

**Letter to the Editor / Editöre Mektup****Awareness of dental professionals about Hepatitis B immune status****Hepatit B İmmün Durumu Hakkında Diş Profesyonellerin Farkındalığı**Shruthi Hegde<sup>1</sup>, Subhas Babu<sup>1</sup>, Vidya Ajila<sup>1</sup>, Shishir Ram Shetty<sup>1</sup>

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Hepatitis B virus is highly infectious and causes serious health problems. About a third of the world's population has been infected, and 400 million people are chronic carriers (1). HBV infection is a major public health problem in India, as there are 45 million estimated carriers (2). The dental environment has been shown to be a high risk setting for hepatitis B virus infection among dentists and possibly, their patients. HBV has been detected in blood and in saliva, which are common contaminants in the dental environment (3). The virus and the infection can be controlled by immunizing susceptible people, interrupting the routes of transmission, and treating the chronically infected (1). Information on the persistence of protection after vaccination is still inadequate (1). Previous studies have shown that the level of anti-HBs in vaccinees declines rapidly within the first year and more slowly thereafter (4). Studies have shown that certain individuals can be nonresponders or hyporesponders to the HBV vaccination (5). Factors such as increasing age, chronic disease, male gender, obesity, cigarette smoking were identified as adverse prognostic factors for seroconversion by several studies (6, 7).

Present study was performed to evaluate the awareness among dentists about the monitoring of anti-HBs levels after primary vaccination. This cross sectional questionnaire based study involved 150 dental professionals from private dental institution. A custom made questionnaire was administered to all 150 correspondents. Questionnaire had information regarding level of education of correspondents, knowledge regarding the HBV immunization, self-assessed information about own vaccinations status and need for informative programmes on HBV immunization. All correspondents were in dental practice from 1 to 20 years. Even though all the dental schools in India have HBV immunization programme in the beginning of their training period 9 (6%) correspondents were not vaccinated against HBV. This is due to the cost of immunization and lack of knowledge. Out of 141 vaccinated dentists 17(12%) individuals had history of incomplete vaccination. All these dentists were vaccinated 1 to 18 years prior to the study period. Only 74 (52.4%) individuals were aware of decline in post vaccination antibody titres. Among 141 immunized dentists only 11 (7.8%) have checked their post vaccination antibody titre. This is attributed to the lack of knowledge, limited laboratory facility to assess Anti-HBs and cost factor. Study revealed that 44 subjects had taken booster vaccination. All participants opined that more informative programmes on HBV immunization are necessary. A similar study done by Tripathi S et al also demonstrated the need for further HBV education (8). A study done on dental health-care professionals in Italy also stated that training and educational interventions are needed to improve knowledge and immunization coverage (9).

Our study shows that though HBV vaccination is taken by majority of dental professionals, awareness about monitoring of post vaccination immunity status is sadly lacking. The determination of post vaccination antibody titre is especially important for non and hypo responders for vaccination, who may be susceptible for HBV infection. Thus its importance should be emphasized.

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