

Seroepidemiology of HBV and HCV in India. Strategy for control of maternal transmission of HBV and its effect. Screening methods of blood donors for control of post-transfusion hepatitis and their effect.

[https://doi.org/10.1016/S0928-4346\(96\)82005-6](https://doi.org/10.1016/S0928-4346(96)82005-6)

Cited In:

International Hepatology Communications 5(1):14-18, May 1996 Elsevier

Seroepidemiology of HBV and HCV in India. Strategy for control of maternal transmission of HBV and its effect. Screening methods of blood donors for control of post-transfusion hepatitis and their effect

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Abstract

The HBV prevalence rate in India is 2–8 percent with an approximate carrier pool of 36 million. India being a large country, the HBV carrier and infection rate varies in different regions of the country. HBV prevalence is highest in South India (5.5%). The high risk population for HBV carrier state as well as for HBV infection includes professional blood donors (10–11%), patients undergoing haemodialysis (65.8%), residential population of orphanage (15.3%), and parenteral drug abusers (8.5%). Medical and paramedical personnel dealing with dental surgery, and truck drivers in North India also carry a higher HBV prevalence. Vertical or perinatal transmission of HBV in India, unlike in South-East Asia, is infrequent due to a low HBeAg positivity rate (7.8%) among pregnant females with HBV infection. On the other hand, horizontal transmission in early childhood due to crowded and unhygienic living conditions is the major role of spread for HBV infection in India. Amongst adults, transfusion of blood collected from professional blood donors constitutes another important mode of HBV transmission. HBV is an important cause of liver disease in India and is responsible for 42% of acute hepatitis, 33% of acute liver failure, 34% of subacute liver failure, 68% of chronic hepatitis, 80% of cirrhosis and 61% of Hepatocellular carcinoma. HCV related liver disease is infrequent and anti HCV antibody positivity rates are low in the general population (0.9%). HCV antibody positivity in patients with chronic liver disease is approximately 13%. At present there is no national strategy for HBV prevention in India and motivated clinicians are making individual efforts to promote HBV immunization. Post transfusion hepatitis related to professional blood use continues to be an

important cause of HBV and HCV related liver disease in India. Screening of blood for HBsAg and anti HCV antibody needs to be widely practised to control the frequency of transfusion related liver disease in India.

Keywords: Seroepidemiology India Hepatitis

Reference

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