Evaluation of Risk Factors of HCV infection in Lahore, (Pakistan)

Rao Muhammad Ijaz Institute of Statistics University of the Punjab Q.A. Campus, Lahore

Ahmad Saeed Akhter Institute of Statistics University of the Punjab Q.A. Campus, Lahore

Abstract

Hepatitis C Virus (HCV) infection is rapidly growing disease in world in general and in Pakistan in particular. In Pakistan more than 10 million persons have HCV +ve signs. Risk factors for this fatal disease included main, historic and demographic factors. Some researchers segregated few independent factors but other, include them in the category of depends. We have collected the data for Lahore (Pakistan) and analyzed this data by considering the aforesaid factors. Some results of this research do not match with the existing theories. We recommended that interaction effects of associated factors should also be considered in evaluation.

Keywords: chi-square, correlation, adjusted odds ratio.

1. Introduction

Human beings are at risk due to infinite number of diseases some of which have been diagnosed by researchers and remainders are, still an alarming siren for them. Some diseases have definite source for their occurrence, some have been diagnosed to possess possible causes but a large number of diseases with respect to their causes, in medical science, are still unidentified, Hepatitis C Virus (HCV) infection is one of them. Spread of Hepatitis C Virus (HCV) requires bloodto-blood contact. The two most common ways that hepatitis C is spread, in Pakistan, are by injection and blood transfusion. Hepatitis C absolutely cannot be spread by casual contact. It can potentially be spread within families, by sharing razors, toothbrush, nail cutter etc or on barber's shops. HCV is not easily transmitted through sex because the hepatitis C virus is not found in semen or cervical secretions.

HCV is the major cause of non-A, non-B hepatitis, worldwide that was discovered in 1989 and serological tests for blood screening were developed soon after, (Choo QL, Kuo G, Weiner AJ et al. 1989) and (Kuo G, Choo QL, Alter et al. 1989) have given the detailed study about it. According to (Alter, M.J., et al. 1992 HCV has been the leading cause of chronic viral hepatitis in the United States and about 3.9 million population in that country were infected. Due to its capacity to mutate, no vaccination at the moment can be developed and presence of antibodies against it in body does not confer any resistance against this virus in a concrete way. (Seyed Moayed Alavian et al 2002) discusses that the treatment of hepatitis C remains a very demanding and yet not quite promising task and this

Rao Muhammad Ijaz, Ahmad Saeed Akhter

fact adds to the importance of prevention of this disease. Controlling the risk factors is one of the best measures of prevention and this has caused the medical world to search for risk factors of this disease through different studies. According to (Stephen A. villano, et al 1997), existing therapies are successful in less than one-third of cases, and no HCV vaccine is available, efforts to reduce HCV transmission are crucial to reduce the impact of this disease. However, Cirrhosis, Internal bleeding, Altered conscious level, Fluid retention, and Liver cancer. are the complications due to Hepatitis C. Di Bisceglie, et al (1991), Kiysowa, K., (1990), Terrault, N.A. & T.L. Wright. (1995) and Tong, M.J. (1995) studied the Chronic HCV infection, and found that it is strongly associated with cirrhosis, liver cancer, and end stage diseases requiring transplantation,

According to Seyed Moayed et al (2002) numerous possible risk factors have been evaluated, some of which have been identified, as independent risk factors of HCV infection, like blood transfusion, endoscopies, sexual activities etc. But our analysis for this purpose shows that these factors are significant but not independent, results are shown in the discussion below.

The focus of our study is the risk factors for HCV infection in Pakistan in general and in Lahore in particular. We collected the data with the kind cooperation of gesterntrologists and analyzed it with the help of SPSS, Statistical software. The results of our analysis are given in the following table-1.

2. Methodology

In this research we present a study, which is a part of Meta analysis being conducted in teaching hospitals through out the Punjab (Pakistan). Our study consists an Initial analysis on 330 patients (135 cases & 195 controls), the data was collected from the major hospitals at Lahore. We have used the odds ratios and chi-square statistics for the analysis.

Risk Factors	Odds Batic	95% C-I for Odds Ratio		Chi-	P-	Risk Factors	Odds	95% (Odds	C-I for Ratio	Chi-	P-	
Factors	Ralio	LCL	UCL	Square	value		Ralio	LCL	UCL	Square	value	
Blood Transfusion	3.133	3.133 1.375 7.13 4.804 .028 Fever History		Fever History	3.118	1.231	7.900	27.546	.000			
Injection History	2.175	.726	6.511	17.012	.000	Pruritis History	2.466	.930	6.539	18.926	.000	
Barber Shave	3.314	.846	12.977	2.68	.102	Malina History	1.061	.385	2.924	10.469	.001	
Piercing	1.721	.195	15.211	.668	.407	Encaplopathy History	1.239	.470	3.269	11.879	.001	
Needle Pick	.558	.226	1.378	.121	.728	Haematenesis History	.823	.271	2.500	5.692	.017	
Dental Surgery	.846	.372	1.926	3.725	.054	Age	1.035	1.003	1.068	14.913	.005	
Family History	.763	.275	2.118	2.676	.102	Gender	1.062	.115	9.813	.255	.614	
Surgery	.673	.295	1.537	5.302	.021	Marital status	.139	.024	.788	1.277	.258	
Endoscopy	1.765	.333	9.340	3.308	.086	Height	.996	.901	1.101	1.943	.584	
Heterosexual	.853	.109	6.664	.358	.55	Weight	.999	.969	1.030	5.886	.117	
Jaundice History	1.291	.505	3.301	5.875 .16 Location		Location	2.327	.993	5.449	6.429	.011	

Table-1

3. Discussion

Injection history is highly significant factor with smallest P-value (0.000) means that spread of disease through the non-disposable syringe is very common. Blood transfusion and surgery are highly significant factors because their P-value is very small i.e. less than 3% it means that blood transfusion and surgery play a highly significant role in spread of HCV infection. Dental procedure is a significant factor with P-value less than 6% and endoscopies are significant with P-value less than 9% means that dental surgery and endoscopies play a significant role in spread of HCV infection. Barber shave and family history are factors having same P-value 10.2%, we can not ignore the significance of these factors towards killing disease. All the history variables, fever history, pruritis, malena, enceplopathy and haematenesis except history of jaundice are highly significant with very small P-value means that a patient with HCV infection must have a fever frequently, itching on body, black stool, and blood vomiting. A patient of this disease also has jaundice because P-value is not very large. Age is significant with verv small P-value that means that people of old age are at high risk. Gender is not significant that means male and female are almost equally at risk of this disease. Location is highly significant factor that means people living in rural area are at more risk of this disease than people living in urban areas. Martial status, height and weight are not significant factors.

However, we have arranged the main risk factors including historical and demographic factors by the order of their intensity of significance and the results are shown in the following table-2.

	• • • •				
Risk Factors	Odd	95% C.I to	r odd Ratios		
NISK I detors	Ratios	LCL	UCL	CHIS	P-VALUE
Injection History	2.175	0.726	6.511	17.012	0.000
Fever History	3.118	1.231	7.900	27.546	0.000
Pruritis History	2.466	0.93	6.539	18.926	0.000
Malena History	1.061	0.385	2.924	10.469	0.001
Encephlopathy	1.239	0.47	3.269	11.879	0.001
Age	1.035	1.003	1.068	14.913	0.005
Location	2.327	0.993	5.449	6.429	0.011
Haematenesis	0.823	0.271	2.500	5.692	0.017
Surgery	0.673	0.295	1.537	5.302	0.021
Blood Transfusion	3.133	1.375	7.134	4.804	0.028
Dental surgery	0.846	0.372	1.926	3.725	0.054
Endoscopy	1.765	0.333	9.340	3.308	0.086
Barber Shave	3.314	0.846	12.977	2.68	0.102
Family History	0.763	0.275	2.118	2.676	0.102
Weight	0.999	0.969	1.030	5.886	0.117
Jaundice History	1.291	0.505	3.301	5.875	0.160
Marital Status	0.139	0.024	0.788	1.277	0.258
Piercing	1.721	.195	15.211	0.668	0.407
Hetero Sexual	0.853	0.109	6.664	0.358	0.550
Height	0.996	0.901	1.101	1.943	0.584
Gender	1.062	0.115	9.813	0.255	0.614
Needle Prick	0.558	0.226	1.378	0.121	0.728

Table-2

Rao Muhammad Ijaz, Ahmad Saeed Akhter

Injection, Fever and Pruritis are the most significant factors. Malena, Encephlopathy, age, Location, Haematenesis, surgery and blood transfusion are the next most significant factors by the order of their significance, which are playing a vital role in the spread of HCV infection in Lahore in particular and in Pakistan in general.

4. Correlations

** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

			Age	gandar	marital status	height of patient in inches	weight of petients in legs	loation	jande	fever	pruitis	malera	Encyholo- pethy	Hama- tensis	blood transfusion	injection	harhar shave	piercing	Nædle prick	dertal procednes	family history	surgary history	Erdsogy	Hero
		Ageof patient	ı	990:	(isid)).	-014	240 and	- 220(***)	(<u>1))</u>	- 	- 	- 29(***)	- 280/1019	- 267***)	8ET	- (1010)0000-	67-	640-	-088	- 	-105	(101)	- (ietc.)2007	6
	gender	of patient	990.	I	-	-	-002	<i>t60</i> -	-065	- - IOT(***)	- 287(²¹⁰¹)	-062	- .26(%)	- <i>151</i> (%)	811-	-075	(tel)	- (1010)806.	-002	(₁ ,877-	<i>a</i> to-	010-	180-	SCAPICIA
		murital status	- - 	- 274(101)	ı	87	oll-	(# <i>)</i> [<u>7</u>]	811-	241(^{tet})		228 ⁰¹⁰¹ 9	201(^{4et})	.243(101)	-00-	273(^{tiel})	<i>6</i> 70'	Gald DIE	.065	265(101)	EII.	181 -	977	101
		hei-ght	H0-	- (Jolo)	ET.	r	(4.) 2/ T	(H)87-T	-085	(ist))8T	8T	680.	(₁₂) <u>95</u> 7-	(10 101 7	140.	87	- .481(^{tiete})	(isis)	<i>6</i> 00:	280.	980	av:	610	TAR No
		veight.	() 0 c)	-072	611-	(178(11)	I	160'-	-088	IW.	-068	-113	-008	-108	E B)	909	-064	600)	-156	-080	30.	-078	611-	8
		Loca- tion	- 	-004	(a) <u>62</u> 7-	(1987)	10)-	I	901	8 7 .	(1) 85 7	(1) 231 -	<i>a</i> to:	96T	-(23	.076	-008	(#) 29 [-	(4) 09 7	(s))))/	800.	-(158	(1) <u>(1)</u>	×.
		jandæ	(₁₀) <u>(3</u> ,1-	-065	817	20)-	801-	90I.	I	263(¹⁰¹)	(101)	.288(²¹⁰¹)	(101) 328(101)	2000 ¹⁰¹⁹	100.	Ia.	<i>:00</i> 3	8207	<u>.005</u>	214(10)	(ic) <u>557</u> -	-008	222(101)	15,440
		fever	- .250%***)	- (197701.	241(tiel)	(tel)081.	100	877-	263(**)	r	(init)	345(101)	(iei)	.237(^{slei})	910	334(110)	200-	202(*ieis)	(4047	(# <i>051</i> ~	.237(^{hely})	- . <i>192</i> (***)	020:	150
		puitis	- 	- (int/785	(ist) 297	87	-088	(4.) <u>85</u> 7	(11)()()()()()()()()()()()()()()()()()(.400(***)	I	(101c))(ZE"	36(***)	(101c)2027	a,	3II(700)	1 00-	(111)702	620:	(101)775	.231(^{Netc})	-102	(101) <u>8</u> 87	2
		mien	- (1915)002.	-062	.228 ⁽¹⁰¹⁾	680.	-113	(⁴⁶)	(iei)	.36(**)		r	.230(***)	(iok)625.	æ.	elos 248	680.	211-	(<u>*)527</u> -	(10) <i>[[]</i>	140'	(*)]] [1]	. <u>257</u> (***)	Constraints.
		encepta- lopathy			(intel)IOC	(11.) <u>557</u>	80)-	<i>6</i> 70'	(1=1c)272.	(100) (10) (10)	(international)	(1914)	1	(ieic)238627	230	(1010) [747]	-00-	(#J81	215(^{3 a 5})	(Helk)607	.066	100-	977	200
		Hamte	(10K)298-	(₁₀) <u>[5</u>]-	(111)	(ત્ર)છા.	801-	.136	(101) (101)	(^{3377'365})	(101c))0Z.	(istores)	.238(^{%et})	r	902	(iei) IG	670)-	(n))	687	.222 ^{%=1} 9	181.	(_{ik})857-	344***	100
	bod	firsion	8ET	-118	-00	#0	80.	-023	10-10-	910:	Z.	av:	<i>30</i> 7	.002	r	900-	-006	2007	800.	<u>99</u> 07	11+07	(stee) <u>9</u> 917	(ii)ET	ŝ
		Inject- tion	- (***)000:	-075	(isi)EZZ.	<i>BI</i> .	89.	940.	17	.34(10)	(mt)IIE.	248(1019)	. <i>341(</i> ***)	(iel)IGI.	900-	r	FOI.	990.	<i>200</i> .	(iei)907.	(n) <u>571</u> .	(4) 991'-	917	20
		harbar shawe	67.	.757 ³⁶¹⁹)	0 70'		-104	-068	800	200	+00-	690:	-077	6 0)-	900-	ЮГ	I	- (1010)	870-	100-	.026	- 1940	-016	pielc#SC
		Her- ding	620-	- (1010)5000.	(ist)OIE.	(interesting)	8.	(³⁶)2017	840.	.302(¹⁰¹)	(10) ((10))	211-	(#)097-	(1) //777	<i>L</i> 40 ⁻	990.	- .002(***)	r	840.	(153Cl)	800.	080-	302	ACO'M
-		Necle prick	-038	-002	307	6907	-196	(4)69 17	.005	(40)FT	6207	(1) <u>257</u> -	.215(***)	6ET	8007	.002	870'-	840.	I	(#) 0 47	8207	90-	770	8
	dental	proce- dares	- 	-148(%)	.266 (1010)	280:	080-	(₄)991"	2H ⁽¹⁶¹⁾	(4.)ET	(101))ZE	271(^{Note})	(345) 6 17	(10)	990.	(100 Mor	100-	(a)837	(4.)ET	I	Ħ	-086	.254(***)	115
fanily	history	of hepatitis	-105	<i>0</i> 70'-	EII.	980.	90.	800.	(1)	(101)/J.	(10)	140.	990.	<i>Fa</i>):	110.	(h) <u>()</u> ().	980.	.08	80).	.114	ı	-005	180.	JE1
		surgay history	(1010 BOE	010-	RI -	<i>aw</i> :	-078	-058	-008	- (147)	<i>an</i> -	- <i>14</i> 1(%)	100-	(1) (1)	(ieic)387-	-1000 -	- 194°141)	080-	. 08	-086	-002	I	180-	04
		Endo- scopy	- (1115)201.	180'-	927	610.	ØI-	(L)(J)	(141) CCC.	020.	(stet.)337.	(1010).	977	(illand)	(L)557-	911.	-016	90.	927	(m)	180	180-	1	101
		Hetero- sexual	a)-	(init)	100	(n.)291 -	8	<u>. 05</u>	.I54(*)	197	027	(4) /9 [-	.066	280	2007	100	251(^{tiel})	- 1587	67	.115	197	40-	IOF	

Evaluation of Risk Factors of HCV infection in Lahore, (Pakistan)

Risk factor Blood Transfusion is correlated with the risk factors Surgery and Endoscopies this means that Surgery and Endoscopies are the main causes of blood transfusion, History of injection is correlated with Dental Procedure, Family History and surgery, and here again surgery is correlated with risk factor named injection. Also in the same comparison we see that injection factor and Barber Shave are correlated with Surgery and Heterosexual, Piercing is correlated with Dental Procedure and injection, Needle Prick is correlated with Dental Procedure and Dental Procedure is correlated with Endoscopies. Main risk factors considered in this paper are all correlated and no independent risk factor is detected. It means their interaction effect may play a significant role in spread of disease.

Jaundice, Fever, Pruritis, Malena, Enceplopathy and Haematenesis are historical factors they are highly correlated with each other means that these are almost present in HCV patients.

When we go through the correlation analysis we found that some correlations are significant, this indicates that interaction effects should also be considered for further analysis, which is under process at the moment.

5. Acknowledgement

We are grateful to Dr. Nahid Hamayanue Sheikh, head of department Community medicine, Allama Iqbal Medical College, Lahore (Pakistan) for valuable suggestions while designing the questionnaire.

We are also thankful to Dr. Abdur Rehman, Deputy M.S research, Mayo Hospital, Lahore (Pakistan).

References

- 1. Alter, M.J. (1995). Epidemiology of Hepatitis C in the west. Semin. Liver Dis. 15: 92-100.
- Alter, M.J., H.S. Margolis, K. Krawczynski, F.N. Judson, A. Mares, W.J. Alexander, P.Y. Hu, J.K. Miller, M.A. Gerber, R.E. Sampliner, et al. (1992). N. Engl. J. Med. 327. 1899-1905.
- 3. Choo QL, Kuo G, Weiner AJ et al. (1989). Isolatio of cDNA clone derived from a blood-born non A, non B viral hepatitis genom. Science 244. 359-362.
- 4. Di Bisceglie, A.M., Z.D. Goodman, K.G. Ishak, J.H. Hoofnagle, J.J. Melpolder, and H.J. Alter. (1991). Long-termclinical and histopathological follow-up of chronic posttransfusion hepatitis. Hepatology 14: 969-974.
- Kiysowa, K., T. Sodeyama, E. Tanaka, Y. Gibo, K. Yoshizawa, Y. Nakano, S. Furuta, Y.Akahane, K. Nishioka, and R.H. Purcell. (1990). Interrelationship of blood transfusion, non A, non B hepatitis and hepatocellular carcinoma: analysis by diction of antibody to hepatitis C virus. Hepatology 12: 671-675.

- 6. Kuo G, Choo QL, Alter et al. (1989). An assay for circulating antibodies to a major etiologic viru of human non A, non B viral hepatitis genom. Science 244. 362-364.
- 7. Seyed Moayed Alavian, Bardia Gholami and Sadegh Masarrat (2002). Hepatitis B and .Hepatitis C infection; Hepatitis C risk factors in Iranian volunteer blood doners. A case control study. Journal of Gastroenterology and Hepatology 17. 1092-1099.
- 8. Simonetti RG, Camma C, Fiorello F. et al. (1992). Hepatiris C virus infection as a risk factor for hepatocellular carcinoma in patients with cirrhosis. A case-control study. Ann. Intern. Med. 116. 97-102.
- 9. Stephen A. Villano, David Vlahov, Kenrad E. Nelson, Cynthia M. Lyles, Sylvia Cohn and David L. Thomas. (1997). Incidence and risk factors for hepatitis C among injection drug users in Baltimore, Maryland. Journal of Clinical Microbiology 35. 3274-3277.
- 10. Tagger A, Donato F, Ribero ML et al. (1999). Case-control study on hepatitis C virus as a risk factor for hepatocellular carcinoma: the role of HCV genotypes and the synergism with Hepatitis B and alcohol. Brescia HCC Study. Int. J. Cancer 81. 695-699.
- 11. Terrault, N.A. and T.L. Wright. (1995). Hepatitis C virus in the setting of transplantation. Semin. Liver Dis. 15: 92-100.
- 12. Tong, M.J., N.S. El-Farra, A.R. Reikes, and R.L. Co. (1995). Clinical outcomes after transfusion-associated hepatitis C. N. Engl. J. Med. 332. 1463-1466.