

BACKGROUND

The prevalence of anti-HCV in the United States accounts to 1.6% of the total population, equating to an estimated 4.1 million anti-HCV–positive persons nationwide; 1.3% or 3.2 million persons have chronic HCV infection.

The risk of HCV patients developing acute liver failure is increased if they contract HAV or HBV. At present we have vaccines against HAV and HBV that are safe, immunogenic and well tolerated by healthy subjects and patients with chronic liver disease.

Efforts should be made for creating awareness among such population about the potential health risks should they acquire hepatitis A or B, and the need to comply with the standard vaccination recommendations.

HYPOTHESIS

The objective of our study was to assess the prevalence of vaccination &/or the immunization status against HAV and HBV in individuals with chronic HCV liver disease in an inner city tertiary care hospital.

Quality Control in Hepatitis C Population – retrospective study analyzing immunization for hepatitis A and hepatitis B Truptesh H. Kothari, MD, MS, Sharma Nalini, MD Lenox Hill Hospital, NY; SUNY Downstate Medical Center, NY

RESULTS

Of 870 patients with chronic HCV, anti-HAV IgG status was checked in 430 patients (49.4%) with 95% CI (46%-53%) and not checked in 440 patients (50.6%) with 95% CI (47.2%-53.9%). Of the 430 patients with known anti-HAV IgG status, 130 patients were non-immune.

Of these 130 HAV non-immune patients, 25 (19.2%) were vaccinated against HAV. Anti-HBV status was checked in 583 patients (67.01%) with 95% CI (63.8%-70%) and not checked in 287 patients (32.9%) with 95%CI (29.9%-36.2%).

Of the 583 patients with known anti-HBV status, 340 patients were non-immune. Of these 340 nonimmune patients, 58 patients (17.05%) with 95% CI (13.2%-21.5%) were vaccinated against HBV.

Combining both the HAV and HBV non immune patients, out of 470 patients only 15 (3.2%) with 95% CI (1.8%-5.2%) were immunized for both.



120	
100	
80	
60	
40	
20	
0	-

Total Population of Hepatitis B





Acute liver failure (ALF) or fulminant hepatic failure is a syndrome characterized by an abrupt onset, jaundice, and hepatic encephalopathy in the absence of preexistent liver disease. Hepatitis by HAV is usually a self-limited condition with a fatality rate of 0.01 to 0.5% in adults. But in relation to chronic liver disease by HCV, a single report has suggested (3) the development of liver failure in 41.2% (7 out of 17) of patients with HCVrelated chronic hepatitis who had acute infection with HAV, which led to death in 6 cases. The consequences of acute HBV superinfection in patients with chronic liver disease by HCV are uncertain. Although some individuals experience a rapid progression to fulminant hepatic failure. In the recent years, due to the improved socio-economic conditions and various immunization programs, the incidence of HAV and HBV infection has decreased in most industrialized countries, but still these conditions remain a very important public health concern.

In this limited study of HCV patients at an inner city tertiary care hospital, a large proportion of patients are not screened /vaccinated appropriately for HAV and HBV.

It may be beneficial to implement a formal educational program for primary care physicians, nurse practitioners and gastroenterologists to increase awareness about the immunity for HAV and HBV in HCV patients.



DISCUSSION

CONCLUSION

BIBLIOGRAPHY

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