



PREVALENCE OF HEPATITIS-D IN RURAL SINDH, PAKISTAN

Shah Pisand Chandio, Ghulam Hyder Talpur and Muhammad Ilyas Rajput

Department of Statistics, University of Sindh, Jamshoro, Pakistan

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S.P.C G.H.T M.I.R

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ABSTRACT

To assess the level of knowledge, attitude of patients and treatment problems of Hepatitis-D infection a descriptive and empirical study was conducted for the patients of Hepatitis-D and Doctors of Taluka Kahirpur Nathan Shah, District Dadu Sindh Pakistan. Time frame of the study was September to November 2016. Our Method of data collection was self administered questionnaire which assessed the basic knowledge about Hepatitis-D infection its modes of transmission and problems in the treatment. 100 patients of Hepatitis-D and 52 doctors were included in this study, questionnaires were distributed among the patients (n=100) of Hepatitis-D and doctors (n=52) they filled it according to their knowledge collected data was analyzed by SPSS V-22 Excel. Mean age of male patient was 27 years ($SD \pm 6.7$) and age range (15-50) years and mean age of female patients 27.4 years ($SD \pm 6.36$) and range of age (16-46) years. The male to female patient ratio 4:1(80 male and 20 female). Patients have not sufficient knowledge about causes and modes of transmission of hepatitis-D. By the results regarding the problems in the treatment patients have neither any proper treatment nor vaccination facility of hepatitis-D is available in the rural areas of Sindh, concerned doctors are also unavailable.

1. INTRODUCTION

Hepatitis is a General term meaning inflammation of the liver and can be caused by a variety of different viruses such as hepatitis A, B, C, D and E since the develop of jaundice is a characteristic feature of liver disease, a correct diagnosis can only be made by testing patients sera for the presence of specific antigen and antiviral antibodies [1]. Hepatitis D or delta hepatitis is caused by the hepatitis delta virus HDV, a defective RNA virus [2]. Fifty million peoples are infected by hepatitis-D virus in the world, they are adults, this virus is most common among those people who are injecting and peoples living in countries bordering the Mediterranean sea[3]. When acute hepatitis-D coincident with acute hepatitis –B infection, the generally similar in severity to acute hepatitis-B alone[4]. Hepatitis-D is divided into two types (a) coin infection and (b) Super infection coin infection hepatitis-D occurs when o patient is simultaneously infected with HDV and HBV. The majority of those

fulminate hepatic failure and death thanwith HBV infection alone [5]. Super infection hepatitis-D occurs when some patients with an existing chronic HBV infection becomes infected with HDV [6,7]. These patients usually experience a sudden worsening of liver disease patients with hepatitis-B who become chronically infected with HDV experience a very high rate of cirrhosis and end stage liver disease which makes this super infection a very dangerous disease [8]. Hepatitis-D is an important health problem in Sindh Pakistan ratio of patients is increasing day by day due to unavailability of medicine of Hepatitis-D in rural areas patients are suffering. Key factors responsible for hepatitis-D infection include blood transfusion, reuse of syringe and unsafe sexual practices [9].

2. MATERIALS AND METHODS

A descriptive and observational study was conducted for the patients of Hepatitis-D of Taluka Khairpur Nathan Shah District Dadu Sindh Pakistan. Duration Of study was 03 months from September to November 2016. One

hundred patients of Hepatitis-D and 52 doctors were included in this study convenient sampling data of the patients were obtained from Taluka K.N.Shah, out of these 100 hundred patient 80% were male and 20% were female patients. Among the patients of Hepatitis-D questionnaire was distributed, which was constructed to get knowledge about patient, two other parts was constructed to access causes about Hepatitis-D, its modes of transmission, and problems regarding treatment of Hepatitis-D in the nearest government Hospital. Patients were enquired about hepatitis-D they were further enquired about modes of transmission and problems in the treatment of Hepatitis-D infection. Patients were further enquired about the conditions after the infection of Hepatitis-D virus; problems regarding the treatment of Hepatitis-D infection, vaccination and blood screening facility, availability of the concerned doctors of hepatitis-D and getting treatment from private hospital or government centre were also focused in this study. Data was collected by the given questionnaire and collected data was analyzed by help of SPSS version-22, Statistical tools applied frequency distribution tables and Bar Graphs were constructed separately (question wise). Grant total tables and multiple Bar Graphs were also constructed to study the results easily. In this study doctor of Taluka hospital, other medical officers and staff of Hepatitis cure Center K.N.Shah Cooperated very well and were source of information.

3. RESULTS

A total of 100 patients and 52 doctors participated in this study mean age of male patient 27 years ($S.D \pm 6.7$) and age range 15-50 years and mean age of female patients 27.4 years ($SD \pm 6.36$) and range of age 16-46 years the male to female patient ratio was 4:1 (80 male and 20 female). Majority of the patients 91% had basic knowledge Hepatitis-D about 75% ratio of the patient were undecided about the statement that hepatitis-D is caused by Hepatitis-B virus and caused serious liver disease, 73% Patients were unaware that Hepatitis-D is transmitted by sex or un-sterilized instruments and sharing razors and other items of use of infected person. 51% of patients agreed that reuse of syringes is an important mode of transmission of hepatitis-D.

4. DISCUSSION

A large number of patients 90% disagreed that treatment is available in the nearest Taluka Hospital, only 27 patients agreed that concerned doctors were available. 96% patients reject the statement the vaccine of Hepatitis-D is available in the hospital, 86% patients disagreed that they purchase course of injections with their money, 68% patient preferred private treatment is better than Government, 83% patients agreed that Hepatitis-D cause

death. Though from the doctor side it was observed that they have sufficient knowledge about Hepatitis-D answer of the statements regarding treatment problems were same like unavailability of medicine of Hepatitis-D and the vaccination of HDV virus in the Taluka level Hospital were main problems. During this study it was observed that a few patients have knowledge about Hepatitis-D regarding causes and modes of transmission 85% patients were undecided, 62% patients had knowledge that reuse of syringes is an important mode of transmission. It was observed that patients were undecided to answer the questions regarding basic knowledge; they were not able to give the correct answers. Regarding the treatment problems patients and doctors point of view was same and disagreed about the availability of medicine and vaccination of hepatitis-D at the nearest Taluka Hospital. 98% patients focused the problem that it is very difficult process to avail the course of Hepatitis-D. Results were not satisfactory on the issues of the availability of concerned doctors and proper blood screening. View point of doctors and patients was same on the issue of to get treatment from private doctors rather than government hepatitis cure centers and cause to death. Patients were unaware about the consequences of Hepatitis-D after infection. In this survey it was observed that high number of correct answers was possible by better education.

5. CONCLUSION

The basic knowledge about Hepatitis-D was lacking among the patients of Hepatitis-D, patients had a few knowledge about transmission and they were miserable about the consequences and treatment problems hepatitis-D infection. All patients of Hepatitis D couldn't afford medicine expenses and due to difficult process to avail the course poor patients do not fulfill the requirements and died. Concerned doctors are not available at rural level hospitals.

6. RECOMMENDATIONS

- It is necessary to arrange health education programs for all peoples including Hepatitis-D patients in rural Sindh to give awareness about hepatitis-D.
- It is important to provide treatment facility, vaccination, blood screening facility and concerned doctors may be appointed at the Taluka level Hospital in rural areas of Sindh.

7. CONFLICT OF INTEREST

All authors have declared that there is no conflict of interest regarding publication of this article.

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