

Handling hepatitis B in people with HIV

By Harriet Birungi

A mother recently delivered her second child, at a Kampala hospital. While the doctor stitched her up, he accidentally pricked himself. In panic, he left the mother without waiting for the anesthesia to wear off, to access a prevention vaccine for hepatitis B.

In shock, the caretakers wondered what could be amiss. It is later that they were informed that their patient had hepatitis B. In addition, the baby needed to start medication for the same.

While Hepatitis B is not one of the routinely screened diseases, its transmission is 10 times higher than that of HIV. According to Dr Mark Mugalu of Crane Health Services, one can acquire both HIV and hepatitis B, if one has unprotected sex.

"If you have HIV and continue to have unprotected sex, you can also contract Hepatitis B. The severity of hepatitis B is worse if you have HIV," Mugalu says.

Apart from the sexual transmission of hepatitis B, there is also drug-induced hepatitis B. According to Mugalu abuse of drugs like paracetamol (panadol) can induce it. He explains that from the many strands of hepatitis (A, B, C, D, E), hepatitis B is the most common. It is transmitted through body fluids; semen, saliva, sweat, blood, cerebral spinal fluid. For instance, if one comes in contact with the sweat of a person with hepatitis B and their skin is damaged, they may get infected.

Managing HIV and hepatitis B

Mugalu says after being diagnosed with hepatitis B, one should establish if it is acute or chronic hepatitis B. "The reason for the additional test is to establish the viral load. If found low- below 1,000copies, it is considered chronic. This means that it does not give symptoms at the moment. To such a person, the body is given a chance to fight the virus.

However, when found to have more than 1,000 copies, treatment is necessary. This is because the body will have symptoms, including general body weakness, fever, sweating, tenderness in the right upper quadrant of the stomach, yellowing of the skin, eyes, mucus membranes, passing yellow urine and abdominal pain," Mugalu says.

He adds that if the patient



Early testing and treatment of hepatitis B will suppress the virus and prevent damage to the liver

has been on ARVS for viral suppression in HIV (first line of medication), they are supposed to continue with them, to treat hepatitis B and continue suppressing HIV.

"However, if we discover that you do not have HIV and only have hepatitis B virus, we start you on ARVS, particularly Tenofovir, if you have a high viral load above 1000 copies.

Feeding

When it comes to managing both HIV and Hepatitis B, nutrition is vital. One needs to eat foods with lots of vitamins to boost one's immunity and protect the liver from getting destroyed.

"Minimise consumption of things, which will quickly damage the liver. Avoid herbal medicines, which have many impurities and alcohol consumption. Maintain a balanced diet to avoid toxins.

According to Florence Atimango, a nurse and midwife at Lubaga Hospital, HIV and hepatitis B are like twins. This is because both diseases are sexually transmitted, she says.

One cannot know if one has the virus unless one tests. "One is able to know that they have contracted hepatitis B by testing. If one is found hepatitis B-positive, the doctor does another test to establish CD count and the number of antibodies. If the CD count is high, but one has antibodies that fight it, one is only a carrier.

Hepatitis B has no cure. The treatment is to prolong

Early signs, treatment and vaccination

The earliest signs of hepatitis B, which is an infection of the liver, are yellowing of eyes, passing deep yellow urine. Persistent headache, stomachache, body weakness and loss of appetite.

Florence Atimango, a midwife at Lubaga Hospital, recommends early screening for Hepatitis B if the disease is to be prevented from advancing.

"Let everybody test for hepatitis B and if found negative, get vaccinated. Do not wait for signs. Babies are protected through routine immunisation vaccines. If they are not immunised, they are prone to contracting hepatitis B early in life," Atimango says.

She says the vaccines children get as babies protect them until they are 12 years old. After that, they must get the three hepatitis B vaccines to protect them for life.

Hepatitis B screening in pregnancy is optional, unlike HIV testing that is compulsory. If one spouse is negative,

while the other is positive, the negative one has to be vaccinated and have protected sex. For such a couple, they need to cut down on the frequency of sex to reduce chances of transmission.

Babies born to hepatitis B-positive mothers must be vaccinated at birth. This is because a baby may contract it through blood at birth or through breast milk.

Atimango advises people living positively to adhere to medication.

"Take your medicine promptly to suppress the virus. If a patient is not compliant, it worsens situation and leads to resistance to the medicine," says Atimango.

Do not get the vaccine when pregnant or breastfeeding. You can only get it after the baby has made six months. It is best to test before pregnancy or after weaning. This is because if you get the vaccine when with child or breastfeeding, it affects the baby adversely.

the life of the patient and reduce multiplication of the virus," explains Atimango.

However, she says a person who starts treatment early will get better results than the one who gets treatment in the advanced stages of the disease.

Prevalence

According to a publication by African Health Sciences from Makerere Medical School of June 2009, hepatitis B infection is highly endemic in Uganda, with transmission occurring in both childhood

and adulthood. More than 1.4 million adults infected. This means that the infant immunisation programme should be sustained.

"More than two billion people worldwide are estimated to have hepatitis B. About 350 million carriers of the virus are at high risk of cirrhosis of the liver and primary liver cancer. The virus accounts for about 500,000-700,000 annual deaths worldwide. With a safe and effective vaccine available since 1982, much of this infection and death

should be preventable," the health publication states in part.

It further reveals that the public health burden of hepatitis B in Uganda is unknown, although the country has long been considered to be among the highly endemic countries of sub-Saharan Africa, with more than 8% of the population believed to have chronic infection.

Results from a few Ugandan studies have supported this hypothesis: the prevalence of hepatitis

B virus surface antigen (HBsAg), a marker of chronic hepatitis B infection, ranged from six to 15% among blood donors when hepatitis B screening was introduced and in selected populations in Uganda. In medical students and health workers, the prevalence of HBsAg ranged from eight to 11%. These studies found a prevalence of HBV core antibodies (HBcAb) between 60 and 66%, which, in the absence of HBV vaccination programmes, suggests that two-thirds of the Ugandan population will be infected with hepatitis B during their lifetime.

In regions of high prevalence, hepatitis B is mainly contracted at birth or during early childhood. The development of chronic infection occurs in approximately 90% of persons infected prenatally in 30% infected in early childhood and in 6% infected after five years of age.

Persons with chronic hepatitis B have a 15-25% risk of dying from hepatitis B related cirrhosis and hepatocellular carcinoma in adulthood. Acutely infected individuals occasionally succumb to fulminant liver failure.

In accordance with the WHO-recommended strategy for Hepatitis B control, hepatitis B vaccine was introduced in Uganda in 2002 as part of the Expanded Programme on Immunisation and is given at six, 10 and 14 weeks of age.