FACT SHEET

Women and Hepatitis C

KEY FACTS

The Centers for Disease Control and Prevention estimates that 2.7 million to 3.9 million people in the U.S. live with chronic Hepatitis C virus (HCV).\(^5\)

Emerging literature suggests that injection drug use is the primary risk factor for new HCV infections among women of child-bearing age, particularly in rural areas such as Appalachia.\(^6\)

During 2011-2014, the national rate of HCV detection among women of child-bearing age increased by 22 percent.\(^7\) Due to the stigma associated with substance use, women may not tell their doctors about risky behaviors such as injection drug use, leading to unknown infection status and delayed treatments.\(^8\)

HCV infection is a leading cause of liver-related morbidity and mortality. There is no vaccine for Hepatitis C; however, it is curable. Early diagnosis and treatment are encouraged for all individuals born between 1945 and 1965, including women who are current or former injection drug users, and other at risk populations.\(^9\)

Although women are slightly less likely than men to be diagnosed with Hepatitis C, there are important considerations for women regarding Hepatitis C status and treatment.

Opioids

Injection drug use has increased in recent years and is the primary risk factor contributing to the rise of new HCV infections.\(^10\)

Rates of opioid injections, particularly opioid pain relievers, as well as heroin increased dramatically among younger Americans (ages 18-39).\(^11\)

Women of childbearing age who use injection drugs, including opioids, have a greater risk of developing substance use disorder and may experience negative health consequences due to biological factors such as smaller body mass and differences in absorption and metabolic rates.\(^12\)
Additionally, injection drug usage increases the risk of becoming infected with HIV, potentially leading to other health complications for women with HCV.

**Pregnancy**

HCV infection among pregnant women is an increasing and potentially modifiable threat to maternal and child health. 13

A baby can be infected during birth if the mother has the Hepatitis C virus. However, only 4% of women who are infected with the Hepatitis C virus will pass it to their babies as it is not spread by casual contact or breastfeeding. 14 Pregnant women with HCV can also transmit the infection to their baby; approximately six percent of infants born to Hepatitis C-infected mothers in the U.S. are infected with the virus. 15

Perinatal transmission rates have increased in the past few years. The risk is associated with how much of the virus a woman has and whether she is co-infected with HIV. 16

Pregnancy can complicate Hepatitis C treatment since there is no preventive regimen to mitigate the risk of transmission. Therefore, identifying women of childbearing age with Hepatitis C before pregnancy may help to improve health outcomes through linkage to care and treatment.

**Women as Health Care Decision-Makers**

Women in the United States make approximately 80 percent of the health care decisions for their family members. 17 The responsibility of managing their families’ healthcare needs often places women in a vulnerable position to seek or receive healthcare themselves. 18

Caregiving responsibilities, stigma, and fear of losing her children may influence a woman’s decision to seek Hepatitis C treatment. Women experience greater stigma than men regarding injection drug use and Hepatitis C status, which may also result in delayed entry into treatment. 19

October 2018

**REFERENCES**


3. Ibid.


HRSA’s Focus on Hepatitis C

- Based on the National Viral Hepatitis Action Plan, HRSA-supported health centers now include **Hepatitis C screening** for those individuals at high risk of infection, and adults born between 1945-1965. After diagnosis, HRSA health centers aid in management and treatment.

- The HRSA HIV/AIDS Bureau (HAB) announced a **$2.6 million grant supported by the FY16–FY18 Secretary's Minority AIDS Initiative Fund**, Curing Hepatitis C among HIV/HCV Coinfected People of Color Program. This initiative supports a total of four Ryan White HIV/AIDS Program (RWHAP) grant recipients to provide comprehensive care, screening, and treatment for Hepatitis C to low-income, underinsured, or uninsured populations.

- In 2016, HRSA made **$100 million in new funding available to expand substance abuse-related services in approximately 300 HRSA-funded health centers**, including medication assisted treatment for opioid use disorder. In 2017, HRSA's Federal Office of Rural Health Policy (FORHP) provided $4.5 million in care coordination programs related to opioid use in its Rural Health Opioid Program (RHOP) and its Rural Opioid Overdose Reversal grant program (ROOR). Efforts to reduce injection drug use are critical to decreasing Hepatitis C transmission.

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REFERENCES


11. Ibid.


