

# SCALING-UP HEPATITIS PREVENTION EDUCATION, COUNSELLING AND TESTING AMONG SPECIAL GROUPS IN NIGERIA, A CASE STUDY OF ELOHIM FOUNDATION AND THE FCT NYSC HEPATITIS INTERVENTION PROGRAM.

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## BACKGROUND

Given the approval of the first Global Health Sector Strategy on viral hepatitis for 2016-2021, during the Sixty- Ninth World Health Assembly in 2016. It becomes pertinent that all stakeholders including the patient groups and Civil Society Organizations to take proactive steps in creating the needed awareness on Hepatitis and provide age appropriate education on its prevention while promoting the need for testing and treatment to reduce deaths from this preventable and treatable infection.

With viral hepatitis being one of the silent killers disease and the seventh leading cause of death globally, responsible for about 1.44 million deaths annually. Without appropriate diagnosis and treatment, around one-third of those chronically infected with viral hepatitis die as a result of serious liver disease, including cirrhosis, liver cell cancer and liver failure. But with appropriate treatment of hepatitis B and C, the development of major life- threatening complication of chronic liver disease of cirrhosis and liver cancer is prevented, and with the emergence of new antiviral drugs; over 95% positive cases can be completely cured of the virus within 3-6 months.

But not many Nigerians aware of the existence of viral hepatitis particularly among the youth population. This is majorly so, as prior to 2004 when the Nigerian government introduced the hepatitis B vaccine into the National Program on Immunization there was no definite intervention targeting hepatitis prevention and treatment in Nigerian.

Despite the effort of the government, there still exist a huge gap in the number of the Nigerian Youth population who have knowledge about hepatitis nor have taking the test in their life time. Hence, the need to close the gap through a dedicated program intervention targeting the Nigerian Youth from ages 14 to 30 years, which at present is not available.

## CONCLUSIONS

The study shows a significant increase in the number of youth willing to receive viral hepatitis testing and vaccination as well. There exist a gradual increase in the number of those who tested positive to HBV. Knowing that as low as 1% prevalence rate in any country is a national concern with the chronicity of the illness and high cost of treatment, preventive strategies remain the reasonable option in a resource-limited countries such as Nigeria. Hence, public health education and vaccination against the virus is therefore advocated among Nigerian Youths born in the pre- hepatitis B immunization era in the Nigeria.

Hepatitis B virus screening among youths in the NYSC scheme should be incorporated into the national youth service scheme while awareness campaigns and health education on its modes of transmission and prevention should be promoted and strengthened through very strong partnership support.

## METHODS

The methods adopted are:  
The delivery of periodic hepatitis lecture series among the National Youth Services Corps (NYSC) member in Nigeria, during the 3 weeks orientation camping.

The FCT NYSC Camp was chosen to begin the program with an aim to gradually cover the entire 6 geo-political zones through select States NYSC Camps over a period of 6 years, starting from 2013.

The intervention is designed to reach a target population of 4000 NYSC members each year as Community Advocates of Hepatitis Awareness and Prevention (CAHAP).

There equally exist a yearly target of providing free hepatitis B and C testing for 2000 individuals and HVB vaccination targeting 1000.

While providing referral for treatment at designated state owned facilities in the country.

The program has a projected 2 media chart/interview annual to further create awareness and promote uptake of hepatitis services.

It was envisaged that the program will attract meaningful partnership among stakeholder pharmaceutical companies in Nigeria.



## REFERENCES

- Perz JF, Armstrong GL, Farrington LA, Hutin Yvan JF, Bell BP. The contributions of hepatitis B virus and hepatitis C virus infections to cirrhosis and primary liver cancer worldwide. *Journal of hepatology*. 2006 Oct;45(4):529–538. [PubMed].
- World Health Organization (2009) Hepatitis B Fact sheet N0 204; Accessed 2nd February 2014. Available; <http://www.who.int/csr/disease/hepatitis>.
- Global Alert and Response (GAR): Hepatitis B. <http://www.who.int/csr/disease/hepatitis/whocdscsrlyo20022/en/index1.html> Google Scholar  
Google Scholar  
Emechebe GO Emodi IJ Ikefuna AN et al. Hepatitis B virus infection in Nigeria – a review. *Niger Med J* 2009; 50:18–22

## CONFLICTS OF INTEREST

The authors declare no competing interests

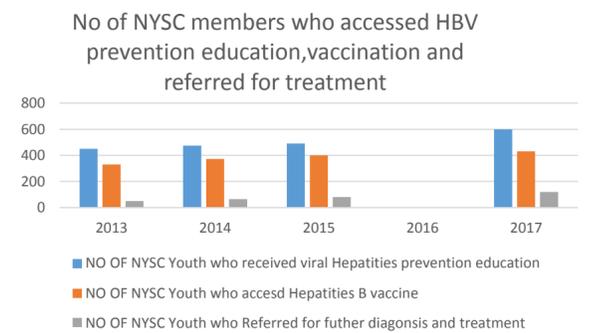
## RESULTS

A total of 2015 youth from the NYSC orientation camp have been reached with Hepatitis B and C testing in a 5 year period (2013 to 2017) within the FTC State orientation camp. While a total of 1,432 received and completed their 3 doses of hepatitis B vaccine within the same period.

783 accounted for those who did not receive hepatitis B vaccination. 315 were referred for further diagnosis and treatment for hepatitis B related challenges while 478 declined referral.

The result showed a progressive increase in the number of youth Corp members reached with viral hepatitis education and testing with between 15 to 40 individual annually from the previous year.

It is import to note here, that this program have solely been carried out by the management of Elohim Foundation without any material support from any stakeholders either from among the private nor the government sector.



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