WOMEN AND HEPATITIS C – What are the Issues?
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A women’s experience of hepatitis C infection is probably similar to that of a man’s, but who is to say? Women, after all, are often under-represented in research studies. We have a need for gender-specific, factual information about the progression of the infection, healthy lifestyles and avoiding transmission.

S pecifically, we have need for hepatitis C information relating to treatments, pregnancy and breastfeeding, hormonal effects and the use of hormonal contraceptives. Also needed is information on transmission of the hepatitis C virus (HCV) to children, sexual partners and household members.

As avoiding harm to the liver is very important for people infected by HCV, we need to know about safe levels of alcohol use for women. Women need to understand that alcohol is dangerous to the liver and that it would be best not to drink at all. If we do, it is best to avoid binge drinking, drink infrequently and no more than the normally recommended range, i.e., no more than 2 standard drinks in 24 hours.

Women need to understand what is involved in interferon treatment. It is not uncommon to experience side effects to interferon that are distressing, especially if one has not been forewarned. Such symptoms include menstrual irregularities, hair loss and tiredness.

Tiredness should be pointed out, can affect people in differing ways. Not only can it make getting through the day seem a chore, it can also lead to changes in daily patterns of work and exercise. Some women invariably put on weight which can negatively affect their self-image. It’s important that women get good information on nutrition and diet.

Women may also experience menstrual irregularities as a consequence of hepatitis C infection itself, particularly at times of acute symptoms. Abnormal bleeding may occur at these times so it is important that a woman’s general health is checked as well as her liver function, e.g., part of a general health check-up should include the monitoring of pap smears to rule out cervical cancer.

In general, it may be better to use the oestrogen-containing pill but during times of significant exacerbation of hepatitis C infection, it might be best to use a progestosterone containing pill.

How do you know if your infection warrants it? Talk to your doctor about this. Consider if you are experiencing a lot of symptoms, or if your liver function test results are significantly elevated or fluctuating.

Progestosterone-only contraceptives are thought to be less irritating to the liver but caution should be used if liver problems are present.

Those women considering hormone replacement therapy should have a thorough initial assessment of liver function before commencing therapy, and then be routinely monitored throughout therapy.

Sexual transmission of hepatitis C is thought to be very uncommon although all sexually active people need to consider safe sex because of the wide range of sexually transmitted conditions.

Safer sex that involves use of condoms is recommended during menstruation and if either partner has any genital lesions.

Traumatic sex, which has the effect of increasing the risk of viral transmission, can be avoided by ensuring adequate lubrication. If necessary, use one of the commercial water-based sexual lubricants available in supermarkets and chemists.

Vertical transmission (spread of the virus from mother to baby during pregnancy or at birth) is very low and thought to occur in less than 10% of pregnancies involving HCV+ mothers. Vertical transmission seems to depend on the mother’s viral load at the time of pregnancy. Perhaps there is a role here for the particular PCR tests that can measure a person’s viral load.

Women who are hepatitis C+ do not need to consider termination of pregnancy because of their HCV status as some misguided people suggest.

Breast feeding remains a controversial topic. If breast and bottle feeding provided the same benefits to an infant, then the choice would be easy – hepatitis C positive mothers would be safer to bottle feed. However, there are many advantages to breast feeding and the possibility of transmitting the virus through breastmilk is thought to be remote.

The decision to breastfeed or not needs to be made by parents, after a discussion of benefits over risk. Is there a role for the PCR testing of colostrum and breast milk before a decision is made by the parents? Health authorities recommend that babies born to hepatitis C+ mothers should have a hepatitis C antibody test when they are around 18 months of age. During this time most babies will have lost the mother’s hepatitis C antibodies that were passed across the placenta. They will therefore show correctly as hepatitis C negative.

Babies that test hepatitis C positive at eighteen months should be repeat tested as they may simply be slower to clear the mother’s antibodies. Repeat testing can be undertaken when they are older or other blood tests such as PCR may need to be performed.

The testing of older children is a difficult dilemma for parents for a
number of reasons. The transmission rate is low during pregnancy and delivery, and even less likely through casual contact at home. If the result is likely to be negative, why expose the children to blood tests?

There is currently no vaccine although free treatment is available for adults and children via the Section J 00 Interferon treatment scheme.

The most important messages for women who are hepatitis C positive are:

- hepatitis C is a chronic, slowly progressing illness that few people die from, however significant lifestyle changes should be made to maintain quality of life and prevent transmitting the virus to others;
- women need to be aware of the recommended safe level of alcohol consumption. This is 1-2 standard drinks in 24 hours, and limit drinking to 3-4 days a week;
- women should consider giving up alcohol altogether if their liver is damaged;
- the hepatitis C virus is spread through blood-to-blood contact. Casual or household contact will not spread HCV;
- people should not share razors, toothbrushes, nail files etc., or expose themselves to practices which involve the transfer of blood.

Book Review
The Hot Zone by Richard Preston, Doubleday Books

Eagerly awaited, devoured, scrutinised and criticised by members of the Microbiology Department, this medical thriller delivers exactly what is promised on the front cover “The most Terrifying True Story You’ll Ever Read”. Frighteningly believable and based on fact, this novel traces the spread of a deadly virus from Central Africa to Washington DC. The alarm is first raised when a French Naturalist dies a gruesome and agonising death, quickly followed by the nurse who cared for him. The terrifying ferocity of the virus quickly becomes evident and a phobia of dealing with patients suffering unknown diseases and a terror of having anything to do with monkeys follows.

Although there are no clues as to how it is spread, anyone coming in contact with the disease has a 90% probability that they will die as a result of massive haemorrhaging. If it is passed on through body fluids, as would appear from the hospital staff's contact with the first victim, then how can they explain infection between monkeys kept in cages at opposite ends of the laboratory? Is it airborne? Is that possible and if so, will they be able to conquer it before everyone in the national capital is killed? (Perhaps they should have consulted an Infection Control Nurse?)

Even after you have read this book, the questions have been answered and the final chapter closed, do not expect to feel satisfied. The Hot Zone shines a spotlight very brightly on today’s ethical and environmental questions. What actually goes on at research laboratories? Should we be experimenting with micro-organisms that have survived all the devastation that we have created so far and may even survive us? Can we continue to denude the tropical rain forests, possibly allowing the spread of previously unknown viruses? Is this Nature’s revenge or a means of population control?

Cancel your holiday to Central Africa and reserve your copy now. This is one not to be missed.