



Hepatitis C Treatment Lacking Among Children, Recently Pregnant Women

Two studies highlight disparities in access to hepatitis C treatment.

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Children and recently pregnant women experience disparities in access to [hepatitis C virus](#) (HCV) treatment, according to [two studies](#) by Washington University School of Medicine (WashU Medicine) researchers.

HCV is a contagious but curable blood-borne virus that infects the liver and can cause lifelong infection, liver fibrosis, cirrhosis, liver cancer, liver failure and death. Today, [HCV treatment](#) is easier and shorter than ever before; indeed, most people can be cured with a brief course of direct-acting antivirals.

A study published in Pediatrics found that few [children](#) with HCV were referred for care. The study also uncovered disparities in access to HCV care and treatment based on race, location and age, according to a [WashU Medicine news release](#).

A second study published in Obstetrics & Gynecology Open showed that recently [pregnant](#) women with HCV were significantly less likely to receive treatment for HVC compared with men or women who were not recently pregnant.

“We have treatments for hepatitis C where it’s just two or three months of pills and then over 95% of people are cured,” said Megan Curtis, MD, an assistant professor at WashU Medicine, who led both studies, in the release. “But we are still having difficulties in getting the treatments to the populations that need them the most. These kinds of studies can help us identify where those barriers are.”

The study published in Pediatrics focused on identifying which children experience gaps in access to HCV treatment.

Researchers analyzed data from 928 children with HCV and found that only about one in eight received treatment. Children born between 2014 and 2018 were more likely to be treated compared with children born earlier, which could reflect changes in Medicaid and insurance coverage during that period as well as an increased availability of treatment for younger children over time.

What's more, compared with Black children, Latino children were about twice as likely and white children were about three times more likely to receive HCV care. When analyzing access to care by location, researchers found that children with HCV in the [South](#) were the least likely to receive treatment compared with children in other regions of the country.

While socioeconomic disparities in access to health care and lower rates of available providers in certain U.S. regions likely contribute to these differences, Curtis posits that other factors may lead to low treatment rates among children.

"Parents might also delay because of the difficulty of administering a medicine to a young child, and clinicians may delay treatment because some children who have hepatitis C will spontaneously clear it on their own. However, this isn't always the case," Curtis said.

The second study focused on people with opioid use disorder (OUD), who are at higher risk of contracting HCV. Existing studies have shown that men with OUD are more likely than women with the disorder to receive HCV treatment. The new study aimed to discover whether pregnancy might play a role in these gender disparities.

Researchers found that recently pregnant women with HCV were about 30% less likely to receive treatment compared with men and about 11% less likely compared with women who were not recently pregnant.

Women with HCV can pass on the virus to their babies during pregnancy or delivery. [Guidelines now recommend](#) that all adults should be tested for HCV at least once. Women should be tested during each pregnancy, and people with ongoing risk should be tested regularly.

Many people with HCV do not know they have it and do not consider themselves to be at risk, which means they do not seek testing and treatment and can pass on the virus to others.

“People with hepatitis C are often asymptomatic for years after being exposed, so if you are young, otherwise healthy and have a new baby, getting prompt treatment may not be a top priority, especially if it is challenging to access,” said first study author Caroline Cary, a third-year medical student at WashU Medicine. “It’s imperative to make hepatitis C care more readily accessible to new moms considering the long-term consequences of the condition.”

The [Centers for Disease Control and Prevention](#) (CDC) estimates that approximately 2.4 million people in the United States are living with chronic HCV.

“We need to come up with better strategies for addressing hepatitis C,” Curtis said. “We have all the tools to eliminate it. We have medications that can treat it. We know the people who need to get it. We just need to step up the availability and the awareness. We could be done with hepatitis C in a generation.”

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