

# The prevalence of anti HBs among healthy reproductive-age female in Indonesia: National Health Survey 2007



Noer Endah Pracoyo, Vivi Setiawaty

Center for Research and Development of Public Health Effort, National Institute of Health Research and Development

#### INTRODUCTION

Hepatitis B virus during pregnancy has a high vertical transmission rate, causing fetal and neonatal hepatitis and maternal mortality. Neonatal hepatitis can lead to chronic virus carriage, which in turn may lead to liver cirrhosis and hepatocellular carcinoma in young adults. Acute Hepatitis B carries a particular risk, not only for the mother, but also for the newborn. Therefore identifying female in reproductive-age for anti HBs is a useful indicator for the immunity of the disease.

## **AIM / OBJECTIVE**

To determine the prevalence of anti HBs in healthy reproductive-age female during the national health survey in 2007.

Table 1. Distribution anti HBs among pregnant and non pregnant

| Pregnant | Negative | Positive | P-value |  |
|----------|----------|----------|---------|--|
| 1. Yes   | 182      | 60       |         |  |
| 2. No    | 450      | 153      | 0.857   |  |
| 3. N/A   | 340      | 117      |         |  |
| Total    | 972      | 330      |         |  |

# **METHODS**

The data used was secondary data obtain from National Health Survey in healthy respondent in Indonesia in 2007. In this study, we analyzed biomedical data that can be linked to the demographic data from public health questionnaire. The samples were reproductive-age female aged 15 to 49 years. The Enzyme Linked Immunosorbent Assay (ELISA) kit (Murrex-Abbot Laboratories) was used for serodetection of anti HBs according to manufacturer instruction. The number of respondents of reproductive-age female who were sampled in this analysis were 1302 respondents

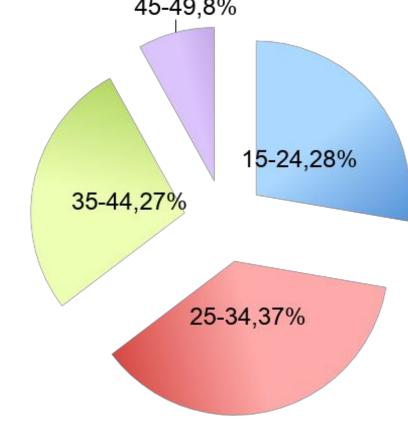
Table 2. Anti HBs among age group female

| Age group | Negative   | Positive   | Total | P-value | OR  |
|-----------|------------|------------|-------|---------|-----|
|           | N (%)      | N (%)      | N     |         |     |
| 15-24     | 228 (79.9) | 73 (20.2)  | 361   |         |     |
| 25-34     | 355 (73.8) | 126 (26.2) | 481   | 0,044   | 1.4 |
| 35-44     | 258 (72.7) | 97 (27.3)  | 355   | 0,026   | 1.5 |
| 45-49     | 71 (67.6)  | 34 (32.4)  | 105   | 0,010   | 1.9 |
| Total     | 972 (74.7) | 330 (25.3) | 1302  |         |     |

### **RESULTS**

The samples collections were obtained from urban area in 272 districts/municipalities in 33 provinces. The survey collected 7520 sera from all respondents. The 1302 of 7520 sera tested for anti HBs were reproductive-age female. Most of respondents were at 25 to 34 age group (481/1302, 39.4%). Among 1302 sera, we found that 330 (25.4%) had positive anti HBs. A 117 of 1302 (8.9%) samples were pregnant women. A 32 of 117 (27.4%) pregnant women had positive anti HBs. There is no information regarding the gestation period. A 81 of 1302 (6.2%) samples were delivered women. A 18 of 81 (22.2%) delivered-women had positive anti HBs

Graph 1. Distribution age groups of respondents 45-49,8%



## **CONCLUSIONS**

The high seroprevalence of anti HBs among healthy reproductive-age females are a public health concern. Further comprehensive studies are required to provide epidemiological information for public health awareness in the community

# **ACKNOWLEDGMENTS**

The authors would like to express gratitude to Head of National Institute of Health Research and Development, Ministry of Health, who has given permission to create analysis articles by using the data of National Basic Health Research 2007. We also would like to thank the Director of Center for Biomedical and Basic Technology of Health, the analysis team for National Basic Health Research 2007, all the respondents who had been willing to have blood drawn for checking the antibody titers, and the enumerators team who conducted the interviews and field sampling. At last, we also would like to thank colleagues at the mandatory laboratory who checked and provided the data.

#### **BIBLIOGRAPHY**

- 1. Xaydalasouk K, Strobel M, Buisson Y, Black AP, Muller CP (2018) Seroprevalence and risk factors of hepatitis B and C virus infections in female workers of Lao garment factories. PLoS ONE 13(7): e0199919. https://doi.org/10.1371/journal.pone.0199919.
- 2. Lavanchy D. Hepatitis B virus epidemiology, disease burden, treatment, and current and emerging prevention and control measures. J Viral Hepat. 2004; 11: 97±107. https://doi.org/10.1046/j.1365-2893. 2003.00487.x PMID: 14996343
- 3. Ministry of Health Republic of Indonesia, Basic Health Research Report, National Institute ofHealth Research andDevelopment, 2007.