



Vaccination of Hepatitis A; To Do or Not to Do?

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This letter was written because of the high incidence of acute hepatitis A in our hospital in this period of time. In December 2016 and January 2017, eight patients with acute hepatitis A were admitted to Gastroenterology Ward of Imam Hospital. Some of them had acute liver failure and fulminant hepatitis.

Fulminant hepatic failure is a rare complication of hepatitis A and it occurs in about 1% of the patients.^{1,2} It was previously showed that the severity of hepatitis A was related to age.³ Acute hepatitis A in adulthood is more severe than in childhood.

In our country there is not routine vaccination program for hepatitis A virus. But because of improving the socioeconomic situation in Iran there are significant number of uninfected adult persons. In this circumstance, sometimes that we have crowded population like religious ritual, outbreak of hepatitis A can occur.⁴⁻⁶ Because of the older age of patients the prognosis of hepatitis become worsen.

The number of patients with acute hepatitis A in our ward surprisingly elevated in this 2-month period. Almost all of these patients participated in the crowded places. Other viral hepatitis and other causes of acute hepatitis were ruled out. The demographic data and also the lab data of the patients are shown in table 1.

The main purpose of this letter is to investigate about the vaccination of hepatitis A. We think that the Ministry of Health and WHO should evaluate the incidence and also the severity of acute hepatitis A in the whole part of the country especially in adult patients. After evaluation of the cost effectiveness of hepatitis A vaccination revising the vaccination policy should be done especially for high risk adult persons. There are some cost effectiveness studies in the medical literatures.⁷ These studies have good guide for this evaluation. An important group of these high risk people for hepatitis A is the pilgrims of Karbala in Arbäeen of Imam Hussein, because many people participate in this ritual from many nationalities.

CONFLICT OF INTEREST

The authors declare no conflict of interest related to this work.

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Table 1: Demographic and lab data of the patients with acute hepatitis A

Patient	Bilirubin (T-D) mg/dl	ALP u/l	ALT u/l	AST u/l	INR	Consciousness	Age	Sex
1	6.7-3.7	450	291	150	1	normal	35	male
2	9.9-5.7	325	2788	1031	1.4	normal	27	female
3	13-7.8	435	3000	1141	3.6	decreased	20	male
4	8.7-5.6	275	4841	3531	1.4	normal	24	male
5	8.7-7.2	802	1694	947	1.2	normal	26	female
6	17.3-13.2	350	207	128	1	normal	34	male
7	17.5-8.5	435	1941	1245	1.9	decreased	29	male
8	16.3-10.2	533	1261	279	1.8	normal	28	female

ALP: Alkaline Phosphatase, ALT: Alanine aminotransferase, AST: Aspartate aminotransferase

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