

HEPATITIS C ANTENATAL LINKAGE-TO-CARE (HALT-C) BUNDLE IS ASSOCIATED WITH IMPROVED OUTCOMES COMPARED TO USUAL POSTPARTUM CARE

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Background:

Standard postpartum referral for Hepatitis C virus (HCV) care has been ineffective. Multispecialty guidelines endorse antenatal treatment through shared decision-making. We evaluated whether a health system-wide Hepatitis C antenatal linkage-to-care (HALT-C) bundle including proactive patient identification, care coordination and treatment timing options increased direct acting antiviral (DAA) prescription by 6 months postpartum.

Methods:

This was an observational study at a large US midwestern health system, comparing outcomes among HALT-C-eligible pregnancies identified pre-implementation (12/01/2021-05/31/2023) with those post-implementation (03/1/2024-08/31/2025). Pregnant patients ≥ 18 years old with detectable HCV RNA and ≥ 1 encounter in the health-system before 35 weeks' gestation were eligible. Primary outcome was percentage of patients prescribed DAAs by 6 months postpartum. Secondary outcomes included linkage-to-care, treatment timing decision, treatment completion, and sustained virologic response.

Results:

We identified 62 bundle-eligible pregnancies in the pre- and 35 in the post-implementation periods. DAA prescription by 6 months postpartum increased from 48% to 77% ($p=0.009$); treatment completion improved from 21% to 54% ($p=0.001$). Impacts were greatest among patients who delivered regionally, rather than the academic medical center where intensive postpartum linkage-to-care already existed, increasing DAA prescription rates from 14% to 73% ($p<0.001$) and among those who resided in rural areas (24% vs 91%; $p<0.001$). Three-quarters of post-implementation clinic attendees preferred antenatal over postpartum treatment; those treated antenatally were twice as likely to complete treatment than those who deferred postpartum (92% vs 45%; $p=0.02$).

Conclusion:

The HALT-C bundle was associated with significantly improved DAA receipt across a regional health system. Most patients preferred treatment during pregnancy. Patients treated antenatally were twice as likely to complete treatment, highlighting pregnancy as an important opportunity to initiate curative therapy. Multisite effectiveness and implementation data are urgently needed to guide integration of HCV treatment into prenatal care as the obstetric guidelines may soon change.

Disclosure of Interest Statement:

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