Editorial

An update on the prevalence of viral hepatitis B and C among patients attending at tertiary hospital in South India

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Viral hepatitis, specifically due to hepatitis B virus (HBV) and hepatitis C virus (HCV), is a serious public health problem in India due to high infection rate and lack of awareness. The WHO Global Hepatitis Report 2017 revealed that an estimated 325 million people worldwide are living with chronic HBV and HCV infection. Lack of affordable testing, medications and treatment will lead to chronic liver disease, if untreated, further it can lead to cancer and death. It is estimated that >40 million people are chronically infected with HBV and approximately 6-12 million with HCV in India. This editorial review was described to report and update our current knowledge in the viral hepatitis B and C.

Current issue of this journal carries an article by Inyang-Etoh et al who conducted a study at Calabar metropolis, Nigeria comprising of two local government areas (Calabar Municipality and Calabar South) on the prevalence of hepatitis B, C and D among patients on highly active antiretroviral drug therapy (HAART). Their objective was to investigate prevalence rate / co-infection of HBV, HCV and HDV with HIV and to offer suggestions that will enhance the management and provide affordable, effective treatment of the disease. They observed that the prevalence of HBV and HCV is 8% and 6% respectively and no HDV among patients on HAART in Calabar.
Our data also support similar rate of hepatitis infection from January 2015 to December 2017. About 1246 patients (843 males and 403 females) were enrolled at the Department of Gastroenterology, Owaisi Hospital and Research Center, Hyderabad. Among them, male patients were significantly higher i.e. 843 (67.65%) than females 403 (32.34%). The age group 21-40 years, which included 634 (50.88%) of the patients was the largest group, the smallest group was that of ≤20 years old with 167 (13.40%) patients (Unpublished data). Among the 1246 patients, 560 were serologically positive (HBsAg) for HBV, having prevalence rate of 44.94%. The prevalence was significantly higher in male (32.5%) compared to female (12.44%) patients. It was observed that elevated levels of hepatitis B serological marker were found in middle age group. It was at significantly higher risk of being HBsAg positive compared to the younger age group (≤20 years). Out of 560 patients, only 309 (55.18%) were positive based on molecular (HBV DNA) and serological marker (HBsAg). Also 63 (20.38%) were identified to be chronically infected with HBV. The rest 251 (44.82%) were positive for serological marker only (Unpublished data).

During screening process, among 1246 patients, 122 (9.78%) were found to be serologically positive for HCV. Upon further evaluation of HCV infected patients, 86 (70.49%) were found to be both molecular (RNA) and serological (Anti-HCV) positive. The rest 36 (29.50%) were positive by serological method. Among all patients, detection of HCV by ELISA method was significantly correlated with age. Among the three defined age groups ≤20 years, 21-40 years and ≥41 years, test for linear trend of proportions was significant, thus indicating that HCV ELISA positivity tended to increase with age i.e. prevalence of HCV may increase with age. In order to reduce the infection rate tertiary hospitals should be able to take the lead in conducting the screening and awareness programs on the viral hepatitis.

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References
