PROJECT PRAKASH
KEY LEARNING POINTS

Training: Viral Hepatitis in Pregnancy – *Unravelling the mystery*
Topic: Recent Advances in HEV in Pregnancy
Faculty: Dr. Ankur Jindal, Associate Professor, Hepatology, ILBS
Period: 2019
Attendees: Doctors

Key Points

- HEV is the commonest cause of AVH in both sporadic and epidemic setting.
- Mortality of pregnant patients with ALF similar to that of non-pregnant woman and men.
- High HEV RNA in pregnant HEV- ALF compared to AVH-E represents increase viral replication or release from infected hepatocytes.
- 6 amino acids changes in ORF1-F179S, A317T, T735I, L11110F, V1120I and F1439Y - significantly associated with HEV type-1 ALF.
- T cells are markedly reduced during early pregnancy upto the 20th week of gestation, leading to a reduced level of immunity.
- Immunoglobulins are not effective in the prevention of HEV infection in the sporadic setting and also in pregnant woman in epidemics.
- **HEV vaccination in pregnancy**: recombinant HEV vaccine (HEV 239-26 kDa protein encoded by ORF2 of HEV1) - 30gm purified antigen absorbed to 0.8mg aluminium hydroxide.
- **HEV in Pregnancy** - high risk of ALF and adverse maternal and fetal outcomes.

****