

The background is a light beige color. It features several abstract elements: large, soft-edged beige shapes in the top-left and bottom-right corners; and two complex network diagrams made of thin yellow lines with small dots at the vertices, one in the top-right and one in the bottom-left.

# **Hepatitis B and C work in GHANA**

Dr. Yvonne A. Nartey  
Cape Coast Teaching Hospital  
[ayerki.nartey@gmail.com](mailto:ayerki.nartey@gmail.com)

# About the speaker

**Name:** Dr. Yvonne A. Nartey

**Employment:** Internist, Cape Coast Teaching Hospital

## Background

- MBChB (2013)
- Internship (2015)
- MSc in Internal Medicine (2019)
- MPhil in Microbiology and Immunology (2019)
- Membership in Internal Medicine (2021)
- PhD Candidate (2022)

## Yvonne in a nutshell:

- Physician
- Teacher
- Advocate
- Researcher
- Wife, sister, friend, mentor



Cape Coast, Ghana

# GHANA

**HBV Prevalence: 8.4 – 12.3%**

**HCV Prevalence: 3.0%**





## Ghana

2019 Population: 30418000 | 2019 Adult Population: 17169000 | World Bank Classification: Lower Middle Income

HCV Status: Verified

HBV Status: Verified

HCV Infections (2016)

**399,000 (1.4%)**



Diagnosed  
8%



Annual Treated  
0%



Annual Deaths  
1,300



4 deaths  
per day

HBV Infections (2016)

**2,823,000 (9.9%)**



Diagnosed  
1%



Treated  
0%



Annual Deaths  
3,300



9 deaths  
per day



Birth Dose  
0%



3+ Dose  
93%

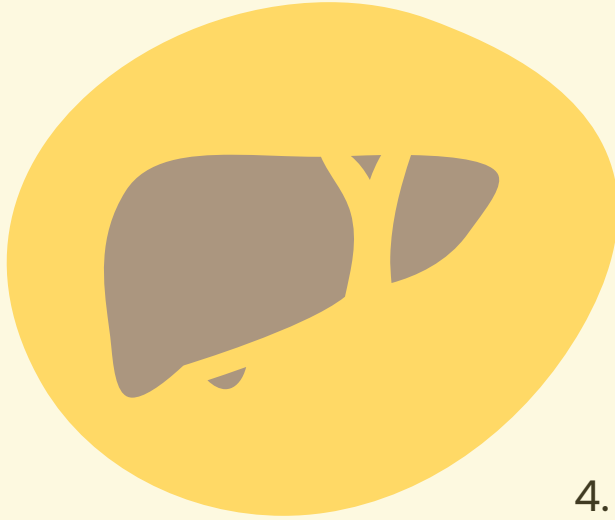


HBIG  
0%



Tx Pregnant Women  
0%

## OUR HBV AND HCV WORK IN GHANA



1. Prevention of Mother to Child Transmission of HBV (PMTCT)
2. Evaluation of HBV and HCV Testing and Treatment Capacity (HEAT Project)
3. Assessment of region-specific burden in Ghana (HEAT Project)
4. Research on liver cirrhosis and liver cancer and development of first countrywide registry

# **01 PMTCT**

- **Grant Sponsored by Gilead Sciences (2020–2021)**
- **Training of 1,800 healthcare workers across Ghana on HBV and PMTCT**
- **Provision of teaching aids for midwives to educate pregnant women**

# EXAMPLE OF WORKSHOP POSTER



## Prevention of Mother to Child Transmission of Hepatitis B



### TOPICS

Overview of viral hepatitis, risk factors and public health relevance

Diagnosis of HBV; all you need to know

Treatment principles of HBV

Care of the pregnant woman (and baby) with HBV

**RATE: FREE**

**MDC, NMC, & ALLIED HEALTH COUNCIL  
CPD ACCREDITED**

**TARGET: DOCTORS, NURSES, MIDWIVES, MEDICAL/  
PHYSICIAN ASSISTANTS**

**DATE: 4th & 5th February 2021  
TIME: 8.30am to 4.30pm  
VENUE: Ho Teaching Hospital Annex  
(Princefield College Site, Aflao Road)**

**For more information please contact: 0246794065 / 0209311063**



# **WORKSHOP AT THE CAPE COAST TEACHING HOSPITAL (PRE-PANDEMIC)**





# ONLINE WORKSHOP DURING COVID-19 PANDEMIC

You are viewing Dr. Amoako Duah's screen View Options

Yvonne A Nartey Dr. Amoako D... Dorcas Obiri-Y... AFRICA PARTNER MEDICAL APMG equipment to prevent

Recording Paused

## 3. Pregnancy and Breastfeeding

- Pregnant women with immune-active hepatitis should be treated per recommendations for nonpregnant women
- In HBsAg+ pregnant women with HBV DNA > 200,000 IU/mL, antiviral therapy recommended to prevent perinatal transmission
  - TDF preferred due to its potency and high barrier to resistance
- Infants born to HBsAg+ women should receive immunoprophylaxis (ie, HBV vaccination  $\pm$  HBIG per WHO and CDC recommendations)
- Breastfeeding is not contraindicated in women receiving NA therapy

Participants (257)

Panelists (4) Attendees (253)

Search

PO Priscilla Obeng-Amoako  
PA Prosper Atuku  
PE Prosper Essoun Baidoo  
R Redmi  
RE REGINA ELIKPLIM

Lower All Hands

Chat

check, it must be from your end. We can hear him

Some of you have raised your hands. I think it is accidental so kindly check and lower it. If you have a question please use the Q&A section

To: Panelists and Attendees

Type message here...

Unmute Start Video Participants 257 Chat Share Screen Polling Raise Hand Q&A More End

# WHATSAPP RESOURCE WITH FACILITATORS

< 31  PMTCT of Hep B Workshop 4

According to the client she was on drugs for 4yrs. But was asked to stop about 1year now. I need you counsel on what to do for her. Thank you. 9:10 AM

 P. O. BOX 11 2388, TAMALE N/E, GHANA WEST - AFRICA  
Tamale Tel: 024514901 / 0245159499  
Email: jags@jags-clinic.com  
Location: Opp. Tamale Teaching Hospital (Same Building with Multispecialty Pharmacy) Tamale - GHA, 2008  
JAGS CLINIC LIMITED - TAMALE

TEST DESCRIPTION Result Indicator Reference Range & Unit

HEPATITIS B PROFILE

HbsAg Reactive

HsAb Non-reactive

HsAb Non-reactive

HsAb Non-reactive

HsAb Reactive

COMMENT INACTIVE HEPATITIS B VIRAL INFECTION

SIGNATURE

9:10 AM

For Review  
MEDICAL SUPERVISOR CHARGE  
SUPERVISOR OVER PHARMACY  
SUPERVISOR OVER NURSING

Lab Ref: [REDACTED]  
Ref No: [REDACTED]  
Spec: [REDACTED]

Collection Date: 04/01/2021  
Received Date: 04/01/2021  
Final Report Date: 04/01/2021

FOR REF BY: [REDACTED]  
DO NOT SIGN THESE. YOUR SIGNATURE IS THE ONLY SIGN REQUIRED.

9-C-3 EXPRESSED DISEASE


DEFINITION OF DISEASE FROM EXPRESSED RESULTS BY PCR

LEVELS: ng/mL

• HCV RNA positive 1430 0.076

• Hepatitis B viral DNA The current significance range of the COBAS assay is 10 - 100000000 IU/mL

CONSENT OF PROVIDER: A written and signed consent form, a written (signed) diagnosis should not be used as the basis of a single test. It should be used by the provider when the test is used to inform the patient's care.

< 31  PMTCT of Hep B Workshop 4

I think this patient need only monitoring 1:20 PM

1. How old is the patients?

2. Any family history of liver cirrhosis or hepatocellular carcinoma?

3. What was the indication for testing this patient ? 3:46 PM

Dr Amoako Duah KBTH

1. How old is the patients?

2. Any family history of liver cirrhosis or hepatocell...

55 years old female

Only her 30 yr old son tested positive for HBsAg

It was realized during a medical screening 4:11 PM

Dr Amoako Duah KBTH

Ok. Then do liver function test and abdominal ultrasound scan and let's see 4:15 PM




**02**

**03**

# **HEAT Project**

- **Grant from Coalition for Global Hepatitis Elimination, Task Force for Global Health**
- **Evaluation of Testing and Treatment Capacity for HBV and HCV**
- **Assessment of Epidemiologic Burden**

Project objective	Support elimination-ready HBV and HCV testing policy development
Supported by	
Ongoing projects	<ul style="list-style-type: none"> <li>• <b>Ghana</b></li> <li>• Vietnam</li> <li>• Moldova</li> <li>• Thailand</li> </ul>
Key project components	<ul style="list-style-type: none"> <li>• Epi assessment (if needed)</li> <li>• Lab capacity assessment</li> <li>• Elimination modeling</li> <li>• Policy/Action plan development</li> </ul>

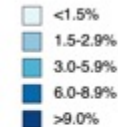
# ASSESSING NATIONWIDE BURDEN

HBsAg



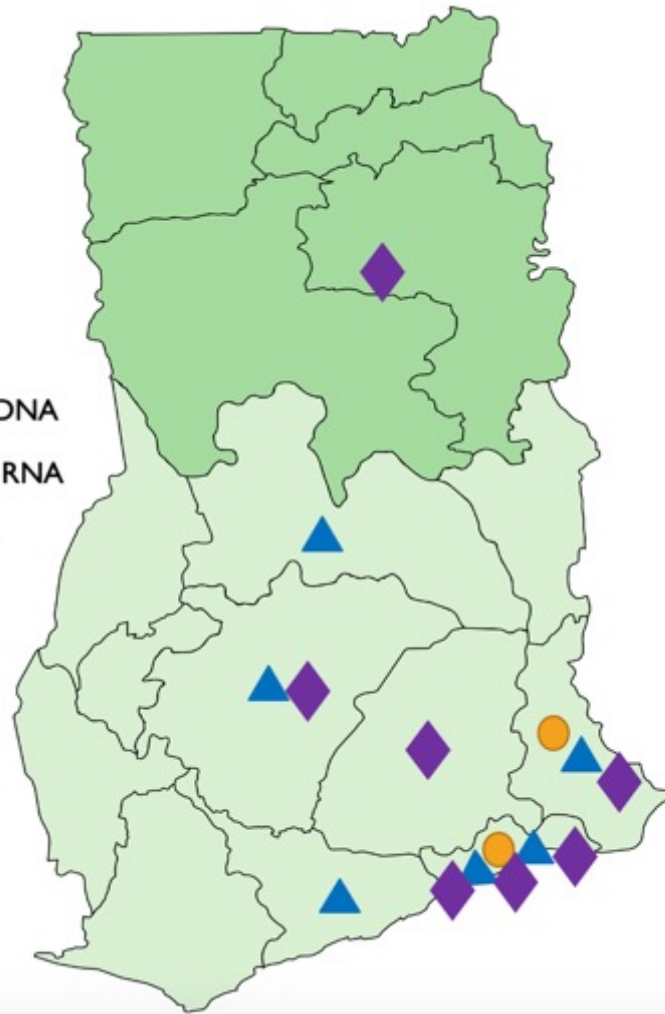
\*\* Based on health screening data from HFOG

Anti-HCV



# **ASSESSING TESTING CAPACITY IN GOVERNMENT HOSPITALS**

- ▲ HBV DNA
- HCV RNA
- ◆ ELISA



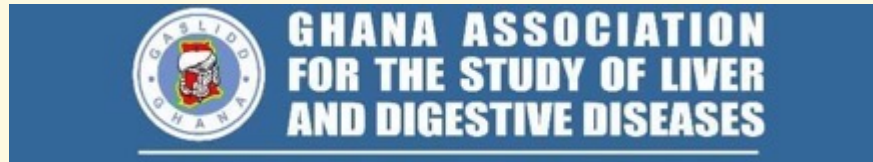


# **STAKEHOLDERS' MEETING, HEAT PROJECT, 2021**

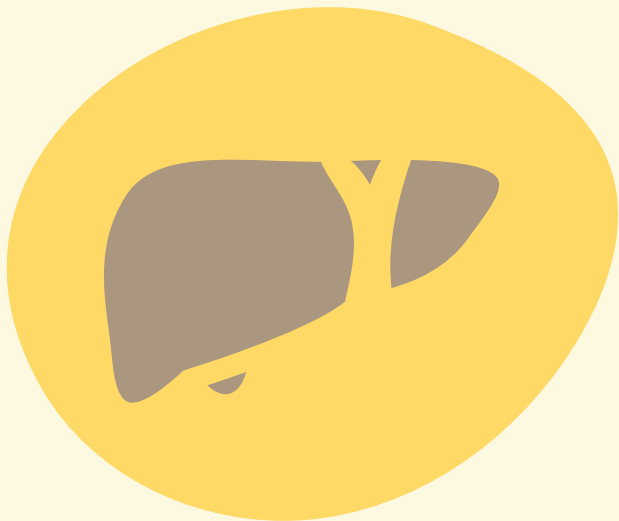


# 04

## DEVELOPMENT OF NATIONWIDE REGISTER



## UPCOMING / FUTURE WORK:



1. Free HCV treatment for up to 5000 patients through donation from Egyptian government
2. Advocacy for HBV Birth dose vaccination in Ghana
3. Advocacy for government funded/cheaper testing and treatment for HBV/HCV in Ghana
4. Strengthening reporting systems for viral hepatitis in Ghana

# OUR TEAM



Prof Dorcas Obiri-Yeboah



Dr. Amoako Duah



Prof Yaw Asante Awuku



Prof Lewis R. Roberts



Prof Amelie Plymoth



Extended Network

# THANKS!

Happy to take questions!

ayerki.nartey@gmail.com



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