Risk Communication for Viral Hepatitis Management Among Migrants

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Abstract

The burden of viral hepatitis is high with huge mortality and morbidity on human population. The increasing migration of people from areas highly prevalent of viral hepatitis poses a unique threat to the healthcare systems of the host nations. The deficient universal standards for screening, vaccination, and treatment of viral hepatitis have therefore made the burden of chronic liver disease and hepatocellular carcinoma to increase among migrant populations globally. This study examines the role of risk communication in managing viral hepatitis among migrants at the different levels of pre-departure phase, travel phase, destination phase, interception phase and the return phase. The study concluded on the need for concerted effort by national governments to develop a national communication policy with comprehensive risk communication strategies on viral hepatitis management among migrants.

Introduction

Studies on risk communication have crisscrossed several fields of human endeavours. Its imperativeness is fundamental to managing growing health concerns, especially in an era of globalization. Such concerns have been raised in the context of uncontrolled human migration. This has consequently placed more responsibilities on international aid agencies, governments as well as non-government organisations to providing information on potential associated risks.

For centuries hepatitis has been a major global infectious disease affecting mankind (Mauss, Berg, Rockstroh, Sarrazin, Wedemeyer, and Kamps, 2014). The endemic nature of the disease is seen in its categorisations of viral and non-viral hepatitis. Viral hepatitis is a universal infection affecting majorly the liver and causing its inflammation. Viral hepatitis is caused by infection with one of the five known hepatotropic viruses, which are named as hepatitis A virus (HAV), hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis D virus (HDV), and hepatitis E virus (HEV), respectively (Alter, 2006; El-Serag, 2012; Ly, Xing, Klevens, Jiles, Ward, and Holmberg, 2012; WHO, 2016).

While the fears on the link between migration and infectious disease such as tuberculosis, cholera, chickenpox, meningitis, leprosy, human papillomavirus (HPV) influenza (flu) have long been in existence, concerns are beginning

to rise and attention given to viral hepatitis (Carballo, Cody, O'Reilly, and Felici, 2010). In a world in which human movement is becoming easier, faster and further than ever before in the history of human race, the role played by migration in the spread of viral hepatitis deserves a special consideration and an urgent call for communication policy and practice aimed at mitigating this deadly pandemic among nations and their people. This is very fundamental as the World Health Organisation has noted that 2 billion people in the world are living with the viral hepatitis disease (WHO, 2017c). In addition, an estimate of 350 – 400 million people are said to be living with the chronic form of the disease globally (WHO, 2016).

Among the many factors contributing to the changing epidemiology of viral hepatitis, the movement of people within and between countries is a potentially important one. For instance, globally in the year 2015, there were an estimate of 244 million international migrants (McAuliffe and Ruhs, 2017). A more alarming statistics revealed that there were about 740 million internal migrants (McAuliffe and Ruhs, 2017).

In view of the major health risk viral hepatitis poses on migration in whatever form, there is an urgent need to critically examine the role of health communication, especially the aspect of risk communication in managing this this major health challenge. Risk communication is very fundamental to managing infectious diseases and other public health risks. In fact the World Health Organisation has urged member countries to strengthen their efforts in this regard (Turner and Turner, 2008; Vaughan and Tinker, 2009).

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Reshma Prashad (York University, Canada), Mei Chen (Seenso Institute for Public Health, Canada)