

“HIV & HBV are synonymous and still a myth in West Bengal - A report from the eastern part of India”

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BACKGROUND

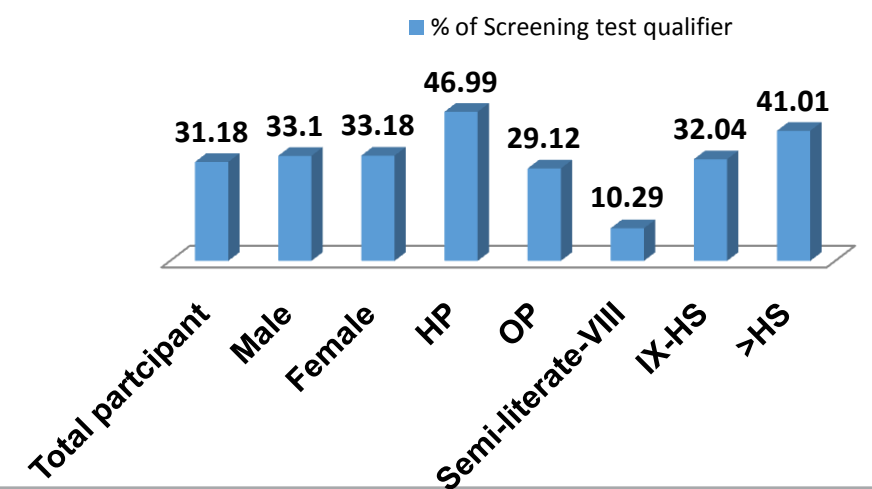
Since the discovery, HIV prevention strategies were adopted across the globe and India is not an exception. Different agencies are working under the aegis of the National AIDS Control Organization since 1992 and also independently with big hype and huge funding, though India has the third-highest number of people living with HIV still now. Likewise, HBV is a major global public health burden and over the past decade, the prevalence of HBV in India remains unchanged at 3.7% despite the implementation of universal neonatal vaccination and availability of adult vaccination. Both these diseases are preventable and proper awareness is the most important key. Correct information dissemination in the community is the central agenda to prevent HIV & HBV and it is necessary to evaluate how far we progress with regard to mass awareness in our society after many years of implementation of HIV & HBV prevention strategies.

METHODS

This study was performed in semi-urban and rural population of West Bengal (n= 471) (January to April, 2016). Structured questionnaire was developed, consisted of two parts- Part A for screening test (4 questions) and Part B (10 questions) to know the further knowledge regarding these diseases. Knowledge score was determined among total participants as well as among screening qualifier. Quantitative data were represented applying descriptive statistics.

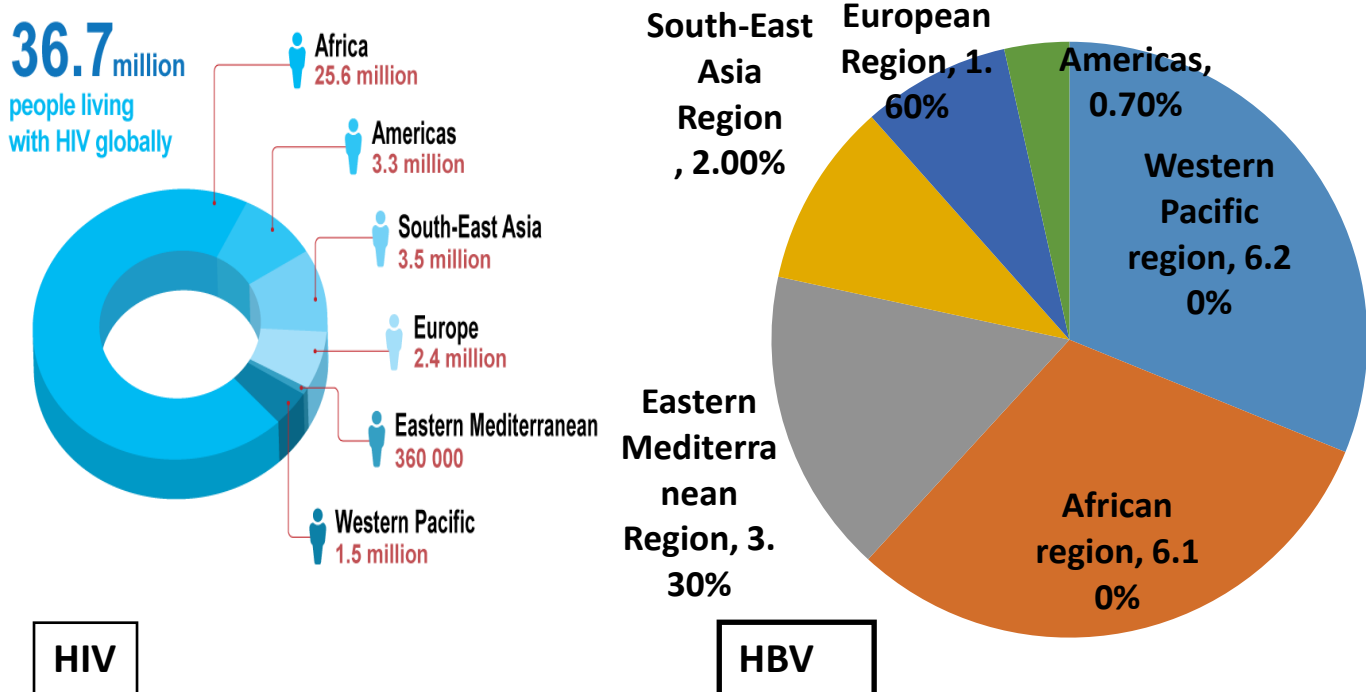
RESULTS

% of Screening test qualifier



29.30% of the total participants have scored $\geq 50\%$ on HIV section of Part B among those 31.34% are male & 22.73% are female. 19.35% of the total participants have scored $\geq 50\%$ on HBV section of Part B among those 20.42% are male & 15.92% are female. Among screening qualifier, 89.74% HP & 96.46% OP have scored $\geq 50\%$ in HIV part while 82.05% HP & 64.60% OP have scored $\geq 50\%$ in HBV part. In the main part (i.e. HIV+HBV), 76.92% HP and 61.95% OP among screening qualifier scored $\geq 50\%$ respectively. 69.9% of the total participants have only correctly replied that HIV & HBV are different disease. 9.69% of the total participants replied that HIV and HBV are same disease and 20.15% do not know whether these are same or different.

Prevalence of HIV & HBV in WHO specific region (Global Estimates by WHO region)



Facts on HIV & HBV

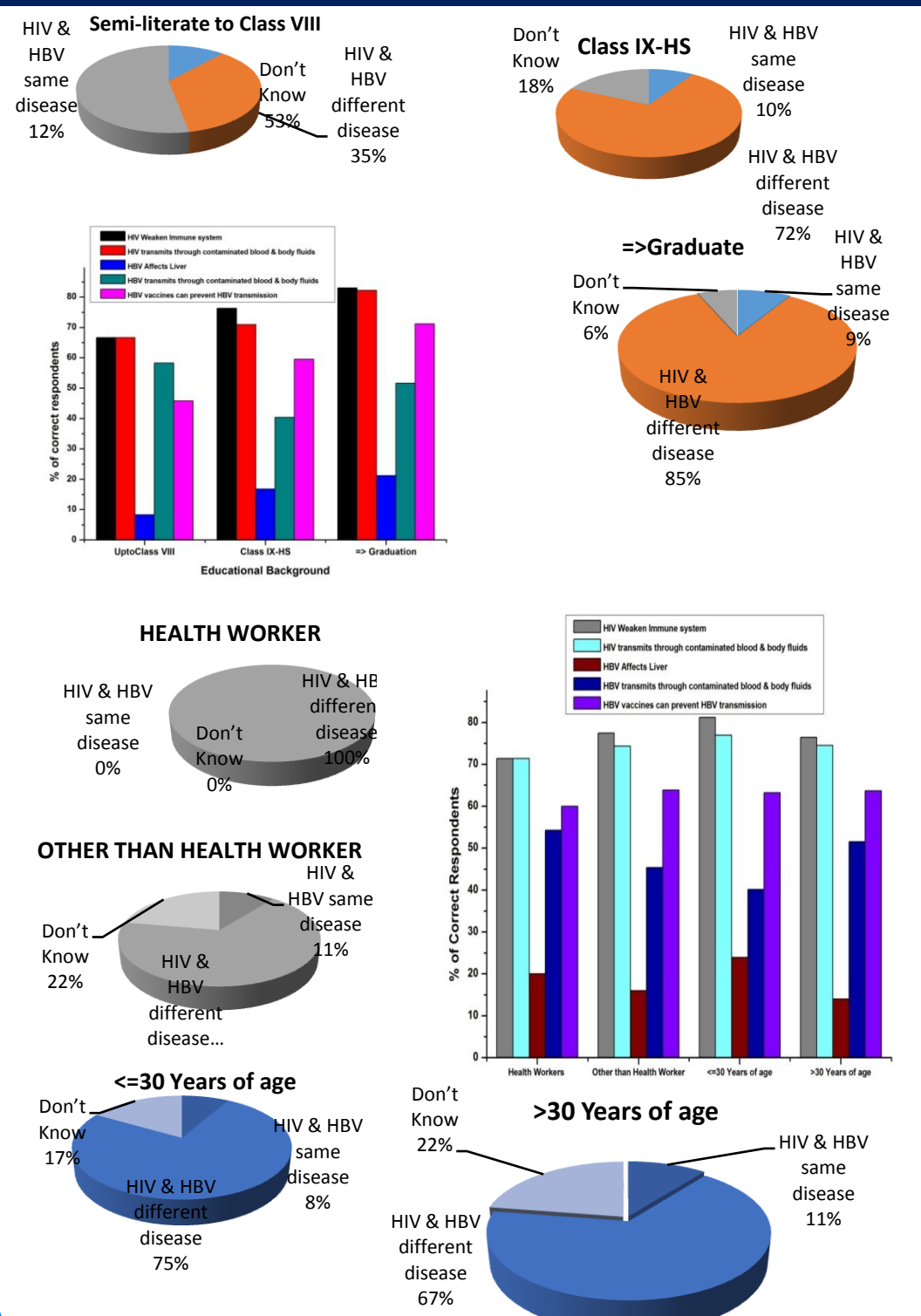
- 37 million people living with HIV at the end of 2015.
- At the end of 2015, 1.1 million people died of AIDS-related causes.
- As of mid-2016, 18.2 million people are receiving antiretroviral treatment worldwide.
- It is estimated that currently only 70% of people with HIV know their status. The remaining 30% – or 7.5 million people – need to access HIV testing services.
- In 2016, 19.5 million people living with HIV were receiving ART globally.

- An estimated 257 million people are living with hepatitis B virus infection (defined as hepatitis B surface antigen positive).
- In 2015, hepatitis B resulted in 887,000 deaths, mostly from complications (including cirrhosis and hepatocellular carcinoma).
- 95% of people living with viral hepatitis don't know.
- There is still limited access to diagnosis and treatment of hepatitis B in many resource-constrained settings. In 2015, of the 257 million people living with HBV infection, 9% (22 million) knew their diagnosis. Of those diagnosed, the global treatment coverage was only 8% (1.7 million). Many people are diagnosed only when they already have advanced liver disease.

- World Health Organization. Hepatitis B. Fact Sheet No. 204. 2014. <http://www.who.int/mediacentre/factsheets/fs204/en/>. Accessed July 2014.
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- Mukherjee PS, Dutta E, Das DK, Ghosh S, Neogi S and Sarkar A; Knowledge about hepatitis B and hepatitis C virus infection and consequences: a cross-sectional assessment of baseline knowledge among infected patients in West Bengal, India; *Hepatology, Medicine and Policy* 2016 2:6

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% of correct respondents were determined on the basis of the correct answer of first question of Part A.



CONCLUSIONS

The poor knowledge score on both the disease has raised the necessity of proper public health policy to disseminate correct information on HIV & HBV among people. Lower knowledge score and lesser correct response on HBV than HIV emphasized the importance of more strategic programs on HBV.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest in the research and duly acknowledge Bristol - Myers Squibb Foundation for their financial aid, all the participants (students) and school authorities.

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