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Blood Borne Hepatitis at Hajj

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A n estimated 2.5 million Muslims from all over the world are expected to converge in Mecca, Saudi Arabia by the end of this December for Hajj pilgrimage. Overcrowding during the largest annual mass gathering of such enormous proportions inevitably increases exposure to and risk of a variety of infections, some with pandemic potential ⁽¹⁾. Adopting simple measures and offering appropriate immunisations to the pilgrims can prevent many of these infections. Knowledge of the nature and extent of infections however is important to implement the effective protective measures.

As part of the rites of Hajj, men shave their heads although trimming the hair is also acceptable; women cut a lock of their hair. Communal use of razors or blades carries the risk of blood borne infections such as Hepatitis B, hepatitis C or HIV⁽²⁾. To minimise this risk the Saudi authorities require all barbers looking after the pilgrims to be licensed but many pilgrims use the services of opportunistic makeshift barbers or help by shaving each other, often reusing their razors at the risk of transmitting blood borne virus infections. Unlike the respiratory infections that have a short incubation, infection with blood borne viruses takes much longer to manifest or indeed may remain undetected for many years while it may progress to chronic liver disease. Studies on barbers have shown a high prevalence of carriage and disease among barbers. Extrapolating from various studies Memish et al.



Pilgrims are getting their heads shaved by their fellows.

(2003) estimated that about 10% of the barbers are carriers of hepatitis C and 4% carry hepatitis B, over a tenth of whom are in active carrier stage ⁽³⁾. Many pilgrims will come from areas of the world with a high endemicity of blood borne infections such as hepatitis B and/or C. To our knowledge there have not been any studies to establish the exact incidence of viral hepatitis among the pilgrims. There is an urgent

* Correspondence: Harunor Rashid MBBS, DCH, Academic Unit of Paediatrics, QueenMary University of London, 38 New Road, London, El 2AX, UK. Telefax: +44 (0)207 377 71 67 E-mail: h.rashid@qmul.ac.uk Hep Mon 2006; 6 (2): 87-88 need to understand the true epidemiology and to measure the burden of hepatitis among Hajj pilgrims.

An effective vaccine against Hepatitis B is available and pilgrims should be advised to obtain it before departure if they are known to be susceptible or uncertain of their immune status against

Hepatitis B. An accelerated 3-dose regimen on 0-, 7and 21-day schedule particularly designed for travellers is shown to confer adequate seroprotection compared to conventional regimen⁽⁴⁾. Pilgrims planning their journeys at the last moment will benefit from such condensed vaccination schedule. However, there is no vaccine to protect against Hepatitis C or HIV. It is important therefore to ensure that the procedure of head shaving is safe and free from risk of infection. Intense methods of education are required to make pilgrims aware of the potential dangers and to educate them to insist on the use of a new blade or razor.

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