



Letter to the Editor

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Are current practices for Hepatitis B-positive immigrants reasonable?

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Dear Editor,

The healthcare rules and regulations pertaining to the entry of people into various countries have been made very stringent; however, whether these measures are beneficial or causing much harm is unclear. Hepatitis B (HB) tops the deportable diseases list, and is a significant health concern for both countries and immigrants alike.

Despite universal implementation of HB vaccinations, it remains a dreadful disease of global concern affecting millions of patients in developing countries.^{1,2} Patients who are determined to get rid of HB infection may try one experimental treatment after another; many also undertake “doctor shopping” in an effort to rid themselves of this infection. In rare cases, a newly acquired case of hepatitis B can result in liver failure and death. People infected with HB are unaware initially, since it takes a few months to years for symptoms to appear or for the virus to cause liver damage. Nevertheless, even if the virus is cleared, once infected, people may still have a high risk of developing liver cancer, particularly if HB has resulted in cirrhosis of the liver.³

HbsAg positivity implies that the virus is active, and HBeAg is often used as a marker of infectivity and active viral replication.⁴ Patients who are HbsAg positive but HBeAg negative are healthy carriers. HbsAg is seen in acute cases as well as in hepatitis B virus (HBV) carriers. HBeAg is usually detected in the early stages of HBV infection (within three to six weeks); meanwhile, it becomes unnoticeable in acute HB infection as the virus is cleared and HBeAb is detected.⁴ Such patients need not be put on antiviral medications and can continue to have a normal life, and there is no restriction on what needs to be eaten. Liver functions need to be monitored regularly in such cases. As per new laws in Middle Eastern countries, an HBsAg test is mandatory for all categories. After entry one has approximately 60 days to undergo the test. However, if one is found positive for

HBsAg, one has to depart with no further tests. In rare cases, individuals may also receive an immigration ban.

Many HB cases are incidentally detected during blood donation camps or during routine health check-ups. People who have contracted HB may experience confusion, and anxiety as they wonder whether their days in the country are numbered. An HB diagnosis may shake a person’s sense of self-esteem and self-worth. Many people settle abroad for business reasons and may have invested money, so it is stressful for them to be ill. People are also afraid of infecting their partner, and fear the serious complications of chronic HB infection. They need time to understand and comprehend the likely pathogenesis of a HB infection, which many do not have. They do not get sufficient time to undergo treatment, nor to protect loved ones and normalise life around having HB.

Medical advice for diagnosis and treatment is available, but it is important to receive it early. Chronic HB infection impairs health-related quality of life even in the absence of severe liver pathology.⁵ Post-diagnosis of HB infection patients experience disturbing emotions in everyday life. Coping with an uncertain and unpredictable chronic viral infection remains a big challenge, intensified by the knowledge that one is a potential source of infection to others. How one reacts emotionally may depend to some extent on how severely one is physically affected, how the diagnosis was informed, and whether one feels guilty about how the infection was acquired. There is a strong compulsion among patients to remain private about their disease. Healthcare agencies and physicians may need to consider the following: evidence for HBV infection and its level of activity, extent of liver inflammation, other complications of hepatitis, the degree of immunity, and ability of the liver to function normally.

Should screening for HB be a health requirement for entry to countries? Certainly “yes” in order to minimise safety risks related to public health. Several questions remain unanswered, however: Should deportation be decided on the viral load? Should severity of the infection be assessed? Will denying infected expatriates their residency visas solve the health problem?

Basing immigration policies primarily on the basis of serological tests does not seem to be a rational solution. Changes are needed with regard to the present policies and



laws governing the health status of immigrants so as to minimise future concerns regarding immigration and relocation.

Sincerely,

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