

Letter to the Editor

[The Editor is not responsible for the views expressed by the correspondents]

Hepatitis and Community : A Roadmap for 2030

SIR, — Hepatitis is inflammation of liver by various infectious (hepatitis virus A, B, C, D and E) and non-infectious (alcohol) agents. Type A and E are responsible for acute infection and failure. Type B and C virus strains are responsible for chronic diseases like cirrhosis, cancer and even death. The various modes of transmission are stated in Fig 1.

Globally 354 million people are living with Hepatitis B or C infection¹. In India, 40 million people are infected with hepatitis B chronically and 6-12 million people with hepatitis C². Sustainable Developmental Goal (SDG) 3.3 “targets by 2030, to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, waterborne diseases and other communicable diseases to promote healthy lives and well-being for all.” The WHO global hepatitis strategy began in 2016 with an aim to achieve hepatitis elimination by 2030. Targets were set for the same which are reduction in the incidence of hepatitis infection cause by B & C virus to 90%, reduction in hepatitis related deaths by 65%, to ensure 90% diagnosis among people suffering from hepatitis B & C virus and at least 80% of those diagnosed receive appropriate treatment. To achieve the above targets the National Viral Hepatitis Control Program was launched in India on 28th July, 2018.

Every year 28th July is observed as World Hepatitis Day with an aim to create awareness about viral hepatitis and its effect on health. In the year 2022, WHO highlights to bring hepatitis care closer to primary health facilities and communities so as to improve access to treatment and care. As we all know that to achieve any target it is necessary to integrate multiple sectors and involve community participation. The comprehensive approach promotive, preventive and curative have always proven to be helpful. Under promotive measures creating awareness about the disease, symptoms, available treatment and prognosis can be done through print media, IEC (Information, Education and Communication) activities like nukkad natak, banners etc in the regional languages. Various components are available under the preventive measure. Firstly, the Hepatitis B immunization the birth dose was introduced in 2008 and was universalized in 2011. Even now some districts of western, south-eastern and central India have a very low HBV coverage³ which indirectly can contribute to high prevalence of hepatitis cases. To improve this, we should begin right from screening. Screening needs to be done at sub-center and primary health center using rapid test kits for ANC mothers, high risk population which includes person with multiple blood transfusions, hemodialysis patients, sexual partners of infected people, commercial sex workers, IV drug users, prisoners etc. For those whom the test turns positive appropriate referral to higher centers must be done for confirmation, counselling and prompt treatment. Here we could also reach out to Public-private partnerships to promote screening, reporting and surveillance. Non-Governmental Organizations and Peer groups can help promote behavioral change communication among the high-risk population to reduce the incidence, mortality and morbidity of hepatitis. Promoting institutional deliveries of all mothers so that their babies receive the immunization on time. A target to reach near 100% antenatal screening and care must be aimed at to reduce the incidence. Secondly moving on to safety of blood and blood products, there are plenty of strategies available, but the most important strategy for safe blood and blood products will be increasing voluntary blood donation. Reuse prevention of syringes was a critical intervention to prevent Hepatitis B and C transmission which needs to be continued strictly. Thirdly the hygiene and sanitation which is



Fig 1 — Modes of transmission of hepatitis viruses

covered under the Swachh Bharat Mission in which initiatives were taken to control open defecation, provide safe drinking water, food hygiene by following the appropriate food safety guidelines, appropriate waste disposal etc. The efforts for the mentioned initiatives must be continued so as to achieve good sanitation and hygiene.

Among the above discussed major issues from the organized sector somehow, we forget to focus on the unorganized sectors like tattooing, religious rituals (mundans, ear and nose piercing), reuse of syringes (recently 30-40 school children in Madhya Pradesh were administered COVID vaccine using a single syringe⁴), barbers using common blades for beard grooming of customers etc because the risk of transmission in such areas could be really high. Charles Darwin had once stated that there was no country in the world that did not practice tattooing or some other form of permanent body decoration⁵. According to the history and culture, tattoos were used as symbols of shame and distinction (given for success or the passage into maturity). Tribals used tattoos to distinguish between friends and enemies and to signify age, marital status, authority, and class. Women's tattoos were status markers in several tribes, ensuring that they were of no value to other tribes. But in recent years tattooing is becoming a fashion. Stating here some of the problems arising from these unorganized sectors such as they don't have sufficient money to change blades for every customer or fear that their customers would stop coming to them if they charge more for the hair or beard grooming or have no sufficient time to look into the sterilization of instruments etc go unnoticed many a times. Initiatives need to be directed towards creating awareness about hepatitis and its transmission, training them on using cost effective ways of sterilizing instruments (using boiling water, disinfectants), providing them with instruments that can help them sterilize their blades/instruments. If the set targets need to be achieved, we need to have some guidelines and checklist for the unorganized sectors like those for organized sectors because clearly the burden of hepatitis in the unorganized sectors is going unnoticed.

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