

Global Conference on NURSING AND HEALTHCARE

March 27-28, 2019 | Amsterdam, Netherlands

J Prim Care Gen Pract 2019, Volume 2

HEPATITIS A AND E OUTBREAK SURVEILLANCE DURING 2015–2017 IN KASHMIR, INDIA: IS THE WATER TO BLAME?

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Waterborne diseases, such as hepatitis A and E, are major public health concerns in most of the developing nations, indicating the need for proper outbreak prevention, surveillance, and timely management. This study presents data regarding the prevalence and epidemiological characteristics of hepatitis A and E outbreaks as well as water quality in Kashmir, India, during 2015–2017. Hepatitis outbreaks were initially investigated by rapid response teams, under the Integrated Disease Surveillance Programme. Suspected cases were further evaluated by blood sampling to confirm the disease along with water sampling evaluation. Between 2015 and 2017, 23 disease outbreaks were recorded; among these, four outbreaks occurred in 2015, 12 in 2016 and seven in 2017. Specifically, 12 of the total outbreaks were concerned with hepatitis A infection, 10 concerned hepatitis E infection, and one involved eight cases of jaundice with neither hepatitis A virus nor hepatitis E virus detected in blood sampling. Overall, during the aforementioned period, 393 cases of hepatitis A or E were detected. Regarding water quality, which was evaluated using the most probable number method for counting coliform, 38 of 50 water samples were found to be unfit for human consumption and one source was found to be suspicious. This study of prevalence and epidemiology of hepatitis A and E along with its relationship with water quality and socioeconomic factors, such as poor hygiene and lack of access to safe water, aids towards the implementation of effective preventive sanitary measures and public health actions.



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