

Viral hepatitis is the eighth highest cause of mortality globally and was responsible for an estimated 1.34 million deaths in 2015, a toll comparable to that of HIV and tuberculosis. Globally, approximately 257 million persons are chronically infected with hepatitis B and 71 million with hepatitis C. At this rate, an estimated 20 million deaths will occur between 2015 and 2030.

Within the Region, Pakistan and Egypt bear 80% of the disease burden and within Pakistan almost 12 million people are suffering from hepatitis B or C. Each year brings about 150 000 new cases. The majority of people catch this infection in health care settings without being aware of it. The disease is called a silent killer because many patients remain undiagnosed and untreated for many years before developing complications and dying.

Major risk factors for the transmission of hepatitis B and C infection includes: therapeutic injections, syringe reuse, surgery, improper sterilization of invasive medical devices, blood transfusion, hospitalization and sharing of razors while getting shave from barbers. Some population groups are highly affected by hepatitis B and hepatitis C such as injecting drug users and thalassemia patients. For hepatitis C, high prevalence of infection in reported in children especially those who were admitted in hospitals with acute hepatitis, while for HEV, most of the infections were due to fecal contamination of water.

Key challenges for an effective national response include: limited timely and reliable data availability on coverage and quality of essential hepatitis services; unnecessary injection practices, capacity of staff on safe injection practices and effective sharp and waste management; unregulated blood transfusions in general as well as inadequate screening; low coverage of harm reduction services for PWIDs and limited access to the new DAAs treatment in the public sector.

The national response to Hepatitis prevention and treatment in the country, is being implemented through provincial hepatitis prevention and control programmes, through their own PC1's. In the absence, of a national programme, the Pakistan Health Research Council, under Ministry of National Health Services, Regulation and Coordination, is coordinating the hepatitis response at federal and the provincial level, through a 'Technical Advisory Group'. Additionally, the private sector is also playing a significant role in hepatitis treatment.

A Field Epidemiology and Laboratory Testing Programme has established a surveillance system of acute viral hepatitis, in 5 public sector tertiary-care hospitals located in Lahore, Peshawar, Karachi, Quetta, and Islamabad, and generates quarterly reports.

WHO and the Centers for Disease Control and Prevention are actively engaged in strengthening the national response to Hepatitis in the country. National guidelines on hepatitis C, were developed in 2015–2016. Recently, in line with the Global Health Sector Strategy for Viral Hepatitis 2016–2021 and the WHO Regional Action Plan 2017—2021, a National Hepatitis Strategic Framework has been developed, with consensus of national and the provincial stakeholders.

Related link

Regional action plan for the implementation of the global health sector strategy on viral hepatitis 2017–2021

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