Hepatitis E Virus: A Review Paper

Namrata Arya¹, and Dr. Arminder Kaur²

¹Assistant Professor, Department of Biotechnology, Sanskriti University, Mathura, Uttar Pradesh, India ²Associate Professor, Department of Biotechnology, Sanskriti University, Mathura, Uttar Pradesh, India

Correspondence should be addressed to Namrata Arya; namrata.sobas@sanskriti.edu.in

Copyright © 2022 Made Namrata Arya et al. This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT- In tropical and subtropical areas, the hepatitis E virus is significant source of outbursts and occasional instances of virus hepatitis, although it is uncommon in industrialized nations. The virus is spread via the facesoral path, with dirty consumption of water serving as the most common carrier. In most individuals, hepatitis caused by HEV infection causes moderately severe jaundice that goes away on its own. Infection mostly affects young people between the ages of 15 and 30, with a mortality incidence of 0.5 to 3.0%. The mortality rate during pregnancy, on the other hand, is about 15 to 25%. Abortion, premature births, or the mortality of a liveborn baby within hours of birth are all possible outcomes of hepatitis E infections throughout childbirth. HEV is a zoometric virus since it may be found in both wild and domestic animals. Human HEV identified in those regions is closely linked to viruses discovered from pigs in the United States and Taiwan. Because the swine and human viruses have a strong genetic connection, pigs may be a HEV reservoir. Pigs dung may be a cause of HEV contamination of irrigation water or coastal waters in regions where swine are farmed, with concurrent contamination of crops or shellfish. Industrialized nations' growing globalization of nutrition marketplaces has the power to spread HEV to other parts of the globe. The goal of this study is to address many elements of hepatitis E, such as the causative agent, illness, HEV-targeted populations, epidemiology, viral transmission, viral detection, diagnostics, and the part of creatures as possible virus vectors.

KEYWORDS- Hepatitis, Disease, Food Borne, Virus, Zoo.

I. INTRODUCTION

It was discovered in 1983 that hepatitis E virus, the leading cause of hepatitis E, was a spherical virus particle of 27 to 30 nm in dimension that was initially seen using microscopy. Infected with feces from suspected instances of non-B and non-A hepatitis, the virus was discovered in the stool of a volunteer who had been orally exposed to the virus. The HEV genome is made up of a non-segmented positive-sense RNA chain, and the virus does not have an envelope like other viruses. It has been argued that HEV should be categorized as a member of the Picornaviridae family. Later research, however, revealed that it does not belong to any of the members of this family. Based on the shape of the virus's virion, HEV was provisionally placed in the Caliciviridae family between 1988 and 1998.

Following a phylogenetic examination of the HEV genome, this classification was also rejected, and HEV was subsequently classified as an independent genus of HEV-like viruses that was not assigned to any family. At this time, Hepevirus (HEV) is the sole virus in the Hepevirus genus and Hepeviridae family. From a phylogenetic standpoint, HEV is most closely related to Necrotic yellow vein virus and Rubella virus of sugar beet, with Rubella virus showing the highest, but limited, similarity[1]. HEV is a virus that causes epidemic viral and acute sporadic hepatitis all over the globe.

HEV infections are distributed mostly by the oral routes, and big outbreaks caused by this virus are often connected with contaminated water [2]. There is also the chance of the virus spreading via zoonotic transmission. The results of sero-epidemiological research demonstrated that anti-HIV antibodies were prevalent in a wide variety of animal species from both developing and industrialized nations, with goats, sheep, cows, dogs, chickens, rats and pigs. Also recently discovered was a pig-derived HEV strain, classified as swine HEV, which was found and demonstrated to be genetically linked to two humanderived HEV isolates that had been discovered in the United States. Porks from Taiwan that were infected with a different strain of the swine HEV showed results that were similar to these. The transmission of HEV across species has been established in experimental settings: swine HEV has been shown to infect rhesus monkeys and chimpanzees, while the US-2 strain of human HEV has been shown to infect pigs [3]. On the basis of this information, HEV may be considered an emerging pathogen with the potential to spread to humans and animals. Following as a consequence, the authors of this review article want to synthesize current material that may be beneficial in the identification and more full characterization of the virus not just in Czech Republic as well as in other participant countries of the European Union [4]–[8].

Hepatitis E in people

A. Symptoms and Signs of Infection

The faecal-oral route is the most common method of transmission of HEV infections. However, the exact process by which the virus is able to reach the location of main proliferation is still being investigated. Intestinal mucosa cells are responsible for viral particle replication; nevertheless, the cytoplasm of hepatocytes is where the virus replicates in its original form. It is believed that bile transports virion from liver tissue to the small intestine. The researchers examined feces from 20 individuals who

had been diagnosed with acute HE 35 days after the onset of the first symptoms of the condition. They were unable to discover HEV ribonucleic acid in any of the samples, but they did detect HEV RNA in the blood serum, which was collected 29 days after the onset of the first symptoms. After 45 days, viraemia was discovered in one of the patients [9]. An experimental intravenous infection in macaques caused symptoms two weeks after the infection, indicating that the illness had been incubating for three to eight weeks. There have been several clinical presentations of the illness, ranging from more common asymptomatic forms to more severe fulminant types of hepatitis. Pregnancy-related HEV is mostly encountered in offspring and young to mid-aged grown-ups, and it may be particularly dangerous in pregnant women. On average, the illness manifests itself as fairly severe hepatitis with concomitant evidence of influenza-like symptoms as well as stomach pain and soreness, nausea, vomiting, and a fever during the initial phase of the sickness, which typically takes 1 to 10 days. Viraemia, liver enzyme increases, antibody sero-conversion, and clearance of the virus are all seen during the second phase, which is accompanied by concomitant jaundice and black urine. On the clinical front, hepatitis E is often a self-limiting condition that does not proceed to a chronic sickness. HE is typically asymptomatic in infants, but fulminant hepatitis occurs more commonly in pregnant women, with a death incidence of 20 percent among pregnant women in the third trimester. It may also result in preterm deliveries if not treated promptly. The exact cause of the elevated death rate among pregnant women is still being investigated[10].

B. Infection-induced Immune Response of an Infected Organism

Immune titers in infected individuals' sera begin to show antibodies against HEV of the IgM and then the IgG classes as soon as symptoms develop. It is only over the next two to three months that IgM antibodies may be identified, since the IgM levels plummet at the start of convalescent phase. IgG antibodies, on the other hand, are known to stay in the organisms of infected persons for many years, with 47 percent of patients having antibodies that have been present for more than fourteen years.

C. Lesions in the Liver Tissue that are Visible to the Naked Eye

Patients with HE has been shown to have specific alterations in the morphology of their liver tissues. A pseudo glandular arrangement of hepatocytes surrounding a dilated bile canalicular has been seen in liver biopsy specimens that have either showed non-specific inflammatory changes or significant canalicular bile stasis. It takes 3 to 6 months for histopathological alterations to completely disappear.

D. Animals with HE

Anti-HEV antibodies have been found in both domestic and wild animal species in HEV-endemic and nonendemic areas, according to serological research. As a result, there is evidence that these animals have come into contact with HEV or an antigenically comparable pathogen. The presence of a reservoir in these animals might pose a threat to the human population, since they could transmit the disease to them.

E. Pets that are Kept in the Home

Pigs raised in the home: pigs raised in the home Pigs from all over the globe have been shown to have anti-HEV antibodies. Pigs, Sus scrofa domestics, have been shown to be infected with HEV in the majority of instances, resulting in subclinical infections. Experimental intrateam inoculation of specific-pathogen-free pigs with US virus strains of HE discovered in people and pigs was carried out in a controlled setting. In this study, no clinical indications were noted, nor were higher levels of liver enzymes or bilirubin detected. Histopathology demonstrated moderate hepatitis when liver tissue was harvested from a group of infected pigs infected with swine HEV [11]. When compared to the group of pigs infected with a human strain, this tissue suffered less damage. Asian human HEVinfected animals were found to have HE, which was identified in the animals that were experimentally infected. Vietnam's chickens were found to have anti-HEV antibodies, whereas Brazil's chickens were found to contain anti-HEV antibodies in 44 percent of their samples. A total of 70 hen flocks in the United States were tested for HEV and produced seropositive responses for HEV-IgG. HEV in bile samples from hens suffering from hepatitis-splenomegaly syndrome was detected and described. HS syndrome most likely developed as a result of HEV infection, which was a contributing factor to the clinical development of the disease. Infected chickens may have regressive ovaries, red fluid in the belly, enlargement of the liver and spleen, as well as a reduction in egg production of up to 20% [12]–[16].

F. Animals that Live in the Wilderness

Antibodies for HEV were found in various species of rats, in serological investigations conducted in Brazil, Japan and the United States.

Artiodactyls: Antibodies to HEV were discovered in 9 percent and 2 percent of 35 serum samples from wild boars and 117 serum samples from Sika deer examined in Japan, according to the findings. HEV RNA was discovered in both wild boar and Sika deer in Japan, according to researchers.

Carnivores: Intriguing research on the identification of anti-bodies towards HEV in wild mongoose and the presence of HEV infection in Japanese wild mongoose has been published recently. Ongoing research is being conducted to better understand the potential virological and epidemiological ramifications of this.

The characteristics and prevalence of HEV in diverse animal species are discussed in detail in the following sections.

Numerous animal species were shown to have antibodies against the HEV virus. The HEV genome, on the other hand, has only been found in mongoose, Sika deer, rats, pigs, and humans, among other species. The genomes of these animal strains have been fully or partially sequenced, and they have been classified into four genotypes: I, II, III, and I. It is genetically similar to, but different from, other known HEV strains. The newly found avian HEV has been identified as However, it is still unclear if avian HEV signifies a 5th of the HEV geno-type or whether it is a distinct species.

G. Genome of the Herpes Virus (HEV)

The single-stranded positive-sense RNA genome of HEV is 7.2 kb in size. It is made up of a brief 5' nontranslated section followed by 3 forward open reading frames that are slightly overlapped with one another. Approximately 65 to 74 nucleotides in length, the 3' nontranslated region is concluded by a poly end ranging in length from 150 to 200 nucleotides in length. m7 G capping is a modification to the 5' end of RNA. In all human and animal strains of HEV, the genomic structure is almost identical. Gene Bank accession number M73218 for the Burma HEV strain genotype I. The following information about the number of nucleo-tides in the various ORFs HEV corresponds to the Burma HEV strain genotype I.

H. Aspects such as Genotypes and Incidence of Human Ebola Strains are Discussed

Currently, only a few HEV strains have had their genomes entirely sequenced, and the vast majority of them have only had portions of their genomes read. Grounded on the accessible information, phylo-genetic analysis and sequence comparisons have been carried out, and it has been discovered that there are 4 primary geno-types of HEV: 1, 2, 3, and 4. It is assumed that the homology of individuals of the same geno-type is more than 81 percent. Genetic analysis split HEV geno-type 1 in 5 sub-types, geno-type 2 into two sub-types, genotypes 3 and 4 into ten sub-types and seven sub-types, individually [17]. The phylogenetic analysis alienated HEV genotype 4 into ten subgroups and seven subtypes. There is currently no unanimity on how to classify HEVs. Prevalence of swine HEV and its causes in 1997, HEV was discovered and reported for the first time in clinical samples taken from pigs raised in the United States of America. Later, HEV strains have been discovered in other nations with a large pork output, as well as in other parts of the globe. This connection with genotype III and genotype IV was discovered by a comparison of portions of sequenced genomic genomes and subsequent categorization of these strains in HEV genotypes. Human herpesvirus (HEV) strains from the same geographic regions are typically the most comparable with swine HEV strains from the same geographic locations, with the exception of swine HEV from Thailand and Mexico, where human HEV has been categorized as geno-type 1 and 2 and swine HEV as genotype III [18]. Hepatitis E virus (HEV) from Kyrgyzstan has been categorized as geno-type 1, whereas hepatitis A virus (HAV) from India has been classed as geno-type 1 and hepatitis A virus (HAV) from swine as genotype III.

I. Transmission of HEV

HEV is categorized as a food-borne and waterborne virus, and it has the potential to be classed as an emergent anthroponosis as well as a zoonosis, according to the World Health Organization. Risk regions include developing nations in Asia, Africa, South and Central America, and the Middle East. HE has been reported in isolated cases in industrialized nations, and the presence of afflicted individuals has been linked to a history of travel to areas with a higher risk of transmission. A few years later, researchers discovered HEV infections in patients who had no previous exposure to these nations. The zoometric potential of HEV has been considered in relation

to other investigations of HEV, which have identified additional pathways of transmission [19]–[23]. People who are at risk and how to stop HEVs The WHO has identified two categories of persons at threat of Disease:

- Residents of places where population epidemics occur; and
- Travelers visiting regions where HE is prevalent.
- It is estimated that more than half of the world's refugees are now living in congested refugee camps.
- Individuals suffering from chronic liver illness
- Nonhuman primates, such as pig, cattle and sheep/goats are all handled by people.

Because practically all HEV contagions are transmitted through the adequate personal hygiene, oral routes, higher superiority requirements for community water sources, and correct discarding of hygiene wastes in undeveloped nations have all been advised as preventative measures. Those traveling to highly endemic locations are advised to take the standard basic local food hygiene precautions [24]. These includes not consuming unclean water or ice, and not eating undercooked shellfish or unpeeled or unprepared fruits or vegetables [25].

II. DISCUSSION

So yet, there has been little investigation of the virus's ecology. There is a problem with the prevalence and movement of HEV in wild animal populations, particularly in artiodactyl, rodent, and carnivore populations, and this has to be addressed. The necessity for epidemiological research that contributes to a better knowledge of the interplay amongst rodents and domesticated swine in sustaining the HEV circulation in rural areas is thus very important and must be pursued. As a result of the study that has been done to far on the propagation of HEV, it appears that categorizing this pathogen as a water-borne and foodborne virus was an acceptable classification. Further knowledge on this issue of re-search, on the other hand, would be valuable to the general audience. However, solid confirmation of HEV infection during meal is still necessary, which is very essential. Despite the fact that viral RNA has indeed been detected in the aforementioned commodities, this does not necessarily suggest that the infection contained is infectious or transmissible. HE sufferers who had a history of ingesting raw or undercooked meat have been identified. The presence of HEV RNA was discovered during a later investigation of the suppliers of these commodities. Unfortunately, it was not possible to determine if the infectious agent was present in the foods ingested by these individuals, despite the fact that there are substantial epidemiological linkages. A significant degree of resemblance between viral RNA discovered in certain patients and HEV RNA detected in meat meant for feasting maintained the premise that undercooked beef served as the sources of contamination.

III. CONCLUSION

HEV was discovered and characterized for the first time in 1983. Since then, researchers have conducted substantial research into the virus. After years of work, the virus was finally assigned to a taxonomic class in 2004. It is now

International Journal of Innovative Research in Engineering & Management (IJIREM)

known to be a associate of the Hepevirus genus, which is part of the Hepeviridae family. The majority of the information available about HEV is derived from molecular biology. More deep study in this topic is likely to be there in the future, which will help to better understand the many kinds of virus-encoded proteins, their structures, activities, and biological properties that are shown within the host organism and its cells. It has been discovered that anti-HEV anti-bodies are existing in not just humans, but also in a variety of animal species. The capacity of the HEV to penetrate the species barrier has been shown experimentally. HEV's zoonotic potential is supported by current knowledge of inter-species transmission and transmission between humans and other animals. However, more study on the occurrence of HEV in other animal species, as well as the potential of crossspecies transmission, should be carried out. More precise information gathered as a result of this inquiry may help to increase our understanding of possible risk factors for HEV transmission and make it easier to implement preventative measures. In general, research on Hepatitis E virus (HEV) is still in its early stages, and many features of this illness are still unclear. As a result, it is required to gather further information in this area.

REFERENCES

- G. Bricks et al., "Seroprevalence of hepatitis E virus in chronic hepatitis C in Brazil," Brazilian J. Infect. Dis., 2018.
- [2] R. Ledesma, I. Nimgaonkar, and A. Ploss, "Hepatitis e virus replication," Viruses. 2019.
- [3] P. P. Primadharsini, S. Nagashima, and H. Okamoto, "Genetic variability and evolution of hepatitis e virus," Viruses. 2019.
- [4] D. Lapa, M. R. Capobianchi, and A. R. Garbuglia, "Epidemiology of hepatitis E virus in European countries," International Journal of Molecular Sciences. 2015.
- [5] A. T. Aslan and H. Y. Balaban, "Hepatitis E virus: Epidemiology, diagnosis, clinical manifestations, and treatment," World Journal of Gastroenterology, 2020.
- [6] M. L. Garrido, M. L. R. Toso, S. Raffa, and V. I. Descalzi, "Acute hepatitis 'E' virus with features of autoimmunity. A case report," Acta Gastroenterol. Latinoam., 2021.
- [7] S. Sahra, A. Jahangir, Q. Z. Iqbal, N. Mobarakai, A. Glaser, and A. Jahangir, "Co-infection of hepatitis E virus and Plasmodium falciparum malaria: A genuine risk in sub-Saharan Africa," Parasites and Vectors, 2021.
- [8] D. Thiry et al., "Hepatitis E Virus and Related Viruses in Animals," Transboundary and Emerging Diseases. 2017.
- [9] D. B. Smith et al., "Update: Proposed reference sequences for subtypes of hepatitis E virus (species Orthohepevirus A)," J. Gen. Virol., 2020.
- [10] X. Ju and Q. Ding, "Hepatitis e virus assembly and release," Viruses. 2019.
- [11] S. Lhomme, O. Marion, F. Abravanel, J. Izopet, and N. Kamar, "Clinical manifestations, pathogenesis and treatment of hepatitis E virus infections," Journal of Clinical Medicine. 2020.
- [12] B. Wang, D. Harms, X. Lou Yang, and C. T. Bock, "Orthohepevirus C: An expanding species of emerging hepatitis e virus variants," Pathogens. 2020.
- [13] R. Veronesi, M. Morach, E. Hübschke, C. Bachofen, R. Stephan, and M. Nüesch-Inderbinen, "Seroprevalence of hepatitis E virus in dogs in Switzerland," Zoonoses Public Health, 2021.
- [14] P. Li et al., "The global epidemiology of hepatitis E virus infection: A systematic review and meta-analysis," Liver

- Int., 2020.
- [15] M. B. Pisano et al., "Hepatitis E virus in South America: The current scenario," Liver International. 2018.
- [16] H. Leblebicioglu and R. Ozaras, "Hepatitis E virus infection in Turkey: A systematic review," Annals of Clinical Microbiology and Antimicrobials. 2018.
- [17] R. M. Fu, C. C. Decker, and V. L. Dao Thi, "Cell culture models for hepatitis E virus," Viruses. 2019.
- [18] M. Mazalovska and J. C. Kouokam, "Progress in the production of virus-like particles for vaccination against hepatitis E virus," Viruses. 2020.
- [19] Y. E. Raji, O. P. Toung, N. Mohd Taib, and Z. Bin Sekawi, "A systematic review of the epidemiology of Hepatitis E virus infection in South–Eastern Asia," Virulence. 2021.
- [20] G. Bricks et al., "Previous hepatitis E virus infection, cirrhosis and insulin resistance in patients with chronic hepatitis C," Brazilian J. Infect. Dis., 2019.
- [21] B. Wilhelm, L. Waddell, J. Greig, and I. Young, "A systematic review and meta-analysis of predictors of human hepatitis E virus exposure in non-endemic countries," Zoonoses Public Health, 2020.
- [22] C. Adlhoch et al., "Hepatitis E virus: Assessment of the epidemiological situation in humans in Europe, 2014/15," J. Clin. Virol., 2016.
- [23] H. Barragué et al., "Chronic hepatitis e virus infection in a cirrhotic patient," Med. (United States), 2017.
- [24] M. C. López O., A. Duque Jaramillo, and M. C. Navas N., "Clinical and epidemiology of hepatitis E virus infection," Revista Colombiana de Gastroenterologia. 2018.
- [25] T. L. Meister, J. Bruening, D. Todt, and E. Steinmann, "Cell culture systems for the study of hepatitis E virus," Antiviral Research. 2019.