

Surveillance of HCV During Pregnancy & Perinatal HCV Guidance



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Background

- Hepatitis C (HCV) among gestational parents:
- Treatment not yet approved for infants or pregnant people, BUT important interventions possible
- CDC recommends HCV screening during each pregnancy in settings where the HCV RNA prevalence is <a>>0.1% or unknown

Perinatal HCV became nationally notifiable in 2018



Two Foci for Surveillance Activities

Pregnant or Recently Delivered HCV-positive People

Infants & Young
Children of HCVpositive Gestational
Parents



Uses Of Surveillance Data On HCV During Pregnancy

Parent Oriented

• Ensure linkage to HCV-specific care.

• Prioritize testing of infants for HCV.

Jurisdiction Oriented

 Monitoring adherence to pregnancy screening recommendations

Monitoring incidence & prevalence trends



Perinatal HCV Surveillance Data Uses

Infant/Child Oriented

- Identifying children ≤36 months of age who test positive for anti-HCV and/or positive for HCV RNA
- Provider counseling, ensure HCV treatment & care referrals

Jurisdiction Oriented

 Monitoring trends in disease incidence among children 2– 36 months of age

Program Oriented

Monitoring & evaluating the effectiveness of perinatal HCV programs.



Case Ascertainment & Classification



Case Ascertainment

- Can be resource intensive activity, but there are tiered options
- Need to ascertain 2 components for each :
 - pregnancy/delivery status & HCV infection of parents
 - HCV-positive gestational parent & HCV infection of infant

Complete identification of all gestational parent-infant pairs is difficult > use multiple methods to identify parents & infants/children

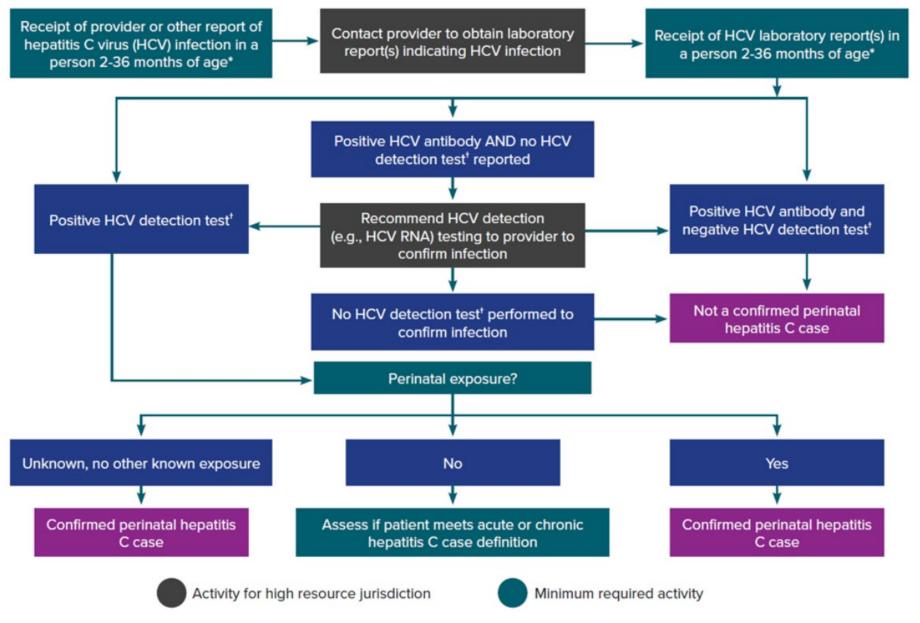


CDC/CSTE Perinatal HCV Case Definition

Requirements for Confirmed Perinatal HCV

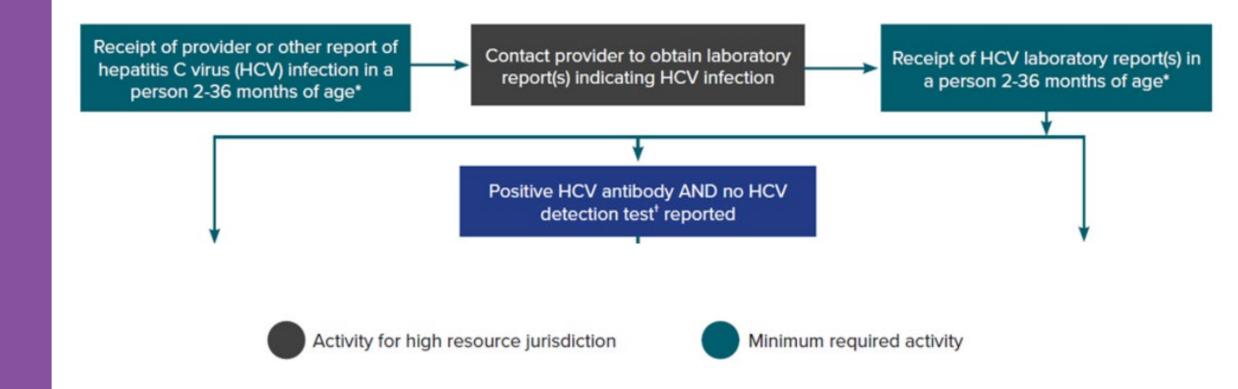
- Detectable NAT for HCV RNA
- Age 2-36 months
- Epidemiological link: Gestational parent with HCV infection & no other known exposure



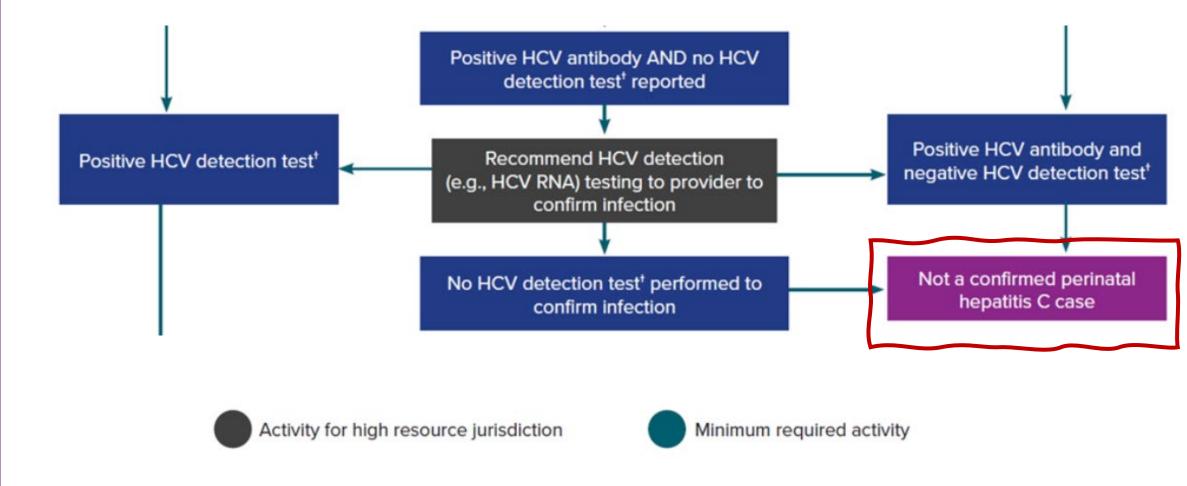


^{*}HCV detection testing includes nucleic acid testing (NAT) for HCV RNA (including qualitative, quantitative, & genotype testing) or testing indicating the presence of HCV antigen. At present, no HCV antigen tests are approved by the US Food & Drug Administration (FDA). These tests will be acceptable laboratory criteria, equivalent to HCV RNA testing, when an FDA-approved test becomes available.

†Test results among infants <2 months of age should not be used for classification. Cases among children ≤36 months of age who are known to have been exposed to HCV through health care or otherwise, & not perinatally, should be reported under the 2020 acute & chronic HCV case definitions.

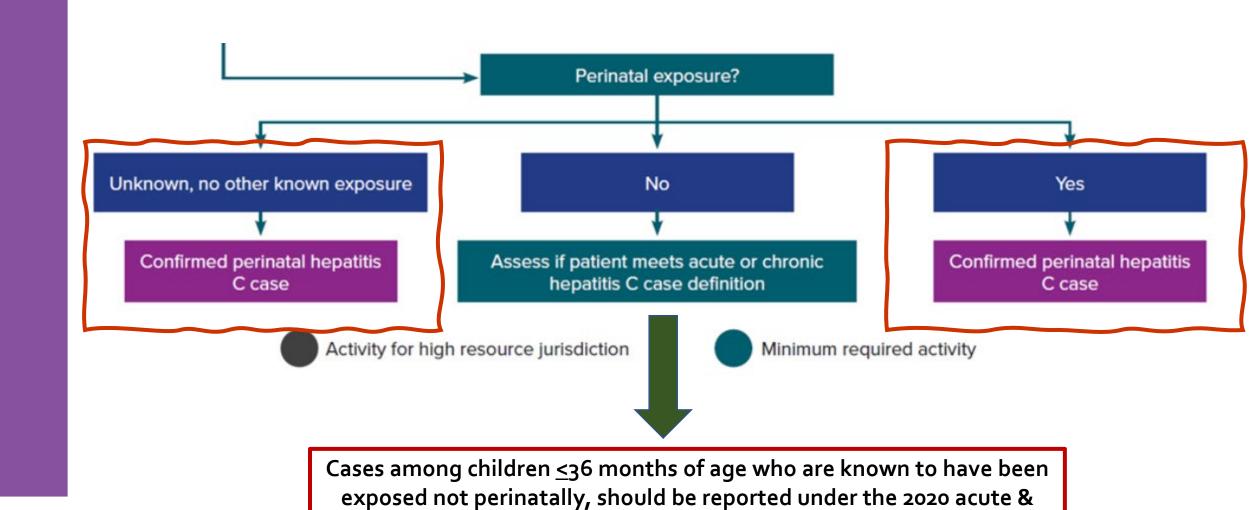








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HepTAC VLC

chronic HCV case definitions.

Case Examples



Perinatal HCV Case Example

- Reactive HCV Antibody reported for an 8-month-old infant

Case Status: Not a Confirmed Case

Action Items: Contact pediatrician to test infant

using HCV NAT



Health Department Capacity Example

- 0.2 FTE of epidemiologist can work on perinatal HCV
- Jurisdiction has limited capacity for follow-up of childbearing parents with new HCV laboratory results & no other protocol to identify parent-infant pairs
- Prevalence of HCV is increasing amongst people able to become pregnant of childbearing age
- A few reports of HCV Antibody positive infants have been reported

Surveillance Action Items:

- Match birth & HCV registry data on a quarterly basis to identify infants perinatally exposed to HCV.
- Match infants to IIS for pediatrician information.
- Write/send form letter for pediatricians regarding exposure & testing guidance for exposed infants'
- Write/send letter to ordering provider of HCV antibody tested infants regarding HCV NAT testing recommendations

Policy changes:

Make pregnancy in HCV-positive people reportable



Thank You!

Joseph Coyle (Michigan Dept. of Health & Human Services)
Hannah Henry (Indiana State Department of Health)
Rachel McLean (California Department of Public Health)
Boatemaa Nitri-Reed (NASTAD)
Amelia Salmanson (Utah Department of Health)
Susan Soliva (Massachusetts Department of Public Health)

