

HEPATITIS E VIRUS INFECTION: AN UNDERESTIMATED EVOLVING PROBLEM

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Hepatitis E virus (HEV) is one of the human hepatitis viruses (family Hepeviridae). This family includes: Orthohepevirus (A-D species), which infects terrestrial vertebrates, and Piscihepevirus, which infects fish. Orthohepevirus A contains the HEV variants infecting humans. Eight genotypes are recognized within Orthohepevirus A; 1- 7. It is estimated that 71% of the world population, are infected with HEV, and the infection results in approximately 3 million symptomatic acute cases and 70000 deaths annually. The disease predominantly affects young adults. The incubation period ranges from 15-60 days. The course of infection has 2 phases, the prodromal phase which is usually of short duration and the icteric-phase which lasts days to several weeks. In nonendemic (autochthonous) type of acute HEV infection, most patients have subclinical manifestations and mild symptoms, especially in women and young persons. Autochthonous hepatitis E has a striking spectrum of serious complications. For unknown reasons, is predominantly severe and can progress to hepatic failure in pregnant women. Individuals could be infected with HEV genotypes 1 and 2 from drinking contaminated water. Specifically, HEV genotype three is zoonotic in developed countries. HEV genotype four infections could be detected in both human and swine in Eastern Asia and Europe. In developed countries, some cases of vertical transmissions of HEV have been reported as well as in homosexual men. The laboratory diagnosis of HEV infection depends on the detection of HEV antigen, HEV RNA, and serum antibodies against HEV (immunoglobulin [Ig]A, IgM, and IgG). Besides improved personal hygiene, sanitation and health education, vaccination might play a crucial role in the future prevention and control of HEV infection. Chinese vaccine HEV 239 vaccine, which contains truncated HEV capsid protein was approved in China by the State Food and Drug Administration in January 2012.

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