



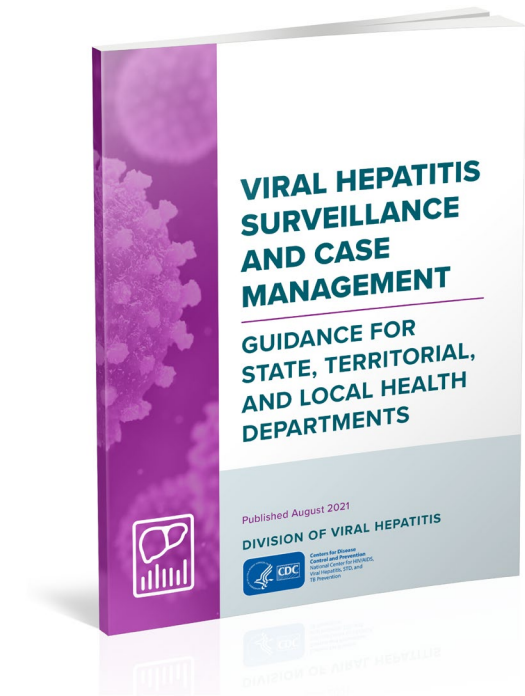
NASTAD's Prevention and Surveillance  
Virtual Learning Collaborative

# 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  $\leq$  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?

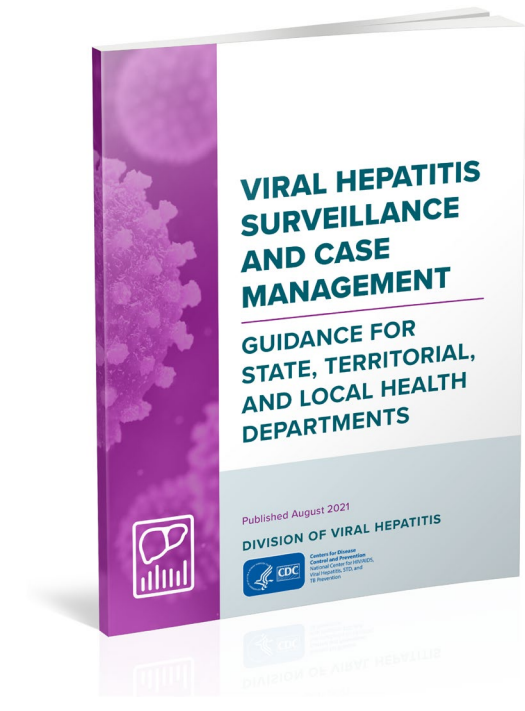
# Prioritization of Investigations/Management

- 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 3<sup>rd</sup> trimester required

- Risk-based screening? Automate?
- Important way to combat congenital syphilis and HIV
- Identifies new infections that occur after 1<sup>st</sup> trimester screen

# Policy: Perinatal HCV

## Require Reporting of Perinatally-acquired HCV

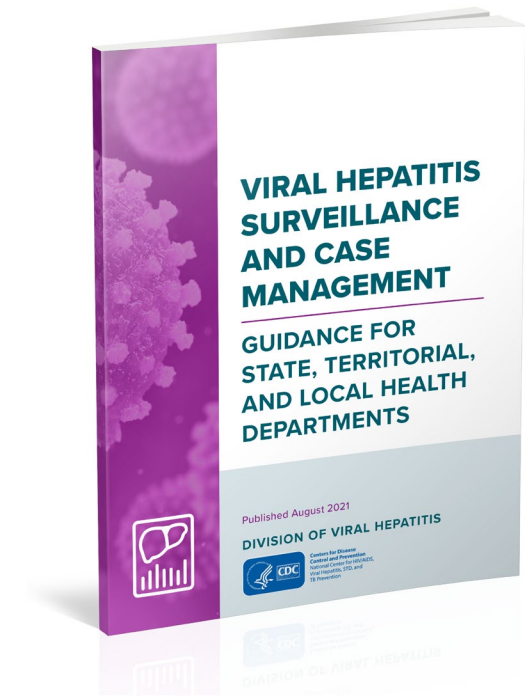
- Based on CSTE case definition? Or ask for HCV Antibody-positive too?
- Require reporting of epi-link by healthcare provider
- Way to make electronic/embed in lab records?

# 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



# Philadelphia Dept. of Health

- 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.

# Philadelphia Dept. of Health

- 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

## **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!

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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!**