

## HEPATITIS B SURFACE ANTIGEN PREVALENCE AMONG PREGNANT WOMEN IN RAFSANJAN CITY, IRAN, 2003

Dr. Zohreh Aminzadeh<sup>1</sup> Dr Ziba Shabani Shahrabaki<sup>2</sup> Dr.Latif Gachkar<sup>3</sup> Ahmad Reza Sayyadi Anari<sup>4</sup>

<sup>1</sup>Associate Professor of Infectious Diseases, Shaheed Beheshti Medical University.(correspondence author),

<sup>2</sup>Assistant Professor of Infectious Diseases, Rafsanjan Medical University

<sup>3</sup>Professor of Infectious Diseases, Shaheed Beheshti Medical University

<sup>4</sup>Academic Member of Psychiatry Department, Rafsanjan Medical University

**Abstract:** Perinatal transmission of hepatitis B virus from infected mother to infant often leads to sever long-term sequel. A descriptive study was designed in 600 pregnant women delivering in Niknafs Hospital of Rafsanjan city, March - August 2003. Maternal venous blood samples were collected and tested for Hepatitis B surface antigen (HBsAg), by ELISA. 8 cases with positive HBsAg were found (1.3%) (95% CI = 1.26%-1.35%). The mean of age was 26.2+/- 5.3 years, and mean no. of gravidity was 2.143+/-1.41. There was a history of hepatitis B vaccination only in 1% of pregnant women. There was a significant correlation between HBsAg positivity and history of to be born in Rafsanjan, drug usage of the pregnant woman or her husband, and having tattoo (P<0.05). Hepatitis B vaccination should be considered in women of child-bearing age to prevent prenatal HBV infection.

**Keywords:** • Hepatitis B virus • Pregnancy • HBsAg

Hepatitis B virus (HBV) infection is a worldwide public health problem [1]. Infants born to mothers positive for both HBsAg and Hepatitis B e antigen (HBeAg) have 70–90% chance of prenatal HBV infection, and 85–90% of the infected infants become chronic carriers [2,3].

In Iran, there is a prevalence of 1.3 - 2.3% HBsAg positive in pregnant women [4,7].

A descriptive study was designed in 600 pregnant women delivering in Niknafs hospital of Rafsanjan city, between March and August 2003. Maternal venous blood samples were collected and tested for HBsAg, using ELISA (Behring, Germany). Statistical analysis was performed by SPSS software.

8 out of 600 collected samples were HBsAg positive (1.3% or one in every 80 deliveries) (95% CI = 1.26-1.35%). The mean of age was 26.2 +/- 5.3 years, and mean number of gravidity was 2.143 +/- 1.41. There was a significant correlation between HBsAg positivity and place of birth of the

pregnant woman, drug addiction of her or her husband, and having tattoo, P<0.05 (Table 1). There was no significant correlation between HBsAg positivity and history of surgery, cesarian section, transfusion, jaundice, and hepatitis B vaccination. Only 1% of the pregnant women in this research had been vaccinated. There was not a significant correlation between HBsAg positivity and number of previous deliveries and abortions.

Iran has an intermediate prevalence of HBV infection with a prevalent less than 5% HBsAg-positive population [8]. In our study 1.3% of the pregnant women were HBsAg positive. Up to now, different data on the prevalence of HBV among women of child - bearing age have been recorded throughout the country. Tabriz has the highest prevalence of 2.17% [4] in compare with Babol(1.64%)[5], Kerman (2.3%)[6], and Bandar xAbbas (1.3%)[7]. In this study 6 of 8 HBsAg-positive pregnant women (75%) has risk factors for xHBV infection, but only 1% has history of hepatitis B vaccination. It should be considered

\*Corresponding Author: Dr. Zohreh Aminzadeh, Associate Professor of Infectious Diseases, Shaheed Beheshti Medical University. E mail: zohrehaminzadeh@yahoo.com

**Table 1** Assessment of risk of hepatitis B virus infection among HBsAg-positive and HBsAg-negative pregnant women

Considered variables	HBsAg positive	HBsAg negative	P value
<b>Origin of Birth:</b>			
Rafsanjan	2	387	<0.03
Other Cities	6	205	
<b>No Drug addiction</b>	7	590	<0.04
<b>Drug addiction</b>	1	2	
<b>History of Husband's Drug addiction:</b>			
No	5	567	<0.004
Yes	3	25	
<b>History of Tattoo:</b>			
No	6	581	<0.01
Yes	2	11	

that hepatitis B vaccination is the most effective way to prevent HBV infection [9]. There was a significant correlation between HBsAg positive and to be born in Rafsanjan, to have history of drug addiction, to have drug addicted husband, and having Tattoo which is in agreement with Baldo [10] research. There was not a significant correlation between HBsAg positive and history of surgery, cesarian section, transfusion, and jaundice which is in agreement with Poorsadegh[4] and Aali [6] studies.

In conclusion the low prevalence of HBsAg in pregnant women in Rafsanjan city in compare with other cities correlates with different factors including previous vaccination against HBV. Since only 1% of the pregnant women were vaccinated, it is necessary to consider HBV vaccination in women of child-bearing age as an effective factor to prevent prenatal HBV infection.

## References

- Maynard, J.E., Hepatitis B: global importance and need for control. *Vaccine* 1990; 8 (Suppl): S18-S20.
- Stevens CE, Neurath RA, Beasley RP, Szmuness W, 1979; HBsAg and anti-HBs detection by radioimmunoassay: correlation with vertical transmission of hepatitis B virus in Taiwan. *J Med Virol* 3: 237-241.
- Stevens CE, Toy PT, Tong MJ, Taylor PE, Vyas GN, Nair PV, Gudavalli M, Krugman S, 1985; Perinatal hepatitis B virus transmission in the United States: prevention by passive-active immunization. *JAMA* 253: 1740-1745.
- Poorsadegh A, Khoshnejad F, Nazari S., 1993; HBsAg in pregnant women during delivery period in Tabriz hospital 1988-1990. *Tabriz J Kerman Medical university* 19: 3-14.
- Hasanjani Roshan M, Hosseini Moghaddam M. , 1997; Prevalence of hepatitis B virus in pregnant women, Babol city, 1993. *Nabz J* 9, 28-30.
- Aali, S., 1999; Prevalence of HBsAg in pregnant women referring Kerman hospitals 1997. *J Kerman Medical university* 2, 89-96.
- Rajaei M, Shamsaei R, Zare S. , 1999; Prevalence of hepatitis B virus in pregnant women, Bandar Abbas city. *J Hormozgan Medical university* 1, 37-41.
- Kane M., 1994; Global Plan of Action for Hepatitis B Immunization: Global Program for Vaccine and Immunization. Expanded Program on Immunization. Geneva: World Health Organization.
- A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States MMWR, 2005 ; 54(RR16); 1-23
- Baldo V, Floreani A, Menegon T, Grella P, Paternoster DM, Trivello R., 2000; Hepatitis C virus, hepatitis B virus and human immunodeficiency virus infection in pregnant women in North-East Italy: a seroepidemiological study. *Institute of Hygiene, University of Padua, Italy. Eur J Epidemiol* 16 (1): 87-910.