

LETTER TO EDITOR

Hepatitis A Vaccination among Thai Medical Students: A Questionnaire Study

Viroj Wiwanitkit *

Wiwanitkit House, Bangkhuae, Thailand 10330

Hepatitis A virus (HAV) is a common cause of hepatitis worldwide. The mode of transmission is generally person to person or by oral intake after fecal contamination of skin or mucous membranes; less commonly, there is fecal contamination of food or water. This infection is endemic in developing countries including Thailand (prevalence about 1.1% in general population) ⁽¹⁾. One of the several risk groups is medical students who are exposed to this infection during their routine daily practice. Here, the author performed a study to assess the prevalence of medical students who were not sufficiently vaccinated against this occupationally relevant infectious disease in a Thai medical school using questionnaire survey.

One hundred and fifty-four students of the Chulalongkorn medical school in Thailand (age between 18-21 years old, 89 females and 65 males) who enrolled in this study completed a questionnaire on demographic data and their vaccination status to hepatitis A. The questionnaire is already approved for the validity and reliability in the previous pilot questionnaire testing. Interestingly, the reported rate of hepatitis A vaccination among these medical students was only 3.9% (6/154 cases) which is considerably very low comparing to a recent report from Germany (reported rate of vaccination: 59.5%-64.1%), where the prevalence of hepatitis A infection is lower ⁽²⁾. A possible explanation for the low prevalence in this work is that the vaccination for hepatitis A is rather new in Thailand and is not already included in the national expanded program on immunization.

According to this work, although medical students are at high risk of being exposed to hepatitis A infection ⁽³⁾ they have a low rate of

vaccination. However, because vaccination for hepatitis A depends on the immunity of the population in that area, anti-hepatitis A IgG should be confirmed before vaccination starts. Concerning the studied medical students, none knew their own immunity status. In addition, anti-hepatitis A IgG test costs about 12 US dollars which is nearly as expensive as hepatitis A vaccine (about 16 US dollar). Therefore, it is not suggested to perform hepatitis A antibody testing.

Although the cost of vaccine is not too much, it seems that most students, who have no salary, might not be able to afford it. However, hepatitis A vaccination is not generally indicated in developing countries, such as Thailand, where due to high endemicity, most children become infected in their early childhood and therefore the disease is uncommon. The recommendation for the health care worker is still set ⁽⁴⁾. In addition, medical students might be the forgotten and neglected group. In order to increase the rate of hepatitis A vaccination among medical students, they should be provided with free of charge vaccination early before the beginning of their medical training.

* Correspondence:

Viroj Wiwanitkit, M.D., Wiwanitkit House, Bangkhuae, Bangkok, Thailand 10160; Visiting Professor, Hainan Medical College, Hainan, China.

Tel/Fax: +668-92346632

E-mail: vwiroj@yahoo.com

Received: 27 Feb 2008

Revised: 11 Apr 2008

Accepted: 4 May 2008

Hep Mon 2008; 8 (2): 151-152

References

1. Kalayanaroj S, Vaughn DW, Snitbhan R, Ariyasriwatana C. Age-specific prevalence of hepatitis A antibody in Thai children. *Southeast Asian J Trop Med Public Health* 1995; **26**: 709-11.
2. Radon K, Klewer J, Nowak D. Vaccination status of medical students in Munich-results of a questionnaire survey (in German). *Gesundheitswesen* 2001; **63**: 573-7.
3. Oncu S, Oncu S, Sakarya S. Hepatitis A and B seropositivity among medical students. *Health Policy* 2005; **74**: 39-45.
4. Bader TF. Hepatitis A vaccine. *Am J Gastroenterol* 1996; **91**: 217-22.