The Royal College of Pathologists
Pathology: the science behind the cure

Response to the UK National Screening Committee (NSC) on antenatal screening for hepatitis C virus

June 2026

Introduction

The Royal College of Pathologists (RCPath) supports inclusion of hepatitis C virus (HCV) within the UK national antenatal screening programme. While the current evidence map concludes that evidence is “insufficient to justify further synthesis work at this time” we consider that:

- the policy landscape has shifted materially, with multiple international bodies now recommending universal antenatal screening
- the harms of undiagnosed maternal infection and missed infant follow-up are clear
- the diagnostic pathway is robust and well established
- emerging real-world UK and international data demonstrate feasibility and acceptability
- the UK is working toward WHO elimination targets for HCV by 2030 and antenatal screening provides a systematic opportunity to identify undiagnosed infection and high-coverage population contact point.

Progression from risk-based to universal screening, with implementation aligned to existing antenatal testing pathways, is supported. RCPath has reviewed the evidence map and provided comments on relevant sections below.

Response to evidence map

Importance of evaluating potential screening programmes (page 7)

It is recognised that several factors affect whether a screening programme is clinically and/or cost effective. It is important that, in the context of HCV, a key purpose of screening is seen as enabling identification and appropriate follow-up of exposed infants, given the high cure rates now achievable from early childhood.

HCV and HCV in pregnancy: importance and burden (pages 7–8)

As outlined in the evidence review, HCV is a bloodborne infection with significant long-term morbidity, including cirrhosis and hepatocellular carcinoma. Chronic infection occurs in approximately 70% of cases and vertical transmission represents the main source of paediatric HCV in high-income settings. Transmission risk is estimated at 5–6% per pregnancy.

Even with relatively low prevalence, the consequences of missed infection justify screening where effective identification and follow-up pathways exist.

Diagnosis and screening of HCV: testing availability and accuracy (pages 8–9)

HCV testing follows a standardised two-step process (antibody followed by confirmatory RNA/antigen testing). This is already routine practice across UK laboratories. Concerns highlighted in the evidence review regarding false positives relate to antibody-only testing in low-prevalence settings, not the full diagnostic pathway.

The existing two-step testing algorithm in current routine practice mitigates false-positive risk, and screening does not introduce new technical uncertainty.

Antenatal care already includes routine bloodborne virus (BBV) testing pathway, and laboratory infrastructure is established and scalable through reflex testing models. Screening can align with existing blood tests and established BBV testing programmes. This would represent an incremental expansion rather than a new system.

Treatment of HCV: effectiveness of intervention and treatment (page 9)

The evidence map highlights that direct-acting antivirals (DAAs) can achieve high cure rates (~98% SVR12) in pregnancy studies. DAAs also show high effectiveness in children treated from age 3.

Although treatment during pregnancy remains limited, importantly, screening enables postnatal maternal treatment, facilitating early identification and follow-up of exposed infants.

The key benefit of screening is that diagnosis can lead to timely and effective follow up and cure, rather than immediate antenatal treatment.

National or international guidelines or recommendations for antenatal screening for HCV (page 14)

International variation demonstrates feasibility – North American guidelines recommend universal screening. While European/UK guidance currently recommends targeted (risk-based) testing only, the divergence between UK and international practice suggests policy lag rather than absence of evidence for screening.

Universal screening assists in prevention of paediatric disease, allowing for identification of exposed infants and structured follow-up and treatment pathways. This supports equity and case finding, as risk-based approaches may miss individuals without disclosed risk factors and increase health inequalities in access to testing.

RCPath is aware that the Clinical Virology Network (CVN) has also made a submission to the UK National Screening Committee (NSC) on antenatal screening for HCV. The submission draws attention to new and emerging data demonstrating high uptake, acceptability and case detection – including infections missed by risk-based approaches – alongside growing evidence on the effectiveness and safety of treatment in children.

UK NSC recommendation (page 9)

The 2018 UK NSC decision not to recommend screening was based on uncertainties in:

- prevalence of HCV in pregnancy
- risk factors for vertical transmission

- test accuracy
- effectiveness of treatment.

The RCPath interpretation based on the current evidence map is that:

- the test pathway is now standardised and well understood
- treatment effectiveness is clearly demonstrated outside of pregnancy
- DAAs are effective and safe in children
- the evidence base is continually evolving.

Conclusion and recommendations (page 26)

While the formal conclusion was that evidence is insufficient for further review at present, we interpret the same evidence base as supporting universal screening implementation with ongoing evaluation, rather than deferral. Implementation is supported by international precedent and would avoid limitations of risk-based testing and enable systematic case detection. While uncertainties remain, they no longer constitute sufficient barriers to programme implementation.

The focus of the programme objectives should be on:

- identification of maternal infection
- ensuring infant follow-up pathways
- linkage to postnatal treatment services.

There is also a need to continue evidence development alongside implementation particularly regarding:

- systematic collection of UK prevalence data
- DAA safety in pregnancy risk stratification for vertical transmission.

In conclusion, antenatal HCV screening should be incorporated into the national screening programme as a proportionate, evidence-aligned intervention supporting HCV elimination and maternal–child health outcomes.

Contact details

This response was collated by the Workforce and Engagement team within the Professional Practice Directorate of the College and authored by Dr Kate Templeton and Dr Alison Watt on behalf of the Joint Medical Microbiology and Medical Virology Specialty Advisory Committee.

Please contact the College if you have any questions: consultations@rcpath.org.

About the Royal College of Pathologists

The Royal College of Pathologists is a professional membership organisation with more than 11,000 fellows, affiliates and trainees, of which 23% are based outside of the UK. We are committed to setting and maintaining professional standards and promoting excellence in the teaching and practice of pathology, for the benefit of patients.

Our members include medically, dentally and veterinary qualified pathologists and clinical scientists in 17 different specialties, including cellular pathology, haematology, clinical biochemistry, medical microbiology and veterinary pathology.

The College works with pathologists at every stage of their career. We set curricula, organise training and run exams, publish clinical guidelines and best practice recommendations, and provide continuing professional development. We engage a wide range of stakeholders to improve awareness and understanding of pathology and the vital role it plays in everybody's healthcare. Working with members, we run programmes to inspire the next generation to study science and join the profession.