COVID-19 and Gynecologic Health

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Gynecologic Health in the Pandemic

Menstruation

Fertility

Health Inequity

Miscarriage

Sexual health

Urinary Symptoms

And many more.....

COVID-19 Vaccine

COVID-19 Infection

Gynecologic Health in the Pandemic



Gynecologic health
EXCLUDED from
vaccine trials and
COVID studies



Menstrual symptoms often discounted by clinicians/researchers

Racism

Structural, Institutional, Interpersonal, Internalized Menstruation/fertility concerns can drive major health care decisions



Worldwide environment of amplified misinformation



SINCE YOU ASKED

Can the COVID-19 vaccine effect your period?

PSST! THE ANSWER IS: WE'RE

NOT SURE YET



Thousands report after COVID-19 va

FACT: Being near someone who's received a COVID-19 vaccine can't affect your menstrual cycle.

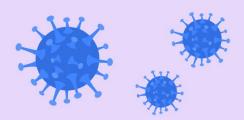






Does the COVID-19 vaccine cause infertility?



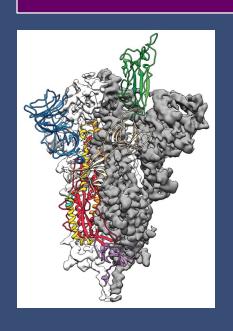


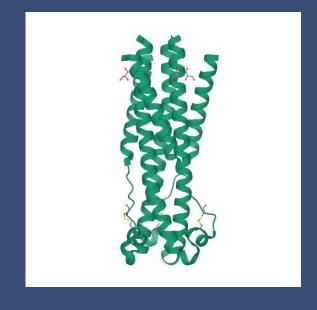
No. There is no evidence that the COVID-19 vaccine (or any vaccine) causes infertility.

pandemic has affected periods

ccines and pandemic stress have all been linked to distributions to on cycles.

Vaccines and Female Infertility





SARS-CoV-2 Vaccines do not contain mRNA for Syncytin-1

Antibodies against Spike do not impact Syncytin-1

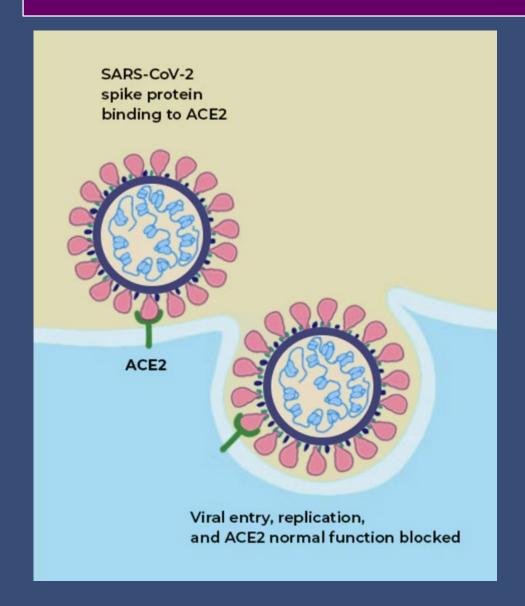
Spike Protein

SARS-CoV-2 mRNA vaccines create antibodies to Spike

Syncytin-1 Placenta protein involved in pregnancy growth

Vaccines do not cause female infertility

SARS-CoV-2 in the Reproductive Tract

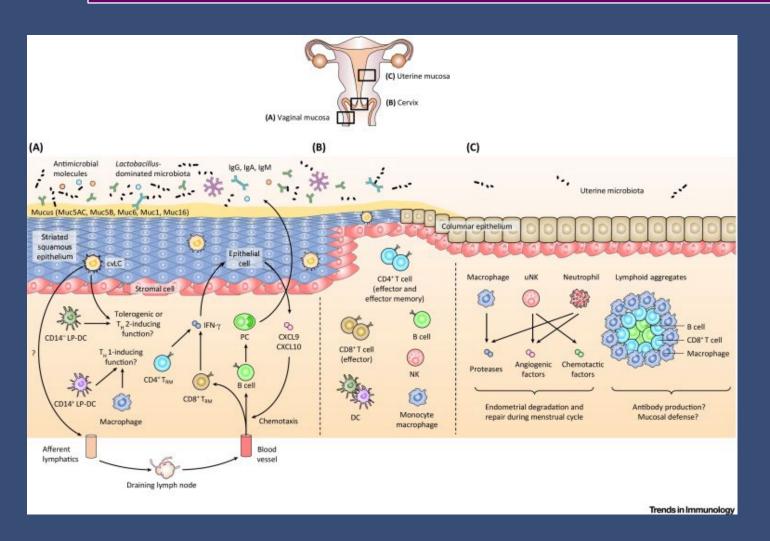


Very low gene expression of SARS-CoV-2 receptors ACE-2 and proteases (TMPRSS2) in uterus, ovary, fallopian tubes

No SARS-CoV-2 found in endocervical or vaginal swabs or endometrial biopsies

Goad, et al, PLOS One, Dec 2020 Herarejos-Castillo, et al, Fertility and Sterility, Aug 2020 Soilen et al, Rev Chilena Infectol, Oct 2021 Takmaz et al, PLOS, Sept 2021 Miguel-Gomez, AJOG, March 2022

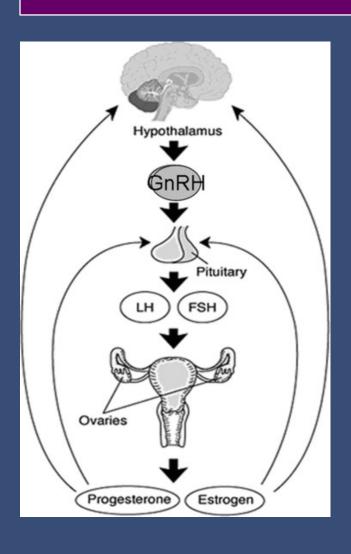
Immune Activity in Reproductive Tract



Vagina, Cervix, Uterus have immune activity

Endometrium produces prostaglandins and cytokines (eg IL-1, IL-6, TNFa)

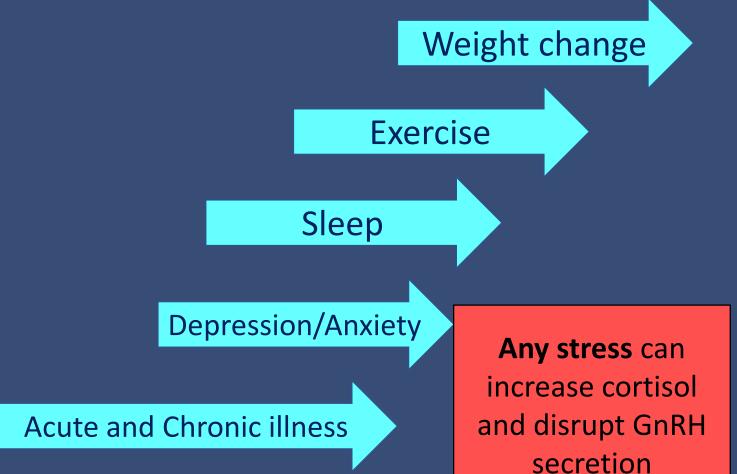
Regular Timed Menstruation

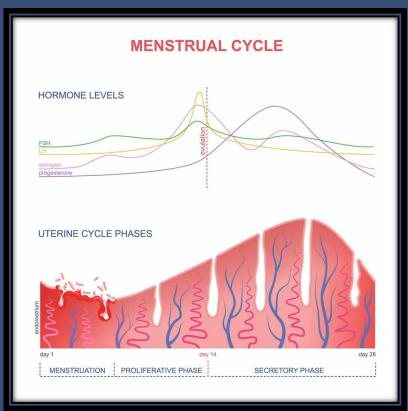


Hypothalamic-Pituitary-Ovarian (HPO) messaging supports regular timed monthly menses but.....

30% of females will have some type of abnormal uterine bleeding by age 50

What can cause changes to the menstrual cycle?





Menstrual Changes during Pandemic



Several studies with online surveys report increase in menstrual changes during pandemic

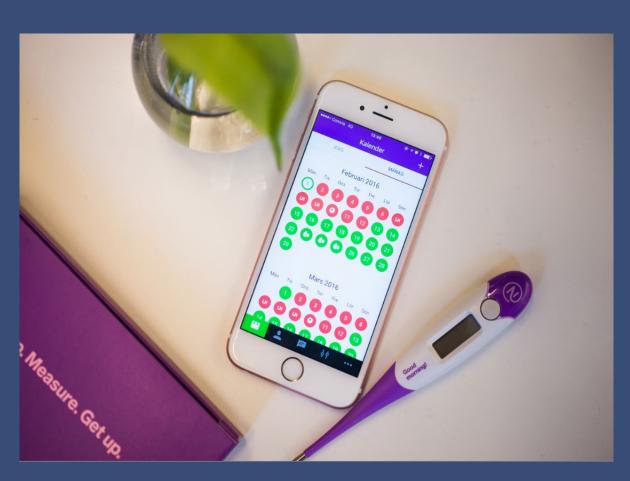
Limitations

Cross-sectional (one point in time)

Bias in who answers surveys

Majority are white

Menstrual Changes during Pandemic



- 18,000 menstrual app users
- Mean age 33 years, 80% >college
- 29% Great Britain, 23% USA
- 2019 PRE-pandemic vs March-Sept 2020

Menstrual Changes during Pandemic

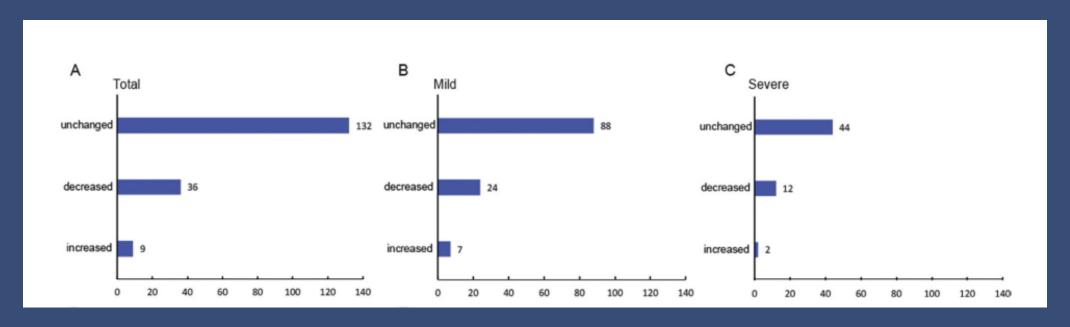
	Pre-COVID:	During COVID:	
	Mar-Sep 2019	Mar-Sep 2020	
	(n = 108,021 cycles)	(n = 106,405 cycles)	
	Mean (95%CI)	Mean (95%CI)	
Cycle length	29.40 (29.34–29.46)	29.16 (29.10-29.22)	
Menstrual duration	4.21 (4.19–4.23)	4.32 (4.30-4.34)	

- No clinically significant differences in menstruation during pandemic
- High pandemic stress not associated with abnormal cycle
- Fewer anovulatory cycles DURING pandemic

Menses and COVID-19 Infection

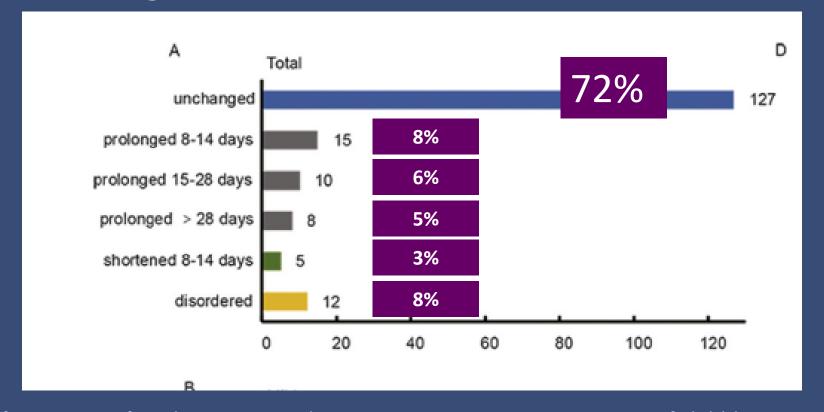
Menses Volume change with COVID-19

- N=177, hospitalized in China with COVID
- 75% unchanged, 20% decreased, 5% increased
- No difference by disease severity



Cycle length change after COVID-19

- 28% with menstrual cycle changes
- 99% returned to normal within 2 months
- More cycle changes than controls without COVID



Menstrual Changes after COVID

- N=158 in Indonesia, hospitalized with COVID
- Menses before infection by reported history and 3 months after

Menstrual parameter	Before COVID-19 Infection (n = 158)	After COVID-19 Infection (n = 158)	p value
Mean cycle length (n [%])			
• < 24 days	17 (10.8%)	24 (15.2%)	0.001*
• 24–32 days	125 (79.1%)	103 (75.1%)	
• > 32 days	16 (10.1%)	31 (19.6%)	
Menstrual irregularity (n [%])	28 (<u>17.7</u> %)	56 (<u>35.4</u> %)	< 0.001*
Heavy menstrual bleeding (n [%])	43 (27.2%)	53 (33.5%)	0.041*

Persistent abnormalities in cycle length 3 months after COVID Worse mental health associated with menstrual changes

Menstrual Changes after COVID

- N=127 in Arizona (CoVHORT study)
- 16% reported change in menses after COVID (cycle length, duration, flow)
- More COVID symptoms=more likely to have abnormal menses

	COVID-19 positive participants		
Characteristics	SARS-CoV-2-positive participants who reported a change in their menstrual cycle after infection ^{a,b} (n = 20; 15.7%)	SARS-CoV-2-positive participants who did not report a change in their menstrual cycle after infection ^{a,c} (n = 107; 84.3%)	
Increase in premenstrual syndrome symptoms (ie, greater than usual mood swings, feelings of anxiety or depression, tiredness, trouble sleeping, bloating or stomach pain, breast tenderness, changes in appetite or sex drive)	9 (45.0)	_	
Most common COVID-19 symptoms, n (%)			
Fatigue	15 (79.0)	29 (27.1)	
Headache	11 (57.9)	21 (19.6)	
Body aches and pains	10 (52.6)	17 (15.9)	
Shortness of breath	10 (52.6)	17 (15.9)	

Menses and COVID-19 Infection

There may be transient changes to menses but... Data is very limited: More research needed! Small sample sizes Often hospitalized patients Short-term or no follow-up Recall bias vs. Prospective follow-up

- Survey studies have reported changes in cycle length, duration, volume
- July 15, 2022: Online survey of 39, 129 vaccinated people, 18-80 years

56%: Change in menstrual flow

42%: Heavier bleeding

No difference by use of hormonal contraception

High rates of breakthrough bleeding in people who do not menstruate Gender-affirming hormones (39%), LARC (71%), postmenopausal (66%)

LIMITATIONS: Sample of app users,

84% white, no pre-vaccine data,

no comparison group of unvaccinated

- 3,959 people with menstrual cycles tracked on app "Natural Cycles"
- Age 18-45 years, US residents, vaccinated *vs* unvaccinated
- Prospectively collected data, 3 months prior vs 3 months after vaccine

		Cycle Length		Menses Length	
	n	Change in Length (d)	Adjusted Difference in Change vs Unvaccinated Individuals (d)*	Change in Length (d)	Adjusted Difference in Change vs Unvaccinated Individuals (d)*
1st dose					
Unvaccinated	1,556	0.07 (-0.22 to 0.35)	-	-0.09 (-0.18 to 0.00)	<u></u>
Vaccinated	2,403	0.71 (0.47-0.94)	0.64 (0.27-1.01)	-0.01 (-0.09 to 0.06)	0.08 (-0.04 to 0.19)
2nd dose					
Unvaccinated	1,556	0.12 (-0.15 to 0.39)	-	-0.09 (-0.18 to -0.01)	_
Vaccinated	1,919	0.91 (0.63-1.19)	0.79 (0.40-1.18)	-0.01 (-0.09 to 0.07)	0.08 (-0.04 to 0.20)

Data are mean (98.75% CI) unless otherwise specified.

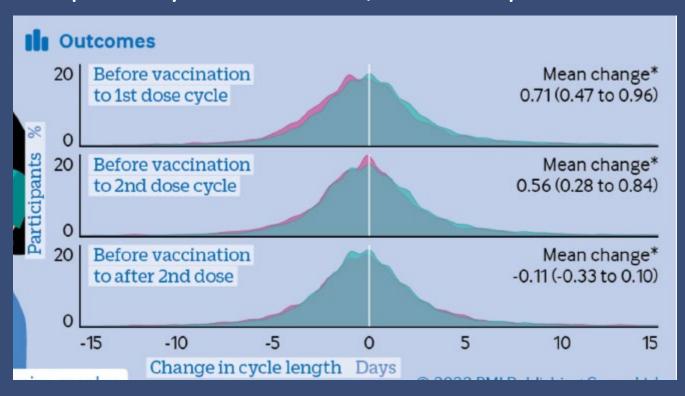
<1 day difference in cycle length between vaccinated and unvaccinated

If both doses within one menstrual cycle,

cycle 2.32 days longer

^{*} Differences are from mixed-effects models with random intercepts and random slopes at the individual level, an interaction between vaccination status and prevaccination-postvaccination timing, and adjusted for age, race, body mass index, educational attainment, parity, and relationship status.

- 19,622 people with menstrual cycles tracked on app "Natural Cycles"
- Age 18-45 years, global population (Europe/Canada/US)
- Vaccinated vs unvaccinated (all vaccines)
- Prospectively collected data, 3 months prior vs 3 months after vaccine



<1 day difference in cycle length between vaccinated and unvaccinated</p>

If both doses within one menstrual cycle,

3.91 (CI 2.5-5.3) days longer

Small, temporary changes in cycle length of <1 day
No change in menstruation duration

Limitations of these studies:

Sample is app users

Missing demographic data

Restricted to normal cycles pre-COVID

COVID-19 and Early Pregnancy

Multiple studies have found *no increased risk of miscarriage* with COVID-19 infection

PRIORITY Study

Prospective nationwide cohort (N=1330)

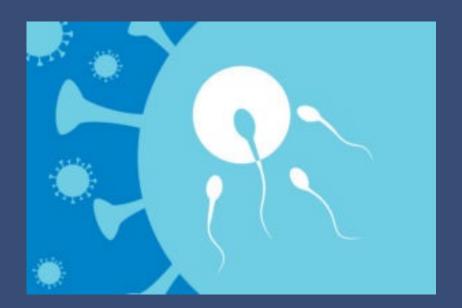


- 139 enrolled <14 weeks gestation
 - 6% loss <20 weeks in *both* COVID+ (n=94) and COVID- (n=15)
 - Upper CI for loss 13.4% vs 10% in clinically recognized pregnancies

COVID-19 and Female Fertility

Most studies show...

- No change in AMH, FSH, Estradiol with infection
- No impact on ability to get pregnant without assistance
- No impact on IVF outcomes



COVID-19 and Gynecology

	Vaccine	COVID-19 Infection
Menstruation	Small, transient change in cycle length	Possible changes, more data needed
Female fertility	No impact	No impact
Miscarriage	No impact	No impact

RECOVER and Gynecologic Health

RECOVER participants answer questions about...

menstruation, sexual function, menopause, urinary symptoms, fertility

Strengths of RECOVER

Large sample (10,000 females), Diverse US population, Longitudinal follow-up

