

Comments on Investigating a Community Wide Outbreak of Hepatitis A in India

Sir,

The paper titled, “Investigating a community-wide outbreak of hepatitis A in India” by Rakesh, *et al.*^[1] published recently in the journal is informative. A number of outbreaks of communicable diseases due to poor environmental sanitation occur throughout the country. Some are not even recognized due to poor public health infrastructure particularly in remote areas. Some may be recognized but not reported. Some are reported and investigated by the public health authorities and a report is prepared. But very few get published in scientific journals. Publication of outbreak investigations should be encouraged as it can create awareness of the burden of communicable diseases in our country and generate debate about control measures and appropriate allocation of resources.

Having said this, I would like to point out certain limitations in the present investigation. It appears from the paper that the authors have approached the investigation with a pre-conceived notion that the causative agent is hepatitis A. This is contrary to what the recent trends in the country suggest. Most outbreaks in the situation the authors describe are due to hepatitis E virus and not due to hepatitis A.^[2,3] Even the largest reported hepatitis outbreak in Delhi reported in 1956–57 which gave rise to almost 30,000 cases was attributed to hepatitis E.^[4]

The least the authors could have done was to confirm the causative agent by sending serum samples for IgM studies (anti-A, anti-E) to a national laboratory. The first step in any outbreak investigation is to confirm the diagnosis. The authors have failed to do so. Even now, at this belated stage, if they have preserved the serum samples, the etiological agent can be established. If they have not preserved the

serum samples, they can still contact few of the affected persons for serological diagnosis to confirm whether the outbreak was due to hepatitis A or hepatitis E.

Proper etiological diagnosis is essential for surveillance, research and health policy. Lacking this, we may unnecessary make a case for promoting hepatitis A vaccine, while more research on hepatitis E may be called for including vaccine development for hepatitis E.

Amitav Banerjee

Department of Community Medicine, Dr. DY Patil Medical College, Hospital and Research Centre, Pune, Maharashtra, India

Address for correspondence:

Dr. Amitav Banerjee,
E-mail: amitavb@gmail.com

REFERENCES

1. Rakesh P, Sherin D, Sankar H, Shaji M, Subhagan S, Salila S. Investigating a community-wide outbreak of hepatitis A in India. *J Global Infect Dis* 2014;6:59-64.
2. Banerjee A, Sahni A K, Rajiva, Nagendra A, Saiprasad G S. Outbreak of viral hepatitis E in a regimental training centre. *MJAFI* 2005;61:326-9. Available at: <http://medind.nic.in/maa/t05/i4/maat05i4p326.pdf>. [Last accessed on 2014 Nov 26].
3. Singh PM, Handa SK, Banerjee A. Epidemiological investigation of an outbreak of viral hepatitis. *MJAFI* 2006;62:332-4.
4. Labrique AB, Thomas DL, Stoszek SK, Nelson KE. Hepatitis E: An emerging infectious disease. *Epidemiol Rev* 1999;21:162-79.

Access this article online	
<p>Quick Response Code:</p> 	<p>Website: www.jgid.org</p> <hr/> <p>DOI: 10.4103/0974-777X.146379</p>