TCI Experience with Testing and Treatment for HBV-Positive Pregnant Women

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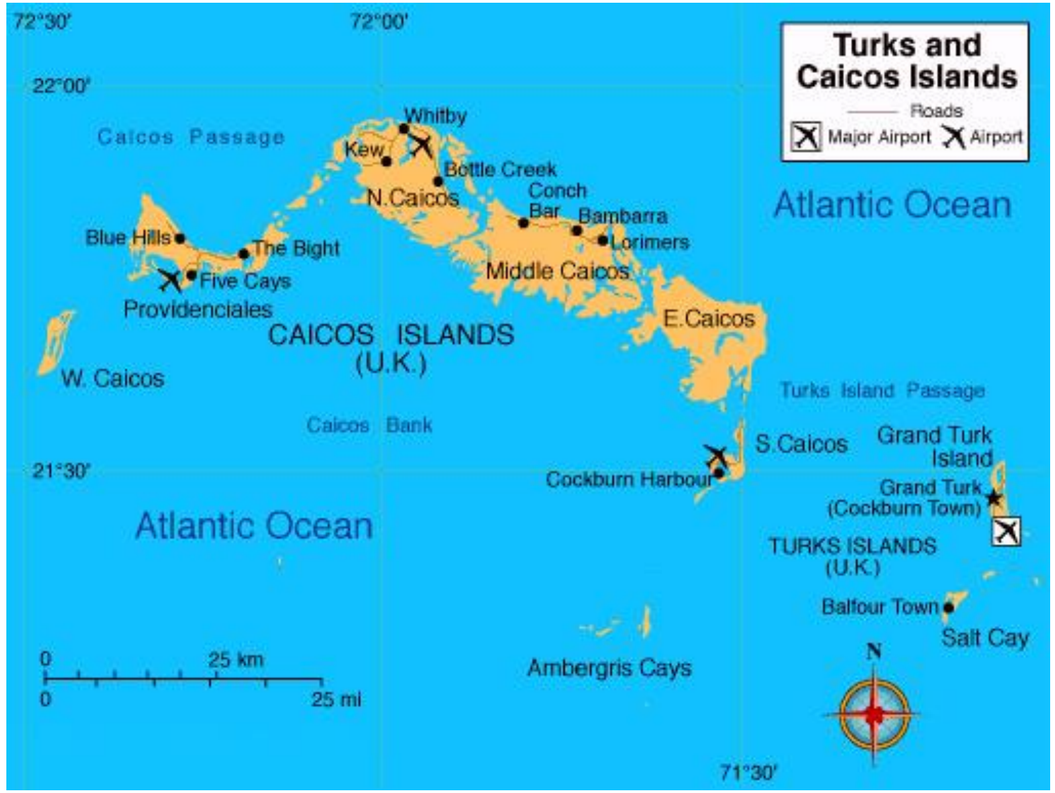
EMTCT FOCAL POINT - TCI

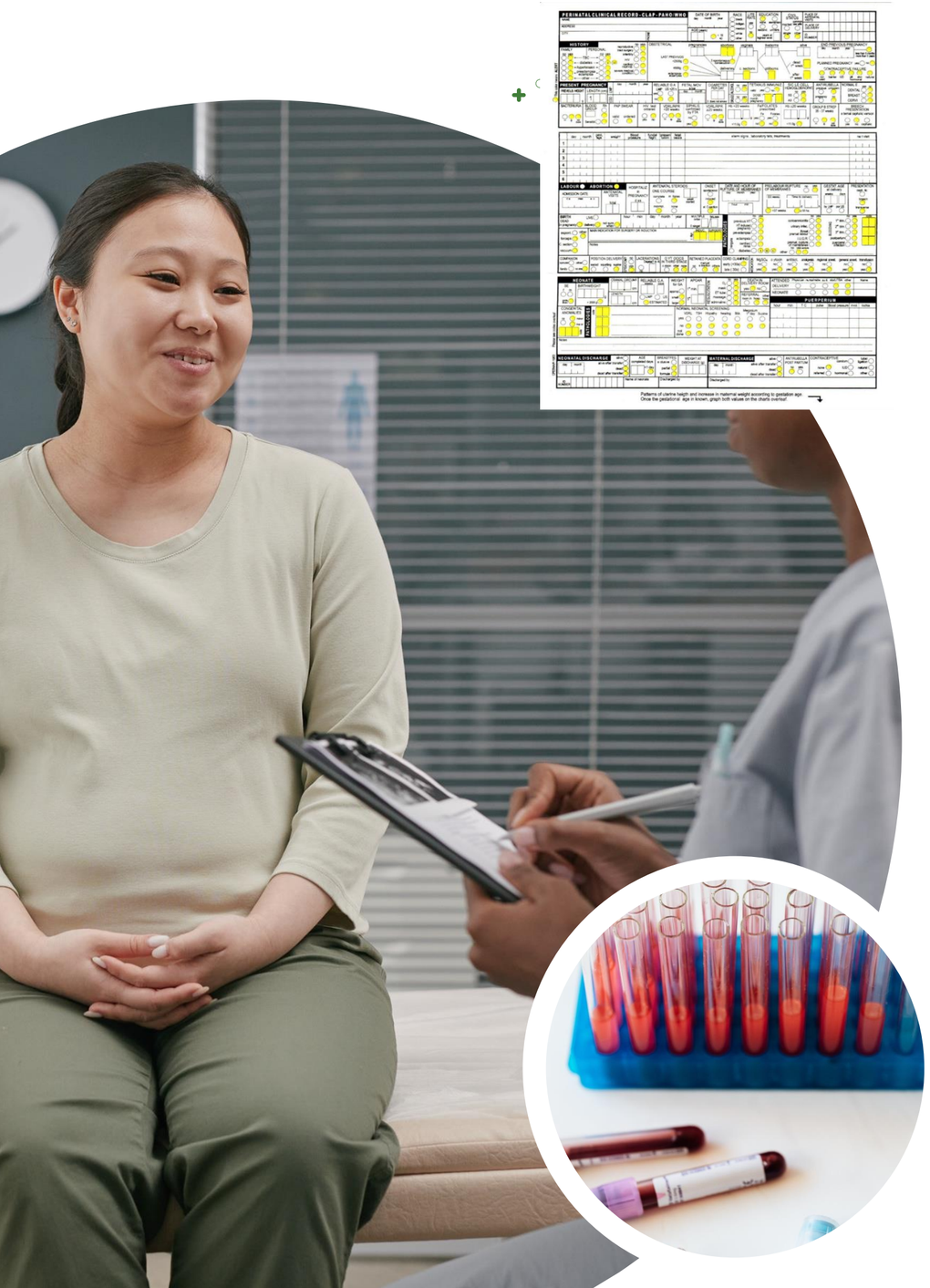
Background

- **Population (2024 estimate): 60,439 (CIA World Factbook**
- **40 islands and cays**
- **8 populated islands and Cays**
- **TCI hospitals, location in Providenciales and Grand Turk**
- **8 government operated clinics with a midwife/ PHN**
- At least one-third (≈33%) of the TCI population is from migrant countries, with the true percentage likely higher when all migrant nationalities are counted.



- 90-95 % of all Antenatal clients are seen in Government operated clinics or the Hospital antenatal clinics
- 100 % of births on island occur at the hospitals

(nil birthing centers/ nil births on outer islands)



Routine screening and identification of HBV-positive pregnant women

- **Universal HBV Screening**
  All pregnant women are offered hepatitis B surface antigen testing during their first antenatal visit
  - All pregnant women are offered
    - venepuncture for antenatal screen
      - offer since 2001
      - results in 24-72 hours
      - Testing requested via an electronic portal to TCI hospital Laboratory
    - POC testing since 2023

- **Counseling and Communication**
  Pre- and post-test counseling is essential to increase knowledge, reduce fear, and encourage acceptance of hepatitis B testing.

Hepatitis B Flowchart

POC testing
Venepuncture
1st antenatal clinic
01

Negative
02

repeated testing done at
3rd trimester
03

For unbooked clients presenting at delivery Hepatitis B screening is done

Positive
02

Reflex testing done for HbeAg
HBV DNA testing is requested **
03

Those meeting criteria for treatment/prophylaxis Tenofovir is offered (free)

Prevention of mother-to-child transmission at birth and early life

Coordinated Delivery Planning

- Effective prevention requires coordination between antenatal, delivery, and postnatal care services to ensure readiness and awareness.

Timely Birth Dose Vaccination

- Administering the hepatitis B birth dose vaccine within 24 hours of birth significantly reduces transmission risk.
  - Universal birth dose commenced 2019
  - Given by Public Health Nurse that visit daily to the labour and delivery ward
  - 100% in 2024

Use of Hepatitis B Immunoglobulin

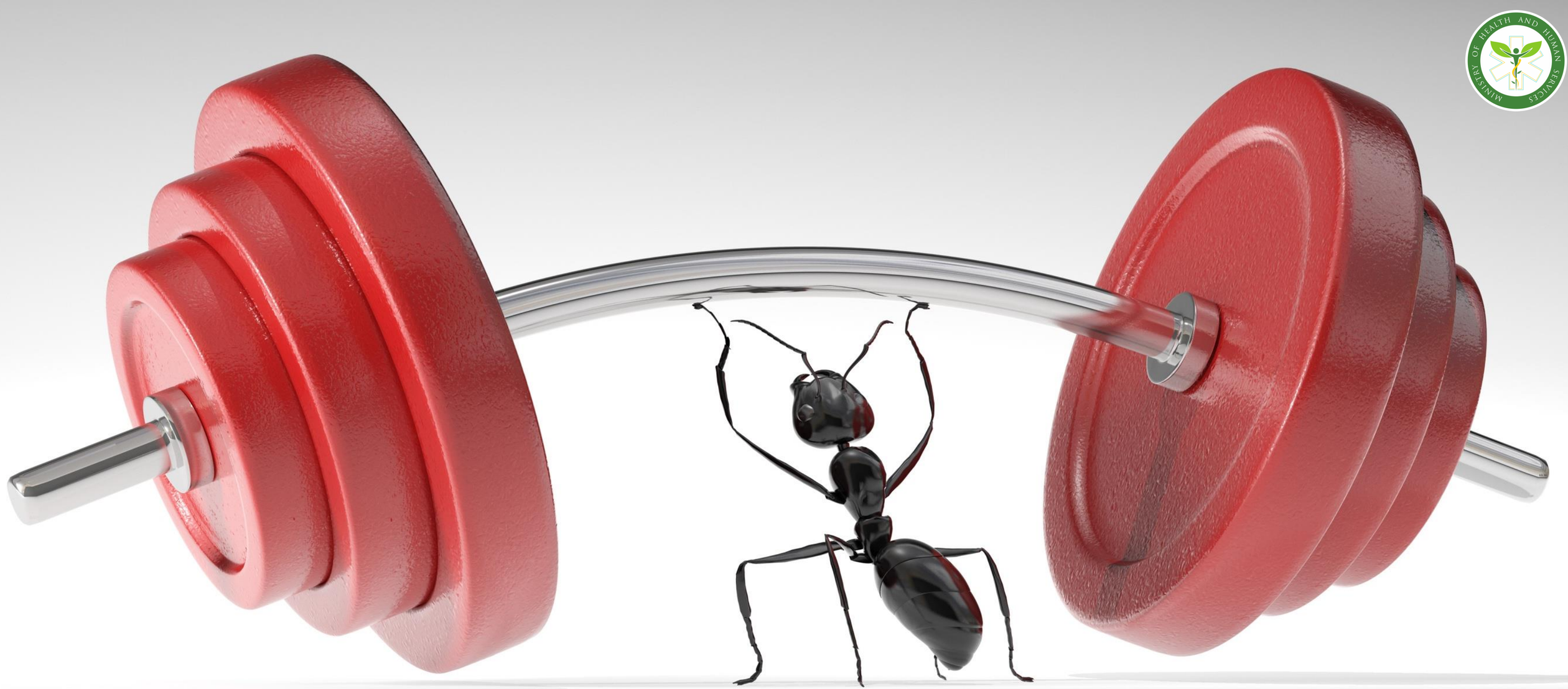
- HBIG is offered to all exposed infants

Follow-up and Vaccination Completion

- Completing the full hepatitis B vaccination series
- Post-vaccination testing ensures infant protection over time.
  - 3rd dose in 2024 94% (TCI)

DATA FOR TCI

Year	% Testing PW	# PW positive	# eligible for treatment /prophylaxis	% exposed infants receiving IVIG	Hep B birth dosage coverage	Hep B 3rd dose for country	Hep B 3rd dose exposed infants
2020	100 %	3	1	100%	100%	84.25%	100%
2021	100%	1	0	100%	100%	92.31%	100%
2022	100%	5	3	100%	100%	99.25%	100%
2023	100%	8	1	100%	100%	99.65%	100%
2024	100%	8	2	100%	100%	94%*	100%



STRENGTHS

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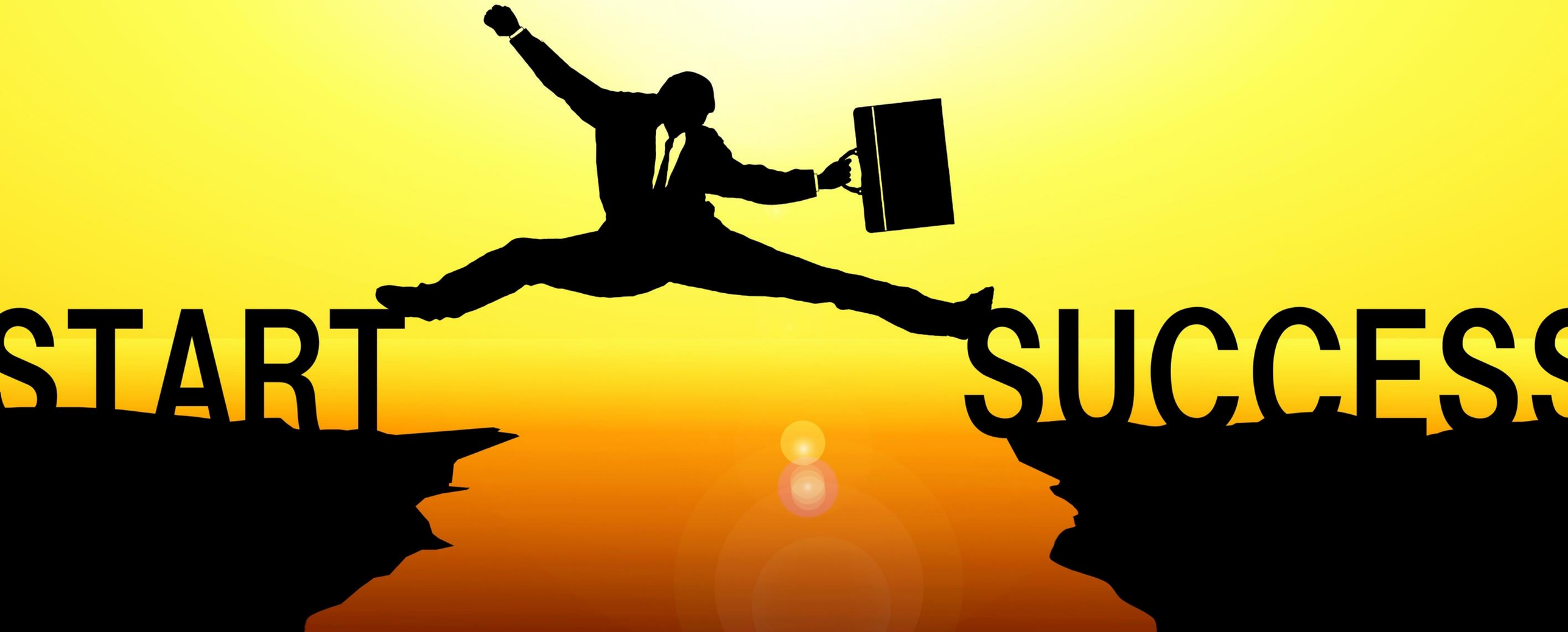
- **Antenatal Hepatitis B Screening**
  - Universal screening for all antenatal clients
  - POC and central laboratory samples
  - Conducted at booking (first ANC visit)
  - Screening for all women presenting in labour with no prior ANC
  - Routine retesting in 3rd trimester
- **Laboratory & Diagnostics**
  - Electronic request portal with 24–72 hr result turnaround
  - Reflex HBeAg testing for all HBsAg-positive samples
  - Largest ANC booking clinic has phlebotomist on site
  - Government clinics located in same complex as hospital → streamlined processing
- **Clinical Management**
  - Tenofovir available free for eligible pregnant clients
  - All pregnant clients referred to hospital care at 36 weeks
  - 100% of deliveries linked to hospital
- **Prevention of Mother-to-Child Transmission**
  - Universal Hep B birth dose:
    - PHN visit daily
    - HepB vaccine also available on Labour & Delivery ward
  - All Hep B–exposed infants receive IVIG
  - High national HepB 3-dose coverage

CHALLENGES



CHALLENGES	ACTIONS
Large migrant population	• Multilingual, culturally tailored communication; • Community and workplace screening – POC testing • Build formal partnerships with community leaders, employers, and NGOs to increase screening in informal settlements
Late antenatal care initiation	• Early antenatal engagement: Strengthen outreach and education to encourage first-trimester booking.
Limited viral load testing	• Introduction of viral load testing on island at the National Public Health Laboratory for free
Gaps in infant follow-up	• Place appointment for follow up on Immunization card linking post vaccination testing to child care
Poor testing and treatment of partners	• Partner testing & treatment protocols strengthened and enforced
Staff knowledge gaps: Not all health workers are fully familiar with EMTCT and perinatal protocols.	• Staff capacity building: Conduct regular Continuing Medical Education (CME) sessions to refresh staff on EMTCT, MCH, and perinatal protocols. • Creation of posters that was distributed to health facilities • Sharing of EMTCT updated manual to Health Facilities

Thank You

ANY QUESTION?