



[Home](#) → [Medical Encyclopedia](#) → Hepatitis C - children

URL of this page: [//medlineplus.gov/ency/article/007672.htm](https://medlineplus.gov/ency/article/007672.htm)

Hepatitis C - children

Hepatitis C in children is inflammation of tissue of the liver. It occurs due to infection with hepatitis C virus (HCV).

Other common hepatitis virus infections include hepatitis A and hepatitis B.

Causes

A child may get HCV from an HCV-infected mother, at the time of birth.

Almost 6 out of every 100 infants born to mothers with an HCV infection have hepatitis C. There is no treatment to prevent hepatitis C at birth.

Adolescents and teens can also get an HCV infection. There are many causes of hepatitis C in teens, including:

- Being stuck with a needle after use by an HCV-infected person
- Coming in contact with the blood of an infected person
- Using street drugs
- Having unprotected sexual contact with a person with HCV
- Getting tattoos or acupuncture therapy with infected needles

Hepatitis C does not spread from breastfeeding, hugging, kissing, coughing, or sneezing.

Symptoms

Symptoms develop in children about 4 to 12 weeks after infection. If the body is able to fight HCV, the symptoms end within a few weeks to 6 months. This condition is called acute hepatitis C infection.

However, some children never get rid of HCV. This condition is called chronic hepatitis C infection.

Most children with hepatitis C (acute or chronic) do not show any symptoms until more advanced liver damage is present. If symptoms do occur, they may include:

- Pain in the right upper abdomen
- Clay-colored or pale stools
- Dark urine

- Tiredness
- Fever
- Yellow skin and eyes (jaundice)
- Loss of appetite
- Nausea and vomiting

Exams and Tests

Your child's health care provider will perform blood tests to detect HCV in blood. Two most common blood tests are:

- Enzyme immunoassay (EIA) to find the hepatitis C antibody
- Hepatitis C RNA assays to measure virus levels (viral load)

Infants born to hepatitis C-positive mothers should undergo testing at 18 months of age. This is the time when antibodies from the mother will have decreased. At that time, the test will more truly reflect the baby's antibody status.

The following tests detect liver damage from hepatitis C:

- Albumin level
- Liver function tests
- Prothrombin time
- Liver biopsy
- Abdominal ultrasound

These tests show how well your child's treatment is working.

Treatment

The main aim of treatment in children is to relieve the symptoms and stop the disease from spreading. If your child has symptoms, make sure that your child:

- Gets plenty of rest
- Drinks lots of fluids
- Eats healthy food

Acute hepatitis C does not need any special treatment. However, your child can pass the virus to others. You should take steps to help prevent the disease from spreading.

Chronic hepatitis C needs treatment. The goal of treatment is to prevent complications.

If there is no sign of the HCV infection after 6 months, then your child has fully recovered. However, if your child develops chronic hepatitis C, it can cause liver disease later in life.

Your child's provider may recommend antiviral medicines for chronic HCV. These medicines:

- Have fewer side effects

- Are easier to take
- Are taken by mouth

In 2021, the Food and Drug Administration (FDA) approved sofosbuvir/velpatasvir for the treatment of hepatitis C in children 3 years and older. Children with hepatitis C are not treated with this medicine until they reach age 3 due to concerns of possible toxicity and the low percentage that a child younger than 3 will have significant liver damage from HCV.

Outlook (Prognosis)

Children younger than 3 years old may not need any treatment. Infection in this age group often resolves without any complications.

Possible Complications

The possible complications of hepatitis C are:

- Liver cirrhosis
- Liver cancer

These complications generally occur during adulthood.

When to Contact a Medical Professional

Contact your provider if your child has symptoms of hepatitis C. You should also contact your provider if you have hepatitis C and become pregnant.

Prevention

There are no vaccinations for hepatitis C. Therefore, prevention plays an important role in managing the disease.

In a household where someone with hepatitis C is living, take these steps to help prevent the spread of the disease:

- Avoid contact with blood. Clean any blood spills using bleach and water.
- Mothers with HCV should not breastfeed if nipples are cracked and bleeding.
- Cover cuts and sores to avoid contact with body fluids.
- Do not share toothbrushes, razors, or any other items that may be infected.

Alternative Names

Silent infection - HCV children; Antivirals - hepatitis C children; HCV children; Pregnancy - hepatitis C - children; Maternal transmission - hepatitis C - children

References

American Association For The Study Of Liver Disease. Infectious Disease Society of America website. HCV in children.

www.hcvguidelines.org/unique-populations/children [https://www.hcvguidelines.org/unique-populations/children].

Updated October 24, 2022. Accessed February 27, 2024.

Jhaveri R, El-Kamary SS. Hepatitis C virus. In: Cherry JD, Harrison GJ, Kaplan SL, Steinbach WJ, Hotez PJ, eds. *Feigin and Cherry's Textbook of Pediatric Infectious Diseases*. 8th ed. Philadelphia, PA: Elsevier; 2019:chap 177.

Naggie S, Wyles DL. Hepatitis C. In: Bennett JE, Dolin R, Blaser MJ, eds. *Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases*. 9th ed. Philadelphia, PA: Elsevier; 2020:chap 154.

Rogers ME, Balistreri WF. Viral hepatitis. In: Kliegman RM, St. Geme JW, Blum NJ, et al, eds. *Nelson Textbook of Pediatrics*. 22nd ed. Philadelphia, PA: Elsevier; 2025:chap 406.

Ward JW, Holtzman D. Epidemiology, natural history, and diagnosis of hepatitis C. In: Sanyal AJ, Boyer TD, Lindor KD, Terrault NA, eds. *Zakim and Boyer's Hepatology*. 7th ed. Philadelphia, PA: Elsevier; 2018:chap 29.

Review Date 2/17/2024

Updated by: Charles I. Schwartz, MD, FAAP, Clinical Assistant Professor of Pediatrics, Perelman School of Medicine at the University of Pennsylvania, General Pediatrician at PennCare for Kids, Phoenixville, PA. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

[Learn how to cite this page](#)



Health Content
Provider
06/01/2028

A.D.A.M., Inc. is accredited by [URAC](#), for Health Content Provider (www.urac.org). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit of Ebix, Inc. Any duplication or distribution of the information contained herein is strictly prohibited.

