

Poster presentation

HCV infection in a sample of pregnant women in central Poland: seroprevalence and risk factors

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Background

Vertical transmission from HCV infected mothers seems to be one of the main modes of infection in children. Approximately 6% of hepatitis C virus-positive women transmit HCV to their offsprings. There has been no information about anti-HCV prevalence in pregnant women in Poland to date. Routine universal antenatal screening for hepatitis C infection has not been shown to be cost effective. Selective antenatal screening is used on the basis of risk factors for exposure to HCV. There is no effective intervention to prevent vertical transmission of HCV during pregnancy, but HCV infection could be reduced by a course of therapy prior to conception. Aim: 1. To determine the frequency of HCV infection in pregnant women in central Poland 2. To estimate knowledge about HCV infection in childbearing women. 3. To identify risk factors for HCV infection among pregnant women.

Methods

Study in two separate parts: Part I/: Blood samples were collected from 544 pregnant women in central Poland and tested with anti-HCV ELISA third-generation tests. Part II/: Data of risk factors of HCV infection, reason of diagnostics were assessed through structured interview and review of available medical records in 281 women infected with HCV who came to Department of Children's Infectious Diseases to examine their infants for HCV infection.

Results

Part I/ Eleven pregnant women (2.02%) were infected with HCV. One of them (1/11) knew about her infection before examination. The seroprevalence varied by city/country living (2.2% vs 1.0%). The mean age of tested women was 29.9 years, infected women 29.8 years. Part II/ 247(88%) infected women lived in cities, 34(12%) in country. 24% indicate a history of blood products transfusion (all before 1992), 23% surgical, gynaecological procedures, transplantations, 15% intravenous drug use, 8% hospitalization without surgical procedures, 7% exposures of health care personnel, 3% infected mother, 6% other risk factors like: tattoos, sexual partner or other member of family infected with HCV. Histories taken from 14% women did not include any risk factors. HCV infection in women were diagnosed: 186(66%) before pregnancy, 61(22%) during pregnancy, 34(12%) after delivery. 95/281(34%) did not know about their HCV infection before pregnancy. All women were Caucasian, Polish nationality.

Conclusion

The prevalence of anti-HCV in pregnant women in central Poland is 2.02%. There is a number of childbearing HCV infected women who are not identified as HCV positive. Selective HCV testing to woman at high risk of HCV infection should be encouraged prior to conception. Following the introduction of blood product screening (in Poland:

anti-HCV in 1992, HCV-RNA RT-PCR 2001) – transfusion has not been a possible route of HCV infection.

Detailed epidemiological anamnesis plays an important role in the diagnostics, but not always allows identifying the risk group.

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