PRE-NATAL HEPATITIS C (HCV) SCREENING AND POST-NATAL LINKAGE TO CARE AT CUPS, AN INNER-CITY CLINIC FOR PEOPLE EXPERIENCING VULNERABILITY IN CANADA

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Background:

CUPS is a multi-disciplinary clinic supporting individuals affected by poverty, trauma, and/or substance use, with a focus on building resilience. HCV is on the rise among reproductive-aged women in Alberta, with a 5.8% risk of vertical transmission. Our quality improvement project evaluated maternal HCV screening and linkage to care at CUPS and appraised whether infants were being correctly assessed for potential infection.

Method:

We retrospectively analyzed the electronic medical records of CUPS patients and the provincial Netcare system to assess maternal HCV screening, exposure, active infection prevalence, linkage to care, and neonatal testing. Data was extracted for HCV antibodies, PCR results, and treatment history for pregnant women and their infants who received prenatal care between April 2018 and June 2022. Results were discussed with the Women's Health team for process improvement.

Results:

Even prior to provincial implementation, CUPS had a universal HCV in pregnancy screening policy. Of 445 pregnant women seen, 384 (86%) were screened for HCV, of whom 45(12%) were HCV antibody positive (95%CI for entire cohort 7.1-13.1%) and 18 (5%) were HCV RNA positive. Only 8 (44%) of those with chronic hepatitis were treated post-partum. Three babies born to HCV RNA positive mothers were tested for HCV (2 negative, 1 not specified). Twenty-three percent of all infants were apprehended.

Conclusion:

The high prevalence of HCV in pregnant women at CUPS highlights the need for better linkage to care and testing of infants. Reflection on these results has led to the following proposed changes: link HCV-positive pregnant women with the on-site Liver Clinic before birth, evaluate dried-blood-spot testing at well-baby check-ups, opportunistic point-of-care antibody testing, and collaboration with pediatrics to develop a follow-up algorithm for infants who are adopted or apprehended. These changes should improve early detection and treatment of HCV in infants, leading to better health outcomes.

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