

SPECIAL REPORT

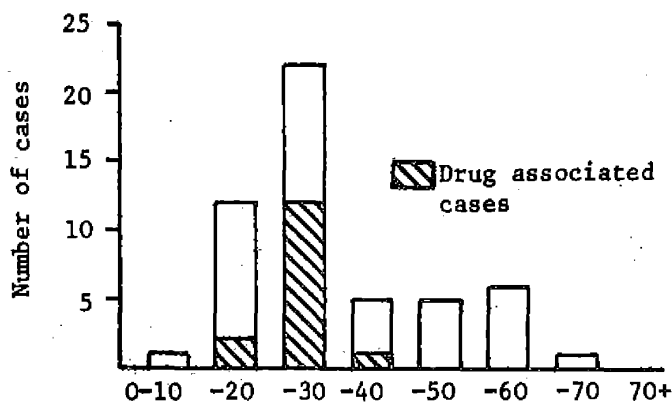
DRUG ABUSE AND HEPATITIS B INFECTION

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In 1976 at the Regional Virus Laboratory, Ruchill Hospital, Glasgow, hepatitis B surface antigen (HBsAg) was detected in the sera of 108 patients. Of these, 52 were found to be suffering from acute hepatitis B infection, the remainder being long-term carriers of the antigen. As has been seen in previous years in acute hepatitis males greatly exceeded females (36 males: 16 females) and the majority of patients were in the younger age groups (11 - 30 years) (Figure 1) (Chaudhuri & Follett, CDS 76/30; Follett, CDS 76/40).

FIGURE 1

Cases of Acute Hepatitis B
Infection, Greater Glasgow, 1976,
according to age

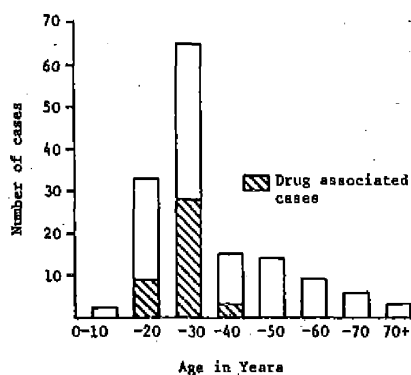


Drug addiction, drug abuse or association with drug addicts was noted in 15 of the 52 patients with acute hepatitis B (28.8 per cent). Almost all of these 15 were in the younger age groups (Figure 1) and 14 were of the *ay* sub-type of hepatitis B surface antigen which predominates in drug addicts with hepatitis B infection.

An examination of the 1976 returns of hepatitis B detection in the whole of Scotland showed a remarkably similar picture. There were 154 cases of acute hepatitis B of which 42 (27.2 per cent) were in patients where drug abuse was noted. The age distribution of the 154 cases and the 42 drug-associated cases was little different from that seen at Glasgow (Figure 2).

FIGURE 2

Cases of Acute Hepatitis B Infection,
Scotland, 1976, according to age.



(iii)

It is apparent from these observations that drug abuse is giving rise to a very significant number of the total cases of acute hepatitis B in Scotland. The noted percentage for 1976 (27.2) is very likely an under-estimate as several patients may not be asked about or admit to drug abuse or association with drug abusers. It is also evident that this is not another problem peculiar only to the west of Scotland. It occurs throughout Scotland and what is seen in Glasgow reflects but does not magnify what occurs in the whole of Scotland.

References

- Communicable Diseases Scotland, Weekly Report, Special Report 76/30*
Communicable Diseases Scotland, Weekly Report, Special Report 76/40