



## Trend of Viral Hepatitis and Infectious Diseases

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### Description

WHO has been intensifying its efforts to support countries in addressing viral hepatitis. The Global Hepatitis Programme was established in 2011 following a World Health Assembly resolution which also identified July 28, World Hepatitis Day as an official WHO day. Blood is one of the major sources of transmission of HBV, HCV, and many other infectious diseases, physicians and patients are becoming more concerned about safe transfusion of blood. Direct percutaneous inoculation is the most direct mode of transmission of HCV and HBV; several studies have demonstrated that sexual, household, occupational and perinatal transmission may also be of importance. Health workers, especially physicians and medical students are always in direct contact with patients and are vulnerable to the acquisition of these infectious diseases. They are involved in blood transfusion, injections and surgical operations in their practices. They should be aware of the risk involved in the treatment. Viral hepatitis caused by HBV constitutes a major economic and public health problem through the world particularly in developing countries. Infection in vaccine recipients was limited to those who failed to acquire antibody after vaccination and to whom exposure to hepatitis B virus occurred before vaccine induced protective antibody appeared. Effective hepatitis B vaccine has been available since, which was most effective in eliminating HBV transmission and development of carrier state and its complication. Iraq with a prevalence rate of 4.3% among normal Iraqi population is among countries of intermediate hepatitis B endemicity. Countries with intermediate or high endemicity must have mass immunization for all infants at birth.

### Global Burden of Disease

The global burden of disease due to cirrhosis of the liver and Hepato Cellular Carcinoma (HCC) is high (around 2% of all deaths) and is expected to increase over the next two decades. Studies indicate that >75% of cirrhosis and hepatocellular carcinoma in the Eastern Mediterranean Region is attributable to chronic Hepatitis B Virus (HBV) or hepatitis C virus (HCV) infection. WHO estimates that around 4.3 million persons are infected with HBV and 800 000 persons with HCV each year in the Region. Most of these infections are acquired in the health care setting. It is estimated that approximately that 17 million persons in the Region have chronic HCV infection. The cost of treating patients with chronic HBV or HCV infection far outweighs the cost of implementing prevention programmes. Many studies have been carried out in Iraq on the

incidence of HAV and HEV, prevalence of HBV and HCV among the general population, HCWs and healthy blood donors, but none has targeted trends of viral hepatitis in Iraq. However, the incidence of HAV and HEV, prevalence of HBV and HCV in population may give an indication of the effectiveness of the measures and the prophylactic programs applied to younger age groups. Therefore, this study concentrated on the determining the trends of viral hepatitis in Iraq. The decrease in prevalence among general population is due to application of the prevention and control programs, especially safe foods, safe blood transfusion and safe injections in addition to introduction of vaccination programme. However, the continuous occurrence of new cases is due to the presence of reservoirs of chronically infected persons. Therefore, there is a continuous circulation of the infection in the community. This infection exposes the community to a higher risk of morbidity and mortality due to long term complications of chronic carrier state, which might end with chronic active hepatitis, liver cirrhosis, and Hepato Cellular Carcinoma (HCC).

### Food and Drug Administration

In order to decrease the potential of disease transmission, the Food and Drug Administration (FDA) requires that all donations of whole blood and transfusable components as well as injectable plasma derivatives should be subjected to a serologic test for hepatitis B surface antigen (HBsAg), and antibody to hepatitis C virus (anti-HCV), and recommends testing for antibody to Hepatitis B core antigen (anti-HBc). The establishment of health programs requires an awareness of the epidemiological profile of the population in question. In this way, the determination of the prevalence of HBV and HCV infection markers, as well as HBV immunization markers represent fundamental tools. Thus, there is an urgent need to determine the real profile of these infections, so as to, in case of need, establish more effective measures of prevention and awareness and HEV share common transmission pathways, making it possible to investigate them simultaneously as well as HBV and HCV. The potential for transmission of food-borne pathogens such as HAV and HEV, blood-borne pathogens such as HBV and HCV from infected healthcare workers to patients is an important and difficult issue facing healthcare policymakers internationally. Law and policy on the subject is still in its infancy, and subject to a great degree of uncertainty and controversy. Policymakers have made few recommendations regarding the specifics of practice restriction for food handlers who are HAV or HEV carriers, HCWs who are HBV or HCV seropositive. Generally, they have deferred this work to vaguely defined "expert panels" which will have the power to dictate the conditions under which infected HThe term hepatitis was first introduced in the 18th century. It refers to a medical condition defined as inflammation of the liver and characterized by the presence of inflammatory cells in the organ's tissue. The name is derived from the Greek word "HEPAT", meaning liver, and suffix "ITIS", meaning inflammation. Etiologically hepatitis is most commonly caused by viral infections. There are five main hepatitis viruses, referred to as type A, B, C, D and E. These types differ remarkably in composition and mechanisms by which they undergo replication within infected cells, but they share the particular tropism for the hepatocyte and the ability to induce liver injury. Globally, viral hepatitis is of greatest concern and considered as a major public health problem in both developed and developing countries. What makes viral hepatitis a global health problem is the

burden of illness and death they cause, in addition to the potential for outbreaks and epidemic spread. In particular, types B and C lead to chronic disease in hundreds of millions of people. These two specific types are the most common cause of liver cirrhosis and cancer. CWs and food handlers may continue to practice. Although HAV is excreted in the feces towards the end of the incubation period, specific diagnosis is made by the detection of HAV-specific IgM antibodies in the blood. IgM antibody is only present in the blood following an acute hepatitis A infection. It is detectable from one to two weeks after

the initial infection and persists for up to 14 weeks. The presence of IgG antibody in the blood means that the acute stage of the illness is past and the person is immune to further infection. IgG antibody to HAV is also found in the blood following vaccination and tests for immunity to the virus are based on the detection of this antibody. During the acute stage of the infection, the liver enzyme Alanine Transferase (ALT) is present in the blood at levels much higher than is normal. The enzyme comes from the liver cells that have been damaged by the virus.