Prevalence of Hepatitis B Surface Antigen among Patients Attending a Rural Teaching Hospital at Puducherry

Balamurugan R^{1,*}, Gopal R², Saleem M³, Kaviraj M⁴, Sunil S. Shivekar⁵, Mangaiyarkarasi T⁶

¹Research Scientist, ⁴ Research Associate, Central Research Laboratory, ² Professor and Head, ^{3, 6} Associate Professor, ⁵ Assistant Professor, Dept. of Microbiology, Sri Manakula Vinayagar Medical College and Hospital, Pudhucherry, India

*Corresponding Author

E-mail: bala.rangasamy5@gmail.com

Abstract

Background: HBV infection in humans is a global health problem which accounts for morbidity and mortality rates associated with its serious complications like cirrhosis of liver and carcinoma of liver. The incidence of HBV in India has an intermediate range of 2 % to 7%. A five year retrospective study was conducted on the seroprevalence of HBs Ag among the patients attending Sri Manakula Vinayagar Medical College and Hospital, Pudhucherry from January 2011 to December 2015.

Materials and methods: A total of 67903 patients of both sexes and ages ranging from 1 year to 88 years were included in this study. HBsAg screening was primarily done by rapid card test and reconfirmed by ELISA.

Results: 1.73 % of the study population was positive for the presence of HBsAg with a male predominance of 2.73% over female (1.09%). A gradual increase in the prevalence rate was seen during each successive years of this study.

Conclusion: An increasing prevalence was observed in each succeeding year of the study. Preventive measures and awareness programmes are to be taken into serious consideration to control the rising trend of HBV infection.

Keywords: ELISA, HBs Ag, HBV, Seroprevalence,



Introduction

One of the major health problems in India is Hepatitis B virus (HBV) infection. Of the 25 million infants born every year, over one million run the lifetime risk of developing chronic infection. Estimates indicate that annually over 100,000 Indians die due to illnesses related to HBV infection. Countries are classified as having high (8% or more), intermediate (2-7%), or low (less than 2%) HBV endemicity based on the prevalence of hepatitis B carrier state in the general population. India is at the intermediate endemic level of hepatitis B, with hepatitis B surface antigen (HBsAg) prevalence between 2% and 7% among the populations studied. The prevalence does not vary significantly by region in the country. The number of HBsAg carriers in India has been estimated to be over 40 million (1,2). Hepatitis B is one of the major diseases of mankind and is a serious global public health problem. Of the 2 billion people who have been infected with the hepatitis B virus (HBV) in the world, more than 350 million have chronic (lifelong) infections and these people are at high risk of death from cirrhosis of the liver and carcinoma of the liver.

that kill about one million each year (1,2,3,4). This article depicts the prevalence rate and trend of Hepatitis B Virus infection among the patients attending a rural teaching hospital.

Materials and Methods

This study was carried out in Sri Manakula Vinayagar Medical College and Hospital, puducherry. Patients who attended OPD (Out Patients Department) and also IP (Inpatients) during the period of January 2011 to December 2015 were screened for HBV infection on referral from the treating clinicians. A total of 67903 patients including 34111 males and 33792 females were screened for the presence of HBsAg (Hepatitis B Surface Antigen) during the study period. The age group includes 1 to 88 years. Patients were initially screened by rapid card test and positive cases were confirmed by ELISA (HEPALISA, India). ELISA was performed according to the manufacturer's protocol.

Results

Among the 67903 samples tested 1178 (1.73%) were positive for presence of HBsAg. The prevalence of HBsAg was found to be high among male (2.73%) than female (1.08%) during the study period (Table 1). HBsAg was most prevalent among the active working age groups of 20 to 40 years. The results of this study has shown an increasing rate of prevalence of HBsAg with successive years during 2011 to 2015 (Table 2)

Table 1: Age and sex wise distribution of HBV infected patients

Age	Male	Female	Total
0 TO 10	9	2	11
11TO20	29	18	47
21TO30	165	116	281
31TO40	193	80	273
41TO50	160	68	228
51TO60	128	49	177
61TO70	100	27	127
>70	25	9	34
Total	809 (2.37%)	369 (1.09%)	1178 (1.73%)

Table 2: Year Wise Incidence of HBsAg (2011 to 2015) among male and female patients

Year	Male	Female	Total	
2011				
Total	6058	6775	12833	
Positive	99(1.63%)	54(0.79%)	153(1.19%)	
2012				
Total	6907	7424	14331	
Positive	136(1.96%)	68(0.91%)	204(1.42%)	
2013				
Total	6864	6952	13816	
Positive	151(2.19%)	56(0.80%)	207(1.49%)	
2014				
Total	7144	6582	13726	
Positive	211(2.95%)	85(1.29%)	296(2.15%)	
2015				
Total	7138	6059	13197	
Positive	212(2.97%)	106(1.74%)	318(2.4%)	

Discussion

India has over 40 million Hepatitis B infected patients, second only to China, and most people with chronic Hepatitis B or C are unaware of their infection, putting them at the serious risk of developing cirrhosis or carcinoma of liver which are life threatening (1,2,3,4). The prevalence of HBV in our study is 1.73% which was reported as 2.0% in a three year retrospective study conducted in our hospital during 2007 to 2010. A decreasing prevalence was reported in every successive year during 2007 to 2010 (5). An overall dropdown of HBsAg prevalence from 2.0% to 1.73% among the people of this locality has been seen, but the study also shows a gradual increase during successive years of study from 1.19% in 2011 to 2.4 % in 2015 (Table 2). Male predominance was seen consistently in all age groups in all the five years from 2011 to 2015. The previous study from our institute also showed a higher incidence among male (5). Most of the previous reports also show a male predominance for HBsAg (6,7,8,9,10). Men are more likely to remain infected with HBsAg and women are more likely to develop anti-HBs rapidly. Men are more prone to hepatitis related chronic disease conditions. This is due

to the difference in immune response to HBsAg between males and females (11,12). People of age between 20 to 50 were found to be more prone to HBV infection. A highest rate of prevalence was seen in the 21 to 30 age group in both males and females, followed by 31 to 40 and 41 to 50 age groups. This result is similar to the other reports in the literature (13,14,15).

Conclusion

Despite the awareness programmes and wide coverage of HBV vaccination among people, our study reveals an increase in prevalence over the past 5 years. This has to be viewed seriously and control measures should be taken accordingly. Compulsory vaccination procedure and continuous awareness programmes could pave the way to control the rising trend of HBV infection and its serious complications like cirrhosis of liver, hepatocellular carcinoma, etc.

Conflict of Interest: None

Source of Support: Nil

References

- Quarterly Newsletter from the National Centre for Disease Control (NCDC) 2014:3(1).
- World Health Organization. Hepatitis B. World Health Organization Fact Sheet No. 204 (Updated July 2015). http://www.who.int/mediacentre/factsheets/fs204/en/.
- Pankaj Puri. Tackling the Hepatitis B Disease Burden in India. Journal of Clinical and Experimental Hepatology 2014;4(4):312–319.
- B N Tandon, S K Acharya, A Tandon Epidemiology of hepatitis B virus infection in India Gut. 1996;38(2):56–59.
- Sunil Shivekar, Smita Shivekar, Prachi Saban, Priyadhashani A, and R. Gopal A Hospital Based Seropositivity For Hepatitis B Surface Antigen And Antibodies To Hiv In And Around Puducherry – A Retrospective Study. Int J Pharm Bio Sci 2012;3(3): 141 – 146.
- Surendra Karki, Prakash Ghimire, Bishnu Raj Tiwari, Manita Rajkarnikar HBsAg serosurveillance among Nepalese blood donors. Annals of tropical medicine and public health. 2008;1(1):15-18.
- Purti Chandrashekher Tripathi, Trinain Kumar Chakraverti, Nileshkumar Ramniklal Khant. Seroprevalence of hepatitis B surface antigen and antibody to hepatitis C virus at a tertiary care centre in Telangana. Int J Res Med Sci. 2015;3(1):297-300.
- 8. Karandeep Singh, Sudha Bhat, Shamee Shastry. Trend in seroprevalence of Hepatitis B virus infection among blood donors of coastal Karnataka, India. J Infect Dev Ctries 2009;3(5):376-379.
- Garima Mittal, Pratima Guptay, Rohit Guptaz, Vivek Ahujaz, Manish Mittalx, Minakshi Dhark. Seroprevalence and Risk Factors of Hepatitis B and Hepatitis C Virus Infections in Uttarakhand, India. J Clin Exp Hepatol. 2013;3(4):296-300.
- Elizabeth W. Hwang, Ramsey Cheung. Global Epidemiology of Hepatitis B Virus (HBV) Infection. N A J Med Sci. 2011;4(1):7-13.
- World Health Organization. Hepatitis B. http://www.who.int/csr/disease/hepatitis/whocdscsrlyo20022/en/index3.html
- W. Thomas London and Jean s. Drew. Sex differences in response to hepatitis B infection among patients receiving chronic dialysis treatment. Proc. Natl. Acad. Sci. USA 74(6):2561-2563.
- Sood S, Malvankar S. Seroprevalence of hepatitis B surface antigen, antibodies to the hepatitis C virus, and human immunodeficiency virus in a hospital-based population in Jaipur, Rajasthan. Indian J Community Med. 2010;35:165-9.
- 14. Warda Baha, Abderrahim Foullous, Noureddine Dersi, Thierry Paluku They-they, Khadija E alaoui, Nadia Nourichafi, Bouchra Oukkache, Fatiha Lazar, Soumaya Benjelloun, My Mustapha Ennaji, Abdelouhad Elmalki, Hassan Mifdal and Abdelouaheb Bennani. Prevalence and risk factors of hepatitis B and C virus infections among the general population and blood donors in Morocco. BMC Public Health 2013;13:50-8.
- Brian J. McMahon, Wallace L. M. Alward, David B. Hall, William L. Heyward, Thomas R. Bender, Donald P. Francis and James E. Maynard. Acute Hepatitis B Virus Infection: Relation of Age to the Clinical Expression of Disease and Subsequent Development of the Carrier State. J Infect Dis 1985:1514):599-603.

How to cite this article: Balamurugan R, Gopal R, Saleem M, Kaviraj M, Sunil S. Shivekar, Mangaiyarkarasi T. Prevalence of Hepatitis B Surface Antigen among Patients Attending a Rural Teaching Hospital at Puducherry. Indian J Microbiol Res 2016;3(1):74-76.