

1001. Success of Perinatal Hepatitis C Testing: Philadelphia, 2011 - 2013
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Background. Vertical transmission of Hepatitis C Virus (HCV) from mother to infant is the most common route of infection among children. Five percent of infants born to mothers with chronic HCV are unable to clear the infection by 18 months and live with chronic disease. HCV positive infants and young children are often asymptomatic so screening in the early years of life is crucial for appropriate diagnosis. There are guidelines that require testing of both hepatitis B virus positive pregnant mothers and their infants, but no protocols exist for perinatal HCV. This study demonstrates provider success in appropriately testing infants born to HCV positive mothers in a major US city with a high burden of HCV.

Methods. HCV antibody and RNA tests reported to the Philadelphia Department of Public Health (PDPH) between 2008 and 2013 were used to identify maternal and infant testing. Additional tests were retrospectively collected from the three largest

laboratories serving the pediatric population. Datasets were matched with 2011-2013 birth certificates to identify infants born to HCV infected mothers and to ascertain reporting of infant testing practices. HCV seropositivity among infants born to HCV positive mothers was compared to the expected rate of 5%.

Results. PDPH received reports on 8,152 females who were HCV positive and 12-45 years of age in 2011-2013. Of these, 730 (9%) were found to have delivered at least 1 child, accounting for 816 (1%) of the 74,718 infants born in Philadelphia in the study period. Forty-six of these infants matched to the HCV data (6% overall; 17% from RNA positive mothers), 3 (7%) of whom were RNA-positive. Assuming a rate of 5%, an additional 38 infants would be expected to develop chronic HCV infection.

Conclusion. Repetitive and conclusive testing of pregnant women and infants in their first 18 months is necessary to identify vertical transmission of HCV and initiate infected infants into care. This data shows that an insufficient number of infants are being tested for HCV after birth, likely resulting in a pool of chronically infected children whose disease remains unmonitored. Testing practices should be expanded to include HCV screening for pregnant women and confirmatory HCV testing for their infants.

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