# PREVALENCE AND RISK FACTORS OF HEPATITIS B VIRUS AMONG PREVALENT HEMODIALYSIS PATIENTS IN EGYPT: RETROSPECTIVE STUDY



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### **OBJECTIVES**

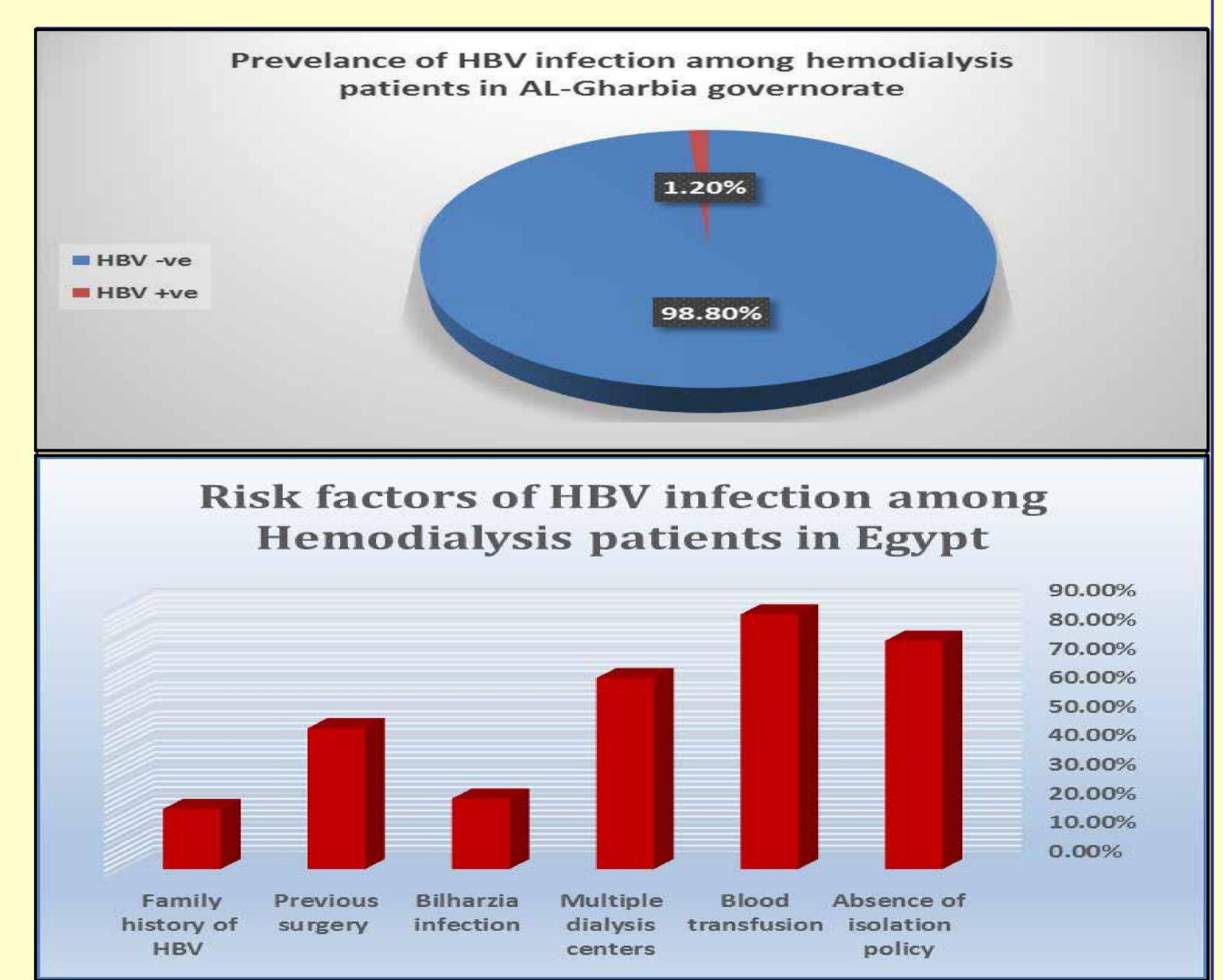
Hepatitis B virus (HBV) infection is serious cause of morbidity and mortality among hemodialysis (HD) patients. HD patients have higher risk of acquiring this infection than general population. We aimed at estimating the prevalence of HBV infection and its associated risk factors among prevalent HD patients in Egypt.

# METHODS

The study population consisted of End Stage Renal Disease (ESRD) patients on regular hemodialysis for more than six months. Total number of patients was 2331 recruited from multiple hemodialysis centers in Al-Gharbia governorate including three tropical hospitals. A retrospective descriptive study carried out using hospital records of patients with HBsAge positive from Jan 2013-Jan 2015

### RESULTS

The Prevalence of HBsAg patients was 1.2% (29 cases) ,22 (75.9%) patients were males and 7(24.1%) were females with mean of age was (37.34±13.16) years, The mean duration of HD was (2.10±2.37) years, 27 (93.7%) using AV fistula as vascular access and 18(62.1%) Patients lived in rural area and 11 (37.9 %) in urban area. The Most frequent cause of renal failure was hypertension in 12 (41.3%). The main risk factors were absence of isolation policy in 23(78.3%) of patients, history of blood transfusion in 25 (87.4%) patients, 19 (65.5%) of infected patients with history of switching between multiple dialysis centers, 7 (24.13%) patients with history of Bilharzia infection and 14 (48.27%) with previous surgery, 6 (20.6%) family history of HBV . 5 cases (0.2%) were HBV seroconverted. The significant risk factors for HBV seroconversion were switching between dialysis centers, absence of isolation procedures and positive family history of HBV infection (P <0.01) by logistic regression analysis.



# CONCLUSIONS

The prevalence of HBV was (1.2%) among prevalent hemodialysis patients in Egypt .Seroconversion showed strong association with the switching between multiple dialysis centers, absence of isolation policy and family history of HBV .Further studies are needed for strict adherence to infection control policy and management of HBV infection among hemodialysis patients.

### REFERENCES:

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