PREVALENCE OF HBV AND HCV IN BLOOD DONORS IN MOSUL CITY⁺

انتشار التهاب الكبد الفايروسي نمط (B.C) بين متبرعي الدم في مدينة الموصل

Raed Mekhael Amin *

Abstract:

Hepatitis is disease of the liver caused by the infectious and non-infectious agents. The aim of study was to analyze the prevalence of HBV and HCV among voluntary blood donors in Mosul, during 2008-2009. The data from blood bank Center for Blood Transfusion of Mosul were collected and analyzed through descriptive and comparative epidemiological method of retrospective study. All samples were tested by ELISA test. Out of 35540 samples of the blood donors, 475were positive. From overall positive samples, 447were HBV positive, 28HCV positive. The HBV prevalence among the blood donors of Mosul is 1.2 %, while the HCV prevalence among the blood donors in Mosul is 0.07% this level of prevalence is relatively low. Age group 30–39 years old for HBV was presented with 55.8% of cases age group of HCV was not significant because sample size was very small.

المستخلص:

يعد التهاب الكبد الفايروسي من الأمراض التي تصيب الكبد بواسطة العوامل المعدية وغير المعدية ، هدفت الدراسة الى تبيان أنتشار التهاب الكبد نمط (ب) ونمط (ج) بين متبرعي الدم في مدينة الموصل خلال عام ٢٠٠٨-٣٠ تم مراجعة سجلات مصرف الدم بجمع معلومات عين المتبرعين المصابين بالتهاب الكبد الفايروسي نمط (ب) و (ج) حيث تم اخذ عينات الدم من مصرف نقل الدم المركزي في مدينة الموصل وأجراء الفحوصات على النماذج ، وأكدت الدراسه على توضيح وجهة المقارنية مين الناحية الوبائية علما أن العينات التي تم اختبارها مختبريا بطريقة الاليزا المجموع الكلي لعينات متبرعي الدم هو (٤٥٥) نموذج ، حيث ٧٥٤ نموذج أعطى نتيجة موجبة من المجموع الكلي و أعداد المصابين بالتهاب الكبد الفايروسي نمط (ب) هو ٧٤٤ ، بينما ٢٨ حالة موجبة بالتهاب الكبدالفايروسي نمط (ج) . حيث أظهرت الدراسة بأن نسبة أنتشار التهاب الكبد الفايروسي نمط (ب) بين متبرعي الدم في مدينة الموصل هي ١٩٠١ % وهو يعد معدل لاتشار المرض بالنسبه للنواحي والاقضية التابعة للموصل طبقا لتصنيف مركز السيطرة على الامراض الأتقالية مركزيا من الناحية الجغرافية ومدى انتشار مرض التهاب الكبد الفايروسي نمط (ج) بين متبرعي الدم في مدينة الموصل هو بنسبة من الإصابة بمرض التهاب الكبد نما (ب) للأعمار بين (٣٠٠-٣) سنة والتي بلغت الموصل هو بنسبة من الإصابة بمرض التهاب الكبد نمط (ب) للأعمار بين (٣٠-٣) سنة والتي بلغت

⁺Received on 12/12/2010, Accepted on 10/10/2011.

^{*}Assist Lecturer/ Technical Institute/ Mosul

٨,٥٥% ،بينما كانت نسب الإصابة بالتهاب الكبد نمط (ج) ذات نسبة ضئيلة حيث لايمكن تحديد السن أو الفئة العمرية للمصابين .

Introduction:

Hepatitis is term to describe a nonspecific liver inflammation[1,2]. The known types of hepatitis: A, B, C, D, E, F, G and TT. Hepatitis B and C are classified as a similar types of liver infection, which are mostly spread through blood and blood products[3,4,5].

The possibility of hepatitis transmission through blood and blood products were known since 1950 [6,7,8,9].

Hepatitis B virus (HBV) is the smallest human DNA virus and has a very compact genome, belongs to the family Hepadnaviridae, which comprises agroup of highly species – specific DNA virus [10]. Hepatitis C virus is an RNA virus with lipid coat similar to flaviviridae family.

Infected person or asymptomatic carriers with viral hepatitis B and C are only reservoir of infection [8,9,11,12,13].

Hepatitis is a systemic disease primarly involving ,the liver as main target for viral replication which characterized clinically by fever, jaundice and gastrointestinal symptoms [14].

However, HBV variants have been described with mutations in the precore region that prevent HBeAg synthesis.

The most common of these mutations is a guanine (G) to adinine (A) substitution at nucleotide 1896, that prevents the production of HBeAg by introducing a premature stop codon in to the open reading frame (ORF) of the precore region [15].

The presence of A 1896 mutation is thus restricted to genotypes that have a T at nucleotide 1858, as is the case for genotypes B,C,D and E.

Genotype A usually show a cytosine (C) at this position [16], While genotype F may present a T or a C [17].

Hepatitis B virus infection is a global health problem, causes acute and Chronic hepatitis in humans.

Chronic HBV is usually defined as detectable hepatitis B surface antigenimia (HBsAg) for a peroid of six months or more [18]. Researches show as that world prevalence of HBsAg carriers is from 0.1% till 20% with high percentage in tropical countries [5,12].

Aim of study:

- 1. Determination the prevalence of HBsAg and anti-HCV antibodies among blood donors in Mosul during 2008-2009 by ELISA3.0 technique.
- 2. Measurment of viral marker a mong HBsAg positive donors .
- 3. As well as the prevalence of HBV and HCV was compared with the data available from other countries using the same diagnostic processure.

Materials and methods:

The study conducted in central blood bank in Mosul during the period 2008-2009 from each voluntary blood donors atotal of 35540 samples,35114 males (98.8%) and 426 females (1.2%) included in this study, 10ml of blood was drawn from blood pint. The blood was placed in plane blood tubes, it was left to stand at room temperature (20-25c·), to allow clot formation, then the sera were separated by centrifugation at 3000 rpm for 15 minutes, and divided in to aliquots (250 μ l) and stored at (-20c·) until examination.

Each aliquot of the serum used once to avoid thawing and freezing. All sera and reagent were allowed to stand at room temperature before use in the test.

Detection of HBV and detection of HBsAg by Enzyme Linked Immuno-Sorbent Assay (ELISA) test was used to screen all the samples, the test done in blood bank in Mosul .

Hepanostika HBsAg Uni-Form II is an ELISA for qualitative determination of HBsAg

subtype ad and ay in human serum. We followed the procedure and interpretation of result according the instructions. ELISA HBsAg confirmatory test.

Hepanostika HBsAg Uniform II confirmatory reagent was used for confirmation of HBsAg in specimens, we followed the procedure and interpreted of results according the manufactures instruction.

Results:

The results of the study showed that from a total of 35540 samples of the blood donated by volunteer blood donors, 475were positive for HBV and HCV, from overall positive samples, 447 were HBV positive, 28HCV positive, figure 1.

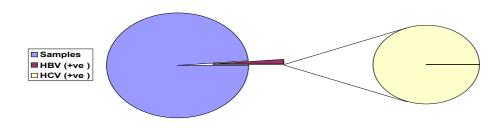


Fig.1Distribution of infected persons with Hepatitis B and C viruses, in blood donors in Mosul city during 2008-2009.

Viral hepatitis in blood donors mainly seen in males.HBV was detected in 1.2% of males donors and in 0.03% of females donors from the positive cases .

Although HCV infection showed a little prevalence among blood donors. It was founded in 0.07% male of the donors while infection in female donors was absolutely absent as shown in table 1 and figure 2.

Table (1) Distribution of Hepatitis B Virus and Hepatitis C virus in blood donors according to gender.

Gender	Tested	Prevalence %	Tested anti	Prevalence %
	HBsAg		HCV	
Male	436	1.2 %	25	0.07%
Female	11	0.03%	3	0.0%
Total	447	1.258 %	28	0.078 %

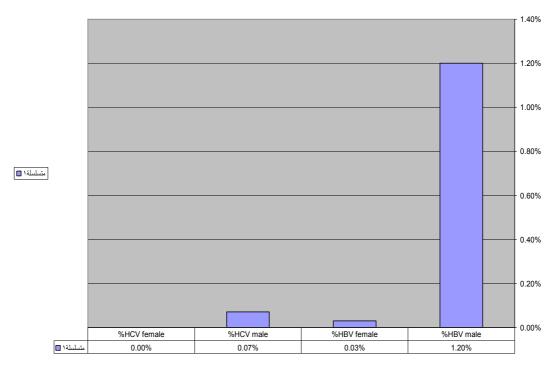


Fig.2 Infection with HBV & HCV among blood donors by type and sex .

Age distribution for hepatitis (B&C) in blood doners appear between the age (30-39) years which represent as 55.8%,whereas age group from 50-59years is represented with,11.2%. The age (50-59)years the prevalence of viral hepatitis among this age group was less than other interval age group which represented with 11.2%,while persons with mean age(37.9 years with SD 8.1) present 11% from the total as shown in figure 3 & Tab. 2

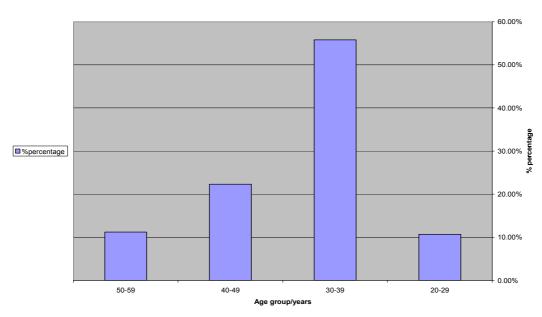


Fig. 3 percentage with infection HBV by age group and year.

Table(2) Distribution of HBV infection in blood donors according to age .

Age group/ Years	No.	% Percentage
20-29	47	10.7
30-39	250	55.8
40-49	100	22.3
50-59	50	11.2
Total Count	447	

Discussion:

Infection with HBV and HCV are worldwide significant problem in public health [19,20,21,22,23,24]. About 5% (300 millions), of world population has chronic infection with HBV, which is major factor for developing of chronic liver cirrhosis hepatocellular carcinoma and [25,26,27,28,29]. The present study showed that the prevalence of viral hepatitis among age group (30-39) years this result is greed with the results published by Central Disease Control(CDC)world wide While the prevalence of HCV among blood donors in Mosul governerat was 0.03 which was very low as compared with other studies abroad 3% [1,30,31,32,33]. The HCV prevalence among the blood donors in Mosul is 0.03%. Compared to the other European countries this level of prevalence is relatively low [34]. According to the WHO, the world prevalence with HCV is 3.1% [35,36]. The highest prevalence is in Africa, 5.3%, whereas the lowest prevalence is in Europe 1.03% [36]. The highest prevalence of HCV between countries in whole the world is in Egypt, 6– 28% (mean 22%), [25,37,38,39], while the opposite to this results found in our study related to the of hepatitis as type The prevalence of anti-HCV in blood donors varies considerably around the world with a prevalence of 1.2 % in Japan[40], 0.42 % in Germany[41], 0.68 % in France[42],0.87 % in Italy[43], and 0.01-0.55 % in United States and United Kingdom[44,45]. With regard to the burden of HCV seroprevalence in the developing countries blood donors, it has been reported to be 2.4% in the Eastern Province of Saudi Arabia [46],12.3% in Nigeria [47],0.9% in Ghana [48], and more than 20% in Egypt[49]. Age group(30–39)years was presented with 56% of cases ,this means that higher number of blood donors which infected with HBVwas at this age. This age group among the personal included in this study were more susceptible to viral infection than other age groups; In this group donors had a higher chance to exposure to HBV because they are in an active period of life.

Conclusions:

- Prevalence of HBV among blood donors in Mosul was more than HCV prevalence at the same period .
- According to sex, males were infected with hepatitis B and C more than females.
- Distribution of hepatitis B and C show high prevalence within the age group (30-39) years more than other ages.
- The prevalence of HCV-positive blood donors was relatively low in blood bank of Mosul compared to other neighboring countries .

References:

- 1.Alter MJ, Kruszon-Moran D, Nainan OV, McQuillan GM, Gao F, Moyer LA, Kaslow RA, Margolis HS:" The prevalence of hepatitis C virus infection in the US, 1988 through 1994". *N England J Med*, Vol. 341,No. 8,pp. 556-562, 1999.
- 2.Booth JC, O'Grady J, Neuberger J: "Clinical guidelines on the management of hepatitisC". *Gut*, Vol. 49(suppl 1), pp. 1-21, 2001.
- 3.Gerstman B"Epidemiology kept simple". *Volume Chapter 6, 9, 12, 13 & 20.* Second edition. Wiley-Liss, New Jersy; 2003.
- 4.CDC: "Updates U.S Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis". *MMWR*, Vol. 50, No.11,2001.
- 5. Friss R, Seller ThA:" Epidemiology for public health practice". *Volume Chapter 12*. Jones and Bartlett Publishers, London; 2004.
- 6. Hillyer CD, Hillyer KL, Strobe FJ, Jeffries LC, Siberstein LE: :Handbook of Transfusion Medicine". *Volume Chapter 2 and 32*. Academic Press, London; 2001.
- 7. Cerny A, Chisari FV: "Pathogenesis of chronic hepatitis C: immunology features of hepatic injury and viral persistence". *Hepatology*, Vol.30,pp.595-601,1999.
- 8. Mahoney FJ:" Update on Diagnosis, Management, and Prevention of Hepatitis B Virus Infection" *Clinical Microbiology Review*. Vol.12,No.2,pp.351-366,1999.
- 9. Harmening DM:"Modern blood banking and Transfusion Practices". *Philadelphia*, *USA* IV edition., Vol.25, No.6, pp.1231-1243, 1999.
- 10. Wang G. & Seeger C.,. Novel "mechanism for reverse transcription in hepatitis Bviruses". J. virol; Vol. 67, pp. 6507-6512, 2003.
- 11. Ebeling F:" Epidemiology of the Hepatitis C virus". *Vox Sang*, Vol. 74,pp.143-146,1998.

- 12. Kyi KP, Aye M, Oo KM, Htun Moh, Oo SS, Lwin KO, Win KM: "Prevalence of Hepatitis C in Healthy Population and Patients with Liver Ailments in Myanmar". *Regional Health Forum WHO South-East Asia Region*. ,Vol. 6,No.1, 2002.
- 13. David P, Charles G, David M, Gray JA: "Oxford handbook of public health practice". *Oxford.*, Chapter 1.2,2004.
- 14 .Jawetz,Melnick,ofAdelberg "Hepatititis viruses . In :"Medical Microbiology.Brooks" G.F., Butel(J.s. and Morse.S.A.,(eds). 21 st Edition,pp.425-443,Appleton and Lange.1998.
- 15. Brunetto M.R., Stemter M., Bonino F., Schodel F., & Will H. "Anew hepatitisBvirus strain in patients with severe anti-HBe positive chronic hepatitisB.J Hepatol; Lo1"pp. 258 -261,2005.
- 16. LiJ. S., Tong S.P., Wen y. M & Trepo C "Hepatitis B virus Genotype A rarely Circulates as an HBe-minus mutant: possible contribution of a single nucleotide in the precore region". *Journal of virology* "Vol. 67, pp.5402-5410 ,2003.
- 17. Arauz-Ruiz P., Norder H.,Robertson B.H.,Magnius L.O "Genotype H: a new Amerindan genotype of hepatitisB virus revealed in central America". *Journal of General virology* "Vol.831, pp. 2054-2073,2007.
- 18. Hyams K.C "Risks of chronicity following acute hepatitis Bvirus infection", *Areview.clin. Infect.Dis*;pp. 20,992,2005.
- 19. Zaller N, Nelson KE, Aladashvili M, Badridze N, del Rio C, Tsertvadze T:" Risk factors for Hepatitis C virus infection among blood donors in Georgia". *European Journal of Epidemiology, Netherlands*, Vol. 19, No. 6, pp.547-553, 2004.
- 20. Lauer GM, Walker BD:" Hepatitis C virus infection". *N England J Med*, Vol.345, No.1, pp.45-52,2001.
- 21. Nelson K, Wiliams CM, Graham NMH:" Infectious Disease Epidemiology". *Volume Chapter 19*. Jones and Bartlett Publishers, London; 2004.
- 22. Kimka N, Kingsley LA, Sayah N, Rinaldo CR: "Hepatitis C virus infection in a male homosexual cohort: risk factor analysis". *Genitourin Med*,Vol. 72, pp.213-216, 1996.
- 23. Gordis L: "Epidemiology". Third edition. Elsevier Inc.(USA); 2004.
- 24. Lok ASF: "Chronic hepatitis B ". N Engl J Med , Vol. 346,pp.1682-1683 ,2002.
- 25.Dienstag JL, Schiff ER, Wright TL, Perrillo RP, Hann H-WL, Goodman Z, Crowther L, Condreay LD, Woessner M, Rubin M, Brown NA, for The U.S. Lamivudine Investigator Group:" Lamivudine as initial treatment for chronic hepatitis B in the United States". *N England J Med*, Vol.341,No.17, pp.1256-1263,1999.
 - 26. Mailliard ME, Gollan JL: "Suppressing hepatitis B without resistance So far, so good". *England J Med*, Vol. 348, No.9, pp.848-850,2003.
- 27. Ramadani N:" Karakteristikat epidemiologjike dhe serologjike të Hepatitit B në Kosovë". PhD thesis. *Universitety of Prishtina, Kosovo*; 1992.
- 28. Scotionitis I, Brass CA, Mallet PF:" Hepatitis C: Diagnosis and Treatment". *J Gen Intern Med*, Vol. 10, pp.273-282,1995.
- 29. Craig S:" Epidemiology of hepatitis B". *The pediatric Infectious Disease Journal* , Vol.12, No.5, pp.433-436,1999.
- 30. Carrasco DA, Newman C, Tyring SK: "Treatment of viral hepatitis". *Harrison's Principles of Internal Medicine* 14th edition. ,Vol. 2, pp.1677-1692,1998. 31. Hoofnagle JH: "Therapy for acute hepatitis C". *N England J Med* ,Vol. 345, No.20,pp.1495-1497,2001.
- 32. Fried MW, Shiffman ML, Reddy KR, Smith C, Marinos G, Gonçales FL Jr, Häussinger D, Diago M, Carosi G, Dhumeaux D, Craxi A, Lin A, Hoffman J, Yu J:

- "Peginterferon alfa-2a plus ribavirin for chronic hepatitis C virus infection". *N England J Med* 2 Vol.347,No.13,pp.975-982,2002.
- 33. Greenberger NJ: "Hepatitis C: More Common than suspected". *Clinical focus*, pp. 18-24,1995.
- 34. Zhihua Liu and Jinlin Hou: "Hepatitis B Virus (HBV) and Hepatitis C Virus(HCV) Dual Infection". *Int J Med Sci.* Vol. 3,No.2,pp.57-62,April 1.2006.
- 35. Abdelaal M, Rowbottom D, Zawawi T, Scott T, Gilpin C:" Epidemiology of hepatitis C virus". *Transfusion*, Vol. 34,pp.135,1994.
- 36. WHO: "Hepatitis C global prevalence". [http://www.who.int/docstore/wer/pdf/1999/wer7449.pdf] webcite Weekly Epidemiological Record,pp. 49,1999.
- 37. Kosgeroglu N, Ayranci U, Vardareli E, Dincer S: "Occupational exposure to hepatitis infection among Turkish nurse". In *Epidemiology & Infection. Volume 132*. Cambridge University Press,pp.27-33,2004.
- 38. Liang TJ, Rehermann B, Seeff LB, Hoofnagle JH: "Pathogenesis, natural history, treatment and prevention of hepatitis C". *Ann Intern Med*, Vol.132,pp.296-305,2000.
- 39. Robertson, Myers G, Howard C, Brettin T, Bukh J, Gaschen B, Gojobori T, Maertens G, Mizokami M, Nainan O, Netesov S, Nishioka K, Shin-i T, Simmonds P, Smith D, Stuyver L, Weiner A: "Classification, nomenclature and database development for hepatitis C virus (HCV) and related viruses. Proposal for standardization". *Arch Virol*, Vol.143,pp.249-503,1998.
 - 40.Choo QL, Weiner AJ, Overby LR, Kuo G, Houghton M, Bradley DW. "Hepatitis C virus: the major causative agent of viral nonA, non-B hepatitis". *Br Med Bull*, Vol. 46, pp. 423-441, 1990.
 - 41. Kuhnl P,Seidl S,Stange W,Beyer J,Sibrowski W,Flik J,"Antibody to hepatitis C virus in German blood donors". *Lancet*, Vol. 2,pp. 324,1989.
- 42.Janot C, Courouce AM, Maniez M. "Antibodies to hepatitis C virus in French blood donors". *Lancet*, Vol 2,pp.796-797,1989.
- 43. Sirchia G, Bellobuono A, Giovanetti A, Marconi M. "Antibodies to hepatitis C virus in Italian blood donors". *Lancet*, Vol. 2, pp. 797, 1989.
- 44.Van der Poel CL."Hepatitis C virus:into the fourth generation ".Vox Sang, Vol. 67 (Suppl 3), pp. 95-98, 1994.
- 45.Cuthbert JA."Hepatitis C: progress and problems". *Clin Microbiol Rev*, Vol 7,pp. 505-532,1994.
- 46.Fathalla SE,Al-Jama AA,Badawy MS et al."Prevalence of hepatitis C virus infection in the Eastern Province of Saudi Arabia by re-DNA second generation and supplemental EIA test". *Saudi Med J*,Vol 24,(Suppl 2):S 120-121,2003.
- 47.Halim NK,Ajayi OI."Risk factors and seroprevalence of hepatitis C antibody in blood donors in Nigeria" *East Afr Med J*,Vol 77,pp. 410-412,2000.
- 48.Ampofo W,Nii-Trebi N,Ansah J et al. "Prevalence of blood-bome infection diseases in blood donors in Ghana". *J Clin Microbiol*, Vol 40,pp. 3523-3525,2002.
- 49.Arthur RR,Hassan NF,Abdallah MY,el-Sharkawy MS,Saad MD,Hackbart BG,et al."Hepatitis C antibody prevalence in blood donors in different Governorates in Egypt". *Trans R Soc Trol Med Hyg*,Vol 91,pp. 271-274,1997.