

# Role of general practitioners in prevention and treatment of hepatitis B in China

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**BACKGROUND:** Hepatitis B virus (HBV) infection may impose an economic burden to patients or their families. The prevention and control of HBV could effectively reduce the burden. However, the management of HBV-related patients has not been well controlled in China. With the development of general practitioner (GP) system in this country, GPs may greatly improve the management of the patients with HBV infection. However, the role of GPs in controlling HBV infection has been rarely studied.

**DATA SOURCES:** A literature search of PubMed, CNKI, Wanfang data and VIP was performed with the following key words: "general practitioner", "family physician", "community management", "community health care workers", "family practice", "hepatitis B virus", "HBV", "HBV vaccination", "HBV prevention", "HBV management", "HBV treatment", "antiviral therapy" and "chronic hepatitis B (CHB)". The information about the GPs-involved prevention, diagnosis and treatment of CHB was reviewed.

**RESULTS:** The reports on the role of GPs in the prevention, diagnosis and treatment of HBV infection are few. But the experiences from Western countries demonstrated that GPs could play a significant role in the management of patients with

CHB. The importance of GPs is obvious although there are some difficulties in China. GPs and health officials at different levels should work together in the management of patients with CHB.

**CONCLUSIONS:** The involvement of GPs in the management of patients with HBV infection is effective in China. But GPs' knowledge and skills for the control of HBV infection have to be improved currently. GPs' involvement will enforce the management of CHB in China in the near future.

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**KEY WORDS:** hepatitis B;  
HBV vaccination;  
general practitioner

## Introduction

Hepatitis B virus (HBV) infection affects over two billion individuals in the world.<sup>[1]</sup> Although hepatitis B vaccines have been used since 1982, there are still 350-400 million chronic carriers, of whom 75% are in Asia.<sup>[1]</sup> A recent sero-epidemiological survey<sup>[2, 3]</sup> revealed that the HBsAg carrier rate in the general population was 7.18%. The complications of patients with chronic hepatitis B (CHB) include hepatic decompensation, cirrhosis and hepatocellular carcinoma (HCC), which result in one million deaths annually.<sup>[4]</sup> HBV infection is still very serious in China.

Since there is no curative method for CHB, effective prevention and control are crucial. In China, specialists in infectious diseases, gastroenterologists, hepatologists and general practitioners (GPs) are often involved in the management of CHB. But there are no standardized therapeutic protocols and therefore problems occur in the treatment of CHB. The development of a reasonable and effective approach to prevent and cure HBV infection is of particular importance. Thus, the role of GPs in the management of CHB infection is increasingly

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important. In the present article, we reviewed the current status of prevention and treatment of HBV infection in China and evaluated the function of GPs in the management of CHB.

## Current attitudes of GPs towards the management of patients with CHB

CHB is defined variably in different countries or regions, but it is documented as a notifiable disease in all countries. The system for the management of CHB in the world is different. In European countries, GPs are responsible for the diagnosis and treatment of patients with CHB. Only when the practitioners have difficulties in dealing with CHB patients, these patients may be referred to specialists in infectious diseases, gastroenterologists or hepatologists.<sup>[5]</sup> In Canada, GPs are also responsible for the diagnosis and treatment of CHB patients according to the clinical guidelines formulated by the specialty societies.<sup>[6]</sup> Because of the lack of training in the diagnosis and treatment of CHB, GPs in some countries like India, Australia, Malaysia and China (such as the regions Hong Kong and Taiwan) are often reluctant to deal with CHB patients, rather refer the patients to a specialist in this field. In China, CHB patients are usually treated in the hospitals specialized in infectious diseases. Although GPs have prescription rights, clinics and community health service institutions are not equipped with appropriate testing equipments and therapeutic agents. Therefore, GPs in China are often reluctant to provide services to CHB patients.<sup>[7]</sup>

## Role of GPs in dealing with CHB patients

### The role of GPs in hepatitis B vaccine project

HBV immunization is the most effective way for the prevention of HBV transmission. A national survey<sup>[8]</sup> of China showed that the efficacy of hepatitis B vaccination at birth was 88.3%. With the introduction of hepatitis B vaccination, the prevalence of HBsAg has reduced to 1.0% in children born after 1999 and 2.1% in all children. Although routine vaccinations for infants,<sup>[9]</sup> adolescents<sup>[9]</sup> and high-risk populations<sup>[10]</sup> could successfully reduce the incidence of HBV infection, many factors may constrain the vaccination rate. These factors could be categorized into two types. First, children of 5 years or older, rural residents in Western China, those who are born at a township hospital or at home, and ethnicities such as Tibetan or Uygur nationalities.<sup>[8, 11]</sup> Second, lack of knowledge, stigma, financial barriers, provider knowledge, language barriers, cultural

differences, complementary and alternative medicine (CAM), and community buy-in.<sup>[12-23]</sup> Takahashi et al<sup>[24]</sup> reported that most people get knowledge about HBV transmission from their physicians. Therefore, GPs need to make great efforts to educate the people and to increase the immunization rate.

Apart from the efforts from GPs, the local government should take actions. For example, CHB patients have disadvantages in job hunting, etc., this deters the individuals at risk from getting screened (even if screening is available in some regions) and subsequently lowering the vaccination rate. In an effort to preclude the HBV-related bias, the Ministry of Health of China, Ministry of Human Resources and Social Security co-issued a notice in 2007, stating that an employer shall not dismiss an HBV carrier simply because of his/her infection.<sup>[25]</sup> Two years later, the Ministry of Health further announced that the healthcare institutions are prohibited to expose HBV testing results to the employers or school recruiters, indicating greater progress in fighting discrimination.<sup>[26]</sup> Up to now, the new policy is of significant effectiveness. However, GPs and the local authorities still have a lot to do in the improvement of CHB testing and vaccination rates.

Hepatitis B vaccine is given mainly to newborns, infants, unimmunized young children under age of 15 years. However, recent studies<sup>[27, 28]</sup> revealed that traditional vaccination coverage is not enough. Hence, the Center for Disease Control (CDC) of the USA recommended that all healthcare providers and students should receive hepatitis B vaccine.<sup>[29, 30]</sup> To expand vaccination coverage, we have implemented a comprehensive program for both infants and adults in 2011, which is called "2011 Program".<sup>[31]</sup> The program is designed for both infants and adults who were born before 1992 and were not covered under the national HBV vaccination program in 2011 in 12 counties of Zhejiang province. The adults were given with a high dose of vaccine (10 µg) recommended by the National Expert Panel for the Mega-Project for National Science and Technology Development. Infants were given the vaccine on the same schedule suggested by the earlier program.

The above measures could greatly increase the vaccination rates in the country. The GPs involvement in vaccination planning, correct vaccine inoculation, fully immunized improvement and later follow-up, and most importantly the health education will help to increase the vaccination rates. The specialists in infectious diseases and GPs from 12 counties of Zhejiang province have participated in HBV vaccination and community education, the latter could greatly improve the knowledge of the public on CHB.<sup>[32]</sup>

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