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Effects of a national plan for hepatitis B and C to hospitalization due to hepatitis B and C related liver disease

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Background: Chronic viral hepatitis (CVH) is the most important risk factor for hepatocellular carcinoma (HCC) and chronic liver disease. The most common two causes of CVH are hepatitis B virus (HBV) and hepatitis C virus (HCV) infection. There are high prevalence of HBV and HCV infection in Taiwan, and the government introduced a national plan of anti-viral treatment (AVT) for HBV and HCV infection since October 2003 but its effect was still not clear.

Aims: The aim of the study is to evaluate the effects of the national AVT plan to hospitalization due to HBV and HCV related liver diseases and HCC.

Materials & Methods: We used the database of year 2001 to 2010 from National Health Insurance Administration (NHIA) of Taiwan to calculate the yearly hospitalization amount, mean hospital stay and mean age of hospitalized patients due to acute hepatitis B (AHB) and C (AHC) with or without hepatic coma (ICD-9 codes: 07020, 07030 and 07041, 07051), Chronic hepatitis B (CHB) and C (CHC) with or without hepatic coma (ICD-9 code 07022, 07032 and 07044, 07054) and CHB, CHC related HCC (ICD-9 code 07022, 07032+1550 and 07044, 07054+1550). Linear regression was used to analyze the relationship between these hospitalization data and duration of AVT plan.

Results: Data of 982352 random people and 734973 of hospitalization during 2004 till 2010 were investigated and showed the yearly hospitalization amount due to AHB in this sample has increased from 368 to 1022 since 2004 to 2010 and mean age of hospitalized patients has increased from 44.9 to 56.2 years old. Hospitalization amount due to, CHB, CHC, CHB with HCC and CHC with HCC also have increased from 366 to 965, 226 to 1066, 230 to 895, 33 to 347 and 22 to 283 respectively, and mean age of them have increased from 54.5 to 62.0, 45.4 to 54.5, 55.3 to 63.5, 55.1 to 60.0 and 66.1 to 69.4 years old respectively. All above increasing data showed positive linear relationships with the duration of AVT plan ($P<0.05$). However, there was not a linear relationship between the mean hospital stay and the duration of AVT plan.

Conclusions: Hospitalization amount and mean age of hospitalized patients' due to HBV and HCV related liver diseases revealed an increased trend during the first 7 years when a national AVT plan was launched in Taiwan. Although many influential factors should be considered such as an increased medical accessibility or aging populations, a longer and more detailed investigation may be necessary to elucidate the benefits of this plan.

Biography

Tsai , Yu- Jou received his M.D. degree from China Medical University, Taiwan in 1992. He is currently serving as Vice Director at Department of Internal Medicine in Yuan's General Hospital. His research interests are Clinical hepatology and Gastroenterology.

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