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Surveillance and epidemiology of hepatitis B, C, D and G in Khuzestan Province, Southwest Iran - A review

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Introduction: This article provides a brief overview of the different types of viral hepatitis, including their epidemiology, clinical features. HBV and HCV infections are frequent causes of acute and chronic hepatitis worldwide and leading causes for hepatic cirrhosis and cancer. HDV is acquired only by co-infection with HBV or by super-infection of an HBV carrier. Hepatitis G virus belongs to the family *Flaviviridae*. This virus is transmitted via blood and blood products.

Methods: Information obtained from previous investigations on HBV, HCV, HDV and HGV infections have yielded a better knowledge about hepatitis. All descriptive/analytical cross-sectional studies/surveys from 2002 to 2011 that have sufficiently declared objectives, proper sampling method with identical and valid measurement instruments. Reverse transcription polymerase chain reaction (RT-PCR) was used for RNA detection from serum samples of hepatitis patients.

Results: Among intravenous drug users, 103 patients (30.9%) had HCV and 12(3.6%) had HBV infection on thalassemia patients. The prevalence rate of anti-HCV was 28.1%, 46 of anti-HCV positive patients were also HCV RNA positive. Out of 214 hemo-dialysis patients, 34 were positive for anti-HCV and 11 for HBsAg. Among hemophilia patients, prevalence rate of HBsAg and anti-HCV were 1.1% and 54% respectively. Co-infection of HGV with HCV and HBV was determined at 6% and 8%, respectively and HDV prevalence was 11.5%.

Conclusion: The harmonization and strengthening of HBV and HCV surveillance at the Khuzestanean level is of utmost importance to obtain more robust data on these diseases.

Biography

Amir Pouremamali has completed his MSc in Virology, at the Jundi Shapur University of Medical Sciences in Iran in 2013. Currently he is working in the blood center.

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