

HEPATITIS C ACROSS GENERATIONS: DEMOGRAPHIC AND BEHAVIOURAL INSIGHTS INTO AFFECTED MOTHERS AND CHILDREN IN NEW SOUTH WALES, AUSTRALIA

Authors:

Valerio H¹, Tillakeratne S¹, Bartlett AW^{1,2}, Marshall AD^{1,3}, Russell D¹, Barault M¹, Kwon JA¹, Dore GJ¹

¹The Kirby Institute, University of New South Wales, Sydney, Australia

²Sydney Children's Hospital Randwick, Sydney, Australia

³Centre for Social Research in Health, University of New South Wales, Sydney, Australia

Background:

Hepatitis C virus (HCV) is curable with treatment, but women who have had children are less likely to access care. Despite the risk of vertical transmission (~5%), little is known about mothers with HCV or their children, resulting in two understudied populations potentially falling behind in the pursuit of HCV elimination. To further understand their health needs, we aim to describe mothers with HCV and their children across 27 years of data collection.

Methods:

HCV notifications in New South Wales, Australia were linked to perinatal, hospitalisations, opioid agonist treatment (OAT), incarcerations, deaths, and prescription databases. Two cohorts were established: mothers with HCV and children born to mothers with HCV who have had a subsequent HCV notification. Descriptive statistics were used to characterise these two cohorts.

Results:

15,996 mothers with HCV gave birth to 36,332 children between 1994 and 2021. 627 children had subsequent HCV notification. Among mothers, 28% had a hospitalisation indicative of injection drug use one year before or after childbirth, 17% were receiving OAT at childbirth, and 33% had been treated for HCV. A minority (42%, 263/627) of children with notified HCV were diagnosed prior to age 13 years and median age at HCV diagnosis was 17 years (Figure 1). Among children with HCV, during follow-up (including into early adulthood) 39% had been hospitalised for injection drug use, 38% had ever received OAT, and 56% had been incarcerated; 45% of children had received HCV treatment, higher in males compared to females (52% v 35%, $p < 0.001$).

Conclusion:

Mothers and females with HCV continue to face barriers to care. The small proportion of notifications and delays in diagnosis may indicate a gap in paediatric screening. Preventable, generational risk behaviour in adolescence and young adulthood may contribute to HCV infections among children born to mothers with HCV.

Disclosure of Interest Statement:

The authors recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. If accepted into the program, we will include a disclosure of interest slide into our presentation or such statements on our poster.

Figure 1: Age at HCV notification among children born to mothers with HCV between 1994 and 2021

