

## HEPATITIS C SCREENING PROGRAM IN INFANTS BORN TO HIGH RISK MOTHERS

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### Background:

It is estimated that the vertical transmission rate of hepatitis C (HCV) from mother-to-child is 5.8%. Due to the placental transfer of maternal antibodies, confirmation of hepatitis C infection is often delayed until the baby is 12-18 months of age. Many primary care physicians and pediatricians are unaware of appropriate screening for these at-risk infants and as a result it is likely many have not or will not be screened for HCV.

### Methods:

A pilot program was instituted between January 2015 and June 2017 on the newborn ward to identify at-risk mothers (HCV positive, on MMT, and/or confirmed/suspected illicit drug use) and their infants at the time of delivery. A referral letter outlining the need and timing for screening was sent to the primary care provider of each infant identified upon discharge from hospital. This project followed up on the rates of HCV screening completed on these infants.

### Results:

A total of 54 at-risk infants were identified during the pilot program. The risk factors of the mothers included 16 (29.6%) with confirmed HCV, 39 (72.2%) on OST, and 18 (33.3%) with active/suspected illicit drug use. A total of 15 babies (27.8%) had HCV screening performed (mean screening age 11.1 months), of which two 2 (13.3%) were HCV-antibody positive, and 1 (6.7%) had a detectable viral load after 12 months of age.

### Conclusion:

This program demonstrated that the incidence of high risk births in our region is high at approximately 1 in every 100 live births. Despite written education to primary care providers, the number of babies with HCV screening completed is low. Further work into the most effective care pathways for at-risk mothers and infants is needed to ensure cases of HCV acquired through maternal transmission since untreated hepatitis C infection can lead to end stage liver disease.

### Disclosure of Interest Statement: *See example below:*

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