

Hepatitis B surface antigen carriage in healthy Nepalese men

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DOI: 10.1016/0035-9203(87)90058-7 · Source: PubMed

Cited in:

Trans R Soc Trop Med Hyg. 1987;81(5):875.

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Short Report

The prevalence of hepatitis B antigenaemia varies enormously with race and geographical area. In western Europe and North America only about 0.1% of healthy indigenous blood donors are carriers (SHERLOCK, 1981). This contrasts with parts of southeast Asia and sub-Saharan Africa where carrier rates of up to 15% are recorded (SHERLOCK, 1981). The Indian subcontinent appears to occupy an intermediate position, with an HBsAg carriage rate between 1% and 6% (GRAVES & BISWAS, 1974; SZMUNES et al., 1978; JAYAPRAKASH et al., 1983; JOSI et al., 1983; TANDON et al., 1984).

The British Army has recently shown concern over the prevalence of HBsAg carriage amongst its Gurkha soldiers. The Gurkhas are recruited from the mongoloid tribes of the mid-hills area of Nepal, and are ethnically and culturally related to the Tibetans. The major Tibeto-Nepalese tribes are Tamang, Rai, Limbu; Bhote, Magar, Sunwar and Gurung (KURIAN, 1982). In the absence of any data relating to the prevalence of hepatitis B antigenaemia in this area of Nepal, we undertook a prevalence study.

Blood samples were taken from 477 new recruits immediately on their arrival in Hong Kong. The men, all aged between 18 and 21 years, had been recruited from all the major tribal groups of the mid-hills area of Nepal. All the samples were tested for HBsAg by the Abbott Laboratories Auszyme monoclonal enzyme immunoassay procedure. Sera containing HBsAg were tested for HBeAg, anti-Hbe and anti-HBc (Corzyme, Abbott Laboratories).

8 of the 477 men (1.68%) were carriers of HBsAg and, of these, 3 (0.63%) also carried HBeAg. All 8 were positive for anti-HBc. *Correspondence to Major A. Henderson, 13 Rushcliffe Road, Grantham, Lines. UK.

The prevalence of HBsAg in this sample of fit young Nepalese men is therefore similar to that reported by JAYAPRAKESH et al. (1983) and by GRAVES & BISWAS (1974) in India (1.27% and 0.4% respectively). As all the men had been medically examined before leaving Nepal, those with chronic liver disease might have been excluded, giving a falsely low rate of hepatitis B antigenaemia. Simon (personal communication), however, found a carriage rate of only 2% in unselected Nepalese civilian blood donors in eastern Nepal in 1984. This observation plus the low prevalence of cirrhosis and hepatoma seen in Nepalese civilians

attending the British Military Hospital at Dharan in eastern Nepal in 1983 (Henderson, unpublished observation) suggests that the low rate of hepatitis B antigenaemia found in this study may be a true reflection of the community prevalence amongst the mid-hills people.

Reference

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