

Minimising the risk of hepatitis

Medical examination results obtained from the UK P&I Club PEME clinic network indicate 10.1% of crew unfitness is related to hepatitis, with 8.5% of the total crew found unfit due to Hepatitis B.

Hepatitis refers to an inflammatory condition of the liver. The condition can progress to fibrosis (scarring), or liver cancer. Other infections, toxic substances (e.g. alcohol, certain drugs), and autoimmune diseases can also cause hepatitis.

According to the World Health Organization (WHO), hepatitis caused 1.34 million deaths in 2015. Moreover, 325 million people worldwide carried hepatitis B or C virus infections. Although vaccines exist for hepatitis A and hepatitis B, the development of a hepatitis C vaccine has presented challenges.

Symptoms

- Fatigue
- Flu-like symptoms
- Dark urine or pale stool
- Abdominal pain
- Loss of appetite or unexplained weight loss
- Yellow skin and eyes, which may be signs of jaundice

Chronic hepatitis develops slowly, so these signs and symptoms may be too subtle to notice.

Five types of hepatitis

There are five unique hepatitis viruses, identified by the letters A, B, C, D, and E. While all cause liver disease, they vary in important ways.

1. Hepatitis A virus (HAV)

Present in faeces and most often transmitted through consumption of contaminated water or food. Certain sex practices can also spread HAV. Infections are in many cases mild, with most people making a full recovery. However, HAV infections can also be severe and life threatening. Safe and effective vaccines are available to prevent HAV.

2. Hepatitis B virus (HBV)

Transmitted through exposure to infected blood, semen and other body fluids. HBV can be transmitted from infected mothers to infants at the time of birth or from family member to infant in early childhood. Transmission may also occur through transfusions or contaminated injections. Safe and effective vaccines are available to prevent HBV.

3. Hepatitis C virus (HCV)

Mostly transmitted through exposure to infective blood. This may happen through transfusions of HCV-contaminated blood and blood products, contaminated injections during medical procedures, and through injection drug use. There is no vaccine for HCV.

4. Hepatitis D virus (HDV)

Infections occur only in those who are infected with HBV. The dual infection of HDV and HBV can result in a more serious disease and a worse outcome. Hepatitis B vaccines provide protection from HDV infection.

5. Hepatitis E virus (HEV)

Mostly transmitted through consumption of contaminated water or food. HEV is a common cause of hepatitis outbreaks in developing parts of the world. Safe and effective vaccines to prevent HEV infection have been developed but are not widely available.

For more information on vaccinations for hepatitis, please visit our website and download our advice sheet: [UK_PEME_Vaccination_WEB.pdf](#)



CREW HEALTH PROGRAMME

The Club was the first to launch a crew health scheme in 1996 due to increasing crew illness claims and a lack of accountability of clinics. Since 1996, the Crew Health programme has become one of the Club's leading loss prevention initiatives. The aim of the programme is to reduce the volume and value of crew illness claims which are caused by a pre-existing illnesses or disease. These underlying conditions often impact on the crew member's fitness for service and can endanger not only the health of the seafarer but also the onboard safety of other crew.

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Sophia joined Thomas Miller in 1992 and from 1994 worked as a claims handler dealing mainly with French and Spanish Members. In 2004, Sophia became the Crew Health Programme Director. Sophia has undertaken a large number of clinic audits, implemented the standard medical form and clinic guidelines. She has also lead the scheme through the largest period of growth and development with a doubling of approved clinic facilities and a four fold member increase. Sophia is a Director of Thomas Miller & Co. Ltd.

Saidul Alom

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Saidul Alom joined Crew Health from the European Region Service Team in 2004. Saidul provides administrative support to the Crew Health programme and is responsible for liaison with the approved clinics on financial billing matters and ensuring prompt payment of all clinic fees

Stuart Last

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Stuart joined Thomas Miller in 1998 as a claims trainee for UK P&I Club's Greek Members. In April 2005 Stuart joined Crew Health as the Team Administrator. Stuart is responsible for co-ordination of Member entries and administration for the clinic approval process.