Public Health Concern of Hepatitis-E Infection: Developing Nations Perspective

Saurabh RamBihariLal Shrivastava, Prateek Saurabh Shrivastava and Jegadeesh Ramasamy

Department of Community Medicine, Shri Sathya Sai Medical College & Research Institute, Kancheepuram, India

*Corresponding author: Dr. Saurabh RamBihariLal Shrivastava, 3rd floor, Department of Community Medicine, Shri Sathya Sai Medical College & Research Institute, Ammapettai village, Thiruporur - Guduvancherry Main Road, Sembakkam Post, Kancheepuram - 603108, Tamil Nadu, India, Tel: +919884227224; E-mail: drshrishri2008@gmail.com

Received date: October 9, 2014 Accepted date: October 13, 2014, Published date: October 20, 2014

Hepatitis-E has been acknowledged as a significant cause of multiple outbreaks of hepatitis, especially in tropical and subtropical nations [1]. The recent global estimates suggest that on an annual basis almost 20 million cases of hepatitis-E infections, and almost 0.056 million related deaths have been reported [1]. From an epidemiological perspective, hepatitis-E is found worldwide and variable genotypes of the hepatitis E virus account for the heterogeneous epidemiological variations [1]. Although, infection with hepatitis-E virus is self-limiting, nevertheless some of the patients may develop fulminant hepatitis [1]. Furthermore, infection with Hepatitis-E Virus (HEV) remains the predominant causes of pregnancy related complications (viz. spontaneous abortion, pre-term labour, intra-uterine deaths) in developing nations [2,3]. In-fact, fulminant HEV infection during pregnancy accounts for a significant share of mortality among both the mother and the fetus [2].

HEV is a viral infection, predominantly transmitted through the faeco-oral route due to the faecal contamination of drinking water [4]. Other modes being food-borne transmission, zoonotic transmission, transfusion of infected blood product, and vertical transmission [4]. Owing to the unavailability of specific treatment for HEV, prevention of HEV in the form of good personal hygiene (maintaining sanitation barrier); provision of safe & adequate drinking water; proper disposal of sanitary waste; and general food safety measures, takes the center stage [1,4,5].

However, despite concerted efforts from the policy makers to provide safe drinking water to all, the results are not long lasting [1]. Thus, there is a definite scope to develop vaccines which is a cost-effective approach and can reach to a wider section of the society [4]. Nevertheless, immuno-prophylaxis for HEV is still in research stage with China being the only nation to license the first vaccine (HEV 239) to prevent HEV infection [6]. In addition, measures like establishing sanitary disposal systems for different types of wastes; motivating people to maintain hygienic practices (viz. hand washing with safe water, especially before handling food) and avoid drinking water of unknown purity; and adhering to safe food practices recommended by the World Health Organization; can play a crucial role in minimizing the risk of infection and transmission [1,5].

In conclusion, from the public health perspective, in order to obtain sustainable results the need of the hour is to strengthen the existing preventive, screening and control strategies for viral hepatitis, and develop a comprehensive surveillance system.

References