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Editorial

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Viral Hepatitis – Marching towards the elimination

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Public health field in Sri Lanka has always been a pride to the island nation. In the month that we celebrate women, this editorial is dedicated to all the women who developed and shaped the public health field in Sri Lanka, preventing diseases, promoting health and prolonging lives of the Sri Lankan citizens.

World Hepatitis Day falls on the 28th of July and this editorial is dedicated to all individuals in various capacities who work hard to keep Sri Lanka as a low-endemic country for viral hepatitis. Many strategies have been implemented by the Ministry of Health, Sri Lanka with the engagement of individuals and partners to achieve this status. However, it is essential to accelerate the national efforts on hepatitis control and prevention to reach the elimination goals.

With the introduction of a safe and effective vaccine by the global research community in 1982, immunization against hepatitis B became the major prevention strategy. Hepatitis B vaccination was introduced to the Sri Lankan Expanded Programme of Immunization Schedule in 2003. Since then, the country had been immunizing all infants at 2, 4 and 6 months of age against hepatitis B infection. Routine immunization data reported to the Epidemiology Unit of the Ministry of Health as well as immunization coverage surveys conducted at the district level, suggest a very high immunization coverage in Sri Lanka (1)

Globally, the childhood immunization programme had been seriously impacted by the COVID-19 pandemic. According to the World Health Organization (WHO), there are 21 million children who lack one or more doses of the required childhood vaccines, including 14 million zero-dose children (those who have not received a single childhood vaccine) (2). However, Sri Lanka managed to maintain its high hepatitis B vaccine coverage during and the post-pandemic years along with other childhood vaccines.

Viral hepatitis is a notified disease in Sri Lanka and all the treating physicians are responsible for notifying the condition to the national system. Further, it has to be investigated by the field health staff as done for other communicable diseases. In addition to this routine surveillance, there is a special surveillance to be carried out by the field staff which collects more information for control and prevention. Furthermore, there is hospital-based surveillance in place for hepatitis B and C, where the infection control nursing officer is expected to collect and send the patient details quarterly. In line with the global initiative to

eliminate viral hepatitis by the year 2030, Sri Lanka needed to demonstrate the achievement of the criteria required to obtain the hepatitis B control target. Demonstration of less than 1% prevalence of hepatitis B among 5-year-old children is stipulated as reaching the control target. Additionally, it was required to ascertain the prevalence of hepatitis B among pregnant mothers, which is a proxy for the prevalence among the general population. For these objectives, a nationwide survey was carried out by the Epidemiology Unit of the Ministry of Health in 2022 according to the WHO protocol, using 2528 5-year-old children and 1266 pregnant mothers. According to the study results, none of the participants were found to be positive for hepatitis B. This survey confirmed the low prevalence of hepatitis B and as a result, the country will receive the 'Hepatitis B Controlled Status' from the WHO shortly. The sample surveys carried out among high-risk groups also showed a similar prevalence for hepatitis B (3).

The National STD/AIDS Control Programme has initiated a community-based intervention to provide services to people who inject drugs under one roof. Evidence-based harm reduction services such as a safe needle programme, Needle Syringe Exchange Services, safer drug use education, testing for hepatitis B and C, counselling services and hepatitis treatment services are provided within the close neighbourhood of people who inject drugs.

All blood donors are screened for hepatitis B and C viruses with quality assurance and positively identified donors are linked with necessary medical care. Sri Lanka follows 100% safe injection practices in all healthcare facilities by using disposable instruments. Childhood vaccinations are entirely carried out by using auto-disable syringes to prevent the spread of blood-borne diseases.

Screening services for hepatitis B and C is available voluntarily at the base- and above-level government hospitals and confirmatory testing facilities are available in five main centres (Medical Research Institute; Teaching Hospital (TH) Kandy; TH Karapitiya; TH Anuradhapura; and Apeksha Hospital, Maharagama). Treatment is free for the patients and can be obtained from the 18 centres around the country where gastroenterology services are available.

Sri Lanka is having a protocol-based infection control mechanism in all the health care institutes. The infection control committee headed by a consultant microbiologist consists of specialist and relevant staff from many other disciplines. Healthcare staff are frequently trained on the standard operating procedures for infection control and prevention.

Sri Lanka has taken major initiatives to keep the prevalence of hepatitis B and C at a minimum rate. The country's situation is quarterly monitored by the highest technical body - Advisory Committee for Communicable Diseases (ACCD). The country has taken several policy decisions to conduct a high-risk group vaccination approach when it comes to adult hepatitis B vaccination. Identified high-risk groups are healthcare workers, sex workers (including MSM and transgender), cancer patients (4), Thalassaemia patients, chronic kidney disease patients on regular haemodialysis, etc.

The prevalence of hepatitis A is showing a downward trend during the past 2 decades. According to the Demographic and Health Survey (2016), 90% of the households had access to safe drinking water as well as improved sanitary facilities (5). Further, safe pipe-borne water is provided to 53.1% of households by the National Water Board (6). Additionally, the national water quality surveillance system, food and water-borne disease outbreak control activities, supervision of the food establishments by the MOH staff at the grassroots level and the overall improvement of the living standards of the country are largely responsible for the reduction in hepatitis A.

In conclusion, Sri Lanka is already reporting a low number of hepatitis patients through surveillance activities owing to sound infection control and prevention systems in the hospital and public health sector along with a high immunization coverage for hepatitis B vaccines. Thus, the country has the high potential to reach the elimination targets earlier than the stipulated time.

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