28th JULY World Hepatitis Day

Hepatitis B: Govt lacks monitoring system for those who test positive

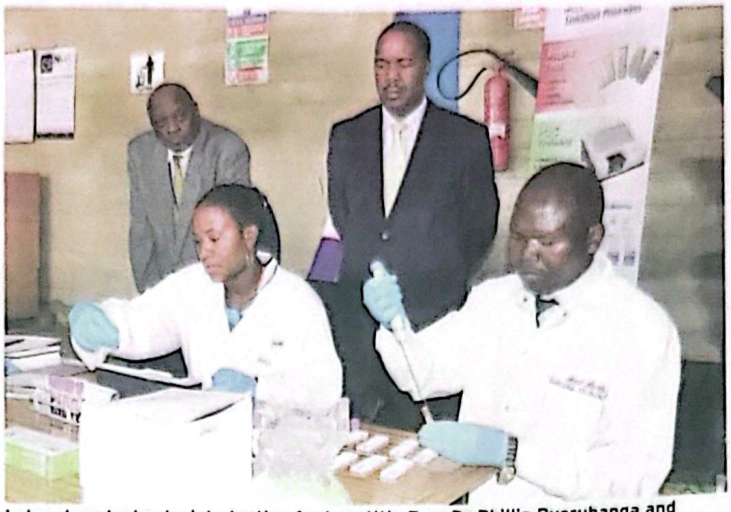
World Hepatitis Day will be commemorated on Friday. The day focuses on increasing awareness about hepatitis, so as to eliminate the disease by 2030 as per the World Health Organisation (WHO) targets. As such, Vision Group is publishing a series of articles on the condition. Today, Lillian N. Magezi analyses how far the Government has gone in dealing with the condition and points out the gaps that need to be addressed

20%

More than half of the population of Uganda have been exposed to hepatitis, about 10% of Ugandans have chronic hepatitis B and, in the northern region, 20%-24% of the population have the virus.

Sh220b

The amount of money that is estimated for addressing hepatitis B burden in the whole country.



Laboratory technologists testing for hepatitis B as Dr Phillip Byaruhanga and science and technology minister Elioda Tumwesigye look on during the launch of hepatitis B test machines at the National Medical Stores in Entebbe last year

Uganda is highly endemic for hepatitis B, with more than half of the population exposed to the virus and up to 10% of Ugandans having chronic hepatitis B.

Despite these worrying statistics, Kenneth Kabagambe, the chairperson of the National Organisation for People Living with Hepatitis B, says Uganda lacks a proper and clear referral structure for those who test positive. Because of this, many patients who need drugs cannot access them and, as a result, they have resorted to attaching themselves to the HIV/AIDS programmes to get drugs. (Some drugs used in treating HIV/AIDS are also used in treating hepatitis B).

In addition, there is no clear monitoring system for those who test positive, says Kabagambe, whose organisation brings together over 2,500 members.

Although there is a policy to have pregnant women screened for hepatitis B, health workers say it is hard to enforce the policy in government health facilities because they always run out of testing strips.

Access to health services

Kabagambe notes that although the Government is doing well in the fight against the disease, the situation is generally bad for people with hepatitis B.

Kabagambe says it is difficult for patients to access health services. He explains that the patients are required to undergo tests before the doctor can decide whether to put them on medication or not. However, the tests cannot be done in government health facilities and, therefore, they have to go to private facilities, where the tests are expensive. For example, Kabagambe notes that a viral load test costs between sh300,000 and sh400,000 in a private laboratory, which is not affordable for many patients.

In March 2015, the World Health Organisation (WHO) launched its first guidelines for the prevention, care and treatment of persons living with chronic hepatitis B infection. The guidelines recommend treatment and regular monitoring for disease progression, toxicity of drugs and early detection of liver cancer.

Vaccination not sufficient

Vaccination is the best way for one to protect themselves against hepatitis B. In Uganda, free childhood vaccination was rolled out in 2002 when the Uganda National Expanded Programme on Immunisations (UNEPI) included the hepatitis B vaccine in the immunisation schedule for children. The vaccine is incorporated into a combination vaccine, which is administered at six, 10 and 14 weeks after birth. It means all Ugandan children born after 2002, who were immunised as per the UNEPI guidelines, got the hepatitis vaccine.

However, in Uganda, babies are not given the hepatitis B vaccine at birth as per WHO guidelines. WHO advises that babies should get the first hepatitis vaccine at birth. The guideline was given on realising that many people with chronic hepatitis B acquire it in childhood and that babies get exposed to the virus before they get the first dose at six weeks. Babies can get the virus from infected mothers at birth, during breast feeding or from family members.

Dr Elizabeth Kutamba, a paediatrician at Norvik Hospital in Kampala, says it is advisable to give babies, especially those born to mothers with hepatitis B or those born in high endemic regions, the vaccine at birth. This is because it helps them develop immunity before they are exposed to the virus.

Kutamba advises that if a child is born to a mother with hepatitis B or if there is suspicion that the child could have acquired the virus, the child should be immunised as scheduled and then tested when it is 18 months, to establish whether it acquired the virus or not.

WHO credits Government

According to Andrew Bakainaga, the WHO country advisor for immunisation and vaccines development, Uganda has performed 'exceedingly well' in the fight against hepatitis B. WHO appreciates the fact that Uganda has a strategic plan and its guidelines were developed and disseminated to districts. Interventional areas reflected in the policy include: community awareness, mass screening, vaccination and ensuring full supply of Hepatitis B-related commodities in medical facilities. Other areas of focus include equipping health workers with knowledge and skills; attachment of those affected to treatment care and support programmes in addition to integration of services and resource mobilisation.

In November last year, health minister Jane Aceng disclosed that the Government had, so far, committed sh23b towards addressing the burden of hepatitis. She added that more funding was expected to be released for the programme in phases to cover the entire country. The estimated total cost of covering the whole country is sh220b.

Aceng noted that in the year 2015/14, the Government identified 39 high burden districts based on the hepatitis prevalence as reported in a 2005 survey report. The districts were prioritised for hepatitis screening and vaccination. In addition, the ministry prepared all the regional referral hospitals and general hospitals as treatment centres.

Recognising the risk of hepatitis B transmission among health workers, the Government immunised all health workers in public health facilities between 2012 and 2014. In 2016, the health minister signed a statutory document requiring all health workers, especially those whose jobs expose them to risk of infections, such as hospitals, to receive hepatitis B vaccination before placement.

What has been done?

According to the Ministry of Health, the country is implementing a National hepatitis B programme and, as part of this effort, policies and service provider sensitisation of the general population is high. However, WHO also notes that levels of knowledge about hepatitis B among Ugandans are still low and there is a challenge of careless needle and syringe handling at health centres.

What the Government can do

In order to eradicate hepatitis B, Kenneth Kabagambe, the chairperson of the National Organisation for People Living with Hepatitis B and Andrew Bakainaga, the WHO country advisor for immunisation and vaccines development, note that priority actions should include:

- **Identifying barriers to accessing information on hepatitis B, in addition to developing accurate and appropriate information for people with chronic hepatitis B, to inform them about: the impact of the infection; its natural history; the availability of health promotion information, including how to reduce their risk of developing liver disease and how to access specialist services and their legal rights**
- **Ensuring that organisations working with communities with a greater prevalence of chronic hepatitis B are able to provide services, information and support**
- **Establish forums in which lessons learnt by service providers are shared**
- **Use referral mechanisms between general practitioners, specialist clinics and other health and welfare services to help with the clinical and psychosocial needs of patients**
- **Develop chronic disease management strategies that incorporate changes to diet, exercise and alcohol intake**
- **Improving capacity of all regions, particularly those with a greater burden, to develop and implement immunisation**
- **Routinely screening pregnant women**
- **Introducing vaccination for newborns at birth**
- **Ensuring that all hospitals in the country provide hepatitis treatment to those who need it**

FACT FILE

- **Hepatitis B is a potentially life-threatening viral infection that attacks the liver and can lead to liver damage and liver cancer. Most of the burden of hepatitis B-related diseases result from infections acquired in infancy because infection acquired at an early age is more likely to become chronic than infection acquired later in life.**
- **Uganda is highly endemic for hepatitis B, with more than half of the population having been exposed to the virus. In addition, about 10% of Ugandans have chronic hepatitis B. The northern region has high proportions of people with chronic hepatitis B infection, with a population distribution ranging between 20% and 24%.**
- **The hepatitis virus is transmitted through contact with blood or bodily fluids, such as saliva, tears, urine, semen and vaginal fluids of an infected person. Therefore, one can contract the virus through sexual intercourse, kissing and sharing needles. It can also be transmitted from mother to child at birth or during breast-feeding.**
- **The condition is not curable. Some people can live with it without need for drugs, while others might need lifelong treatment with drugs.**
- **People are encouraged to test and, those who test negative should get vaccinated to protect themselves.**
- **Protect yourself from the hepatitis infection by avoiding unsafe injections, avoid contact with blood or fluids from a person infected with hepatitis B and avoid risky sexual behaviour.**
- **People whose eyes turn yellow should report immediately to a health facility for screening and further medical advice.**