Perinatal Transmission of Hepatitis C Virus

Vienna, 1 June 2017

VHPB MEETING

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Perinatal Transmission of Hepatitis C Virus Outline

- definition and timing
- * transmission rates
- * risk factors
- * the Trojan horse hypothesis
- conclusion



Global Burden of HCV in Children and Adolescents

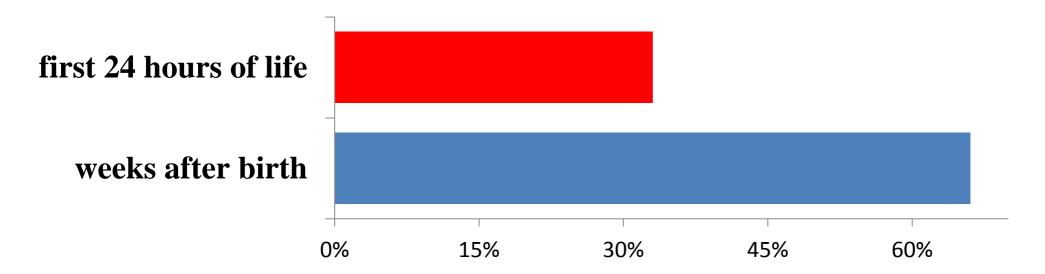
*** 13.2** (11.5-21.2) million children between 1 and 15 years are infected with HCV worldwide

6.6 (6.1-11.6) million viraemic infections



Vertical Transmission of Hepatitis C Virus Timing

HCV RNA detected by PCR in serum of the neonate/infant





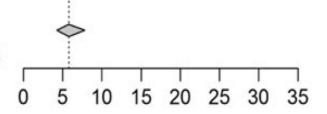
Vertical Transmission of Hepatitis C Virus

HCV antibody and RNA-positive women

HIV-negative women

Random effects model

Heterogeneity: I-squared=45.9%, P = .0203

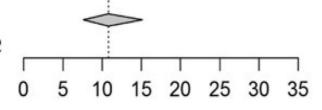


5.8 [4.2; 7.8] 100%

HIV-positive women

Random effects model

Heterogeneity: I-squared=28.8%, P = .1982



10.8 [7.6; 15.2] 100%



Risk factors

* maternal

* obstetric procedures

* factors **NOT** associated with an increased risk



Maternal risk factors

- * HCV viraemia
- HIV co-infection
- previous or ongoing history of IVDU
- sexual partner HCV-infected
- active hepatitis
- infection of maternal PBMCs
- presence of the negative strand of HCV inside the PBMC
- ***** HLA class II mother-child concordance



Obstetric procedures

- invasive internal fetal monitoring
- vaginal or perineal laceration during vaginal delivery
- >6 hours duration of the rupture of membranes
- episiotomy
- amniocentesis
- **conditions increasing the intrapartum exposure to maternal blood**
- being second twin



Factors NOT associated with an increased risk

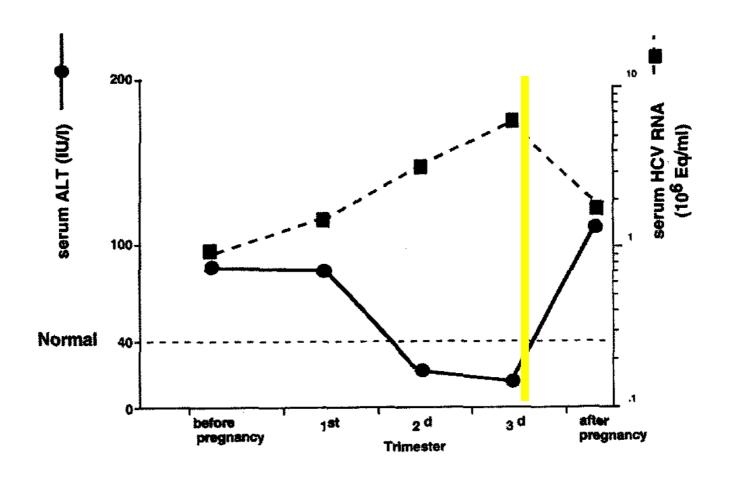
- HCV genotype
- ❖ *IL28B* (*IFNL4*) genotype

- * mode of delivery (Caesarean *versus* vaginal)
- ***** type of feeding
- level of viraemia



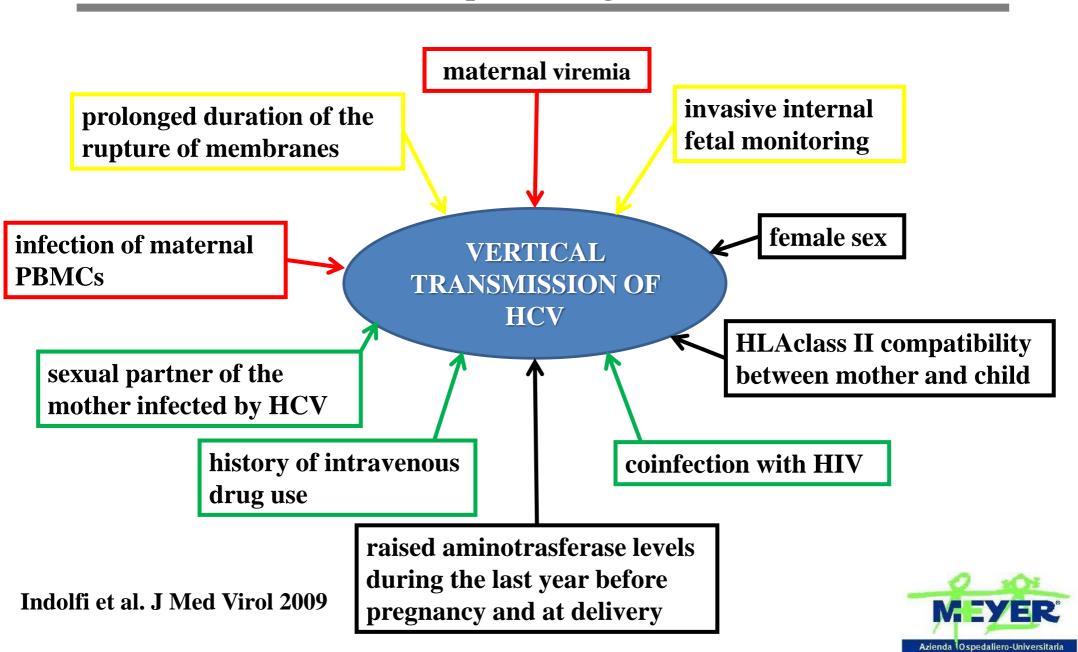
HCV Infection in Pregnancy

Viraemia and Transaminases

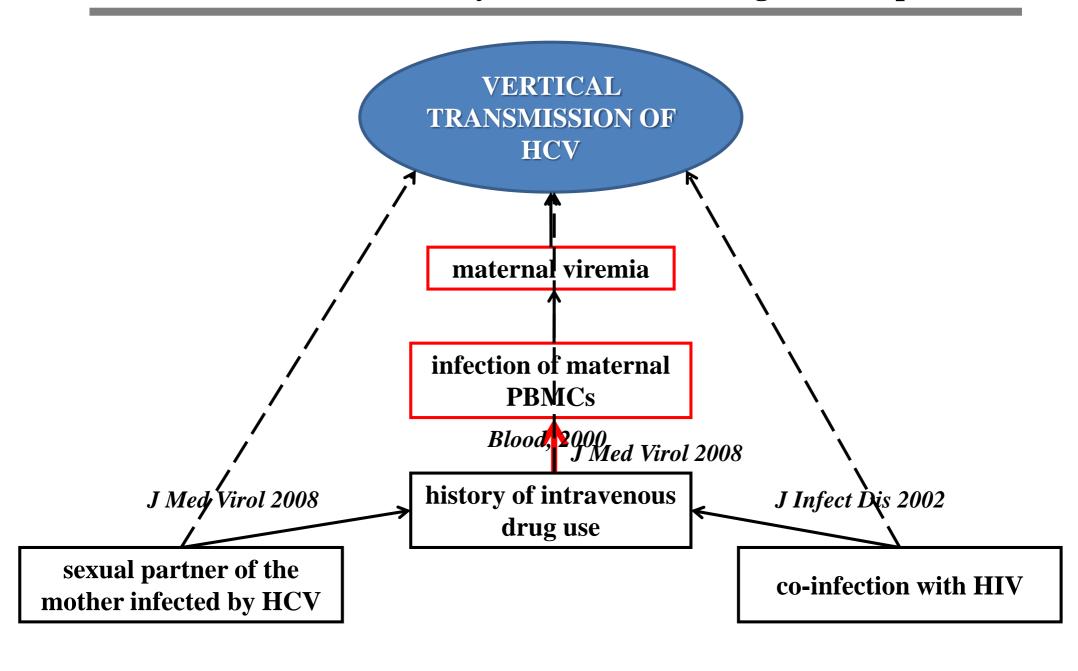




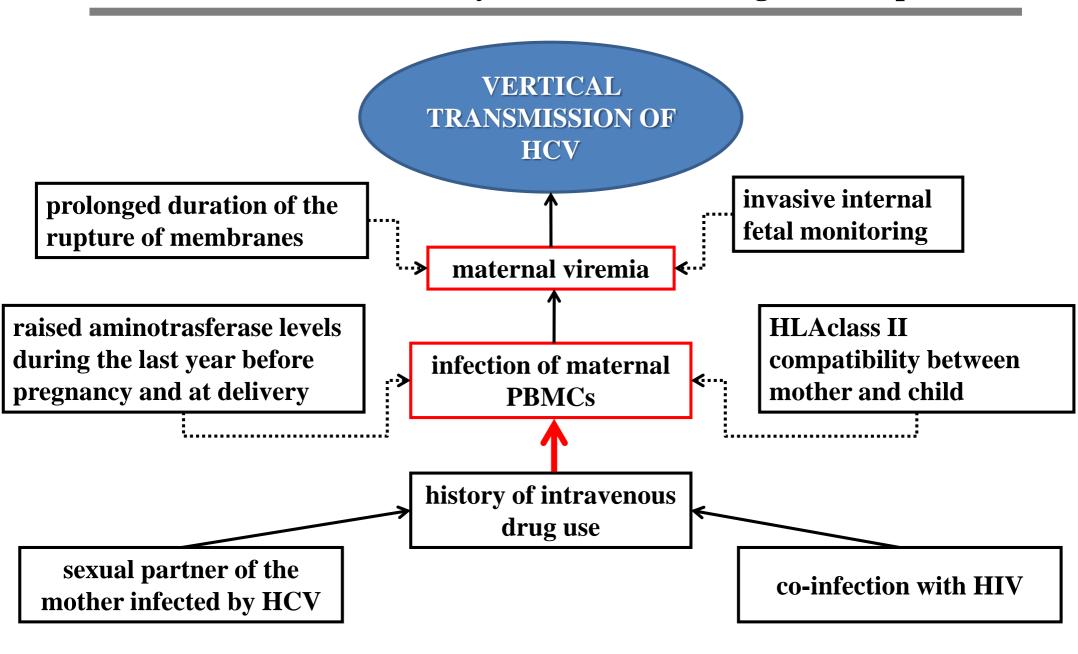
Results of Epidemiological Studies



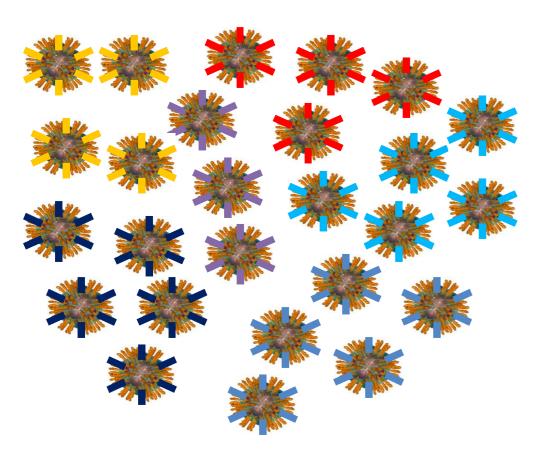
Results of Multivariate Analyses and Possible Logical Interpretation



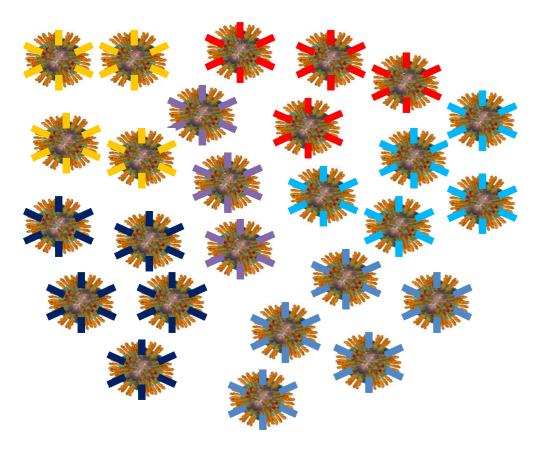
Results of Multivariate Analyses and Possible Logical Interpretation



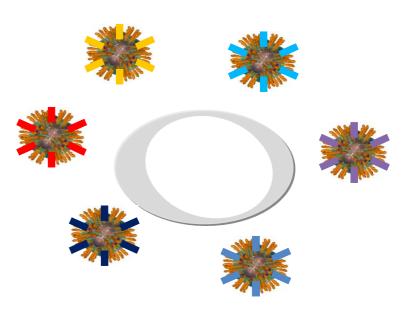
HCV MATERNAL QUASISPECIES



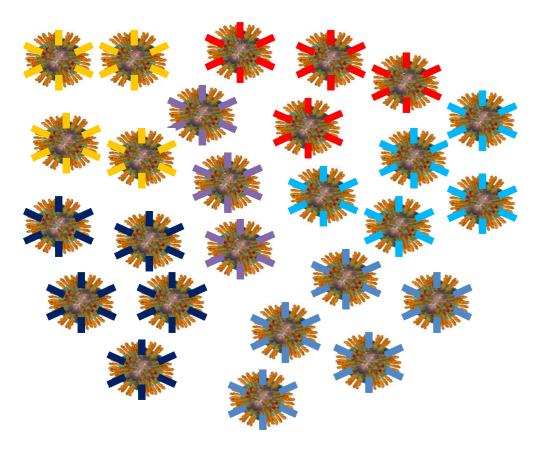
HCV MATERNAL QUASISPECIES



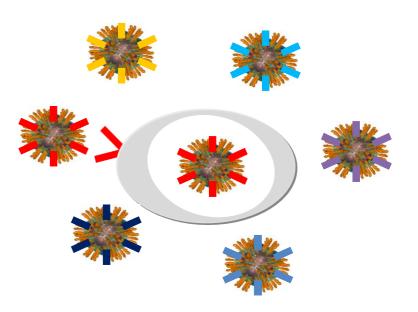
MATERNAL PBMC



HCV MATERNAL QUASISPECIES

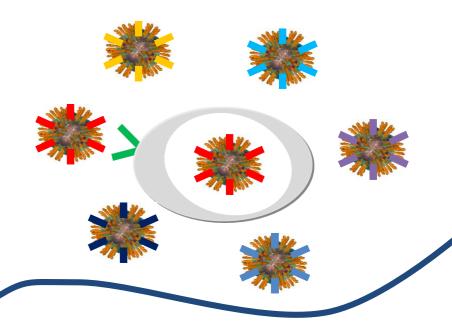


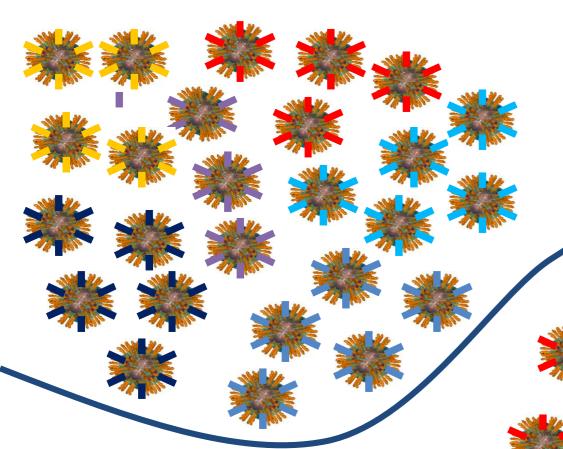
MATERNAL PBMC



HCV MATERNAL QUASISPECIES

MATERNAL PBMC













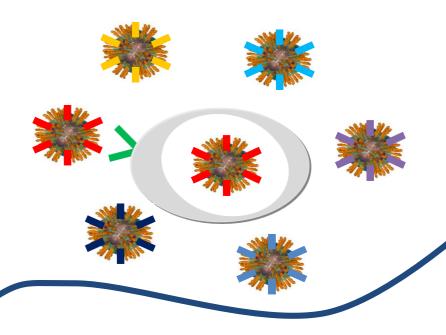


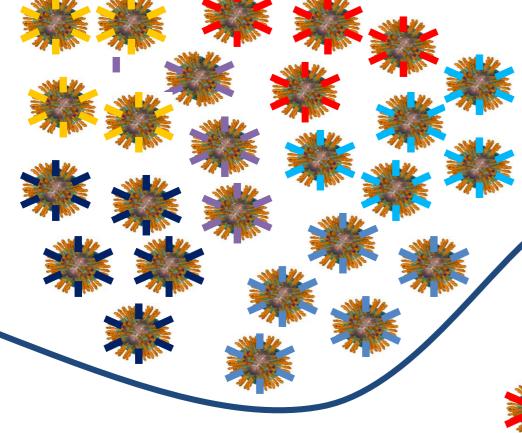


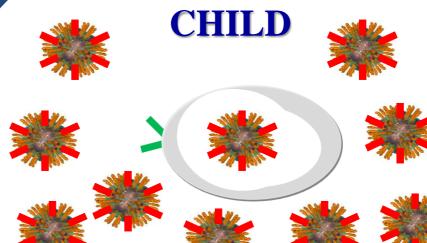
Indolfi et al. J Ped 2013

HCV MATERNAL QUASISPECIES

MATERNAL PBMC





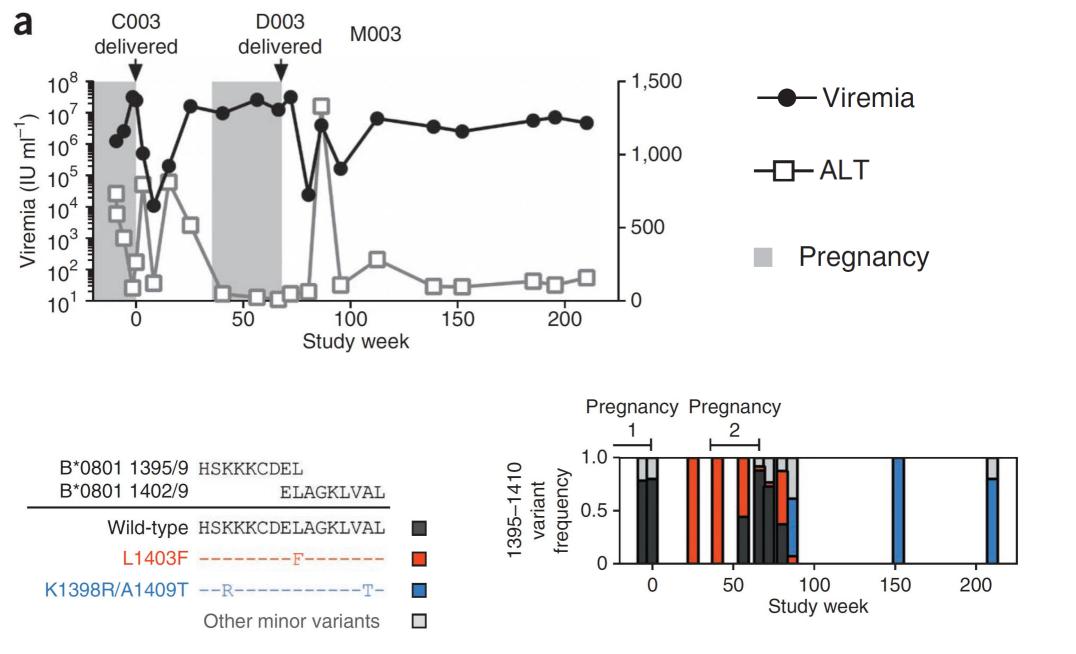


Indolfi et al. J Ped 2013

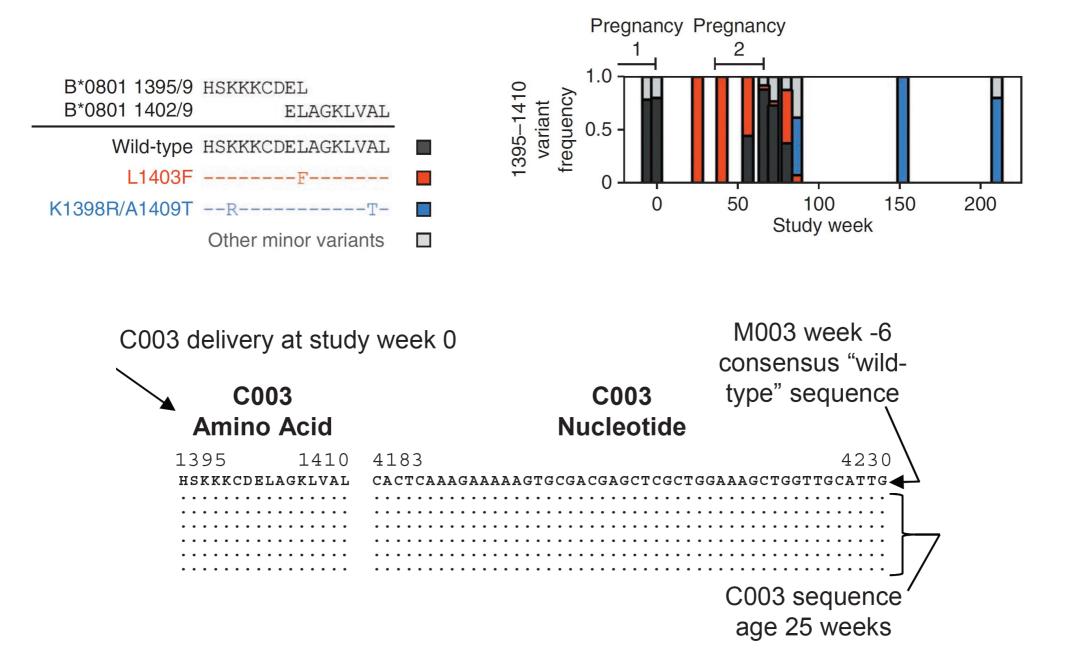


Loss of immune escape mutations during persistent HCV infection in pregnancy enhances replication of vertically transmitted viruses

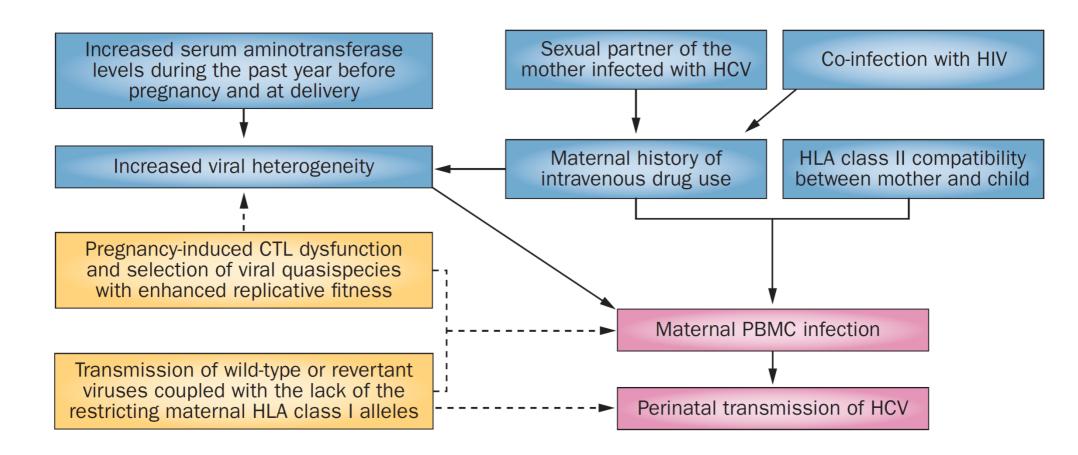
Jonathan R Honegger^{1,2}, Seungtaek Kim^{3–5}, Aryn A Price⁶, Jennifer A Kohout¹, Kevin L McKnight³, Mona R Prasad⁷, Stanley M Lemon^{3,8,9}, Arash Grakoui^{6,10} & Christopher M Walker^{1,2}



Honegger RJ, Nature Medicine 2013



Honegger RJ, Nature Medicine 2013



Indolfi et al. Nat Rev Gastroenterol Hepatol 2014

Vertical Transmission of Hepatitis C Virus Conclusion

- * maternal HCV viraemia is the limiting condition for vertical transmission
- ***** the use of DAAs during or at the end of pregnancy could significantly impact intrauterine and perinatal transmission of the virus, respectively
- ***** the ultimate mechanism of vertical transmission is still unknown



Acknowledgments

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- Elisa Bartolini
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- Massimo Resti

PENTA

- Claire Thorne
- Carlo Giaquinto







Vertical Transmission of Hepatitis C Virus PBMC Infection

- ***** HCV RNA in maternal **PBMC** is highly associated with transmission of HCV to the newborn
- * the presence of negative-strand HCV RNA (a marker of HCV replication) in maternal PBMC is associated with perinatal transmission

HCV strand	Infants infected (n = 13), no.	Infants not infected (n = 53), no.	Р
Positive	13	13	< .000001
Negative	5	0	.0001

