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Viral Hepatitis
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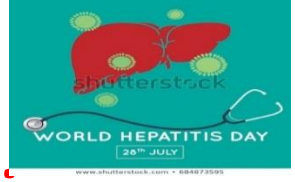
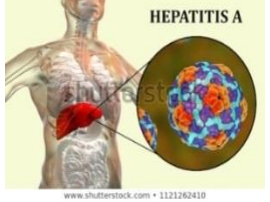
30th Nov. 2022



Viral hepatitis

- Define as infection of liver caused by dozen of viruses.
- More than 30 years ago only hepatitis A virus (HAV) and hepatitis virus B (HBV)were known.
- Hepatitis non-A, non-B (HNANB)
- Today's HAV. HBV, HCV. HDV HEV, and HGV have been identified and are recognised as aetiological agent of viral hepatitis.
- In addition many other viruses may be implicated in hepatitis as
  - Cytomegalo-virus,
  - Epstein-Barr virus,
  - Yellow fever virus
  - Rubella virus .
  - Herpes simplex viruses,
  - Varicella viruses and
  - adenoviruses

HEPATITIS A



Hepatitis A

is an acute infectious disease caused by hepatitis A virus (HAV). (formerly known as "infectious" hepatitis or epidemic jaundice)

- **The disease is having nonspecific symptoms such as**
- ***fever, chills, headache, fatigue, generalized weakness and aches and pains, followed by anorexia, nausea, vomiting, dark urine&jaundice.***

➢ Disease spectrum is **characterized by the occurrence of**

➢ **subclinical or asymptomatic cases.**

➢ **HAV disease is benign with complete recovery in several wks**

- **Case Fatality rate of icteric cases is <0.1%, usually from**

➢ **acute liver failure and mainly affects older adults.**

Hepatitis A

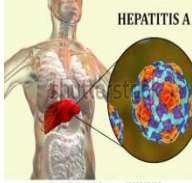
- HAV is endemic in most developing countries, with
  - frequent minor or major outbreak
- Exact incidence of the disease is difficult to estimate because of
- the high proportion of asymptomatic cases. However
- WHO estimates the global burden that about
- 1.4 million cases /y or about
- 10-50 persons /100,000 annually affected WW
- Poor standard of hygiene and sanitation, facilitated the spread of infection

- **For practical purposes the world divided into areas**

Geographical areas having

I. *Areas with* high, levels of HAV infection
II. *Areas with* intermediate levels of HAV infection or
III. *Areas with* low levels of HAV infection

- ***Areas with high levels of* HAV *infection* (High Endemicity)**
- **In developing countries with very poor sanitation and hygienic practices**
- **Most infection occurs at Early childhood &are asymptomatic**
- **Thus clinically apparent HAV is rarely seen in this areas**
- **Most children (90%) have been infected with the HAV**
- **before the age of 10 yrs.**
- ✓ **Those infected in childhood do not experience any noticeable symptoms.**
- ❑ **Epidemics are uncommon because older children and adults are generally immune.**
  - ❑ **Symptomatic disease rates in these areas are low and**
    - ❑ **outbreaks are rare ??**



Areas with intermediate levels of HAV *infection*

(Intermediate Endemicity)

- Countries transit from developing to developed economies, where sanitary conditions are variable gradually will move from high endemicity to intermediate endemicity HAV become more serious problems in these areas.
- children often escape infection in early childhood. and reach adulthood without immunity
- but are expose later in life.
- so in these areas most cases occurs during late childhood & early adulthood..

Ironically, these improved economic and sanitary conditions may lead to a higher susceptibility in older age groups and Higher disease rates, occur in adolescents and adults, and

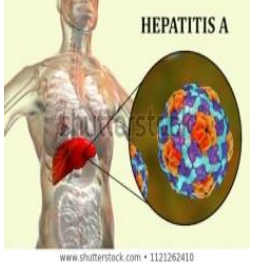
- large outbreaks can occur.

❖ Thus, interestingly

- **Thus, interestingly**
- **with the transition from high to intermediate endemicity,**
- **the incidence of clinically significant hepatitis A increases.??**

- ***Areas with low levels of* HAV *infection* (Low Endemicity)**
  - **In developed countries with good sanitary and hygienic conditions**
- **infection rates are low.**
  - ✓ **Disease may occur among adolescents and adults in high-risk groups, such as,**
  - ✓ **homosexual men, people travelling *to* areas of high endemicity**

Epidemiological determinants



AGENT FACTORS

The causative agent, the HAV,
It multiplies only in hepatocytes.

❖ Faecal shedding of the HAV is at its highest during
* the later part of the incubation period and
*early acute phase of illness.

(b) Resistance

❑ The virus is fairly resistant to
- low pH, heat & chemicals.
- It survive more than 10 wks
- in well H2O
- It withstands heating to 60 Cº
- for one hour,

✓ The virus is inactivated by ultraviolet rays and
✓ boiling for 5 minutes
✓ or autoclaving
✓ Formalin is an effective disinfectant

not affected by chlorine doses usually employed for chlorination

Reservoir of Infection :

The human cases are the only reservoir of infection.

The **cases range from asymptomatic to severe infections**

- **Asymptomatic (anicteric)** infections are especially **common in children**.

These cases **play an important role in maintaining the chain of transmission in the community.**

- **There is no evidence of a chronic carrier state**.

(d) Period of Infectivity :

- **Risk of HAV transition is greatest from 2 weeks before to 1 week after** the **onset of jaundice.**
- **infectivity falls rapidly with the onset of jaundice**

(e) Infective Material :

Mainly man's faeces. Blood, serum and other fluids are infective during the **brief stage of viremia**

(F) Virus Excretion :

HAV is excreted in the faeces for about 2 weeks before the onset of jaundice and for up to 2 weeks thereafter.

- virus may also be excreted in the urine
  - There is little evidence for HAV transmission by exposure to urine or nose-pharyngeal secretions of infected patients

HOST FACTORS

(a) AGE :

- People from all ages may be infected if susceptible.
- Infection with HAV is more frequent among children than in adults.
  - In young children, infections tend to be mild or subclinical
  - the clinical severity increases with age.
- The ratio of anicteric to icteric cases in adults is about
- 1 :3; in children, it may be as high as 12: 1.
  - However, faecal excretion of HAV antigen and RNA persists longer in the young than in adults

(b) SEX :

Both sexes are equally susceptible

(c) Immunity:

Immunity after attack probably lasts for life;

second attacks have been reported in **about 5 %** of patients.

- **Most people in endemic areas acquire immunity through subclinical infection.**

Who is at risk?

- **Anyone who has not been vaccinated or previously infected can get HAV infection**
- In a **high endemicity** areas **most HAV infection occur during early child hood**.

Risk factors in

Risk factors in intermediate and high endemicity areas include:

***poor sanitation;**

**** lack of safe water;**

****travelling to areas of high endemicity without being immunized**

*****Living in a household with an infected person;**

- ****** being a sexual partner of someone with acute HA infection**

Environmental Factors

- Cases may occur throughout the year.
- Poor sanitation and overcrowding favour the spread of infection
  - giving rise to water-borne and food-borne epidemics.
- when standards of hygiene and sanitation are improved
- morbidity may increase.?????

Incubation Period (IP)

- 10-50 days (usually 14-28 days}.

- Length of the IP is proportional to the dose of the virus ingested

Clinical Spectrum

The onset of jaundice is often preceded by as nausea, vomiting

BUT anicteric hepatitis is more common.

98 % of HAV cases resolves completely

The outcome of infection with HAV is as shown

Outcome Of Infection With HAV

outcome	Child	Adult
Unapparent (subclinical infection)	80-95%	10-25%
Icteric disease	5-20%	75-90%
Complete recovery	>98%	>98%
Chronic disease	None	None
Mortality rate	0.1%	0.3-2.1%

Modes Of Transmission

(a) Faecal-Oral Route :

This is the **major route** of transmission. **It may occur by**

- **DIRECT (person-to-person) contact** or
- **INDIRECTLY by contaminated water, food or milk**.

- **in developed** countries **Water-borne** transmission**, is not a major factor, where food-borne outbreaks are becoming more frequent**. *For example, consumption of salads and vegetables, and of raw or inadequately cooked shellfish* **and** *oysters* المحار *cultivated in sewage* **polluted water is associated with epidemic outbreaks of hepatitis A.**

Food handlers are **critical role in common-source food-borne** HAV transmission.

Children play an important role in HAV transmission ????
as they generally have asymptomatic or unrecognized illness

(b} *Parenteral Route:*

- HAV very **is rarely**, (i.e. by blood and blood products or by skin penetration through contaminated needles.
- **This may occur during the stage of viraemia**.
- **Health care personnel** do not have an increased prevalence of **HAV infection** and **nosocomial HAV transmission is rare**.

(c} *Sexual Transmission:*

- **mainly may occur among homosexual men because of oral-anal contact**.

Diagnosis

HA cases clinically are not distinguishable from other types of acute viral hepatitis.

abnormal liver function tests, such as serum alanine amino transferase (ALT) and bilirubin,

❖ **Anti-HAV appears in the IgM fraction during the acute phase,**

➢ **peaking about 2 weeks after elevation of liver enzymes**.

- Anti-HAV IgM usually declines to non-detectable levels
- within 3-6 months.
- Anti-HAV IgG appears soon after the onset of disease and
- persists for decades.

- Thus, detection of IgM-specific anti-HAV in the blood of an acutely infected patient confirms the diagnosis of HAV
- Demonstration of HAV particles or HAV antigens specific viral antigens in the faeces, bile and blood.
  - HAV is detected in the stool from about
  - 2 weeks prior to the onset of jaundice, up to 2 weeks after.

- Additional tests include reverse transcriptase polymerase chain reaction (RT-PCR) to detect the hepatitis A virus RNA, and may require specialised laboratory facilities

The clinical, virologic and serological events following exposure to HAV are as shown in Fig. 1.

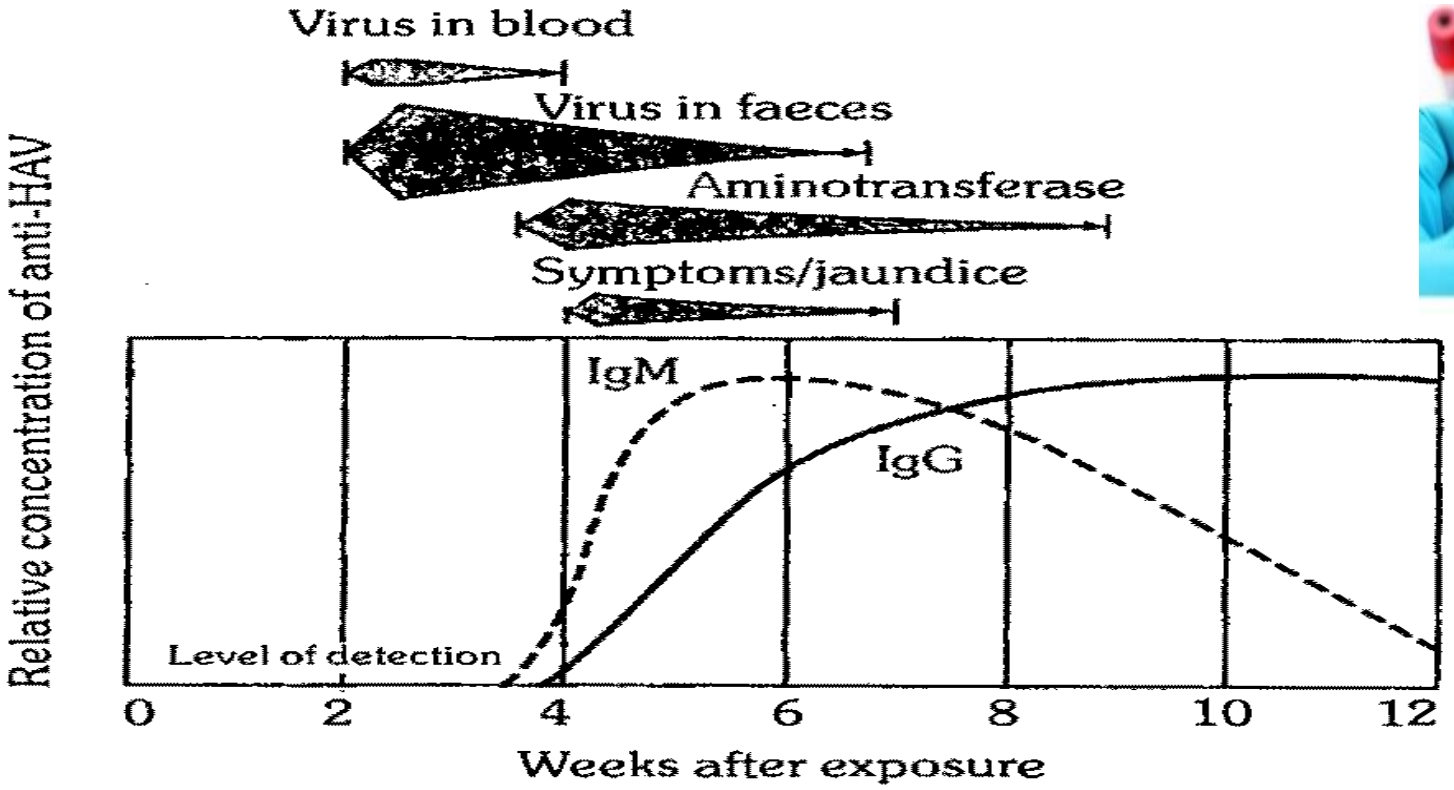
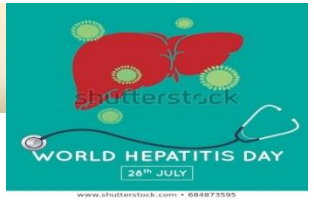


FIG. 1
Immunologic and biologic events associated with human infection with hepatitis A virus.

Source : *(6)*

PREVENTION AND CONTAINMENT



I. *Control of Reservoir*

Control of reservoir is DIFFICULT because of the following

(a)faecal shedding of the virus is at its height during the incubation period and early phase of illness

(b) the occurrence of large number of subclinical cases

(c) absence of specific treatment, and

(d) low socio-economic profile of the population usually involved.

- Strict isolation of cases is not a useful control measure because of (a)&{b)
  - However, attention should be paid to the usual control measures such as notification, complete bed rest and disinfection of faeces and fomites.
  - The use of 0.5 %sodium hypochlorite has been strongly recommended an effective disinfectant

II. *Control of* Transmission

The best means of reducing the spread of infection is by

- **promoting of personal and community hygiene,**

e.g. ***hand washing before eating and after toilet***;

- **Sanitary disposal of excreta**
- **Prevent H2O, food & milk contamination**
- **purification of community water with**
  - **adequate chlorination 1mg/L of free** residual chlorine can **cause distraction** of the **virus in 30 minutes** at Ph ≤ 8.5
  - **boiling water** is recommended **during epidemic**
- . Proper **autoclaving of needles syringes other equipment**

III . *Control of susceptible population*

Targeted protection of high-risk groups should be considered **in low and very low endemicity, settings**.

Groups at increased risk of hepatitis A include

- **Travellers to areas of intermediate or high endemicity,**
- **Men having sex with men,**
- **In addition, pts with chronic liver disease are at increased risk**
- **for fulminant hepatitis A** and ***should be vaccinated*** .

1. 1. Vaccines :

Two types of hepatitis A vaccines are currently used (WW)

(a) Formaldehyde inactivated vaccines –

produced in **several countries** and which are most commonly used WW

{b) Live attenuated vaccines –

which are manufacture **in China** and are available in several countries.

- **Inactivated hepatitis A vaccine**
  - licensed for **use in persons ≥12 months** of age.
  - **2 dose administration into the deltoid muscle**.
  - **The interval between the first** (primary) dose **and second** (booster) dose is commonly **6-12 months**;
    however, the interval between the doses is flexible and can be **extended to 18-36 mths**
  - **It can be administered simultaneously with other vaccines.**
  - **Protective efficacy** is about **94 %.**.

- **Live attenuated vaccine** is
- administered as a **single subcutaneous dose**

Both inactivated and live attenuated hepatitis A vaccines are highly immunogenic and immunization will generate long-lasting possibly life-long, protection against the disease in children and adults.

❑ Immunization

- ❖ **Vaccination** against HA **should be part of a comprehensive plan**
- ❖ for the **prevention and control** of viral hepatitis.

❑ Generally speaking,

- ❖ **Countries with intermediate endemicity** will benefit **the most from universal immunization of children**.
- ❖ **Countries with low endemicity may consider vaccinating**
- ❖ **high-risk adults**.
- ❖ In **countries with high endemicity**, the **use of vaccine is limited as most adults are naturally immune**

❑ **Human Immunoglobulin to induce passive immunity**

❖ **Recommended for**;

a-susceptible person traveling to endemic areas.

b- close personal contacts of Pt with HVA .

c- for the control of outbreaks in institutions

Gamma globulin given:

Gamma globulin given

❖ **Gamma globulin** given:

Before exposure to virus **or Early during IP** will **prevent or attenuate a clinical** illness **BUT NOT always prevent infection and excretion of the virus**

➢ **unapparent** or **subclinical illness may develop.** .

The efficacy of the passive immunization given in proper dosage

within 1-2 Ws of exposure it prevent 80-90%

❖ **if given after onset of symptoms no benefit**

❖ **duration of protection is,, limited** to approximately

➢ **1-2 months and 3-5 months following administration of lgG at dose of 0.02 and 0.06 ml/kg body weight, respectively.**

Hepatitis A vaccine in Jordan

The Hepatitis A vaccine is part of the Jordan National Immunization Program

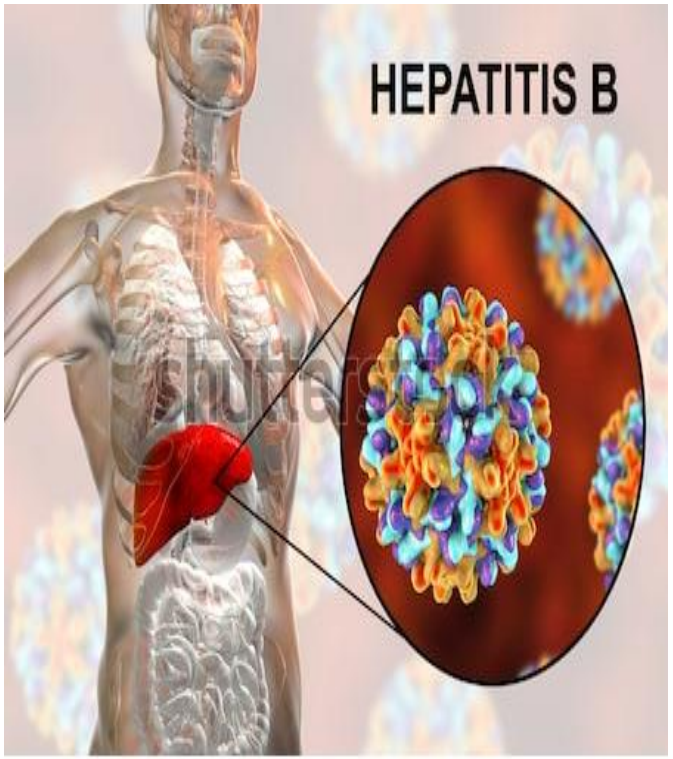
The vaccine given to all children within the Kingdom, regardless of their nationality or citizenship status .

they focus on children younger than six years, as they are the most vulnerable to the disease.

The vaccine is given in two doses, six months apart, after the age of one, and is 94% effective in children.


Thank You very

HEPATITIS B



Brucellosis	467
Incidence Rate	4.645