ENGAGING MOTHER-INFANT DYADS IN HEPATITIS C CARE THROUGH PERINATAL PEDIATRIC INFECTIOUS DISEASES CONSULTATION

Epstein RL[1,2], Moloney C[1,3], Pelton SI[1,3]
[1] Department of Pediatrics, Section of Infectious Diseases, Boston Medical Center, [2] Department of Medicine, Section of Infectious Diseases, Boston Medical Center, [3] Boston University School of Medicine

Background: The current opioid epidemic is associated with rising hepatitis C virus (HCV) incidence, primarily in young adults, including women of reproductive age. Prenatal care, as a major source of healthcare for young women, may provide a unique opportunity to integrate substance use care and HCV linkage and treatment.

Description of model of care/intervention: In an urban safety-net hospital, pediatric infectious diseases initiated in 10/2016 consultations at delivery for all pregnant women identified as HCV antibody positive, to facilitate linkage to maternal HCV treatment and infant pediatric follow-up. Consultations involve nurse practitioner inpatient visits, appointment coordination, and contact during outpatient primary and specialty care visits. To evaluate intervention impact, we analyzed electronic health record data to characterize HCV linkage through 5/2018 for women delivering from 1/2014-3/2018.

Effectiveness: From 1/2014-9/2016, 230 anti-HCV positive women delivered at our institution. Of those, 217 (94.3%) had HCV nucleic acid (RNA) testing. Of 170 (78.3%) with positive RNA testing, 125 (73.5%) had genotype testing, and 28 (16.5%) had HCV treatment prescribed by 5/2018. From 10/2016-3/2018, 121 anti-HCV positive women delivered; 100% were HCV RNA-tested during pregnancy. Of 81 HCV RNA positive women, 66 (81.5%) had genotype testing, and 20 (24.7%) had evidence of successful linkage via HCV treatment prescribed by study end. Of anti-HCV positive women, 96% had diagnosed concurrent or previous substance use. Primary care physicians involved in outpatient addiction treatment comprised 50% of HCV prescribers pre-intervention and 55% post-intervention.

Conclusion and next steps: HCV treatment initiation rates in women with chronic HCV and substance use improved in the setting of a pediatric infectious diseases linkage intervention and institution and statewide initiatives to increase access to HCV treatment. This study demonstrates a novel linkage to cure model integrating perinatal care, substance use treatment, HCV treatment, and infant HCV screening together to improve joint outcomes.

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