

PREVALENCE OF HEPATITIS B AND C VIRAL MARKERS AMONG THE TRIBAL POPULATION OF NILGIRIS, TAMIL NADU

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Dear Editor,

Hepatitis B virus and C viruses (HBV and HCV, respectively) infects the liver which results in a wide range of disease outcomes. Worldwide, over 7% (350 million) and 3% (170 million) people are chronically infected with HBV and HCV, respectively.^[1] HBV is transmitted through exposure to infective blood, semen, and other body fluids or through infected mothers to infants at the time of birth. Transmission may also occur through transfusions of HBV-contaminated blood and blood products, contaminated injections during medical procedures, and through transfusions of HCV-contaminated blood and blood products, contaminated injections during medical procedures, and through injection drug use. Sexual transmission is also possible.^[2] Individuals with chronic hepatitis B and/or C virus infection remain infectious to others and are at risk of serious liver disease such as liver cirrhosis or hepatocellular cancer (HCC).^[3,4] Study reports revealed that HBV and/or HCV infections are the major causes of morbidity and mortality in HIV positive population related to liver cirrhosis and hepatocellular carcinoma.^[5,6] Though studies on the prevalence of HBV (rarely on HCV) among tribal population in India were available^[7,8], there is no recent reports from southern part of India. Hence, the present study was conducted to assess the prevalence of HBV and HCV among tribal population in Kotagiri, Nilgiris. After obtaining the informed consent, blood samples (5 ml each) from a total of 196 participants (103 males and 93 females) were collected and sera were separated on site. Samples which showed positive for HBsAg and anti-HCV by rapid test were confirmed by ELISA technique using commercial kits Reliable Pro-detect Biomedical Ltd, India and Erba Lisa, Germany, respectively. Of the 196 individuals screened, none of them was positive for

the viral markers. Several studies from India reported varying range of HBsAg and anti-HCV positivity among general and tribal population^[7,8], whereas in our study none of them was found positive for the viral markers. The possible reason for the absence of HBV and HCV infection in our study population may be due to the differences in their lifestyle, sociodemographic factors and cultural practices. Though we found HBsAg and anti-HCV negativity, continuous monitoring is necessary to prevent the spread of these hepatitis viruses among the tribal community.

Conflict of interest - No conflict of interest

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