

Physicians' knowledge of Hepatitis B and C in Côte d'Ivoire : *the emergency need to intensify the training of health worker in the context of a generalized epidemic*



Serge Niangoran¹, Maxime Inghels², Arsène Kra Kouassi¹, Anne Bekelync¹, Séverine Carillon², Sika Lazare³, Christine Danel⁴, Mariatou Koné⁵, Joseph Larmarange² for the ANRS 12323 DOD-CI group.

(¹) Programme PACCI, site ANRS, Abidjan, Côte d'Ivoire • (²) Ceped UMR 196 (Paris Descartes-IRD) SageSud ERL INSERM 1244, IRD, Paris, France

(³) ENSEA, Abidjan, Côte d'Ivoire • (⁴) INSERM, 1219, Bordeaux, France • (⁵) Institut d'Ethno Sociologie (IES), Abidjan, Côte d'Ivoire

Background : Viral hepatitis is a major public health problem in Côte d'Ivoire, with a prevalence of 8% to 10% for hepatitis B and 1% for hepatitis C. Research indicates that there is a lack of awareness of hepatitis in the general population; however, there remains little evidence concerning physician's knowledge of the virus. We, thus, investigate physician's knowledge on viral hepatitis B and C, which can be the first condition for screening and treatment.

Materials and methods : In 2018, we conducted a cross-sectional Knowledge, Attitudes and Practices (KAP) telephone survey on a random sample of physicians working in health facilities in Côte d'Ivoire. Data collected included an assessment of knowledge about viral hepatitis B and C and their personal attitudes towards hepatitis screening and vaccination. We created a knowledge score based on 14 variables (screening test variables, HBV viral load variables, treatment indications variables, treatment availability and associated costs variables) and identified the associated factors using a multivariate Poisson model.

Results :

1. Knowledge of the prevalence of viral hepatitis B and C and their screening: 83% of doctors say that the screening is done with the HBs antigen. 68% say the presence of anti-HBc antibodies means previous contact with HBV. Prevalence of hepatitis B and C: Only a third has an exact idea of the level of national prevalence. 21% say they have never been tested for HBV (32% tested only once and 46% several times).

2. Knowledge of hepatitis B vaccination and vaccination coverage of physicians : 47% believe that a person who has been in contact with the virus does not need to be vaccinated compared to 43% who think the opposite. 51% indicate vaccination as a means of prevention against HBV. Almost 18% of doctors say they are not vaccinated against HBV.

3. Knowledge of the management of viral hepatitis B and C: 30% of doctors know that antivirals are not free for mono-infected people and 34% do not know that some ARVs are effective against HBV. 52% say they do not agree that a positive HBV viral load greater than 20,000 IU is an indication for antiviral treatment. 36% are unaware that an HBsAg positive patient does not necessarily require treatment. Strong heterogeneity in knowledge of modes of transmission and means of prevention: Only 27% spontaneously cite "saliva" as a mode of transmission of hepatitis B.

4. Associated factors with a "good" knowledge of viral hepatitis B and C: Factors associated with high knowledge of viral hepatitis B and C among physicians were: Having followed specific training on viral hepatitis outside of the academic course (RRa = 1.16 [1.03 - 1.30]). Having previously screened for viral hepatitis (RRa = 1.16 [1.04 - 1.29]). Proximity to viral hepatitis by having people with the pathology around them (RRa = 1.09 [1.00 - 1.19]).

Discussion and conclusion : This study showed that the overall knowledge about viral hepatitis among physicians was unsatisfactory, contrasting with the extent of the disease in the population. The fight against viral hepatitis in Côte d'Ivoire necessarily involves increased involvement of all doctors, and in particular through enhanced initial and continuing training in prevention and patient care. Screening followed by vaccination of health care practitioners should be routinely applied.

