ORIGINAL ARTICLE

Sero-Prevalence of Hepatitis C Virus at Tertiary Care Hospital in District Bannu

RADHIA KHAN¹, SAMIULLAH KHAN², MUHAMMAD AYUB³, AYESHA IQBAL⁴, KALIM ULLAH KHAN⁵, MUHAMMAD TARIQ SHAH⁶, MUHAMMAD AWAIS⁷, MUHAMMAD HAMZA⁸

²Assistant Professor, Department of Medicine Bannu Medical College Bannu

- ³Training Medical Officer Medical A Unit, Mufti Mehmood Teaching Hospital Dera Ismail Khan
- ⁴Demonstrator, Khyber Girls Medical College

⁵Assistant Professor and Chairman Department of Medicine GKMC/BKMC Swabi

⁶Eastern Medicine and Surgery, University of Poonch Rawalakot

⁷Eastern Medicine and Surgery, University of Poonch Rawalakot

⁸Department of Microbiology, Abdul Wali Khan University Mardan

Corresponding author: Dr Kalim Ullah Khan, Email: kalim83@yahoo.com

ABSTRACT

Introduction: Hepatitis C virus (HCV) belongs to the family of Flaviviridae. Hepatitis caused by viruses are the major health problems globally affecting 2 to 15 million people annually. The prevalence of HCV varies from one area to another.

Objective: To assess the sero- prevalence of Hepatitis C Virus at tertiary care hospital in district Bannu

Methodology: This cross-sectional study was carried out at the department of Medicine, Khalifa Gulnawaz Hospital, Bannu for duration of six months from March 2021 to August 2021. All the information were recorded on the pre-designed proforma. Blood samples were taken from all the patients and sent to the diagnostic laboratory of the hospital for the screening of hepatitis C virus. All the data was analyzed statistically by using SPSS version 24.

Results: Totally 444 patients were included in the study. 208 (63.60%) males were sero-positive for HCV and 66 (56.41%) females were sero-positive for HCV. The overall prevalence of hepatitis C was 61.71% (n=274). Most of the HCV positive cases (35.58%) were identified in 49-60 years of age group, followed by 1.83.9% in 37-48 years, 9.23 % 25-36 years and 4.07 13-24 years respectively.

Conclusion: Our study concludes that hepatitis C virus is highly prevalent is district Bannu. To gain a better understanding, HCV genotyping study is required to determine which genotypes are circulating and to compare those genotypes to other circulating genotypes in Pakistan.

Keywords: Sero-prevalence, Hepatitis C virus, Genotype

INTRODUCTION

Hepatitis C virus (HCV) belongs to the family of Flaviviridae¹. Hepatitis caused by viruses are the major health problems globally affecting 2 to 15 million people annually ². Globally, about 200 million people are infected by HCV. The sero-prevalence of HCV is 1%, 3-4% and 10-20% in North America, Asian countries and Africa and Egypt respectively ³. The most usual mechanism of spread for HCV is considered to be parenteral, such as intravenous drug usage, reuse or poor sanitation of medical devices, transfusions of unscreened blood, transmission by sex and transmission from mother-to-child which is not commonly reported ⁴.

There are three main genotypes of HCV having global distribution. Their prevalence varies from one area to another. The most common prevalent genotypes are HCV-1a and 1b, in United States and Europe ^{5, 6}.

HCV has a high level of genetic variability, which may have substantial consequences for diagnosis, etiology, therapy, and development of vaccine. To study the development and epidemiology of the HCV, the identification of HCV genotypes, subtypes, and isolates has been beneficial. It also plays a significant role in the pretreatment assessment of patients ⁷

The prevalence of HCV has been observed to be widely varied in various locations, and even within the same community, across different people groups ⁸. The HCV prevalence varies in different provinces of Pakistan with high prevalence (5-6%) in the Punjab and Sindh province ⁹. The sero-prevalence of hepatitis C in Islamabad, Peshawar, Lahore and Faisalabad are 5.31%, 13.4%, 15.9% and 20.6% respectively ^{5, 10, 11}. The prevalence of HCV in major cities of KPK like Peshawar, Buner, Mardan and Abbotabad are 13.4%, 4.57%, 3.69% and 8% respectively ¹⁰. Based on literature search, no study has been conducted on sero-prevalence of hepatitis C virus in district Bannu. This study was therefore conducted to determine the sero- prevalence of Hepatitis C Virus at tertiary care hospital in district Bannu.

MATERIALS AND METHODS

This cross-sectional study was piloted at the medicine department, Khalifa Gulnawaz Hospital, Bannu. The study duration was six months from March 2021 to August 2021. The study approval was given by the research and ethical committee of the hospital. The inclusion criteria for our study were all the patients of both the gender suspected for hepatitis C virus while the exclusion criteria were patients suspected for other problems. A total of 444 patients were included in the study. An informed consent in written was signed from all the participants. All the information were recorded on the pre-designed proforma. Blood samples were taken from all the patients and sent to the diagnostic laboratory of the hospital for the screening of hepatitis C virus through ICT kit, The ACON onestep anti-HCV test strip (ACON Lab. INC. USA). All the data was analyzed statistically by using SPSS version 24. For qualitative data mean (SD) were calculated while for quantitative data, frequency (percentages) were calculated.

RESULTS

Totally 444 patients were included in the study. Out of 444 samples, 327 (73.65%) were male and 117 (26.35%) were female subjects. On the basis of age they were categorized into four groups. The mean (SD) age in our study was 51.11 (5.23) years with minimum of 13 years and maximum age of 59 years. Amongst 327 male participants, 208 (63.60%) were sero-positive for HCV while amongst 117 female participants, 66 (56.41%) were sero-positive for HCV. (Figure 1) The age wise prevalence of hepatitis C virus is given in table 1. The overall prevalence of hepatitis C was 61.71% (n=274). Most of the HCV positive cases (35.58%) have been identified in 49-60 years of age group, followed by 1.83.9% in 37-48 years, 9.23 % 25-36 years and 4.07 13-24 years respectively.

¹Assistant Professor, Biochemistry Bannu Medical College Bannu



Figure 1: Gender wise prevalence of hepatitis C virus

Table 1: Age wise prevalence of henatitis C virus

Table 1. Age wise prevalence of nepatitis o virus		
Age group (year)	No of total subject (%)	No. of positive cases (%)
13-24	32 (7.2)	18 (4.07)
25-36	78 (17.6)	41 (9.23)
37-48	96 (21.6)	55(12.83)
49-60	238(53.6)	158 (35.58)
Total	444(100)	274 (61.71)

DISCUSSION

Infection with the hepatitis C virus is a major public health concern in developing nations such as Africa, India, and Pakistan¹². Khyber Pakhtunkhwa is located in the north-western part of the Pakistan. After Baluchistan, it has the second weakest economic condition ¹³. As a result, the spread of blood-borne viruses like HCV is understandable since screening and sterilizing facilities are not up to grade. HCV is categorized into six main categories and a number of subtypes 14. For clinical care, such as estimating prognosis and treatment duration, as well as for vaccine development, understanding the disease subtypes is necessary. It is estimated that 3% of the world's population has been infected with the Hepatitis C Virus, according to the World Health Organization ¹⁵. The purpose of the research was to find out how HCV is in the district common Bannu. Women were underrepresented in prior research due to societal and religious restrictions, as well as decreased exposure to risk factors such as intravenous drug abuse and illegal sexual practices. In a previous study, just two females from the whole population were tested for HCV infection in a research done in KPK in 2011 ¹⁶. The percentage of male individuals in our research was similarly higher than that of female subjects. In Pakistan the prevalence of HCV is highest ranging from 2.4% - 6.5% amongst adults and amongst children it ranges from 0.44% to1.6% ^{17, 18}. The HCV prevalence varies in different provinces of Pakistan with high prevalence (5-6%) in the Punjab and Sindh province 9. The sero-prevalence of hepatitis C in Islamabad, Peshawar, Lahore and Faisalabad are 5.31%, 13.4%, 15.9% and 20.6% respectively^{5,10,11}. Based on literature search, no study has been conducted on sero-prevalence of hepatitis C virus in district Bannu. The prevalence of HCV in major cities of KPK like Peshawar, Buner, Mardan and Abbotabad are 13.4%, 4.57%, 3.69% and 8% respectively ¹⁰. In our study, the overall prevalence of hepatitis C was 61.71% (n=274). Most of the HCV positive cases (35.58%) have been identified in 49-60 years of age group, followed by 1.83.9% in 37-48 years, 9.23 % 25-36 years and 4.07 13-24 years respectively. A previous study done in Pakistan also reported comparable results and observed high sero-prevalence of HCV in old age patients as compared to young age group ¹⁰. Lack of knowledge, unhygienic and unsterilized syringe usage, frequent use of razors and contaminated scissors might be the risk factors associated with this high prevalence. In our study, amongst 327 male participants, 208 (63.60%) were sero-positive for HCV while amongst 117 female participants, 66 (56.41%) were sero-positive for HCV. Males have a higher

prevalence of hepatitis C than females, which may be attributed to their increased exposure to the outside environment. This study only determines the sero-prevalence of HCV which is the major limitation of this study. Another study with large sample size should be conducted to determine the factors associated with the prevalence of HCV in district Bannu.

CONCLUSION

Our study concludes that hepatitis C virus is highly prevalent is district Bannu. To gain a better understanding, HCV genotyping study is required to determine which genotypes are circulating and to compare those genotypes to other circulating genotypes in Pakistan. In addition, health professionals are needed for HCV awareness campaigns, as low literacy may be a contributing factor to the high prevalence.

REFERENCES

- Rho J, Ryu JS, Hur W, Kim CW, Jang JW, Bae SH, et al. Hepatitis C virus (HCV) genotyping by annealing reverse transcription-PCR products with genotype-specific capture probes. The Journal of Microbiology. 2008;46(1):81-7.
- 2. Aghemo A, Lampertico P, Colombo M. Assessing long-term treatment efficacy in chronic hepatitis B and C: between evidence and common sense. Journal of hepatology. 2012;57(6):1326-35.
- 3. Abdel-Hamid M, El-Daly M, Molnegren V, El-Kafrawy S, Abdel-Latif S, Esmat G, et al. Genetic diversity in hepatitis C virus in Egypt and possible association with hepatocellular carcinoma. Journal of general virology. 2007;88(5):1526-31. Sy T, Jamal MM. Epidemiology of hepatitis C virus (HCV) infection.
- 4. International journal of medical sciences. 2006;3(2):41.
- 5 Ali A, Ahmed H, Idrees M. Molecular epidemiology of Hepatitis C virus genotypes in Khyber Pakhtoonkhaw of Pakistan. Virol J. 2010;7(1):1-7.
- Chandail VS, Razdan K. Prevalence of Hepatitis C Virus Genotypes 6. in Jammu: A Hospital Based Observational Study.
- 7. Ijaz T, Shahzad MK, Sarfraz N, Khan MA. Prevalence of Genotype 3a Hepatitis C Virus (HCV) In the Infected Population of Lahore, Pakistan. IJAVMS. 2008;2:14-7.
- Muzaffar F, Hussain I, Haroon TS. Hepatitis C: the dermatologic 8. profile. Journal of Pakistan Association of Dermatologists. 2008;18(3):171-81.
- 9. Haqqi A, Munir R, Khalid M, Khurram M, Zaid M, Ali M, et al. Prevalence of hepatitis C virus genotypes in Pakistan: current scenario and review of literature. Viral Immunol. 2019;32(9):402-13.
- 10 Abdulkarim AS, Zein NN, Germer JJ, Kolbert CP, Kabbani L, Krajnik KL, et al. Hepatitis C virus genotypes and hepatitis G virus in hemodialysis patients from Syria: identification of two novel hepatitis C virus subtypes. The American journal of tropical medicine and hygiene, 1998:59(4):571-6.
- Ohno O, Mizokami M, Wu R-R, Saleh MG, Ohba K-i, Orito E, et al. 11 New hepatitis C virus (HCV) genotyping system that allows for identification of HCV genotypes 1a, 1b, 2a, 2b, 3a, 3b, 4, 5a, and 6a. J Clin Microbiol. 1997;35(1):201-7.
- Al Kanaani Z, Mahmud S, Kouyoumjian SP, Abu-Raddad LJ. The 12. epidemiology of hepatitis C virus in Pakistan: systematic review and meta-analyses. Royal Society open science. 2018;5(4):180257.
- 13. Rahman G, Rahman A-u, Anwar MM, Dawood M, Miandad M. Spatio-temporal analysis of climatic variability, trend detection, and drought assessment in Khyber Pakhtunkhwa, Pakistan. Arabian Journal of Geosciences. 2022;15(1):1-13.
- Afridi SQ, Zahid MN, Shabbir MZ, Hussain Z, Mukhtar N, Tipu MY, et 14. al. Prevalence of HCV genotypes in district Mardan. Virol J. 2013:10(1):1-4.
- Organization WH. Monitoring and evaluation for viral hepatitis B and 15. C: recommended indicators and framework. 2016.
- ur Rehman L, Ullah I, Ali I, Khan IA, Iqbal A, Khan S, et al. Active 16. hepatitis C infection and HCV genotypes prevalent among the IDUs of Khyber Pakhtunkhwa. Virol J. 2011;8(1):1-4.
- 17 Kamal SM, Nasser IA. Hepatitis C genotype 4: What we know and what we don't yet know. Hepatology. 2008;47(4):1371-83.
- Chao D, Abe K, Nguyen M. Systematic review: epidemiology of 18 hepatitis C genotype 6 and its management. Aliment Pharmacol Ther. 2011;34(3):286-96.