

Advancing Hepatitis B Awareness through Preventing and Eliminating Mother to Child Transmission of Hepatitis B in South Africa

The adopted 2016 plan to eliminate viral hepatitis globally is admirable and correct given the burden of, in particular, chronic hepatitis B and C infection. Within sub-Saharan Africa, hepatitis B is the dominant factor associated with chronic liver disease and especially hepatocellular carcinoma. Hepatitis B, identified in 1965, has had an effective vaccine available since 1981. Several countries adopted the vaccine early, but delays occurred in Africa. South Africa introduced the vaccine into the EPI schedule in 1995 and reduced, albeit not eliminated, hepatitis B prevalence has occurred. Similarly a few countries in Africa have developed viral hepatitis elimination plans but in most political will to develop and implement has lagged.

One of the biggest challenges in fact, apart from political will, is awareness and stigma, 2 issues inversely proportional to each other. Stigma is high given low levels of awareness and education.

HIV/AIDS has undergone a similar transformation, moving from low awareness and high stigma to far greater awareness and lesser stigma. One particular aspect is the area of the prevention of mother to child transmission (PMTCT) of HIV. Here a clear understanding of what was needed to be done and how to do it, was made clear and formed the bedrock upon which HIV education programmes could be built. An HIV free generation has been produced through effectively empowering women and mothers to take control of PMTCT of HIV.

From this basis getting the HIV message out was easier and so HIV awareness has grown tremendously. While much work remains, HIV has led the way on how to tackle chronic viral infections. In general, screening and linkage to care has become simplified and easy to understand by the public.

In this sense hepatitis B is much more difficult. Firstly, awareness is poor and the linkage to care is complex as not all patients require therapy. Furthermore whilst awareness amongst the public is poor, it is equally impoverished at the level of healthcare workers. Given this background, raising awareness of hepatitis B is further complicated by its natural history, asymptomatic features and variable course in those infected. However a component that is clear to many is the concept of preventing mother to child transmission of an infectious disease.

PMTCT as a concept, as noted has been enhanced via HIV/AIDS and operationalized efficiently in antenatal services. It was with this in mind that we elected to hold a workshop with this as the primary focus however use it as a platform on which to build further awareness. The hepatitis B workshop is a first of a kind ever held in South Africa and certainly never been done before at the SAGES Congress. Patient days at SAGES are well established and a similar format was followed. The program was simple and focussed on key issues in easy to understand presentations.

The program was supported by Professor Lewis Roberts from the AASLD as well as local Faculty including Professors' Wendy Spearman and Mashiko Setshedi. Dr Neliswa Gogela led the talk and discussion of MTCT prevention and Dr Vilakazi-Nhlapo from the National Department of Health shared government's plans in moving towards eliminating hepatitis B in South Africa. We were honoured to have Bisi Bright and Eunice Akinwumi from the Live Well Initiative in Lagos, Nigeria to share with the audience the massive community based

work they are achieving in Nigeria, a country with an enormous hepatitis B burden. They practically demonstrated how they test and screen for hepatitis B in their communities, markets, villages etc and how they empower other women to take the lead in the fight against

hepatitis B. They develop cells of women volunteers to drive further awareness. This was women who are empowered are able to screen for hepatitis B and especially in pregnancy drive the need for demanding third trimester antiviral therapy, if needed as well as ensuring birth dose hepatitis B vaccination happens.

The workshop was very well attended (> 100 attendees) as we were initially unsure if we would be able to draw people. To our surprise many arrived and included nurses, community

health workers, health activists, members of the public and patients. Interaction was robust with many questions being asked by those present. Feedback has been overwhelmingly positive and lays the groundwork for this type of event to be repeated. The need exists and only through these type of events can education be driven from a grassroots level.

We will endeavour to build on this and do such awareness training again. The need clearly exists. We still do however need an “Nkosi Johnson” moment in our country to ignite the process of moving towards getting all the blocks aligned so as to eliminate a public health issue with all the tools available to achieve said elimination.

Mark Sonderup



