

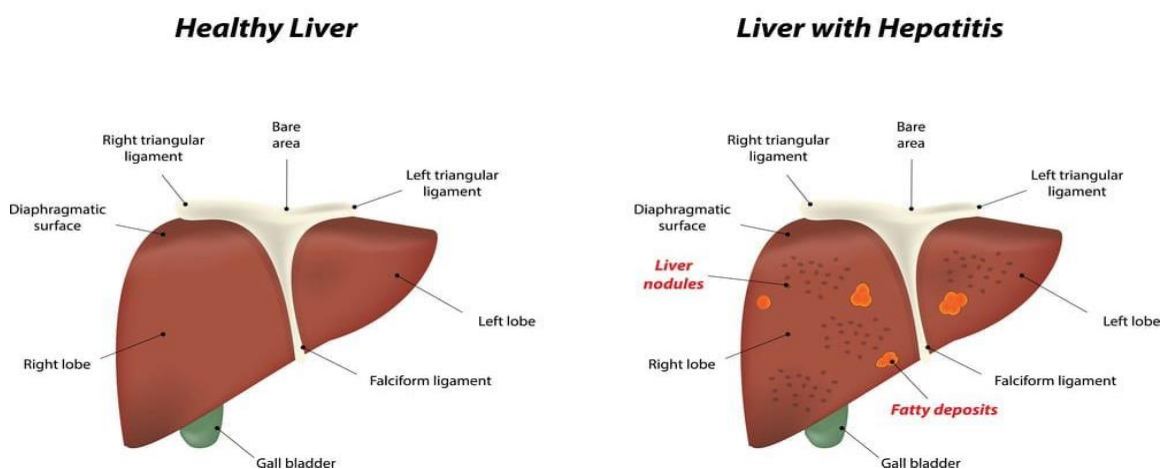
## Unmasking the Silent Epidemic: Hepatitis in Africa

By Lydia Nobert, Serge Bataliack

### The burden of hepatitis in Africa

Hepatitis in the African Region is primarily caused by hepatitis B virus (HBV) and hepatitis C virus (HCV) [causing 95% of hepatitis-related illnesses and premature deaths](#). An estimated 80% of people living with these viruses, which are commonly associated with HIV and sexually transmitted infections (STIs), remain undiagnosed and do not have access to affordable treatments. Although the disease is preventable, [more than 91 million Africans are living with hepatitis B or C, the deadliest hepatitis viruses](#).

Hepatitis B and C infections often go undetected due to their asymptomatic nature during the early stages, leading to delayed diagnosis and increased transmission rates. The consequences of untreated chronic hepatitis can be severe, including cirrhosis, liver cancer, and ultimately, premature death. The economic and social impact of hepatitis is substantial, further emphasizing the urgent need for prevention, diagnosis, and treatment interventions.



source: [360 content library](#)

### Transmission of hepatitis

The primary mode of transmission for Hepatitis A and E viruses is through the faecal-oral route, typically via the [consumption of contaminated food and water containing the faeces](#) of infected individuals. Outbreaks are often linked to untreated or sewage-contaminated water. Human-to-human transmission commonly occurs within families that practice poor hygiene.

Hepatitis B, C, and D, on the other hand, are predominantly transmitted through blood and are closely associated with high-risk behaviors. Unsafe practices such as unsanitary medical procedures, personal needlestick incidents (e.g., tattooing, piercing), needlestick injuries, and injecting drug use contribute to the spread of these viruses. [The reuse of contaminated](#)

[needles, syringes, or sharp objects in healthcare settings, communities, or among drug users can also facilitate transmission](#). Sexual transmission is more prevalent among individuals who are not vaccinated and engage in multiple sexual partnerships, thus exposing one another to infected blood and various bodily fluids (including saliva, menstrual, vaginal, and seminal fluids). Unsafe blood transfusions occur when an individual is transfused with unscreened blood that is contaminated with the virus.

[Mother-to-child transmission primarily occurs during childbirth or through exposure to infected blood](#), whereby the virus is passed from the mother to the baby. Additionally, the virus can be spread through the sharing of personal items such as razors, toothbrushes, nail clippers, body jewelry, and other items that may have small amounts of blood on them.

## Vaccines for hepatitis

The [HAV vaccine is essential for preventing hepatitis A](#) and is recommended for infants aged 12 to 23 months. Additionally, unvaccinated individuals older than 23 months, including children, adolescents, and adults, should also receive this vaccination. The HBV vaccine, on the other hand, is a routine immunization that provides lifelong [protection against hepatitis B](#). It is typically administered shortly after birth, with the vaccination schedule completed by 6 months of age. Unvaccinated children, adolescents below the age of 19, and certain adults, such as those traveling to regions with a high prevalence of hepatitis B, should also receive the HBV vaccine. It is important to note that while [the HBV vaccine prevents hepatitis D](#), a coinfection of hepatitis B, it does not protect individuals with chronic hepatitis B from developing hepatitis D. Unfortunately, there is currently no available vaccine for hepatitis C, G, and E.

## Treatment of viral hepatitis

Supportive care, including rest, adequate nutrition, and fluids, is typically provided to individuals who test positive [for hepatitis A](#) to alleviate symptoms. Supportive care, encompassing rest, adequate nutrition, and fluids, is commonly administered to individuals diagnosed [with acute hepatitis B](#) to alleviate symptoms. There are currently no specific medications available for this condition. Individuals [with chronic hepatitis B](#) can undergo treatment with antiviral drugs and should undergo regular monitoring to detect any progression of liver disease. Immediate medication should be initiated for individuals [testing positive for hepatitis C](#). Early treatment is crucial as it aids in preventing liver damage and further transmission of the virus. [Hepatitis C is curable in more than 95%](#) of cases.

## Initiatives and progress:

Recognizing the urgency of the situation, WHO, in collaboration with national governments and partners, has been working to strengthen hepatitis prevention and control efforts in the African region. [The Global Health Sector Strategy on Viral Hepatitis, adopted by WHO member states, aims to eliminate viral hepatitis as a public health threat by 2030](#). This strategy aligns with the Sustainable Development Goals, focusing on the prevention of new infections, testing and diagnosis, treatment, and reducing the burden of viral hepatitis.

To achieve these goals, countries in the African Region are implementing comprehensive national hepatitis plans, strengthening healthcare systems, and expanding access to affordable diagnostics and antiviral therapies. Efforts are being made to integrate hepatitis services into existing health systems, leveraging existing platforms for immunization, HIV, and tuberculosis to reach vulnerable populations. Furthermore, [community-based awareness campaigns are being conducted to educate individuals about hepatitis](#)

[transmission, prevention methods, and the importance of testing](#). Advocacy efforts are underway to combat stigma and discrimination associated with the disease, promoting a supportive environment for affected individuals.

## Challenges in addressing hepatitis

Several factors contribute to the high burden of hepatitis in the African Region. These include limited awareness about the disease, inadequate access to healthcare services, high rates of mother-to-child transmission, and insufficient funding for hepatitis prevention and control programs. [Additionally, the lack of comprehensive viral hepatitis surveillance systems hinders accurate estimation and monitoring of the disease burden](#).

Furthermore, societal stigma and discrimination associated with hepatitis often discourage individuals from seeking testing and treatment, perpetuating the cycle of transmission, and hindering efforts to control the disease. Addressing these challenges requires a multi-faceted approach involving governments, healthcare professionals, civil society, and international organizations.

## References

[Recent Hepatitis Analytical fact sheet](#)

[Prevention, Care and Treatment of Viral Hepatitis in the African Region: Framework for Action, 2016 – 2020](#).

[Global health sector strategies 2022-2030](#)

[Knowledge and Awareness About Chronic Hepatitis B and Hepatitis C](#)

[Medical News Today](#)

[Center for Disease and Control](#)