

## HEPATITIS C VIRUS PREVALENCE AND OUTCOMES AMONG PREGNANT WOMEN WHO INJECT DRUGS

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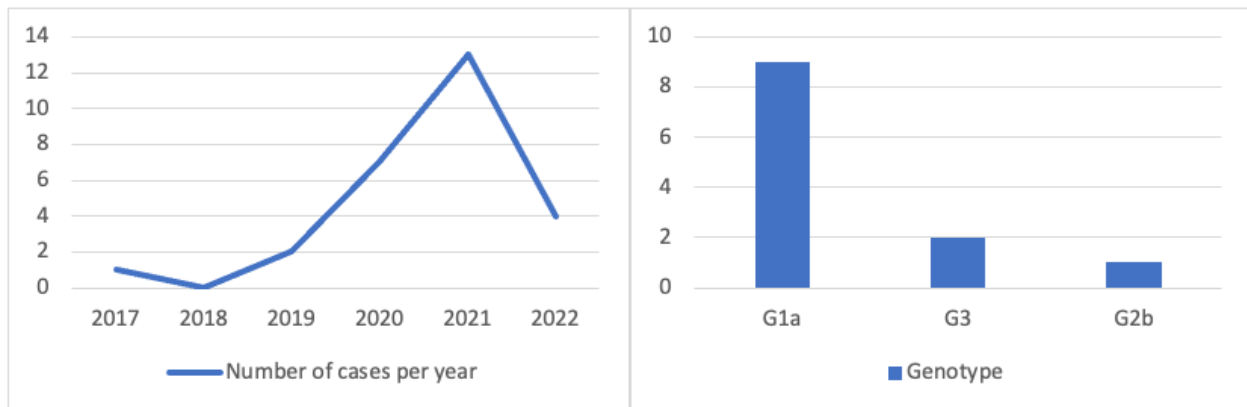
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**Background:** Hepatitis C virus (HCV) infections in the United States have increased over the past decade, particularly among persons 20–39 years old, partly attributable to injection drug use associated with the opioid epidemic. This has led to a rise in the prevalence of HCV in pregnancy from 1.8 to 5.1 per 1,000 live births: ~60–75% of pregnant women with a history of opioid and injection drug use are HCV<sup>+</sup>. Better identification of these women can ensure timely care to prevent vertical transmission.

**Methods:** We retrospectively reviewed medical charts for pregnant women who inject drugs identified as HCV<sup>+</sup> between January 2017 and May 2022 at a hepatology clinic known as “La Bodega,” which treats individuals with HCV and opiate dependence.

**Results:** The numbers of HCV<sup>+</sup> pregnant women with injection drug use increased over the study period (Figure, left). Among these 27 women, 7 (25.9%) missed the initial appointment, 3 (11.1%) were lost to follow-up before treatment initiation, 1 (3.7%) was denied insurance coverage for treatment, and 1 (3.7%) is pending evaluation. HCV spontaneously resolved in 3 patients (11.1%).

Among the 12 women that were treated, genotype 1a was the most common HCV type (Figure, right). Treatments occurred during the 3<sup>rd</sup> trimester of pregnancy in 3/12 women (25%) and during the postpartum period in 9/12 (75%) women (of the latter, 3 were lost to follow-up). Treatments consisted of sofosbuvir-velpatasvir (8/12 [66.6%]), sofosbuvir-ledipasvir (1/12 [8.3%]), sofosbuvir-velpatasvir-voxilaprevir (2/12 [16.7%]), and glecaprevir-pibrentasvir (1/12 [8.3%]). A sustained virologic response to treatment was attained in 7/12 (58.3%) women, and 2/12 (16.7%) are currently on treatment.



**Conclusion:** HCV cases among pregnant women who inject drugs is increasing. More research is needed regarding treatment among pregnant women. Treatment in the 3<sup>rd</sup> trimester is feasible thus preventing vertical transmission. Linkage to care may have been impacted by COVID.

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