1693. Antiviral Treatment among Hepatitis B Virus-Infected Pregnant Women—New York City and Michigan, 2013–2015

Background. Individuals with chronic hepatitis B virus (HBV) infection are at increased risk for cirrhosis and hepatocellular carcinoma. Chronic HBV infection develops in 90% of persons infected at birth. Although prophylaxis prophylaxis (PEP), consisting of hepatitis B vaccine and immune globulin at birth, and completion of the three-dose vaccine series prevents up to 95% of perinatal HBV infections; however, breakthrough infections can occur, especially among infants born to women with high viral loads (VLs). Maternal antiviral treatment during pregnancy can reduce perinatal HBV transmission by 70% above the effect of infant PEP alone. We assessed factors associated with maternal antiviral treatment in a cohort of HBV-infected pregnant women with high VL.

Methods. During 2013–2015, the CDC-funded Supplemental Perinatal Hepatitis B Prevention Program collected information from interviews and medical charts of HBV-infected pregnant women in two sites. We assessed the association of demographic and clinical factors with maternal treatment in women with high VL (>200,000 IU/mL), considering statistical significance at P < 0.05.

Results. Among 1,521 women with maternal treatment and VL data, 151 (10%) had high VL. Among these 151 women, 66 (44%) received antiviral treatment (Table), all of whom were of Asian/Pacific Island race. None of the seven women of other races were treated (P = 0.02). Fifty-nine women (48%) receiving Medicaid were treated compared with six women (24%) who had private insurance (P = 0.04).

Conclusion. Mother’s race, country of birth, and insurance status were significantly associated with treatment in women with high VL. Because most women with high VL did not receive antiviral treatment during pregnancy, opportunities to reduce perinatal HBV transmission exist.

Table. Association between characteristics of pregnant women with high viral load and HBV treatment status.

| Characteristic                  | Treated (n = 66) | Not treated (n = 85) | P-value |
|--------------------------------|-----------------|----------------------|---------|
| Age in years, median (IQR)     | 29.5 (26.8, 33.1) | 31.0 (27.3 34.7) | 0.09    |
| Mother’s race, n (%)           | 66 (46%)        | 78 (54%)             | 0.02    |
| Asian/Pacific Islander         |                 |                      |         |
| Other                          | 0               | 7 (100%)             |         |
| Country of birth               | 61 (43%)        | 63 (51%)             | 0.005   |
| China                          | 5 (19%)         | 22 (81%)             |         |
| Other                          | 59 (48%)        | 65 (52%)             | 0.04    |
| Mother’s insurance             | 6 (24%)         | 19 (76%)             |         |
| Medicaid                       |                 |                      |         |
| Private                        | 1 (50%)         | 1 (50%)              |         |

Disclosures. R. T. Chung. Gilead: Investigator, Research grant; Abbvie: Investigator, Research grant; Merck: Investigator, Research grant; Janssen: Investigator, Research grant; A. Butt. Merck: Investigator, Grant recipient