

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

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Editorial

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

1. World Health Organization (2014) Hepatitis E Fact sheet N°280.
2. Shinde N, Patil T, Deshpande A, Gulhane R, Patil M, et al. (2014) Clinical profile, maternal and fetal outcomes of acute hepatitis e in pregnancy. *Ann Med Health Sci Res* 4: S133-139.
3. Kourtis AP1, Read JS, Jamieson DJ (2014) Pregnancy and infection. *N Engl J Med* 370: 2211-2218.
4. Park K (2009) Hospital waste management: Textbook of Preventive and Social Medicine. (20th ed), Banarsidas Bhanot, Jabalpur, Madhya Pradesh, India.
5. Alavian SM (2012) On the occasion of the world hepatitis day: world hepatitis day and our achievements and responsibilities in iran. *Int J Prev Med* 3: 437-439.
6. Zhu FC1, Zhang J, Zhang XF, Zhou C, Wang ZZ, et al. (2010) Efficacy and safety of a recombinant hepatitis E vaccine in healthy adults: a large-scale, randomised, double-blind placebo-controlled, phase 3 trial. *Lancet* 376: 895-902.