EASL Guidelines Prevention of Transmission HBV&HCV

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HBV

- Screening for HBsAg in the first trimester of pregnancy is strongly recommended (Evidence level 1, grade of recommendation 1).
- In a woman of childbearing age without advanced fibrosis who plans a pregnancy in the near future, it may be prudent to delay therapy until the child is born (Evidence level II-2, grade of recommendation 2)
- In pregnant women with CHB and advanced fibrosis or cirrhosis, therapy with TDF is recommended (Evidence level II-2, grade of recommendation 1).
- In pregnant women already on NA therapy, TDF should be continued while ETV or other NA should be switched to TDF (Evidence level II-2, grade of recommendation 1).
- In all pregnant women with high HBV DNA levels ([200,000 IU/ml) or HBsAg levels [4 log10 IU/ml, antiviral prophylaxis with TDF should start at week 24–28 of gestation and continue for up to 12 weeks after delivery (Evidence level 1, grade of recommendation 1).

EASL Clinical Practice Guidelines: Management of chronic hepatitis B virus infection
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HBV-postpartal and lactation period

- passive and active immunisation with hepatitis B immunoglobulin (HBIg) and HBV vaccination
  - This prophylaxis reduces the rate of perinatal transmission from >90% to <10%.
  - HBIG and vaccine failures occur almost exclusively in HBeAg-positive women with high HBV DNA levels (>200,000 IU/ml) and/or HBsAg level above 4-4.5 log10 IU/ml
- Breast feeding is not contraindicated in HBsAg-positive untreated women or on TDF-based treatment or prophylaxis (Evidence level III, grade of recommendation 2)

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HCV – perinatal transmission

- average rate of HCV infection among infants born to HCV-positive, HIV-negative women is 5%–6%
- average infection rate for infants born to women coinfected with HCV and HIV is higher - 14%
- In HCV monoinfection there is no association between viral load and frequency of transmission
- HCV/HIV coinfection: association between virus titer and transmission of HCV
- no difference in infection rates between infants delivered vaginally compared with cesarean section except for HIV/HCV coinfected women

HCV-recommendations

- Caesarean sections are not recommended for HCV-infected pregnant women to prevent vertical HCV transmission.
- Children of HCV-infected mothers should be tested for HCV-RNA 1 month after birth as passively transmitted maternal anti-HCV antibodies can persist in their blood for several months after birth.
- Mothers with chronic hepatitis C are allowed to breast-feed their children as long as they are negative for HIV and do not use intravenous drugs (B2)

EASL Clinical Practice Guidelines: Management of hepatitis C virus infection, Journal of Hepatology 2011 vol. 55 j 245–264