

World Hepatitis Day

World Hepatitis Day takes place every year on 28th of July, with the organisers hoping to raise worldwide awareness of the global burden of viral hepatitis. It's one of only four disease specific global awareness days officially endorsed by the WHO and unites organisations across governments, medical organisations and charities.

Burden of viral hepatitis

Viral hepatitis is one of the leading causes of death globally, accounting for ca 1.34 million deaths per year - about as many as HIV/AIDS, tuberculosis or malaria. While in the UK alcoholic liver disease still is the most common liver related cause of death with 3,880 deaths annually, liver cancer (caused in 80% of all cases by viral hepatitis) and viral hepatitis are responsible for ca 2,500 deaths annually. It is estimated that annually ca 6800 individuals with chronic Hepatitis B enter the pool of the chronically infected in the UK, in 96% acquired overseas. The remaining 5% of people with chronic hepatitis B acquired the infection in the UK, either through vertical transmission from mother to child or through exposure between adults. Migrant populations are therefore the main focus for hepatitis B case-finding in the UK.

The most common reported risk for Hepatitis B was heterosexual exposure. In comparison, fewer than 5% of cases were attributed to injecting drug use. The decline in the number of cases linked to injecting drug use is probably associated with an increase in the uptake of hepatitis B vaccination .

Injecting drug use continues to be the most important risk factor for HCV infection, being cited as the risk in approximately 90% of all laboratory reports where risk factors have been disclosed. In England, the prison population has an incidence of 8% of Hepatitis C.

At risk groups for Hep B

The next two slides will introduce you to the at risk groups for Hepatitis B +

To reduce the incidence of new infections and increase the pick up rate for viral hepatitis, NICE suggests to increase the awareness of the general population and people at increased risk of hepatitis B&C. It also suggests increasing testing in primary care, prisons and youth offender institutions

Management of Hep B

Admit any person with acute or chronic hepatitis B infection to hospital if they are severely unwell. If hospital admission is not required and the diagnosis is confirmed by serological testing, refer, and whilst awaiting referral, provide symptomatic supportive care for pain, nausea, or itch as required. Arrange pre-treatment tests, and forward the results to the liver specialist. Notify the Health Protection Unit to facilitate appropriate surveillance and contact tracing. Ensure people with confirmed chronic hepatitis B have been vaccinated against hepatitis A if they are not already immune.

Ensure contacts of people with confirmed chronic hepatitis B are offered hepatitis B vaccination. This includes sexual partners, other household members (including children), and other contacts at high risk of hepatitis B.

Management of Hepatitis C

Arrange an urgent referral if a person has suspected chronic hepatitis C infection (hepatitis C antibody positive and RNA positive with no clinical features of acute hepatitis).

Confirm the person's address and telephone number at the time of referral, and use the practice's address for correspondence if necessary, for example if the person frequently changes address, has an insecure address, or is homeless.

Notify the local Health Protection Team of suspected cases of acute viral hepatitis by completing a notification form immediately, and inform the person that this is being done. Whilst awaiting specialist assessment, arrange additional baseline investigations, the results of which can be forwarded to the specialist. Provide the person with sources of support and information about hepatitis C such as the Hepatitis C Trust or the British Liver Trust. Give the person lifestyle advice which may help to reduce the risk of disease progression, especially around alcohol.

Maintain a healthy body weight and diet — obesity increases the risk of fatty liver disease and progression to cirrhosis.

Give the person information on measures that can prevent the spread of blood-borne infection. Advise that they should not:

Donate blood or carry an organ donor card.

Share razors, toothbrushes, toiletries, or other items that may be contaminated with blood.

Share any drug paraphernalia related to injecting, snorting, or smoking illicit drugs

Advise the person about the risk of sexual transmission:

Sexual transmission is rare in a stable relationship, but there is a greater risk of transmission in people co-infected with HIV and with risky sexual practices.

Encourage the person to inform injecting or sexual contacts, so they can be tested for hepatitis C.