Introduction: Hepatitis E in humanitarian settings

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Hepatitis E: Introduction

- Most common cause of acute viral hepatitis
- Endemic, epidemic, sporadic
- High burden in pregnancy (high mortality, stillbirths)
- Limited control strategies - vaccine exists, but not used

- How can we do better? Way forward
Africa: outbreaks among displaced populations

S. Jensen, MSF. Maban, South Sudan, July 2012
Maban, South Sudan

Population influx since end 2011 – 110’000 arrivals by July 2012 (rainy season, floodings)

May 2012 – Oct 2013:
• 11’279 cases & 1202 hospitalized cases & 205 deaths (1.8% CFR)
Challenges

• Treatment: no treatment for acute fulminant hepatitis

• Transmission:
  – Case-cohort study in Batil/Maban: risk factors having jaundiced family member (OR 3.2) or caring for jaundiced person (OR 2.3)
  – Case-control study in Jamam/Maban: having contact with person with jaundice (OR 1.8) or taking care of animals (OR 2.3)
  – WASH study: no HEV in water, but feacal contamination of water and food at household

• Control:
  – Does chlorine work? No risk reduction in Darfur (Guthman et al)
  – Standard 0.5g/L reduces 99% HEV in water (Girones et al)
  – Practice: Jammam: 40-58% of household no detectable residual chlorine after collecting chlorinated tap water
  – Need to double chlorine concentration to achieve 0.2 g/l after 24 hours (Ali et al)
Lake Chad - Boko Haram affected areas

S. Cherkaoui, MSF. Ngala, Nigeria, 2017
Lake Chad region

Diffa, Niger
Jan 2017 –
1987 cases / 38 deaths

Borno State, Nigeria
May 2017 –
1029 cases / 5 deaths

Amtiman, Chad
Aug 2016 –
1783 cases / 19 deaths
Suspected hepatitis E cases and deaths, Diffa, Niger

Vaccination proposed

Outbreak confirmed, declared

Standard control measures
Thank you!

J C Tomasi, MSF. Diffa, Niger, 2017