

LETTERS TO THE EDITOR

THE EARLIEST STUDIES ON ACUTE VIRAL HEPATITIS IN PAKISTAN

Till 1959, there was no known work on the clinicopathological aspects of the liver diseases in Pakistan, as needle biopsy of the liver was not being carried out anywhere in the country. A study on acute viral hepatitis (AVH) was initially started at the Military Hospital, and the armed Forces Institute of Pathology (AFIP), Rawalpindi, for the purpose of writing a dissertation for Grading examination in Medicine of the Armed Forces Medical College, Rawalpindi.

However, later the study was expanded for M.D. thesis of the Punjab University. In this study serial needle biopsies of the liver were carried out to study the histopathological changes for their correlation with clinical features, during the acute and the convalescent stages of AVH. In each patient two to three needle liver biopsies were done at 6 months intervals. To start with the Sherlock's trocar and cannula and later the Vim-Silver-Man needles, were used for the liver biopsies. From 1959 to 1962, 250 needle liver biopsies were performed on 120 soldiers suffering from AVH and their histopathological appearances were studied under the guidance of Late Col. Nur Ahmad at AFIP, Rawalpindi and Col. Helmuth Sprinz of A.F.I.P, Washington DC, USA. The morphological changes in the liver in AVH in Pakistani patients were compared with those of American-soldiers who had suffered AVH in Korean war. It was found that Pakistani soldiers had more severe type of AVH, with a prolonged course and the histopathological changes which were slightly atypical, showing bile thrombi (cholestasis) with pseudo-alveolar arrangement of hepatic cells. The liver function test revealed raised Alkaline Phosphatase due to hepatic cholestasis. It was considered, at that time, that our cases were suffering from a type of AVH which was atypical and different from AVH seen in the West. In early sixties, this was the first and the only large series of needle liver biopsy study of AVH in Pakistan. In those days, the concept was only of either infectious hepatitis or serum hepatitis in cases of AVH. Later, enterically transmitted non-A, non-B acute hepatitis was described which presently is labeled as hepatitis-E and is the commonest type of AVH among adults in Pakistan. Retrospectively, all 120 cases of AVH in 1959-1962 series were of hepatitis E, and they had occurred endemically and also in mini-epidemics.

In the Armed Forces of Pakistan, the studies on hepatitis were continued and considerable contribution on the clinicopathological aspects of AVH were made by various workers, namely Late Major. Gen. ID Hassan, Lt. Gen. Manzoor Ahmed, Maj. Gen. Shoaib Qureshi and Maj. Gen. Iftikhar Ahmad Malik. In 1984 the Pak-US Lab. for sero-epidemiology (PULSE) was established at the Army Medical College, Rawalpindi with the collaboration of the US and the Pakistan Govts. and a large number of papers on AVH were published by the principal investigator Maj. Gen. Iftikhar Ahmad Malik. At the Army Medical College and the Armed Forces

Institute of Pathology, Rawalpindi, research work on viral hepatitis has since been continued over the years and during the last two years, a large number of papers on the spectrum of AVH and chronic liver diseases in Pakistan have been presented and published in Pakistani and foreign journals by Major Gen. Iftikhar Ahmad Malik and Col. Waheed Uz Zaman Tariq.

Although, the profile and pattern of AVH in Pakistan has well documented by various studies, yet unfortunately, no preventive measures against this disease have so far been adopted, either at institutional or the Government levels in our country.

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REFERENCES

1. Akhtar, M.A. A dissertation submitted for grading in Medicine, A Foces Medical College, Rawalpindi, 1960.
2. Akhtar, M.A. Infective hepatitis, Pak. A.F.M.J. 1960; 10: 25-4
3. Akhtar, M.A. Viral Hepatitis, A thesis submitted for the degree M.D. of the University of Punjab, 1965.
4. Akhtar, M.A. Viral Hepatitis, Pak. A.F.M.J. 1972; 23:83-93.
5. Akhtar M.A. Viral Hepatitis (Benign) Pak. A.F.M.J. 1972; 23: 8
6. Akhtar M.A. The course and after effects of acute viral Hepatitis, A.F.M.J. 1972; 24: 19-28.
7. Akhtar, M.A. Acute Viral Hepatitis, intravascular haemolysis severe hyperbilirubinaemia in a glucose 6 phosphate dehydrogenase deficient patient, Pak A.F.M.J, 1986; 39: 15-18.
8. Malik, IA, Akhtar, M.A., Luqman, M and Ahmad, A. A clinical pathological study of viral hepatitis. In proceedings of 3rd Biomedical Research Congress of PMRC, Nov, 1986, Lahore.

HEPATITIS B VACCINATION SURVEY IN PRECLINICAL STUDENTS OF THE BAQAI MEDICAL & DENTAL COLLEGES

Hepatitis B is widely recognized as an important public health problem and its prevalence is increasing very rapidly. A high frequency of hepatitis B carrier state has been reported in Pakistan. It was upto 10.7% among the blood donors of Islamabad, 11.3% 11.7% in the blood donors and medical students of Peshawar 3.9% in the pregnant women of Karachi. Hepatitis B is associated with long term complications like cirrhosis and hepatocellular carcinoma and acute complications like fulminant hepatic failure. The only effective way to control hepatitis B virus (HBV) infection is by vaccination. It is felt that vaccination status in high population of our country is very poor. To assess the vaccination status and awareness about HBV infection vaccination in a high group of the preclinical students of the Baqai Medical and Dental Colleges, we conducted a survey.

A total of 257 students were surveyed. There were only (15.2%) students who had been vaccinated against HBV. How-

135 (52.5%) students knew the significance of the vaccination against HBV whereas 92(35.8%) students were unaware of the importance of the vaccination against HBV.

In the survey, rather high "don't know" figures were observed; 35.8% students did not know whether they were safe from getting hepatitis B after the vaccination; 72.4% didn't know which schedule of the vaccination was better; 60.7% didn't know the number of years the immunity to HBV infection would last after the vaccination.

The medical students constitute the "high risk" population group and the aim of hepatitis B vaccination programme must be to vaccinate 100% of the high risk population groups.

The Advisory Committee on Immunization Practices of the Center for Disease Control (CDC), Atlanta, Georgia had recommended in November 1991 a new strategy to control the spread of hepatitis B i.e. the universal hepatitis B immunization of infants. A similar recommendation was also issued by the American Academy of Pediatrics (AAP) on February 14th, 1992.

It is recommended that due to a high HBsAg carrier and exposure rate to HBV in our country, the universal infant vaccination should be started at the earliest. The adults should check their serum anti

HBC levels and if they have anti-HBC in their blood, they need not be vaccinated.

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REFERENCES

1. Kazmi K, Ghafoor A, Burney MI. Prevalence of HBsAg among blood donors of Islamabad. *Pak J Med Res* 1985; 24: 181.
2. Khadim MI. Prevalence of hepatitis B antigen in various population groups of NWFP. *JPMA* 1982; 32: 122.
3. Zuberi SJ, Lodi TZ, Kanji P. Pattern of HBs/HBe antigenaemia in pregnant women. *JPMA* June 1989; 39(6): 160.
4. Hadler SC, Margolis HS. Hepatitis B immunization: vaccine types, efficacy and indications for immunization. *Curr Clin Top Infect Dis*. 1992; 12: 282-308.
5. Mahoney FJ, Burkholber BT, Matson CC. Prevention of hepatitis B virus infection. *Am. Fam. Physician* 1993; 47(4): 865-74.
6. Hardie J. A 1992 update on hepatitis B vaccination. *J. Can. Dent. Assoc.* 1992; 58(7): 569-70.