

Poster presentation

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## Vertical transmission of Hepatitis C Virus in children born to HIV/HCV coinfecting mothers in Poland

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### Background

The risk of vertical hepatitis C virus (HCV) transmission is estimated at 3–6,2%. In children born to HIV/HCV coinfecting mothers the vertical HCV transmission is as high as 15–36%.

### Aim

To evaluate the incidence of mother-to-infant HCV transmission in children of HIV-infected mothers.

### Patients/methods

103 children born to HIV/HCV coinfecting mothers were studied from June 2001 to October 2008. The follow-up in children was from 6 months to 5 years 6 months. None of them was breast-fed. History of IVDU had 94/103 mothers. Following test were performed in all children: anti-HCV antibodies (at the age of 4 weeks and above 12 months), GPT level (every 3 months of life), HCV-RNA in serum and peripheral blood mononuclear cells (at least twice in the first year of life). HCV-Ab and RT-PCR HCV were detected with ELISA III tests (Pointe) and Amplicor HCV, v2.0 (Roche), respectively. In case of PCR-HCV(+) or increased GPT level examination was repeated. HCV infection diagnosis was based on at least two positive PCR HCV results, one above 6 months of life.

### Results

Maternal HCV-Ab were detected in 99/103 (96%) of children. HCV RNA was detected in 13/103 (13%) children, in 6 children spontaneous clearance of HCV-RNA was

diagnosed, 7 were chronically HCV infected. HIV infection was diagnosed in 16 children, HIV/HCV coinfection was not confirmed in any cases.

### Conclusion

- Children born to HIV/HCV coinfecting mothers require thorough diagnostics of vertical HCV transmission.
- Observation of children born to HIV/HCV(+) mothers should last at least 18 months after birth.
- The risk of vertical HCV transmission in children born to HIV/HCV(+) mothers is high (13%).