HCV During Pregnancy & Perinatal HCV Case Investigation Prioritization, Policy, and Health Department Capacity

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Case Investigation Prioritization
Pregnancy & HCV Investigations: Multi-Step Decision Process

1. Identify Potential Cases
   • Use multiple methods, automated when possible
2. Confirm Cases or parent-infant pairs for follow-up
3. Complete investigations for infants
   • Support testing and linkage to HCV treatment if needed
4. Complete investigations for pregnant parents
   • Support linkage to HCV treatment

Can prioritize follow-up at any of these steps....
Prioritization of Investigations

HCV-positive pregnant people should be investigated and followed up in accordance with practices outlined for cases of acute & chronic HCV

• Pregnancy status is unknown
  • Can add subgroups: testing come from an OB, birth record has binary HCV=yes, etc.

• Co-infected with HIV (parent & infant)

• High HCV RNA levels (parent & infant)

• Child ≤ 36 months has HCV RNA-detected result reported
Additional Prioritization Criteria

- Newer contact information/testing data is available.
  - The older the data, the harder to successfully reach

- Capacity-Based Decision:
  - Identify pregnancies, exposures, or perinatal transmission only?
Prioritization of Investigations/Management

• If resources limited, consider modulating at various levels.

Example:
• perform active investigations through providers for all pregnant parents w/ current HCV infection, all HIV-coinfected parents, and their infants
• Send letters to all pregnant parents w/current HCV infection
• Track but no intervention with HCV Antibody-positive only parents
Policy
Policy: Pregnant Persons

Reporting of pregnancy status of people living with HCV

- Reporting Regulation for Providers
  - Can you facilitate automated or electronic methods?

- Inclusion of pregnancy status by labs in ELR
  - Can status be imported into registry?
Policy: Pregnant Persons

Repeat testing in 3rd trimester required
• Risk-based screening? Automate?
• Important way to combat congenital syphilis and HIV
• Identifies new infections that occur after 1st trimester screen
Policy: Perinatal HCV

Require Reporting of Perinatally-acquired HCV

• Based on CSTE case definition? Or ask for HCV Antibody-positive too?
• Require reporting of epi-link by healthcare provider
• Way to make electronic/embed in lab records?
Policy: Perinatal HCV

Specify testing recommendation in infants

- Potential to make evidence-based policy or recommendation to pediatric providers
  - May not be able to dictate care
- Opportunity for clarifying guidance to providers
Health Department Capacity
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- 1.0 FTE epidemiologist/coordinator and 0.5 FTE surveillance assistant

- Identify pregnant people, recently postpartum parents, and children

- Follow up with provider/patient to confirm pregnancy/delivery and HCV status
  - If only know anti-HCV positive, will follow until HCV RNA status is known for pregnant/postpartum parent

- Mixed methods: manual, vital records review, EMR lookups, provider-specific process, check additional databases for HCV labs not in registry, etc.
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• Speak to parent’s provider, child’s provider, and parent and/or guardian
  • Educate, advise on transmission risk, testing recommendations, and refer parent to care

• Follow up after birth and at various intervals with pediatrician 27 months of age or child is tested

• Streamlined process with some providers: send lists, faxes, etc. rather than ad hoc
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

Survveillance 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!

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Breakout Discussion
Perinatal HCV Scenario 1

The HD received a positive anti-HCV laboratory result on a child 24 months of age. Through follow-up with the ordering provider, the gestational parent’s information was obtained.

The gestational parent is a confirmed chronic hepatitis C case in the surveillance system. Upon further investigation, the HCV RNA status of the child is negative. The child could not be matched to an existing hepatitis C case in the surveillance system.
Scenario 1 Questions to Ask

- Age criteria met?
- Epi link Established?
- Laboratory Criteria for perinatal HCV?
- Newly Reported?
Scenario 1 Questions Answered

- Age criteria met? **Yes! Child is 2-36 months of age**
- Epi link Established? **Yes! Gestational parent has current chronic HCV**
- Laboratory Criteria for perinatal HCV? **No. Viral load found to be not detected, even if anti-HCV was reactive**
- Newly Reported? **Yes! Never previously reported to CDC**
Scenario 1 Questions Answered

- Age criteria met? Yes! Child is 2-36 months of age
- Epi link Established? Yes! Gestational parent has current chronic HCV
- Laboratory Criteria for perinatal HCV? No. Viral load found to be not detected, even if anti-HCV was reactive
- Newly Reported? Yes! Never previously reported to CDC

Not a Confirmed Case of Perinatal HCV.
However, can track internally.
Perinatal HCV Scenario 2

A provider contacted the HD to report a positive HCV RNA test result in a child 6 months of age. Through birth certificate matching, the gestational parent was reported as a chronic hepatitis C case in the surveillance system.

No evidence of another likely mode of transmission exists other than perinatal. The child is not an existing hepatitis C case in the surveillance system.
Scenario 2 Questions to Ask

• Age criteria met?
• Epi link Established?
• Laboratory Criteria for perinatal HCV?
• Newly Reported?
Scenario 2 Questions Answered

• Age criteria met? Yes! Child is 2-36 months of age

• Epi link Established? Yes! Gestational parent has current chronic HCV

• Laboratory Criteria for perinatal HCV? Yes! Positive HCV detection test during 2–36 months of age

• Newly Reported? Yes! Never previously reported to CDC
Scenario 2 Questions Answered

• Age criteria met? Yes! Child is 2-36 months of age

• Epi link Established? Yes! Gestational parent has current chronic HCV

• Laboratory Criteria for perinatal HCV? Yes! Positive HCV detection test during 2–36 months of age

• Newly Reported? Yes! Never previously reported to CDC

Confirmed Case of Perinatal HCV!