

Make hepatitis screening a must

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Some 2.5 million Malaysians have hepatitis, or inflammation of the liver, with the majority suffering from hepatitis B. What is worrying, Tan Sri Dr Ismail Merican tells ANNIE FREEDA CRUEZ, is that six per cent of Malaysians are carriers of the disease and most of them are unaware of it

MANY Malaysians apparently are confused over hepatitis A, B and C.

This is why the Ministry of Health and the Liver Foundation are saying it over and over again: Malaysians must undergo hepatitis screening.

"If you are vaccinated against one type of hepatitis, it does not mean that you are protected against the others," said Tan Sri Dr Ismail Merican, consultant hepatologist, Liver Foundation president, and director-general of Health.

Hepatitis A is an infectious, food and water-borne disease and it is one of the world's most common infectious diseases, 10 to 100 times more common than typhoid and 1,000 times more common than cholera.

About 50 per cent of Malaysians below the age of 30 do not have antibodies for hepatitis A and they are therefore susceptible to the disease, which could lead to acute liver failure, especially in older patients.

"Hepatitis A does not lead to chronic liver disease, but those

those suffering from hepatitis B and C."

This is why the liver foundation always emphasises on the five strategies — talking to the public to create awareness on hepatitis; talking to doctors on treatment available and changes in treatment; screening for hepatitis A, B, and C; importance of vaccination; and counselling for those with hepatitis.

"With treatment, their risk of contracting chronic liver disease or liver cancer could be substantially lowered," said Dr Ismail

Sadly, though, almost 80 per cent of liver cancer patients discover this too late and there is very little that can be done for them at that stage.

It is especially tragic as the cancer could have been prevented had the patients been protected against hepatitis B.

"As such, those without immunity against hepatitis B should get themselves vaccinated."

Dr Ismail said the government had been immunising infants against hepatitis B since 1989.



WHAT IS HEPATITIS?

Hepatitis is an inflammation of the liver, and can be caused by a viral or bacterial infection, liver injury caused by a toxin (poison), and even an attack on the liver by the body's own immune system.

Hepatitis A: The virus is transmitted through the faeces of infected persons. People usually get hepatitis A by eating food or drinking water that's contaminated with faeces.

Hepatitis B: This is a more serious infection and it may lead to a condition called cirrhosis (permanent scarring of the liver) or liver cancer, both of which cause severe illness and even death. Hepatitis B is transmitted from person to person through blood or other body fluids.

Hepatitis C: Like hepatitis B, this infection can lead to cirrhosis or liver cancer. Hepatitis C is transmitted from person to person

who get it may suffer from serious morbidity for weeks and months which will affect their productivity."

Those without immunity against hepatitis A should get vaccinated as it would protect them against the disease for up to 10 years. There is a vaccine that offers protection against both hepatitis A and B.

But there is no vaccine to prevent hepatitis C which affects three per cent of the world's population.

Hepatitis C is especially common among intravenous drug users and those who undergo dialysis or transplants. Up to 80 per cent of those with hepatitis C will suffer from chronic hepatitis, which can lead to liver cancer.

Dr Ismail advised those who received blood transfusions before 1995 to get themselves tested. Treatment is largely palliative, with curative intervention being possible in less than 25 per cent of patients diagnosed with liver cancer.

"There are new modalities of treatment, especially for

"This is why it is important that those born before 1989 go for screening as they are at a higher risk of getting liver cancer as a result of hepatitis B."

"Epidemiological studies have shown that liver cancer development is closely associated with chronic hepatitis B virus infection."

Hepatitis B, which is a severe form of viral hepatitis, is 100 times more infectious than HIV, and is largely transmitted through exposure to bodily fluids containing the virus.

This includes through unprotected sexual contact, blood transfusion, re-use of contaminated needles and syringes, and from mother to child during childbirth.

"If you are a hepatitis B carrier, you are 200 to 300 times more at risk of getting liver cancer," said Dr Ismail.

"Go for hepatitis screening. Sufferers of the disease can be examined, counselled and treated," he said.

Dr Ismail said hepatocellular carcinoma (HCC) is the

Tan Sri Dr Ismail Merican says the best strategy is prevention of primary liver cancer with hepatitis B vaccination.

THE Malaysian Liver Foundation will conduct its Liver Update at the Sunway Lagoon Resort Hotel in Subang on July 12-15. Liver experts from around the world will be invited to talk on the latest developments in the field of liver and new treatment modalities.

most common primary malignancy of the liver occurring predominantly in patients with underlying chronic hepatitis B and C and cirrhosis.

HCC is one of the top five cancers among Malaysian men, and the age-standardised annual incidence of HCC is 2.8 cases per 100,000 population.

"It accounts for 5.6 per cent of all cancers and 8.1 per cent of all cancer-related deaths in the country," said Dr Ismail.

HCC, also called hepatoma, is a primary malignancy (cancer) of the liver. Most cases of HCC are secondary to either hepatitis infection (usually hepatitis B or C) or cirrhosis (alcoholism

being the most common cause of hepatic cirrhosis).

Treatment options of HCC and prognosis are dependent on many factors but especially on tumour size and staging.

Dr Ismail said chronic hepatitis B infection is the most common underlying cause of liver cancer in East and Southeast Asia while Hepatitis C is the main cause in Japan and other developed countries.

Dr Ismail said the incidence of liver cancer in chronically hepatitis B virus infected individuals is about 100 times higher than in the uninfected population, and the lifetime liver cancer risk of males infected at birth approaches 50

per cent.

As far as hepatitis C virus associated liver cancer is concerned, it typically develops after 20 to 30 years of infection and is generally preceded by cirrhosis of the liver.

"There is a difference between hepatitis B and C. While both can cause liver cancer. In hepatitis C, it tends to cause cancer later," said Dr Ismail.

In Malaysia, he said, chronic hepatitis B is the most common cause for the development of liver cancer.

He added data from a local tertiary liver unit revealed 65 per cent of liver cancer patients were hepatitis B carriers, 10 per cent had evidence of chronic hepatitis C while five per cent had evidence of hepatitis B- and C-related liver diseases.

"Twenty per cent of liver cancer patients had no evidence of hepatitis B or hepatitis C-related liver diseases."

through blood or other body fluids.

Surgical resection (removing part of the organ) is considered for patients with single tumour, non-cirrhotic or have cirrhosis but still have well preserved liver function.

"Liver transplantation has been shown to provide good long term disease free survival in selected cases."

Dr Ismail said retrospective three-year survival rates with liver transplantation vary between 18 per cent and 69 per cent (depending on the stage of the disease) while with resection the range is 31 to 51 per cent.

Its applicability, he said, was limited by high costs, shortage of donor organs and the long waiting time, during which period the progression of malignancy can occur, and the limited healthcare resources.

"The best strategy is prevention of primary liver cancer with hepatitis B vaccination."