

Bacterial Diseases-2019: Determine seroprevalence and associated risk factors of HBV infection among pregnant women and its relationship with blood transfusion at Hargeisa Group Hospital, Hargeisa, Somaliland - Abdullah Al-mamari - Hargeisa University, Somaliland

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Abstract:

Hepatitis B infection (HBV) is a typical reason for intense and interminable viral hepatitis around the world. As indicated by phylogenetic examinations, HBV can be arranged into eight genotypes (A to H) in view of a between bunch uniqueness. Among these, genotypes B and C are generally regular among those with incessant HBV, while genotype An is generally basic among those with intense HBV. Hepatitis B infection (HBV) is DNA infection causing hepatitis in people which is named constant hepatitis B and intense hepatitis B infection disease. Intense hepatitis B in pregnancy isn't related with expanded premature birth rate, stillbirth, or intrinsic contortion yet higher rate of low birth weight was accounted for.

Hepatitis B infection (HBV) is communicated by vertical transmission, between relatives inside family units by contact of non-flawless skin or mucous film with discharging or salivation containing, dangerous sex, bonding of HBV tainted blood and blood items, perinatal transmission, level transmission, nosocomial infection (commonly sent blood-borne infection in the human services setting), and percutaneous vaccination (defiled clinical hardware and sharing of debased needles and needles among infusing drug clients) [2]. Perinatal and youth transmissions are the principle courses of HBV contamination in endemic territories. The danger of HBV contamination transmission diminishes where there is occasional perinatal HBV screening, immunoprophylaxis given babies brought into the world with HBV tainted mother and hepatitis immunization offered both to the high hazard mother and the infant. In this manner,

organization of hepatitis B immunoglobulin (HBIG) in mix with hepatitis B antibodies as post presentation prophylaxis is significant since vertical transmission rate is almost 100% [3]. Ethiopia is currently distinguishing the size of the issue and actualizing the inoculation for wellbeing laborers yet there is no openness and accessibility of immunization of hepatitis B infection for those sound moms. The primary objective of treatment of interminable hepatitis B is to stifle HBV replication and to incite abatement of liver illness before improvement of cirrhosis and hepatocellular carcinoma. Recombinant subcutaneous interferon- α (10 MU threefold week by week) and oral lamivudine (100 mg once per day) are authorized for this utilization in numerous nations and oral adefovir (10 mg once per day) has as of late been affirmed. Reaction to treatment is characterized as imperceptible HBV DNA ($< 10^5$ duplicates/mL) in serum, continued loss of HBeAg with or without location of hostile to HBe (HBeAg seroconversion), and improvement in liver ailment, standardization of aminotransferases and abatement in necroinflammation or fibrosis movement stopped. Pretreatment factors prescient of reaction are comparable for every one of the three medicines and incorporate high serum aminotransferases, low serum HBV DNA and articulated necroinflammation on biopsy.

The upsides of interferon incorporate limited span of treatment, absence of safe freaks and strong reaction; detriments are significant expense, the requirement for subcutaneous organization and the symptoms. Lamivudine is increasingly efficient and better endured yet obstruction may create.

With adefovir, a costly medication, obstruction is unprecedented.

Background:

The measures are being put in place for the management of Hepatitis B virus (HBV) infection in Hargeisa, Somaliland among pregnant women remain the most vulnerable to develop chronic hepatitis. Routine screening in pregnant women is therefore necessary for effective control. However, the performance of the commonly used the HBsAg sero test strips has been available. Also, identifying the risk factors of transmission in pregnant women is importance for the implementation of preventive measures. Hence, the goal of this study was to determining seroprevalence and associated risk factors with HBV infection among pregnant women.

Material & Methods:

The study area was carried out at Hargeisa group hospital in Somaliland from May 2018 up to December 2018. The researcher was collected research pregnancy woman data through questionnaire & used diagnostics methods such as Hepatitis B surface antigen (HBsAg) test, antibodies test (HBsAb) by used anti-card test and ELIZA system. In order to find specific full information's about patients & relationship the associated risk factors with hepatitis B in pregnancy. Data processed and analyzed by used both words and SPSS package. The sample size investigated was 52 out of 80 patients. Of these, 28 were excluded; among the reasons for exclusion were prior HBV vaccination and known HBsAg sero-positive status.

Aims of Study:

The study was designed & aimed to determine seroprevalence and associated factors of HBV infection among pregnant women. To assess and establish if there is significant relationship between blood transfusion and hepatitis B virus at Hargeisa group hospital (HGH).

Results and Discussion:

The results in the current study shown that the pregnancy with hepatitis BV and it relation with appeared some symptoms in our study was 24(46.15%) of patients appeared they have cirrhosis symptom, 12(23.08%) of patients answered they have liver failure, while 9(17.31%) of patients appeared yellowish of eyes & skin and 9.62% shows hepatic Cancer.

Overall, HBV prevalence: HBsAg was detected in fifteen 15(31.3%) of the participants while all fifteen (100%) had total HBcAb (both IgM and IgG). Of the HBsAg sero-positive women, 26(42.7%) were positive for HBeAg; eight (13.3%) were positive for HBeAb and four 4(9%) were negative for both HBeAg and HBeAb which was close similar with other previous studies. On the other hand, We found identify statistically significant p-values <0.05 and high relationship between HBV and some demographic and clinical risk factors such as blood transfusions, levels of knowledge about HBV infection in addition to age and marital status. Conclusion: The results of current study showed that the seroprevalence of HBV infections in pregnant women and it relationship with blood transfusion & other factors is high in Hargeisa Group Hospital, Hargeisa, Somaliland . However, further studies are needed to assess the role of other demographic and clinical risk factors. Urgent action is required to improve hepatitis B infection control measures to reduce dependence on blood transfusions and make new policies for treatment of anemia in HGH.

Keywords: Hepatitis B; Pregnant Women; Blood Transfusion ;Risk Factors; Prevalence.