

Interventions for Combating Aflatoxin Health Risks: Highlights of health interventions

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Focus

- ❑ Hepatitis B Vaccination
- ❑ Other control options e.g Enterosorbent use

Hep B (HBV) Vaccination

- Hepatitis B virus is transmitted very efficiently with the blood or other body fluids of the infected person.
 - perinatal early inapparent childhood infection,
 - scarification,
 - sexual contact,
 - blood transfusions,
 - unsafe injection practices,
 - injecting drug use and
 - occupational exposure of health care workers

Hep B Control

- ❑ Control and prevention of HBV replication and transmission, and even elimination of the virus from the human population is a winnable battle.
- ❑ The global immunization vision and strategy launched in 2006 targeted to increase universal access to high quality vaccines across all ages in the context of global interdependence (WHO, Global Immunization Vision and Strategy, 2013).

Examples

- The national immunization programs of all EAC states introduced the hepatitis B vaccine in combination with the DPT (Diphtheria, Pertussis, Tetanus) and Hib (Haemophilus Influenza type B) vaccines in 2002 (EAC Immunization and Vaccines Partners' meeting, 2013) thus ideally most of the children are to be immunized in infancy

Challenges

- A study conducted on over 2,000 pregnant mothers in Kenya showed the prevalence of HBsAg to be as high with a sero-conversion rate of 30.2% (Okoth F. et al. 2006).
- It can be extrapolated that a large adult population are carriers of the hepatitis B antigen.
- Suggests existence of an increased risk of mother-to-child transmission.

Way forward?

- Hep B is strongly associated with enhanced adverse effects of aflatoxin in (Asia and Latin America) –synergy
- Is there any better strategy we can use to ensure 100% vaccination coverage?
- Which other options do we have to combat aflatoxin health risks?
- Use of enterosorbents – safety, acceptability, palatability and efficacy studies?