

Preventing Perinatal Transmission of Hepatitis C

Hepatitis C virus (HCV) infection is increasing in young adults, and better screening processes during pregnancy are warranted in order to prevent a subsequent increase in HCV infections in newborns. The authors used data from the “Recovery, Empowerment, Social Services, Prenatal care, Education, Community, and Treatment” (RESPECT) project from Boston Medical Center which cares for pregnant women with substance use disorders. Specifically, women with an opioid use disorder and who delivered a live birth from 2006 to 2015 were followed to see how well follow up occurred in a HCV cascade of care. The HCV cascade of care had management components utilized for both women and infants. Women who had live births were assessed for HCV infection. If they were HCV seropositive, they underwent HCV RNA testing to determine if they had viremia so that they could be linked to medical care. Subsequently, infants born to HCV seropositive mothers were screened per American Academy of Pediatrics guidelines, and all children with positive HCV antibody testing or RNA testing were linked to medical care, including consultation with a pediatric infectious disease service. Mothers with and without HCV infection were compared, and multivariable logistic regression was used to determine various factors associated with linking to HCV care, including maternal age, race, distance from the medical center, HIV status, behavioral health diagnosis, tobacco use, substance use disorder, and opioid agonist therapy.

A total of 879 women with an associated opioid use disorder met inclusion criteria for the study,

and 510 subjects (68%) were HCV seropositive. Women who were seropositive were significantly more likely to be white, non-Hispanic, have a concomitant HIV infection, have used tobacco during pregnancy, and have been prescribed opioid agonist therapy at time of delivery. It was noted that 369 of HCV seropositive women (72%) had HCV RNA testing, but only 107 women who had positive HCV RNA testing (41%) were linked to subsequent HCV care.

Additionally, 404 infants were included in the analysis who were born to mothers with positive HCV seropositivity. Only 180 infants (45%) finished testing for an HCV infection, and only 5 of these infants (2.8%) were diagnosed with an HCV infection (and all of these infants were subsequently linked to care). Increased completion of HCV screening in infants was significantly associated with maternal HIV co-infection. Maternal methadone maintenance therapy also was associated with completion of HCV screening on univariate analysis only.

This study demonstrates that there are areas in the care chain warranting improvement for women and their infants with HCV positivity so that complete testing and potential referral for treatment can occur. This study shows that linking high-risk individuals to care has the opportunity to improve HCV treatment. It would be interesting to see how this care model would work in other geographic regions of the United States.

Epstein R, Sabharwal V, Wachman E, Saia K, Vellozzi C, Hariri S, Linas B. Perinatal transmission of hepatitis C virus: defining the cascade of care. *Journal of Pediatrics* 2018; 203: 34-40.



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Are We Forgetting to Do Long-Term Follow Up for Children with Celiac Disease

Celiac disease (CD) or gluten-sensitive enteropathy requires life-long adherence to a gluten-free diet as non-adherence can have significant health consequences. The authors of this study evaluated how well children with CD were followed long-term by determining how often such children received follow-up care defined as meeting with a dietician as well as annual disease-specific care. A total of 250 children with CD diagnosed between 2010 through 2014 at a tertiary children's hospital underwent a retrospective chart review to see if they received appropriate follow up-care.

Median age of CD diagnosis was 9.7 years, and the most common symptom at time of CD diagnosis was abdominal pain. The majority of patients (83%) had consultation with a dietician after a diagnosis of CD; however, 25% of the children with a new diagnosis of CD were lost to follow up within one year after diagnosis. Also, 9% of these subjects never had follow up after their endoscopic procedure diagnosed CD by duodenal biopsy. Cox Proportional-Hazards modeling determined that risk factors associated with loss of follow up included having a sibling with CD, using Medicaid, and not attending / rescheduling more than 50% of appointments. Children diagnosed with CD at an older age were significantly more likely to be lost to follow up in the first year after diagnosis (median 11.4 years versus 8.7 years). Children who reached 18 years of age and were compliant with follow up visits were found to be significantly younger at the time of initial CD diagnosis.

This study demonstrates that appropriate clinical follow up for children with CD is often lacking which places such children at risk of CD complications. The authors state that accurate follow up information, such as appropriate CD education, is needed at for patients, families, and providers.

Blansky B, Hintze Z, Alhassan E, Leichtner A, Weir D, Silvester J. Lack of follow up of pediatric patients with celiac disease. *Clinical Gastroenterology and Hepatology* 2019; doi: <https://doi.org/10.1016/j.cgh.2018.12.027> [Epub ahead of print].

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