

Outbreak of viral hepatitis B in a rural community in India linked to inadequately sterilized needles and syringes

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2305626/>

Cited In

Bull World Health Organ. 1998; 76(1): 93–98.

Outbreak of viral hepatitis B in a rural community in India linked to inadequately sterilized needles and syringes.

By: J. Singh, R. Bhatia, J. C. Gandhi, A. P. Kaswekar, S. Khare, S. B. Patel, V. B. Oza, D. C. Jain, and J. Sokhey

National Institute of Communicable Diseases (NICD), Delhi, India.

Abstract

In India, virtually all outbreaks of viral hepatitis are considered to be due to faeco-orally transmitted hepatitis E virus. Recently, a cluster of 15 cases of viral hepatitis B was found in three villages in Gujarat State. The cases were epidemiologically linked to the use of inadequately sterilized needles and syringes by a local unqualified medical practitioner. The outbreak evolved slowly over a period of 3 months and was marked by a high case fatality rate (46.7%), probably because of concurrent infection with hepatitis D virus (HDV) or sexually transmitted infections. But for the many fatalities within 2-3 weeks of the onset of illness, the outbreak would have gone unnoticed. The findings emphasize the importance of inadequately sterilized needles and syringes in the transmission of viral hepatitis B in India, the need to strengthen the routine surveillance system, and to organize an education campaign targeting all health care workers including private practitioners, especially those working in rural areas, as well as the public at large, to take all possible measures to prevent this often fatal infection.

Reference

Tandon BN, Gandhi BM, Joshi YK. Etiological spectrum of viral hepatitis and prevalence of markers of hepatitis A and B virus infection in north India. Bull World Health Organ. 1984;62(1):67–73.