

Prevention, disease control can help eliminate viral hepatitis

VIRAL hepatitis is affecting 325 million people worldwide and is responsible for 1.4 million deaths every year, which is higher than deaths caused by human immunodeficiency viruses and tuberculosis. It is also the seventh most common cause of mortality.

Of all the viral hepatitis-related deaths, a majority are attributable to hepatitis B and hepatitis C infections. They share the same transmission routes, particularly unsafe injection practices, sexual transmission and mother-child transmission.

In Malaysia, hepatitis B and C infections have increased remarkably, from 2.26 per 100,000 in 2010 to 12.65 per 100,000 population in 2015. Viral hepatitis is preventable, treatable, and in the case of hepatitis C, potentially curable.

However, over 80 per cent of people living with hepatitis are lacking prevention, testing and treatment services. According to a recent global survey, the barriers to the diagnosis of hepatitis B and C are — lack of knowledge of the disease among the public and health professionals, lack of easily accessible testing, stigma and discrimination, as well as out-of-pocket costs for the population.

Overcoming these barriers is critical to eliminate viral hepatitis. The existing frameworks should be used to better educate and increase awareness about viral hepatitis among the public, as well as combat social stigma and discrimination. There should be targeted testing strategies and these must be affordable and accessible.

The Health Ministry has launched the National Strategic Plan for Hepatitis B and C for 2019-2023. It highlighted that apart from those who are symptomatic, the main target of the screenings are blood donors, healthcare workers, injectable drug users and foreign workers.

In terms of prevention, hepatitis B vaccinations have been widely available and accessible in Malaysia. The hepatitis B vaccination programme for infants was introduced in 1989.

A study showed that the prevalence of surface antigen of the hepatitis B virus in children born after the implementation of the programme was lower than those born before its implementation (0.3 versus 1.7-1.8 per cent). Since 1989, hepatitis B vaccinations have

been given to healthcare workers who manage patients or their clinical specimens.

Harm reduction programmes in the forms of the Methadone Maintenance Therapy as well as the Needle and Syringe Exchange Programme were introduced in 2005, in partnership with non-governmental organisations and private health practitioners.

Treatment and clinical monitoring of viral hepatitis are mainly performed by gastroenterologists and hepatologists. Patients are required to undergo an assessment before and during the therapy.

The availability of direct-acting antiviral drugs, specifically sofosbuvir, at an affordable price in Malaysia since September 2017 has provided hope in curing more

hepatitis C infection cases.

A drug combination of sofosbuvir and ravidasvir is safe and effective against the disease as it has a high cure rate of 97 per cent. Since the early 2000s, the ministry has been encouraging the public to undergo hepatitis B and C screenings.

The introduction of World Hepatitis Day, which has been celebrated on July 28 every year since 2011, has strengthened public knowledge about the disease. A combined effort towards prevention and disease control can help in realising our aim of eliminating viral hepatitis.

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