

**Title:** A NATIONAL SURVEY OF U.S. FERTILITY CLINICS TO CHARACTERIZE ACCESS TO CARE AND MANAGEMENT OF PATIENTS LIVING WITH HIV AND HEPATITIS B/C

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**Background:** In the United States, there are more than 1.2 million individuals living with human immunodeficiency virus (HIV) and an additional 3 million living with hepatitis B/C.<sup>1,2</sup> Although up to 50% of reproductive-age individuals living with these diseases desire children, a minority seek treatment or counseling prior to pregnancy.<sup>3</sup> Little is known about the availability and capacity of U.S. fertility clinics to provide services to patients living with infectious diseases.<sup>4</sup>

**Objective:** Characterize the availability of services and practice patterns for the management of patients living with HIV and hepatitis B/C at U.S. fertility clinics

**Materials and Methods:** We conducted an electronic survey of medical and laboratory directors from clinics reporting to the Society for Assisted Reproductive Technology (SART) about clinic policies and management of patients with HIV, and hepatitis B/C and their reproductive materials. Summary statistics were calculated for the responses.

**Results:** A total of 33 survey responses were received of which 18% were from laboratory directors/embryologists, while the remaining were physicians and/or medical directors. Of respondents, 61% worked at academic/university practices, 21% represented private practice clinics (multi-center group), and 18% were private practice (single clinic), located in 22 different states. Most clinics (79%) have explicit policies allowing treatment of patients with HIV, with 73% requiring an undetectable viral load prior to treatment. Similarly, 79% of clinics have policies permitting care of patients with chronic hepatitis B, and 73% had policies permitting care of patients with chronic hepatitis C. Notably, 6% of clinics prohibit care for patients with acute hepatitis B, and 9% prohibit care of those with acute hepatitis C. Sperm from patients with infectious disease were variably processed prior to use during assisted reproduction, although the most common preparations were by density gradient centrifugation with swim up (25%) or density centrifugation alone (16%). More than 80% of clinics do not perform PCR testing of processed sperm to detect residual disease. Among respondents, intracytoplasmic sperm injection (ICSI) was variably required for men living with HIV (58%), hepatitis B (50%), and hepatitis C (47%). Among clinics providing care to patients living with infectious diseases, 63% process these materials in a common area of the embryology laboratory without dedicated equipment, while 38% process them in a separate area of the laboratory, and 4% use a separate facility. 33% stored reproductive materials from these patients at an off-site storage facility, while those that kept specimens on site, 22% kept the specimens in a separate cryo-storage tank submerged in liquid nitrogen vapor phase, while the remainder kept them in separate tanks submerged in liquid nitrogen.

**Conclusion:**

There is significant variability in U.S.-based fertility clinics ability and approach to care of patients living with infectious diseases including having formal policies outlining access to care, management, and storage of reproductive materials of these patients. This heterogeneity demonstrates the need to formalize best practices with respect to care of these patients.

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**References:**

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