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Occult hepatitis B infection, a real challenge for low incoming countries

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Occult hepatitis B infection (OBI) is defined as the presence of low level of HBV DNA in the serum and/or hepatic cells without HBsAg in the serum. These patients are at risk for HBV reactivation in immunosuppressed stat or in treatment of cancers and autoimmune diseases. This reactivation can lead to fulminant hepatitis B form, or high level of hepatic injury. The transmission of OBI may appear mainly in blood transfusion context. In HCV endemic area like in sub-Saharan countries, OBI could be responsible for the acceleration of chronic hepatitis C virus (HCV) progression and interfere with treatment response. The prevalence of HBOs varies from 1 to 87%, depending on studied population, the sensitivity of the tests uses for diagnostic and the nature of the sample used. OBI is significantly associated with the endemicity of HBV infection, but is not limited to hyper-endemic countries for HBV. OBI may appear in many different clinical conditions such as: a) transmission by blood transfusion and mainly liver transplantation, causing typical hepatitis B in newly infected individuals; b) the development of an immunosuppressive status may induce OBI reactivation and development of acute and sometimes fulminant hepatitis; c) a large body of data suggests that OBI can contribute to the progression of the chronic liver disease toward cirrhosis, in particular in HCV-infected patients and d) much evidence suggests that OBI can be involved in hepatocellular carcinoma (HCC) development. The diagnostic of this infection is only possible by using high sensitive and specific PCR technic with a low limit of detection (LLOD <10 IU/mL). However, this technic reminds a challenge in low and middle incoming countries like sub-Saharan countries where HBV prevalence is high. Propositions of molecular diagnostic of OBI in sub-Saharan countries are in exploration by African researchers.

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