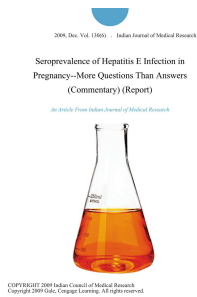


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## SEROPREVALENCE OF HEPATITIS E INFECTION IN PREGNANCY MORE QUESTIONS THAN ANSWERS COMMENTARY REPORT EBOOKS 2019



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Hepatitis E (HEV), a single-stranded RNA virus of the Hepeviridae family is an emerging infectious disease of global importance. While HEV is the most frequent cause of acute viral hepatitis in developing countries (1), HEV infection can also progress to chronic hepatitis and cirrhosis in organ transplant recipients (2,3). Also, antibodies to HEV have been found to be highly prevalent in HEV non-endemic areas in Western Europe and the US despite acute clinical hepatitis seldom-reported (4,5). This difference in the natural history and epidemiology of so thought benign self limited HEV has fueled recent interest in the study of HEV infection. In men and non pregnant women, acute HEV infection is usually self-limited and has a case-fatality rate of less than 0.1 per cent. However, in pregnant women in their second and third trimesters, particularly from certain geographical areas in India, HEV infection is more severe, often leading to fulminant hepatic failure and death in 30-100 per cent of patients (6). IgG antibodies to HEV represent the exposure to HEV and are markers of seroprevalence in a population. Seroprevalence data from endemic regions of India have been reported in children, general population and in patients with cirrhosis (7-9). However, the data on pregnant women have not been reported.

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