

Routine antenatal screening for hepatitis B in an urban NYC population

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According to new research at Columbia Presbyterian Medical Center, high rates of chronic hepatitis B infection (HBV) are found in pregnant minority and immigrant women in the New York City area, and most of them do not receive education, appropriate follow-up testing or referral, which is considered the standard of care for all persons newly identified as HBV carriers.

Results showed that while all but one infant was protected from infection in this study, nearly 90 percent of the women — the majority of whom were immigrant or non-English speaking — did not receive education about [hepatitis](#), further laboratory testing or subsequent care. The study also showed a surprisingly high rate of chronic HBV across this population of women of child-bearing age. These results are especially notable, said lead investigator Blaire E. Burman, MD, an internal medicine resident at Columbia Presbyterian Medical Center, because nearly 75 percent of those who screened positive were Hispanic, many from the Dominican Republic, a population overrepresented in this population, but a group not traditionally considered high risk for viral hepatitis.

The study also found that subpopulations of largely immigrant and underserved patients are living with chronic HBV and are at serious risk for morbidity and mortality. The study identified a population of young and vulnerable patients living with a chronic disease that they know little about, and are unlikely to receive the standard of care in terms of surveillance and treatment. Given the lack of follow-up testing and

imaging, it is unclear what percentage of these infected women would qualify for and benefit from therapy.

Additionally, immigrant populations that are not listed as "high risk" under current screening guidelines may in fact have high rates of chronic HBV infection. It is imperative to identify carriers who do not have regular access to medical care, not just young women, but the rest of their families.

"Prenatal screening is a golden opportunity to identify [chronic hepatitis B](#) infection in young mothers at risk for life-threatening complications, including liver failure and liver cancer," Dr. Burman said. "We need to use prenatal testing to engage patients with intervention and prevention of future morbidity and mortality."

Dr. Burman added that there is very little research in this area, and no previous studies specifically looked at the follow-up of women who screened positive for HBV during pregnancy, the subsequent care received and their outcomes. She cautioned that this research applies only to the largely underserved and immigrant population

who receive prenatal care at the two urban hospitals studied, and that it cannot be applied to women with private insurance and established medical follow-up.

More information: Dr. Burman will present these data on Tuesday, May 10 at 8:00 a.m. CT in Hall A, McCormick Place.

Provided by Digestive Disease Week

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