

Awareness and Eradication of Viral Hepatitis

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Background

Viral hepatitis, caused by hepatitis viruses A through E, still remains a major public health problem all

Population prevalence of Hepatitis C in India is around 1 %. Pockets of High prevalence of Hepatitis C were identified in certain parts of India.

Ieeja is a sub district in the state of Telangana, India where the incidence of Hepatitis C was presumed to be high.

Reason for High Prevalence, Modes of transmission and Treatment of all positive patients in this area were the aims of this project.

Méthods

A total of 30 Awareness and Screening camps were done in different villages of the sub district. A total of 3715 patients were screened for Hepatitis C and 466 Hepatitis C positive individuals were identified. Age of Positive patients ranged from 23 – 70Years.

Individual interviews with positive patients to identify the possible modes of transmission were done.

All anti- HCV positive patients were subjected to further Blood tests (Serum creatinine, HCV RNA Quantitative) and Ultrasound abdomen.

421 patients were started on antiviral treatment with Sofosbuvir and Daclatasvir. 43 Patients (about 10 %) were found to have cirrhosis of Liver and 4 patients (about 1 %) had Hepatocellular Carcinoma.

45 patients who were not included in treatment had either undetectable HCV RNA (36 patients) or Chronic Kidney Disease with raised creatinine (9 patients).

Results

Lack of Awareness about this virus among the general public and in Health care workers in these areas was clearly identified on interviewing positive patients and their family members. Similarly awareness among Health care workers in these areas about this virus is also very low.

Unsterilized needle usage, Tattooing, Reuse of blades by barbers and Sharing of Razors among family members, Sexual transmission, Vertical transmission (Mother to Child transmission) were found to be the most important modes of spread of this virus in this area.

Awareness campaigns for general public and Health care workers regarding the modes of spread, ill effects of these viruses if untreated, care to be taken by family members of infected patients were done on multiple occasions.

An increase in the number of patients attending the screening camps was observed after multiple awareness campaigns.

Treatment of these patients was started in phased manner. Results of SVR (Sustained Virological Response) are awaited.

Conclusion

Chronic Viral Hepatitis leads to Cirrhosis of Liver and Liver Cancer.

Lack of Awareness about these viruses, their modes of transmission and knowledge that these viruses are treatable is the most important cause for high prevalence of these viruses.

Increasing the awareness about these viruses, encouraging voluntary testing for Hepatitis viruses for all and treatment of all the existing pool of patients plays a very important role in eradicating these viruses

References

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Viral hepatitis eradication in India by 2080 - gaps, challenges & targets

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