

## Letter to Editor

# Tackling the Burden of Viral Hepatitis in India: A Call for Collaborative Efforts

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Viral hepatitis is defined as a widespread infectious disease involving the inflammation of liver caused by hepatitis virus A, B, C, D and E. The majority of deaths linked to viral hepatitis are caused by HBV, HCV, and HDV, which are transmitted parenterally and induce chronic hepatitis with distant sequelae like liver cirrhosis and hepatocellular cancer [1]. According to WHO latest estimates, viral hepatitis is now acknowledged as a serious public health problem in India with over 40 million people chronically infected with HBV and six to twelve million people

with HCV. In a study dated in 2014 from Pune, it was shown that the sero-epidemiology of HAV in India was shifting, with the seroprevalence of the virus increasing from 30.3% in children between the ages of 18 months and 6 years to 50.3% underage group of 6 to 10 years. In addition, HEV epidemics are more prone to infect women in the third trimester than men and non-pregnant females [2].

The commitment to tackle this national burden disease can

be achieved through a series of step wise approaches aiming at prevention, management, diagnosis and treatment, monitoring and evaluation and training with capacity building. The foremost step towards prevention of viral hepatitis would highlight the efficiency of vaccination in the country. As per plan of Universal Immunization Programme, Hepatitis B vaccine has to be given at birth with subsequent doses at 6,10,14 weeks in combination with other vaccines i.e., DPT and Hib in the form of pentavalent vaccine. In a study analyzing the vaccine coverage based upon National Family Health Survey 4, 45% of children of 12-59 months were found to be unvaccinated for hepatitis B with the uptake having a predominant dependency upon the socio-economic and demographic characteristics. While low utilization of maternal health service (PNC and ANC)

Contributed to low vaccination status, mothers who were under Janani Suraksha Yojana scheme for financial assistance were contributing to better coverage districts. The level of education of the mothers also played a significant role in increased chances of their children getting vaccinated [3]. Strengthening the availability of health care services in geographical cold spots with low vaccination coverage along with sensitizing the staff to counsel the mother during the prenatal period about the advantages of uptake of vaccines in their children can play a pivotal role to tackle this disease. The delivery of the vaccination to the HCFs should also be improved by a safe cold chain supply of the vaccines and training the staff about the proper usage to avoid wastage of the drug.

Furthermore, reported hepatitis cases tend to significantly underestimate their true incidence and prevalence since most newly infected people with viral hepatitis are asymptomatic and even symptomatic people are underreported. There is an intense need for a proper surveillance system which can account for levels and trends of recently acquired viral hepatitis (acute infections), prevalence of viral hepatitis in general population with an emphasis on high groups to B such as recipients of multiple blood/blood products transfusion, patients on hemodialysis, PWID, MSM, sex workers, sexual partners of infected people to promote harm reduction. Focusing on the high prevalent areas of viral hepatitis by incorporating early screening programs can help in minimizing the disease burden.

The Government of India signed Resolution 69.22 at the 69th World Health Assembly, endorsing the WHO Global Health Sector Strategy on Viral Hepatitis 2016-2021 with the goal of eliminating viral hepatitis by 2030. In response to this call, to accomplish the nationwide eradication of Hepatitis C by 2030, MoHFW has released the National Viral Hepatitis Control Programme operational guidelines (NVHCP). The elements are (a) Infection control in all public healthcare facilities, immunisation at birth, safe blood and blood products availability, and prevention through monitoring awareness. (b) Making a diagnosis using serological and confirmatory molecular tests, handling both challenging and straightforward situations, and providing the appropriate referrals and connections. (c) Observation, assessment, surveillance, and research (d) Training and capacity development by creating uniform training modules for all facets of healthcare [4]. Swatch Bharat, a plan to prevent the spread of HAV and HEV, and Ayushman Bharat, an initiative to guarantee universal access to hepatitis treatment and care, both have significant potential to support NVHCP [5].

Despite the program's efficient theoretical design, there were challenges in its actual implementation. The early lessons of the National AIDS Control Programme were used to address

the challenges related to the cost reduction of medicines as well as the similarities between HBV and HCV and HIV in terms of transmission routes, length of asymptomatic period, stigma and discrimination, marginalized and susceptible population groups, and challenges related to stigma and discrimination. Efforts to enhance blood and injection safety in healthcare settings, harm reduction for vulnerable groups, preventing transmission from mother to child, and sero-surveillance across a variety of demographics are further areas where the two projects intersect [1].

## Conclusion

In a nutshell, various strategies are adopted for the elimination of viral hepatitis. Ranging from implementation of immunization programs to establishing a National Action Plan under WHO, it can rectify the nooks and corners of its causation. However, it is necessary to enhance vaccination coverage, it is imperative to improve healthcare services in regions with low coverage, sensitize staff to counsel mothers during prenatal visits, optimize vaccine delivery, and train personnel to minimize wastage. Achieving the commitment to combat viral hepatitis requires sustained collaborative efforts among all stakeholders, including governments, healthcare providers, and communities.

## Author Statements

### Ethics Approval and Consent to Participate

This editorial paper does not involve any studies with human or animal subjects. Therefore, ethics approval and consent to participate are not applicable.

### Availability of Data and Materials

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### Competing Interests

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### Authors Contribution

**Mirza Adil Beig:** Conceived the idea for the editorial paper, guided the team in developing the structure and content, and reviewed and edited the manuscript.

**Priyansha Singh and Rajeev Sharma:** Conducted extensive literature research and drafted the initial manuscript, contributing equally to the writing and editing process.

**Abhijit Roy:** Contributed to the conceptualization and interpretation of the data and provided critical feedback and editing of the manuscript.

**Ahmed Saeed Alghamdi and Mubarick Nungbaso Asumah:** Provided valuable input and insights on the topic and contributed to the writing and editing of the manuscript.

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