

Universal screening for hepatitis C during pregnancy: An opportunity to advance viral hepatitis elimination in British Columbia

As 28 July is World Hepatitis Day, it is an opportune time to share the Society of Obstetricians and Gynaecologists of Canada's (SOGC's) recent recommendation for universal hepatitis C virus (HCV) screening in the first trimester of every pregnancy.¹ This guidance reflects a major shift from previous risk-based approaches and aligns prenatal screening with broader efforts to eliminate HCV as a public health threat by 2030.

Chronic HCV infection remains a leading cause of cirrhosis, hepatocellular carcinoma, and liver-related mortality in BC and across Canada. Although highly effective direct-acting antiviral therapies can now cure more than 95% of infections, many people with chronic HCV infection remain undiagnosed or face other barriers to engaging in care and treatment. Pregnancy provides an important opportunity to identify individuals with HCV who may otherwise not be engaged in testing or care. Perinatal transmission of HCV occurs in approximately 5% of pregnancies involving active maternal infection. Although many exposed infants will not develop chronic infection, those who do are at risk of long-term liver disease and may remain undiagnosed without follow-up testing.

Historically, prenatal HCV screening has been initiated primarily through identification of risk factors. However, recent evidence from Alberta has demonstrated

that risk-based screening misses many HCV infections among people without recognized or disclosed risk factors.² Prenatal HCV screening uptake in BC is already relatively high, with 54.6% of prenatal patients screened for HCV in BC in 2019. However, the proportion of positive prenatal HCV antibody (anti-HCV) tests in BC (0.36%) was approximately 5 times that reported in Alberta (0.07%) during a similar period.³ This suggests that HCV infection during pregnancy may be considerably more common in BC, further underscoring the importance of universal prenatal screening here.

The SOGC now recommends that HCV screening occur during first-trimester prenatal testing or at the first antenatal visit. Positive anti-HCV results should be followed by HCV RNA testing to determine active infection. For pregnant people with previously documented anti-HCV positivity, repeat antibody testing is not recommended, because antibodies remain positive lifelong, even after cure; HCV RNA testing should instead be used to assess active infection. Further guidance on HCV management during pregnancy and recommended follow-up for infants exposed to HCV perinatally is available from Perinatal Services BC.⁴

Several provincial systems and resources have been updated to support implementation of universal prenatal HCV screening in BC. The BC Centre for Disease Control (BCCDC) Public Health Laboratory has added anti-HCV to its routine prenatal screening panel and updated its Serology Screening Requisition, which can be accessed through the BCCDC website or

the *eLab Handbook*.^{5,6} Clinicians should note that some older forms available through Internet searches may not reflect these updates. Perinatal Services BC's online guidance on laboratory tests to order by trimester now also indicates that HCV screening is recommended for all pregnancies.⁷ Although the BC Ministry of Health's Standard Out-Patient Laboratory Requisition for Maternity Care was updated in January 2026, revisions were finalized before publication of the new SOGC guidance, so anti-HCV remains listed under "Recommended tests based on risk factors."⁸ Revisions to align that form with universal prenatal HCV screening are anticipated in the next update, planned for January 2028.

Universal prenatal HCV screening will be critical to achieving HCV elimination in BC. By embedding HCV testing in routine prenatal care, clinicians can help identify undiagnosed infections earlier, improve linkage to curative treatment, and reduce missed opportunities for prevention and follow-up care for both parents and their infants. ■

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It is also important to consider that while nociception is a final common pathway of many pathophysiological processes that require thoughtful analysis and reanalysis, pain is experiential, and everyone experiences pain differently. Acknowledging and respecting that perspective does not preclude you from optimizing your patient's function.

Progressive restoration of function and participation in life roles is a widely studied modality with a plethora of benefits when applied with care and safety in mind.¹ You can support your patient by providing reassurance (e.g., on hurt versus harm) and prescribing an activation program, with assistance from WorkSafeBC community-based occupational therapy and physiotherapy programs. (Indicate your request for this service on Form 11.) To support modified work duties for your patient while they continue to recover, you can acknowledge and describe the worker's current abilities in relation to functional activities and, if necessary, prescribe restrictions to prevent harm.

WorkSafeBC can also facilitate the return-to-function process by assisting family physicians in understanding the legal duty for employers and injured

workers to actively cooperate in the worker's timely, safe return to work, as outlined at www.worksafebc.com/returntowork.

Returning to the mechanic, you recognize that his recovery is not progressing as expected, and you bring him in for review. He tells you that he is worried there is a more serious problem with his back and that he does not trust his employer to support modified duties based on his co-workers' experiences. You send your patient for a lumbar X-ray, and the results are normal. You speak with a WorkSafeBC physician about the patient's concerns and his fear of another injury (despite the reassuring X-ray). WorkSafeBC arranges a Visiting Specialist Clinic orthopaedic assessment on your behalf and engages its return-to-work support services to arrange modified duties. Your patient completes his recovery at work. ■

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and a large circle of extended family, friends, and colleagues.

Kevin's legacy lives on through the physicians, technologists, leaders, and staff he supported; the program he helped steward; and the patients who benefited from his expertise and dedication.

Donations may be made to the Shuswap Hospital Foundation in memory of Kevin Beckner. ■

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