Hepatitis B in African Countries
Literature Review

ANGOLA (South Africa)
Valente et al. (2010). Epidemiology and molecular characterization of hepatitis B virus in Luanda, Angola. Mem Inst Oswaldo Cruz, 105(8), 970-977.

Prevalence: **AFRICA**: 5-15% HBVsAg - At least 65 million people chronically infected
- **ANGOLA**: 13% HBsAg prevalence among patient/healthcare workers
- **NAMIBIA**: 18% HBsAg
- **ZAMBIA**: 6.5% HBsAg
- **sCONGO**: 5.4% HBsAg

Risk factors
- Unprotected sexual activity
- Multiple sex partners
- Blood transfusions

Other facts
- Genotype A is predominant in southern, eastern, and central Africa
- HBV/HIV co-infection
  - Kenya – 6.1%
  - Nigeria – 25.9%

NIGERIA

Prevalence: HBsAg – 10-40%

Risk factors
- Socio-cultural practices (facial/body scarification, traditional birth attendance and shaving by local barbers)
- Interfamilial transmission

Other facts
- Due to absence of national HBV surveillance program and the Hepatitis B vaccine becoming available to Africa in 2004 (late), Hepatitis B still remains a burden.
- Genotype E is predominant in West/Central Africa (Senegal to Angola)

SUDAN

Prevalence:
- >5% blood donors chronically infected
- HBsAg 5-7%

Risk Factors
- Frequent use of paid or replacement donors
- Incomplete screening coverage
- HBsAg 26% in hospital outpatients
- Anti-HBc 47.5-67% adults

S. MEDITERRANEAN COUNTRIES

EGYPT

Prevalence: 1.3% seroprevalence HBV

Risk Factors
- Hemodialysis patients
- Patients with hematological malignancies
- Hemophiliacs
- Injection drug users
- Shaving at barber shops
- Marriage
- Healthcare exposure

Other Facts
- Genotype D predominant (37.1%)
- 25.9% of HBV patients with HCC cases
LIBYA
Prevalence: 2.2% (120,000 – 150,000) HBsAg carriers
Risk factors
- Male gender
- Skin scarifications
- High risk behaviors
- Unsafe injections
- Blood transfusion
- Family history
- Hepatitis B contact
- Vertical transmission
Other facts
- Genotype D predominant
- HBV leading cause of HCC in Libya
- 80% HBeAg-negative/anti-HBe positive

ALGERIA
Prevalence (survey)
- HBsAg 3.6% and anti-HBc 13% of 1,112 healthy blood donors
- HBsAg 1.6% and anti-HBc 11.1% of 715 pregnant women
Other facts
- Genotype D predominant (93%)

TUNISA
Prevalence: 3-13% HBV seroprevalance
Risk factors
- Vertical and perinatal transmission
- Children/teenagers
Other facts
- (80’s-90’s) 37.5% seroprevalance, current studies estimate 3-7%, suggesting a decline due to hepatitis B vaccination in new borns
- Genotype D predominant (80%)

SOUTH AFRICA
Prevalence: 1% urban areas and 10% rural areas
Other facts: 6-17% HBV/HIV co-infection

UGANDA
Prevalence: 10% HBV
Risk Factors: Health care workers

SENEGAL/ CAMEROON
Prevalence (SENEGAL)
- 17% among blood donors
- HBV exposure among 60% children between 0-5 years old
- 14% pregnant women
Prevalence (CAMEROON)
- 12% among pygmies
- 20% among children of primary school age
- 25% among children over 4 years old
Others facts
- Low immunogenicity may be due to problems in storage conditions for the vaccine, quality problems in the vaccine, and children’s nutritional status.