



Infection with the Hepatitis B Virus in Nigeria: New Data to Notify Prevention and Care

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Introduction

Hepatitis B virus (HBV) infection is spread by blood and other bodily fluids, rendering healthcare workers (HCW) particularly vulnerable to infection, particularly in impoverished countries. Despite the fact that it is a vaccine-preventable disease, HCW knowledge and universal precautions are poor in Sub-Saharan Africa and Asia. Hepatitis is an inflammation-causing illness of the liver. The liver inflammation in chronic hepatitis lasts at least six months. This disorder can be modest, producing only minor harm, or it can be severe, causing the death of numerous liver cells. Cirrhosis and liver failure can occur in some circumstances [1].

The hepatitis B virus causes hepatitis B, which is an infectious disease (HBV). This virus affects about 300 million people worldwide, resulting in an estimated 820,000 avoidable deaths in 2019. The virus is most typically passed from mother to child during childbirth and through contact with an infected person's bodily fluids. In roughly 95% of cases, infection in infancy or early childhood leads to chronic hepatitis.

Patients with persistent HBV infection have a higher risk of scarring and damage to the liver, as well as liver disease, liver cancer, and even death [2,3]. It is preventable with immunisation, but there is currently no cure. There are medications that help lower the viral load and decrease the progression of liver cancer.

In order to create public health control strategies, reliable national data on the number of people infected with HBV are required. Unfortunately, most low- and middle-income countries' data is either unavailable or obsolete. This is owing to a lack of illness surveillance, ill-equipped laboratories, and inadequate healthcare services. This makes developing evidence-based policy and making timely judgments challenging [4].

HBV is a leading cause of death worldwide, according to the World Health Organization (WHO). In 2016, the World Health Organization set a goal of eliminating viral hepatitis as a public health issue by 2030. The ability to track progress toward this aim requires up-to-date national and sub-national data on infection levels in the community.

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We thoroughly collected data to assess the levels of HBV infection in Nigeria in a recent review. This data will be crucial in achieving global and national elimination targets.

We discovered a prevalence rate of 9.5 per cent, or roughly 20,083,000 Nigerians. That's a sizable proportion. Geographical differences in infection rates were discovered [5]. The findings reveal the scope of Nigeria's potential liver disease problem and where limited resources should be focused for prevention and treatment.

What Does this Mean for Nigeria?

In Nigeria, continued efforts are needed to improve HBV infection detection, diagnosis, and treatment as part of normal care, as well as immunisation to prevent new infections.

Despite the fact that there is a national response to viral hepatitis, only about 5% of patients with viral hepatitis B have ever sought medical help. This is especially critical for rural dwellers, who make up a sizable portion of the HBV population in Nigeria. The national viral hepatitis plans must be attentive to varied cultural views in order to increase access to prevention and care for rural communities. This may improve communication and the chance that patients will follow the advice of healthcare experts [6].

To avoid a liver disease crisis in Nigeria, it is vital to ensure that all Nigerians with hepatitis B are recognised early and given adequate care. Hepatitis response plans must be effectively financed through national health budgets due to the restricted availability of funds at the global level. This will reduce out-of-pocket expenses and guarantee that patients have access to necessary services without financial hardship.

References

1. Cushieri A, Dubois F, Mouiel J (1991) The European experience with laparoscopic cholecystectomy. *Am J Surg* 161: 385-387.
2. Bailey RW, Zucker KA, Flowers JL (1991) Laparoscopic cholecystectomy experience with 375 patients. *Ann Surg* 234: 531-541.
3. Maddrey WC (2000) Hepatitis B: an important public health issue. *J Med Virol* 61: 362-366.
4. Luiz AS, Ciorlia, Zanetta Dirce MT (2005) Hepatitis B in Healthcare Workers: Prevalence, Vaccination and Relation to Occupational Factor. *Brazil J Infect Dis* 9: 384-389.
5. Hughes RA (2000) "Drug injectors and the cleaning of needles and syringes". *Eur Add Res* 6: 20-30.
6. Coelho HSM, Artemenko SRT, Martins CN (1990) Prevalência da infecção pelo vírus B na comunidade hospitalar. *Rev Soc Bras Med Trop* 23: 71-76.

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