

Annual Hepatitis C Screening QI: A Scoping Review

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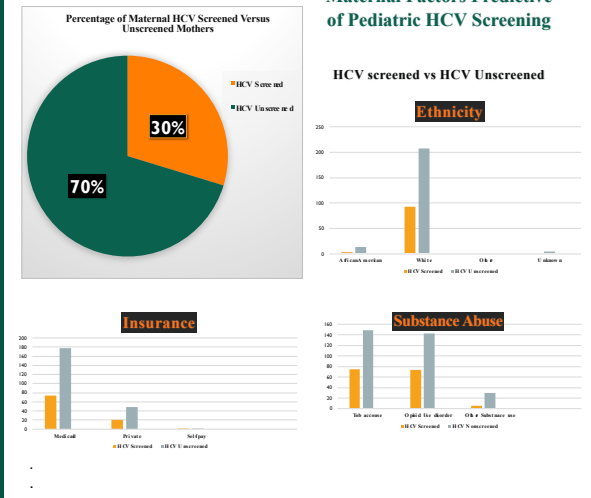
Purpose

- The quality improvement project set to study the impact of Hepatitis C screening of adult pregnant women versus no Hepatitis C screening and how it influence vertical transmission to the newborn.
- Specific aims
 - To determine if early hepatitis screening in identified at-risk pregnant women will reduce the risk of hepatitis C vertical transmission to the newborn baby.
 - Increase HCV screening for all pregnant women during the initial healthcare visit to identify pregnant moms with hepatitis C, to allow for early monitor and prevention of associated complications.
 - To determine the cost-effectiveness of including Hep C screening to the standardized prenatal screening in reducing the overall cost of treating complications associated with hepatitis C infection in newborn.

Methods

- In this scoping review, we analyze the number of pregnant women who are screened for HCV versus unscreened.
- National surveillance data revealed an increase of HCV infection every year from 2009 through 2017.
- The highest rates of acute infection are among persons aged 20–39 years.
- Newer HCV infections have increased in reproductive aged adults in 2009–2014.
- Determine risk factors:
 - High-risk behaviors (unprotected sex/anal sex)
 - Current HIV infection
 - Sharing personal items contaminated with blood (e.g., razors or toothbrushes), unregulated tattooing, needlestick injuries among health care personnel, and birth to a mother with HCV

Results



Background

- The prevalence of HCV infection is on the rise among young adults, including women childbearing age, with an estimated 23,000 to 46,000 children in the United States living with HCV infection (Watts et al., 2017).
- HCV prevalence among pregnant women and the threat of perinatal HCV infection, HCV-exposed infants are still not adequately screened (Chappell et al., 2018).
- An estimated 4% to 8% Of infants exposed during pregnancy ending up becoming infected (Chappell et al., 2018).
- Hepatitis C virus-monoinfected and HIV/HCV-coinfected drug users had high clinical liver disease progression rates with advanced immune suppression (Baranoski et al., 2016).

Implications for Practice

- Outcome will assist in reviewing and analyzing data regarding risk factors for HCV
 - Illicit drug user (e.g., injected, inhaled, or opioids), HBV or HIV positive, and women on long-term hemodialysis.
- Identify specific evidence-based practice (EBP) strategies currently in place for HCV screening
- Universal hepatitis C screening compared with risk-based screening for adults and pregnant women
- To determining EBP strategies in place to identify screening for HCV infection
- Identify EBP strategies for ensuring perinatal HCV screening to prevent perinatal transmission.

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