

A Warning Month for Childrens be Preventaive and Planned in May: A Exploratory Study

Satender Tanwar¹, Raj Mangal², Mayank Chugh³, Himanshu Gautam⁴

How to cite this article:

Satender Tanwar, Raj Mangal, Mayank Chugh *et al.* A Warning Month for Childrens be Preventaive and Planned in May: A Exploratory Study. RFP Gastroenterology Int. 2023;8(2):49-50.

Abstract

Health is an panoramic window which presently requires the viewing at the different angles, few are curative and others are preventive. In this article we are looking for the same as the preventive task. Consider the spread and mode of transmission as faeco oral route and water borne which is considered as the maximum travel and water exposure in different types of activities. The study carried out considering the incidence and prevalence among the north India in the month of the June and July.

Hepatitis A and E which has the maximum spread in the faeco oral route found in almost all the cases, HAV is most common among the pediatric age group and those who have the history of the travelling and exposure to outside water consumption such as water park, fun world, outside water consumption while travelling.

Children with HAV present with sudden onset of pain abdomen, fever chills, nausea, vomiting, abdominal bloating yellowish diclouration of eyes, urine with cholestasis features.

Keywords: Hepatitis; HAV; seasons; Faeco Oral Route; Self Limiting; Liver Failure.

Author Affiliation: Director and Founder, ²Critical Care Expert, ³Gastroenterologist, ⁴Medical Officer, Indian Institute of Life Saving Skills & Visiting Consultant, Panwar Hospital - A Center for Child and Maternity Center.

Corresponding Author: Satender Tanwar, Director and Founder of Indian Institute of Life Saving Skills, Visiting Consultant, Panwar Hospital - A Center for Child and Maternity Center.

E-mail: drsatendertanwar@gmail.com

Received on: 16.09.2023

Accepted on: 30.10.2023

INTRODUCTION

HAV infection notably found in some particular months in some countries reason of varied etiology. When we talk about the India especially north India due to extreme hot and summer, the pediatric age population when expose to the water to various reasons and get infected.

HAV infection being the acute viral phenomenon happens suddenly due to the inflammation and causes disease from self limiting to the liver failure, the sudden onset of pain abdomen, fever, loose stools, vomiting, fever and jaundice.

The etiology being:

- Poor hygiene
- Poor hand washing technique
- Water park
- Water world
- Travelling to outside endemic areas
- Consumption of Pani Pooori, Liquids drink unhygienic outside.

Transmission: The hepatitis A virus is transmitted primarily by the faecal-oral route; that is when an uninfected person ingests food or water that has been contaminated with the faeces of an infected person. In families, this may happen though dirty hands when an infected person prepares food for family members. Waterborne outbreaks, though infrequent, are usually associated with sewage contaminated or inadequately treated water.

Symptoms: Children with HAV present with sudden onset of pain abdomen, fever chills, nausea, vomiting, abdominal bloating yellowish discolouration of eyes, urine with cholestasis features.

Who is at risk? Pediatric Age Population.

Diagnosis: Clinical Diagnosis, Exposure history, Blood Investigation such as CBC, LFT, USG (Abdomen & Pelvis), HAV - Igm IgG Antibodies, HEV Igm IgG Antibodies.

Treatment

- Self Limiting
- Dextrose rich items, Glucose, Liquids etc
- Anti emetics, Anti Pyretics
- Hospitalization in severe cases

Prevention

- Personal and Social Hygiene

- Safe Water practices
- Awareness at School before vacation going
- Carry water bottle while travelling outside
- Government must Play Small Short Clips in local news channel before vacations

DISCUSSION

Disease doesn't have the international barrier of cast, age, sex, religion and other parameters. Disease effect the any age without any pre warning signs, in this article especially in north India when the summer season starts June vacations when the pediatric age group who travels maximum in this time expose to the water while enjoying water and drinking the water outside while travelling and expose to the factor which is most common for transmission i.e. water.

Sometime the preventive task play a most important role in controlling the disease spread, as the data has been collected and incidence of the disease has been found especially paediatric age group hepatitis A & E which is most common in summers especially in June and July months in north India.

Just by applying poster and displaying in bus and autos by government authorities running ads in the local TV will help a lot not only the spreading awareness but also in controlling the disease too.

CONCLUSION

In total by concluding the above ideas and knowledge based statistic the disease spread can be stopped by making people aware at various level and especially the school children's by making them aware not to use contaminated foods and fluids/water while travelling and going outside the home will help them a lot for needful.

REFERENCES

1. Abraham P. Viral hepatitis in India. Clin Lab Med 2012; 32:159-74.
2. Zuckerman AJ Baron S. Hepatitis viruses. Medical Microbiology, 4th ed. Galveston (TX): University of Texas Medical Branch at Galveston; 1996. PMID: 21413272
3. HomieRazavi M. Global epidemiology of viral hepatitis. Gastroenterol Clin North Am 2020; 49:179-89.
4. Shenoy B, A Andani, S Kolhapure. Endemicity change of hepatitis A infection necessitates

- vaccination in food handlers: an Indian perspective. *Hum Vaccin Immunother* 2022; 18.
5. Shin E-C, Jeong S-H. Natural history, clinical manifestations, and pathogenesis of hepatitis A.
 6. Lhomme S, Marion O, Abravanel F, et al. Clinical manifestations, pathogenesis and treatment of hepatitis E virus infections. *J Clin Med* 2020; 9:331.
 7. Roos B. Hepatitis epidemic transmitted by oysters. *Sven Lakartidn.* 1956; 53:989-1003.
 8. Krausz Y, Melamed S, Sandler SG, Eliakim M. A comparative study of hepatitis B and non-B in hospitalized adults in an endemic area. *Isr J Med Sci.* 1977; 13:9-14.
 9. Stewart JS, Farrow LJ, Clifford RE, Lamb SG, Coghill NF, Lindon RL, et al. A three-year survey of viral hepatitis in West London. *Q J Med.* 1978; 47:365-84.

