Surveillance of HCV During Pregnancy & Perinatal HCV Guidance

Danica Kuncio, MPH
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 $>0.1\%$ 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 HCV-positive 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.
Receipt of provider or other report of hepatitis C virus (HCV) infection in a person 2-36 months of age*

Contact provider to obtain laboratory report(s) indicating HCV infection

Receipt of HCV laboratory report(s) in a person 2-36 months of age*

Positive HCV antibody AND no HCV detection test² reported

Activity for high resource jurisdiction

Minimum required activity
HCV detection testing includes nucleic acid testing (NAT) for HCV RNA.

†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 not perinatally, should be reported under the 2020 acute & chronic HCV case definitions.
Case Examples
Perinatal HCV Case Example

- Reactive HCV Antibody reported for an 8-month-old infant
- HCV RNA detectable results during pregnancy for gestational parent in registry → Epi link

**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)