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# HEPATITIS A AND PREGNANCY – MODERN IDEAS ABOUT EPIDEMIOLOGY

*Matmurodova Nafisa Shomurodovna*

## INTRODUCTION

The treatment of pregnant women with viral hepatitis A does not differ from the therapy of non-pregnant patients and is carried out on an outpatient basis in cases of mild disease, and in cases of moderate or severe severity and according to epidemic indications, treatment is carried out in a hospital [1]. Antiviral drugs are not prescribed in the treatment of viral hepatitis A[36].

Prevention of viral hepatitis A during pregnancy does not differ from the generally accepted one and consists in daily observance of simple hygienic rules: the use of boiled or bottled water, personal hygiene (washing hands with soap or treating them with antiseptic after a walk, visiting the bathroom, public places, transport, before eating), thorough washing with clean water of untreated thermally vegetables and fruits [37].

Pregnant women and women of reproductive age planning to visit a country endemic for viral hepatitis A or a country with poor sanitary and hygienic conditions, it is necessary recommend specific prevention against infection.

HCV vaccines are available on the market both in monovalent form and in combination with hepatitis B virus vaccine. Vaccines are made from inactivated hepatitis A virus and are considered safe for use during pregnancy [38, 39]. To form a stable immunity, it is recommended to administer two doses of the vaccine [6, 11, 40]. The safety and efficacy of vaccines for pregnant women has been confirmed by several major reviews, the last of which, published in 2016 and covering the period from 1990 to 2015, did not reveal any complications, and antibodies in vaccinated individuals persisted for 15 years [40].

Within two weeks after the first administration of the vaccine, the protective level of antibodies is formed in 70-90% are vaccinated, therefore, for optimal protection, vaccination should be planned in advance, on the eve of the trip, and for the formation of long-term immunity, the introduction of a second dose of the vaccine is mandatory [6, 11, 24]. If a pregnant woman does not want to be vaccinated or for some other reason cannot take the vaccine, then she can be recommended passive immunoprophylaxis with a single dose of immunoglobulin, which will protect her for up to three months [41].

In addition to pregnant women, men who practice sex with men, people who travel to countries endemic for viral hepatitis A, people living in an area where clean water is not available,people with chronic liver disease, children and the elderly are among the risk groups for hepatitis A infection recommended for vaccination [42].

## REFERENCES:

1. Enteral hepatitis (hepatitis A and hepatitis E) in adults. Clinical recommendations. Moscow 2014: 1-99. Russian (Энтеральные гепатиты (гепатит А и гепатит Е) у взрослых. Клинические рекомендации. 2014: 1-99.)
2. Havelaar AH, Kirk MD, Torgerson PR, Gibb HJ, Hald T, Lake RJ, et al. World Health Organization global estimates and regional comparisons of the burden of foodborne disease in 2010. PLoS Med. 2015; 12: e1001923.
3. Aggarwal R, Goel A. Hepatitis A: epidemiology in resource-poor countries. Curr Opin Infect Dis. 2015; 28(5): 488-496.
4. Sharapov UM, Kentenyants K, Groeger J, Roberts H, Holmberg SD, Collier MG. Hepatitis A Infections Among Food Handlers in the United States, 1993-2011. Public Health Rep. 2016; 131(1): 26-29.



https://wordlyknowledge.uz

5. Jacobsen KH. Globalization and the Changing Epidemiology of Hepatitis A Virus. Cold Spring Harb Perspect Med. 2018; 8(10). pii: a031716. 6. Jacobsen KH, Wiersma ST. Hepatitis A virus seroprevalence by age and world region, 1990 and 2005. Vaccine. 2010; 28: 6653-6657

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