4A or NS5A protease inhibitors, <u>with compensated cirrhosis<sup>a</sup></u>	12 weeks	I, C

**Recommended regimens listed by age:**
**DAA-Experienced Children and Adolescents, Without Cirrhosis or With Compensated Cirrhosis<sup>a</sup>**

<b>Genotype 3:</b> Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) for adolescents aged $\geq 12$ years or weighing $\geq 45$ kg with prior exposure to an interferon-based regimen ( $\pm$ ribavirin) and/or sofosbuvir but no exposure to NS3/4A or NS5A protease inhibitors, without cirrhosis or with compensated cirrhosis <sup>a</sup>	16 weeks	I, C
<b>Genotype 1:</b> Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) for adolescents aged $\geq 12$ years or weighing $\geq 45$ kg with prior exposure to NS3/4A protease inhibitors but <u>no NS5A inhibitor exposure</u> , without cirrhosis or with compensated cirrhosis <sup>a</sup>	12 weeks	I, C
<b>Genotype 1:</b> Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) for adolescents aged $\geq 12$ years or weighing $\geq 45$ kg with prior exposure to an NS5A inhibitor but <u>no NS3/4A protease inhibitor exposure</u> , without cirrhosis or with compensated cirrhosis <sup>a</sup>	16 weeks	I, C

<sup>a</sup> Child-Pugh A

**Table 1. Weight-Based Dosing of Ledipasvir/Sofosbuvir for Children Aged  $\geq 3$  Years**

Body Weight	Once Daily Dose of Ledipasvir/Sofosbuvir
<17 kg	33.75 mg/150 mg
17 to <35 kg	45 mg/200 mg
$\geq 35$ kg	90 mg/400 mg per day

**Table 2. Weight-Based Dosing of Sofosbuvir/Velpatasvir for Children Aged  $\geq 6$  Years or Weighing  $\geq 17$  kg**

Body Weight	Once Daily Dose of Sofosbuvir/Velpatasvir
17 kg to $<30$ kg	200 mg/50 mg
$\geq 30$ kg	400 mg/100 mg

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