LETTER TO EDITOR OPEN ACCESS

Viral Hepatitis Elimination Strategies and Impact of COVID-19

***Aniqa Abdul Rasool*[1], *Mah I Kan Changez*[2]**
[1]*Aga Khan University Hospital, Karachi, Pakistan.* [2]*Department of Cardiac Surgery, Yale University, United States*

Doi: https://doi.org/10.36283/ziun-pjmd13-4/026

How to cite: Rasool AA,Changez MIK, Viral Hepatitis Elimination Strategies and Impact of COVID-19. Pak J Med Dent. 2024;13(4): 203-204. Doi: https://doi.org/10.36283/ziun-pjmd13-4/026.

Received: Mon, June 17, 2024 **Accepted:** Mon, Sep 30, 2024 **Published:** Thu,Oct 24, 2024

Dear Editor,

Viral hepatitis is a significant public health concern worldwide. It has disproportionately impacted millions of people around the globe. With a high prevalence of 257 million for chronic hepatitis B and 71 million for chronic hepatitis C, viral hepatitis remains one of the leading causes of death (1.1 million deaths and 3.0 million new infections per year) globally all the hepatotropic viruses, Hepatitis C Virus (HCV) constitutes a significant disease burden as it is clinically silent and remains undiagnosed for years [1].

Several public-private partnerships and government-funded programs have ambitiously devised cost-effective strategies to eliminate viral hepatitis and reach the sustainable development goal (SDG) target by 2030. These strategies include; door-to-door screening, micro elimination programs, antenatal screening, neonatal vaccination, reducing needle sharing and needle stick injuries, providing free-of-cost direct-acting antivirals (DAA), and increasing treatment accessibility[2]. However, the recent pandemic disrupted all years-long efforts and contributed significantly towards healthcare milestone regression, including disruption in access to prevention and elimination of viral hepatitis programs [2].

Additionally, in order to save PCR tests for COVID-19, PCR testing for viral hepatitis was halted too[3]. A sharp rise in preference for home deliveries was also noted, contributing to decreased chances for routine antenatal hepatitis screening, childhood vaccination, and increased incidence of vertical transmission[4]. Additionally, a global drop in vaccine coverage for the Hepatitis B vaccine to as low as the 1990s was reported too. The INH health metrics and evaluation report quoted, "We have been setback 25 years in 25 weeks" [5]. The impact of COVID-19 is all-encompassing. It has left a colossal impact on most of the world's population since December 2019, and now, in 2023, we still have alarming global surges of infection. Typically, COVID affects patients with comorbidities, making patients with hepatitis, especially with advanced complications, comprise a major chunk of Covid's morbidity and mortality. Additionally, there are still myriads of unresolved deficiencies in evidence-based knowledge regarding reinfection rates, long-term outcomes post-vaccination, dosing of immunosuppressive agents post Liver transplantation, and with the emergence of mutant strains, the response to multitudes of Covid vaccines[6]. During the pandemic, fear of contracting COVID-19 was so high that most patients either declined to visit out-patient clinics at follow-up or did not open doors for being screened when health workers visited their households. This created a major hindrance in the first step toward elimination. A staggering 84% decline in HBV screening and a 74% decline in HCV screening at a district hepatitis clinic in Pakistan was noted from January to June 2020. It is stated that a 1-year delay in HCV diagnosis and treatment programs could cause excess HCV morbidity and mortality, with an estimated additional 44,800 liver cancers and 72,300 deaths[7]. There was a pause in vaccine campaigns owing to vaccine shortage due to supply chain disruption and a multifield decrease in access to vaccination. Interestingly, drug abuse increased during the pandemic, including alcohol consumption and unprotected sexual intercourse. These are some of the most crucial risk factors for viral hepatitis transmission. In LMICs, the concept of harm-reduction services is nascent. Due to the pandemic, lockdown, and financial constraints, disruption in such harm-reduction services and needle exchange programs was noted too, which may have caused a resultant increase in viral hepatitis transmission[7].

All in all, leaving us with several questions not only on our preparedness for the next pandemic but also

culminating in the fact that more extensive studies with more extended follow-up periods are now required to assess the impact of halting viral hepatitis elimination strategy and how we are going to catch up and implement large-scale efforts to address these gaps and scale up hepatitis prevention and elimination programs to reach the SDG target by 2030[8].

ACKNOWLEDGEMENTS
The author would like to acknowledge and extend her gratitude to the institution.

CONFLICT OF INTEREST
The author agreed to the publication of this manuscript.

AUTHORS' CONTRIBUTION
AAR:had given the conception of the idea, performed the literature search, **MIKG** :manuscript drafting, and reviewed it.

REFERENCES
1. World Health Organization. Progress report on HIV, viral hepatitis and sexually transmitted infections 2019: accountability for the global health sector strategies, 2016–2021. World Health Organization; 2019.
2. World Health Organization. Combating hepatitis B and C to reach elimination by 2030: advocacy brief. World Health Organization; 2016.
3. Mustafa ZU, Kow CS, Hasan SS. Effect of COVID-19 on viral hepatitis services in Pakistan. The Lancet Gastroenterology & Hepatology. 2021 Mar 1;6(3):163-4.
4. Cheng RJ, Fisher AC, Nicholson SC. Interest in Home Birth During the COVID-19 Pandemic: Analysis of Google Trends Data. J Midwifery Womens Health. 2022 July;67(4):427-434. doi:10.1111/jmwh.13341
5. We can end COVID-19. Together. Available from: https://www.gatesfoundation.org/goalkeepers/report/2020-report/
6. Ekpanyapong S, Bunchorntavakul C, Reddy KR. COVID-19 and the Liver: Lessons Learnt from the EAST and the WEST, A Year Later. J Viral Hepat. 2022 Jan;29(1):4-20. doi:10.1111/jvh.13590
7. Blach S, Kondili LA, Aghemo A, et al. Impact of COVID-19 on global HCV elimination efforts. J Hepatol. 2021 Jan;74(1):31-36. doi:10.1016/j.jhep.2020.07.042
8. Fix OK, Hameed B, Fontana RJ, et al. Clinical Best Practice Advice for Hepatology and Liver Transplant Providers During the COVID-19 Pandemic: AASLD Expert Panel Consensus Statement. Hepatology. 2020 July;72(1):287-304. doi:10.1002/hep.31281