UK NATIONAL SCREENING COMMITTEE

Screening for Hepatitis C in Pregnancy Policy Position Statement

17 November 2011

Aim

1. This note provides background to the agenda item addressing the review of the evidence for screening for hepatitis C infection in pregnancy. It summarises the small number of responses to the consultation exercise and proposes a policy statement for consideration by the UK National Screening Committee (UK NSC).

2. The current review is attached for information.

Context of the review

UK NSC

3. The previous review of screening for hepatitis C infection in pregnancy was undertaken in 2003.

4. The current policy is that 'Antenatal screening for Hepatitis C should not be offered'.

National Institute for Health and Clinical Excellence (NICE) Guidance

5. The recommendation in the current NICE Routine Antenatal Care Guideline (2008) is that:

'Pregnant women should not be offered routine screening for hepatitis C virus because there is insufficient evidence to support its effectiveness and cost effectiveness.'

UK Practice

6. It is thought that some units offer screening to all pregnant women. In some areas of Scotland some units offer selective screening to address the high rate of infection in the IV drug using population.

Review process

7. The review was posted on the UK NSC website for three months. It was also sent directly to the Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health, British Liver Trust, Hepatitis C Trust, Professor David Goldberg (to coordinate distribution to stakeholders based in Glasgow), the National Clinical Director for Liver Services and Professor Deirdre Kelly (paediatric hepatologist, Birmingham).

8. Comments are summarised below. All comments are available on request to UK NSC members but not for wider distribution.

Comments summary

	Comments
Hepatitis C Trust	The Hepatitis C Trust considered that antenatal screening for hepatitis C should be introduced and cited the following advantages of screening: • avoidance of invasive procedures at delivery (eg fetal scalp electrode, instrumental delivery etc) to reduce the risk of transmission • treatment of mothers identified by screening could reduce the risk of transmission in future pregnancies • testing and management of contacts could be instituted • there is no evidence of psychological harm from antenatal screening • the success rate of treatment in children is higher than in adults • women concerned about the condition would have the opportunity to be tested • screening would 'normalise' testing and reduce the stigma associated with the condition In addition to these points the Trust commented that: • antenatal screening would be the only opportunity to detect affected children before clinical presentation at which point treatment would be less effective • there is a low rate of spontaneous clearance in vertically transmitted hepatitis C • the prevalence of hepatitis C is likely to have increased since the previous review and is greater than HIV prior to the introduction of screening • screening would provide further evidence relating to the prevalence of hepatitis C in pregnancy • the cost of screening was overestimated in the review Finally, because the Trust considers that risk of transmission can be reduced in the current pregnancy the response suggested that screening in the postnatal period would be ethically unacceptable.
Professor Deirdre Kelly	Comments were received from Professor Kelly who submitted some additional references on a range of issues. These were considered by the reviewer and do not significantly alter the content or conclusions of the review. However information from the submitted publications has been added to the sections of the review addressing the effectiveness of paediatric treatment and the rate of spontaneous viral clearance. The submitted comments suggested that:

	• screening would allow clinicians to reduce the risk of transmission by avoiding use of invasive procedures at delivery (eg fetal scalp electrode, instrumental delivery etc). However it is acknowledged that this approach is not discussed in the literature as an effective means of risk reduction • screening would enable postnatal treatment of the mother and the identification of a cohort of children who do not seroconvert naturally and could be considered for treatment above the age of 3 • screening, by enabling treatment, would prevent the stigma associated with the infection • the review's emphasis on the lack of data on prevalence in pregnancy was correct. However it was also suggested that the review did not pay enough attention to the way in which demographic changes have affected the prevalence of hepatitis C in the UK population as a whole • the review's discussion of the natural history was correct but added that there is a low natural seroconversion rate associated with vertically acquired infection • that UK data, published since the review, indicates a higher rate of successful treatment than that suggested in the review • that test performance has improved since the previous review but no evidence was submitted to demonstrate this • ongoing work to study the acceptability of screening in pregnancy would contribute to future reviews
Glasgow 1	A submission from Dr Eleanor Anderson commented that: • there is no consensus in Scotland regarding the introduction of antenatal screening • the review did not appear to reach a conclusion on whether hepatitis C was an important public health problem • prevalence could not be reliably ascertained from blood donor data • the infrequency of morbidity in childhood appears to be correct but the problem of hepatitis C only appears later in life and the studies are of insufficient duration to provide information on long term outcomes • the review could have placed greater emphasis on other criteria, for example those covering the test and alternatives to screening. This would have emphasised the limited alternatives to detecting and managing infection prior to symptomatic presentation • the review should provide a clearer steer on what to do in the absence of antenatal screening

Glasgow 2	A submission from Dr Conor Doherty and colleagues made the following comments: • there doesn't appear to be any advocates of universal screening in Glasgow • the review was well written and accurate in content but there should be an opportunity for paediatric input • there are no studies of sufficient duration to map the natural history of vertically acquired infection although there is some evidence suggesting that this group may progress to liver disease more quickly than adults • there appears to be no evidence of psychological harm from screening and some evidence (from a publication in 2000) of screening's acceptability • it is logical to assume that the protease inhibitors currently in development will represent a further advance in paediatric treatment More specifically the submission referred to the situation in Glasgow where there is a high rate of hepatitis C infection, concentrated mainly within the IV drug using population. Dr Doherty was concerned that the UK NSC policy, that antenatal screening should not be offered, was quoted in justification of not offering 'selective screening'.
Glasgow 3	Dr Betty Wilson, a paediatrician, commented that the uniquely high prevalence of hepatitis C in Glasgow should provide a rationale for offering screening.

Proposed policy position statement

9. Universal screening for hepatitis C in pregnancy is not recommended.

10. There are currently no interventions which have been shown to significantly reduce the risk of transmission to the baby. The exception to this is the small group of women with HIV / HCV coinfection. In addition there is insufficient information on the prevalence of hepatitis C in the pregnant population and on the natural history of vertically acquired infection.

11. Recent developments in the treatment of hepatitis C have changed the terms of the debate about screening for hepatitis C in pregnancy. This is a rapidly evolving area and discussion is beginning to focus on the identification of children who would benefit from early intervention. However the effectiveness of new treatment regimens in the paediatric population, and their impact on the assessment of screening, are currently insufficiently understood to recommend that all pregnant women should be offered screening.

Recommendations

12. Areas arising from the review which require particular attention are:

- an up to date assessment of prevalence in the pregnant population

- studies assessing outcomes in vertically acquired infection
- monitoring the evidence relating to paediatric treatment
- the next review should take place in 2 years or earlier should sufficient information become available on the above

Action

13. The UK NSC is asked to agree to the proposed policy position statement and recommendations.