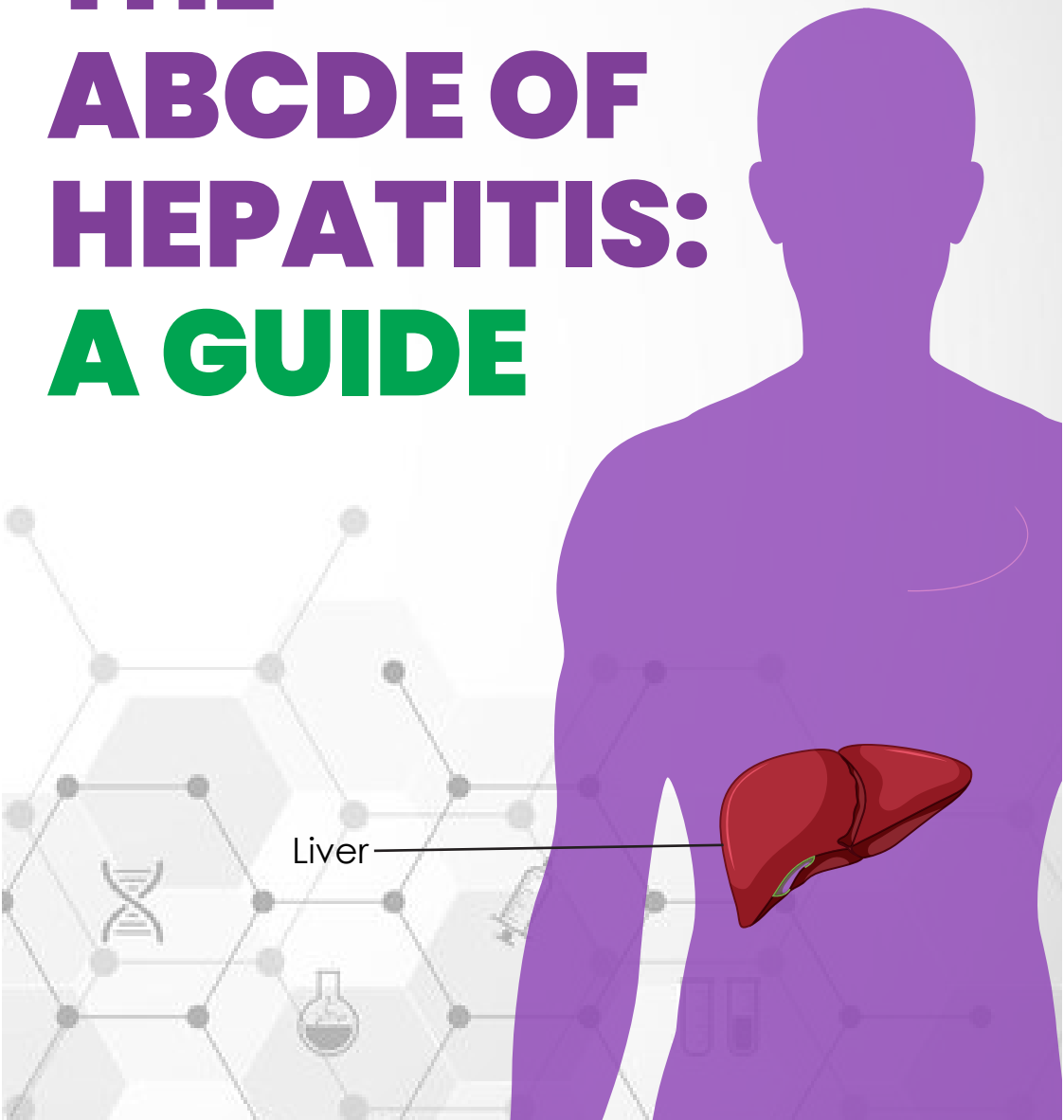
AVON HMO

THE ABCDE OF HEPATITIS: A GUIDE



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The Basics: Introduction to Hepatitis

What is Hepatitis?

Hepatitis means inflammation of the liver, a vital organ that processes nutrients, filters the blood, and fights infections.

When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis. However, hepatitis is often caused by a virus. In Nigeria, the most common types of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C.

However, there are also hepatitis D and E variants.
Many people with hepatitis do not have symptoms and do not know they are infected. If symptoms occur with an acute infection, they can appear anytime from 2 weeks to 6 months after exposure.

Symptoms of acute hepatitis can include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, light-colored stools, joint pain, and jaundice. Symptoms of chronic viral hepatitis can take decades to develop.

Factsheet: Key things to note about Hepatitis

- 354 million people globally live with hepatitis B or C infection.
- Almost 90% of people living with viral hepatitis are unaware that they have it.
- Over 20 million Nigerians are infected with hepatitis and less han 5% know they are infected.

- Almost 3,000 people die from hepatitis B and C daily.
- Every 30 seconds, someone loses their life to hepatitis B or C
- Over 3,000 people die daily of liver disease caused by viral hepatitis.
- Left untreated, hepatitis B, C and D can lead to liver cancer.
- Contaminated needles can transmit hepatitis B, C and D.
- Ingesting contaminated food and water can cause hepatitis A and E.
- Hepatitis B can be easily passed from mother to baby at birth.
- Hepatitis B vaccine can prevent your baby from getting liver cancer later in life.

NOW LET'S DEEP DIVE INTO THE ABC DE

Diving Deep: The ABCDE of Hepatits

Hepatitis A

Key facts

1. Hepatitis A is an inflammation of the liver that can cause mild to severe illness.

2. The hepatitis A virus (HAV) is transmitted through ingestion of con taminated food and water or through direct contact with an infectious person.

3. Almost everyone recovers fully from hepatitis A with lifelong immu nity. However, a very small proportion of people infected with hepatitis A could die from fulminant hepatitis.

4. The risk of hepatitis A infection is associated with a lack of safe water and poor sanitation and hygiene (such as contaminated and dirty hands).

5. A safe and effective vaccine is available to prevent hepatitis A.

Transmission

The hepatitis A virus is transmitted primarily by the faecal-oral route; that is when an uninfected person ingests food or water that has been contaminated with the faeces of an infected person.

In families, this may happen though dirty hands when an infected person prepares food for family members.

Waterborne outbreaks, though infrequent, are usually associated with sewage-contaminated or inadequately treated water.
The virus can also be transmitted through close physical contact (such as oral-anal sex) with an infectious person, although casual contact among people does not spread the virus.

Symptoms

The incubation period of hepatitis A is usually 14–28 days.
Symptoms of hepatitis A range from mild to severe and can include fever, malaise, loss of appetite, diarrhoea, nausea, abdominal discomfort, dark-coloured urine and jaundice (a yellowing of the eyes and skin). Not everyone who is infected will have all the symptoms.

Adults have signs and symptoms of illness more often than children. The severity of disease and fatal outcomes are higher in older age groups.

Infected children under 6 years of age do not usually experience noticeable symptoms, and only 10% develop jaundice.
Hepatitis A sometimes relapses, meaning the person who just recovered falls sick again with another acute episode. This is normally followed by recovery.

Who is at risk?

Anyone who has not been vaccinated or previously infected can get infected with the hepatitis A virus. In areas where the virus is widespread (high endemicity), most hepatitis A infections occur during early childhood. Risk factors include:

1. Poor sanitation.
2. Lack of safe water.
3. Living in a household with an infected person
4. Being a sexual partner of someone with acute hepatitis A infection
5. Use of recreational drugs.

6. Sex between men.
7. Travelling to areas of high endemicity without being immunized.

Diagnosis

Cases of hepatitis A are not clinically distinguishable from other types of acute viral hepatitis.

Specific diagnosis is made by the detection of HAV-specific immunoglobulin G (IgM) antibodies in the blood.

Additional tests include reverse transcriptase polymerase chain reaction (RT-PCR) to detect the hepatitis A virus RNA and may require specialized laboratory facilities.

Treatment

There is no specific treatment for hepatitis A. Recovery from symptoms following infection may be slow and can take several weeks or months. Also, it is important to avoid unnecessary medications that can adversely affect the liver, e.g., acetaminophen, paracetamol.

In addition, hospitalization is unnecessary in the absence of acute liver failure. Therapy is aimed at maintaining comfort and adequate nutritional balance, including replacement of fluids that are lost from vomiting and diarrhoea.

Prevention

Improved sanitation, food safety and immunization are the most effective ways to combat hepatitis A.
The spread of hepatitis A can be reduced by:
1. Adequate supplies of safe drinking water.
2. Proper disposal of sewage within communities.

Hepatitis B

Key facts

1. Hepatitis B is a viral infection that attacks the liver and can cause both acute and chronic disease.
2. The virus is mostly transmitted from mother to child during birth and delivery, in early childhood, as well as through contact with blood or other body fluids during sex with an infected partner, unsafe injections or exposures to sharp instruments.
3. WHO estimates that 296 million people were living with chronic hepatitis B infection in 2019, with 1.5 million new infections each year.
4. In 2019, hepatitis B resulted in an estimated 820 000 deaths, mostly from cirrhosis and hepatocellular carcinoma (primary liver cancer).
5. Hepatitis B can be prevented by vaccines that are safe, available, and effective.

Transmission

In highly endemic areas, hepatitis B is mostly spread from mother to child at birth (perinatal transmission) or through horizontal transmission (exposure to infected blood), especially from an infected child to an uninfected child during the first 5 years of life. The development of chronic infection is common in infants infected from their mothers or before the age of 5 years.

Hepatitis B is also spread by needlestick injury, tattooing, piercing and exposure to infected blood and body fluids, such as saliva and menstrual, vaginal and seminal fluids.

Transmission of the virus may also occur through the reuse of contaminated needles and syringes or sharp objects either in health care settings, in the community or among persons who inject drugs. Sexual transmission is more prevalent in unvaccinated persons with multiple sexual partners.

Hepatitis B infection acquired in adulthood leads to chronic hepatitis in less than 5% of cases, whereas infection in infancy and early childhood leads to chronic hepatitis in about 95% of cases. This is the basis for strengthening and prioritizing infant and childhood vaccination.

The hepatitis B virus can survive outside the body for at least 7 days. During this time, the virus can still cause infection if it enters the body of a person who is not protected by the vaccine. The incubation period of the hepatitis B virus ranges from 30 to 180 days. The virus may be detected within 30 to 60 days after infection and can persist and develop into chronic hepatitis B, especially when transmitted in infancy or childhood.

Symptoms

Most people do not experience any symptoms when newly infected. Some people have acute illness with symptoms that last several weeks:

1. Yellowing of the skin and eyes (jaundice)
2. Dark urine
3. Feeling very tired
4. Nausea
5. Vomiting
6. Pain in the abdomen.
7. When severe, acute hepatitis can lead to liver failure, which can lead to death.

Although most people will recover from acute illness, some people with chronic hepatitis B will develop progressive liver disease and complications like cirrhosis and hepatocellular carcinoma (liver cancer). These diseases can be fatal.

HBV-HIV coinfection

About 1% of people living with HBV infection (2.7 million people) are also infected with HIV. Conversely, the global prevalence of HBV infection in HIV-infected persons is 7.4%.

Since 2015, WHO has recommended treatment for everyone diagnosed with HIV infection, regardless of the stage of disease. Tenofovir, which is included in the treatment combinations recommended as first-line therapy for HIV infection, is also active against HBV.

Diagnosis

It is not possible on clinical grounds to differentiate hepatitis B from hepatitis caused by other viral agents; hence laboratory confirmation of the diagnosis is essential.

Several blood tests are available to diagnose and monitor people with hepatitis B. Some laboratory tests can be used to distinguish acute and chronic infections, while others can assess and monitor the severity of liver disease.

Physical examination, ultrasound, fibro scan can also be performed to assess degree of liver fibrosis and scarring and monitor progression of liver disease.

WHO also recommends that all blood donations be tested for hepatitis B to ensure blood safety and avoid accidental transmission.
As of 2019, 30.4 million people (10.5% of all people estimated to be living with hepatitis B) were aware of their infection, while 6.6 million (22%) of the people diagnosed were on treatment.

According to latest WHO estimates, the proportion of children under five years of age chronically infected with HBV dropped to just under 1% in 2019 down from around 5% in the pre-vaccine era ranging from the 1980s to the early 2000s.

Treatment

There is no specific treatment for acute hepatitis B. Chronic hepatitis B

can be treated with medication.
Care for acute hepatitis B should focus on making the person comfortable. They should eat a healthy diet and drink plenty of liquids to prevent dehydration from vomiting and diarrhoea.

Chronic hepatitis B infection can be treated with oral medicines, including tenofovir or entecavir.
Treatment can:

1. Slow the advance of cirrhosis.
2. Reduce cases of liver cancer.
3. Improve long term survival.

Most people who start hepatitis B treatment must continue it for life.

Prevention

Hepatitis B is preventable with vaccines. All babies should receive the hepatitis B vaccine as soon as possible after birth (within 24 hours). This is followed by two or three doses of hepatitis B vaccine at least four weeks apart.

Booster vaccines are not usually required for people who have completed the three-dose vaccination series.
The vaccine protects against hepatitis B for at least 20 years and probably for life.

Hepatitis B can be passed from mother to child. This can be prevented by taking antiviral medicines to prevent transmission, in addition to the vaccine.
To reduce the risk of getting or spreading hepatitis B:

1. Practice safe sex by using condoms and reducing the number of sexual partners.
2. Avoid sharing needles or any equipment used for injecting drugs, piercing, or tattooing.
3. Wash your hands thoroughly with soap and water after encountering blood, body fluids, or contaminated surfaces.
4. Get a hepatitis B vaccine if working in a healthcare setting.

Hepatitis C

Key facts

1. Hepatitis C is an inflammation of the liver caused by the hepatitis C virus.
2. The virus can cause both acute and chronic hepatitis, ranging in severity from a mild illness to a serious, lifelong illness including liver cirrhosis and cancer.
3. The hepatitis C virus is a bloodborne virus and most infection occur through exposure to blood from unsafe injection practices, unsafe health care, unscreened blood transfusions, injection drug use and sexual practices that lead to exposure to blood.
4. Globally, an estimated 58 million people have chronic hepatitis C virus infection, with about 1.5 million new infections occurring per year. There are an estimated 3.2 million adolescents and children with chronic hepatitis C infection.
5. WHO estimated that in 2019, approximately 290 000 people died from hepatitis C, mostly from cirrhosis and hepatocellular carcino ma (primary liver cancer).
6. Direct-acting antiviral medicines (DAAs) can cure more than 95% of persons with hepatitis C infection, but access to diagnosis and treatment is low.
7. There is currently no effective vaccine against hepatitis C.

Transmission

The hepatitis C virus is a bloodborne virus. It is commonly transmitted through:

1. The reuse or inadequate sterilization of medical equipment, espe cially syringes and needles in healthcare settings.
2. The transfusion of unscreened blood and blood products; and
3. Injecting drug use through the sharing of injection equipment.
4. HCV can be passed from an infected mother to her baby and via sexual practices that lead to exposure to blood

Symptoms

Most people do not have symptoms in the first weeks after infection. It can take between two weeks and six months to have symptoms. When symptoms do appear, they may include:

1. Fever
2. Fatigue
3. Loss of appetite
4. Nausea and vomiting
5. Abdominal page

Testing and diagnosis

Because new HCV infections are usually asymptomatic, few people are diagnosed when the infection is recent. In those people who develop chronic HCV infection, the infection is often undiagnosed because it remains asymptomatic until decades after infection when symptoms develop secondary to serious liver damage.

HCV infection is diagnosed in 2 steps:

1. Testing for anti-HCV antibodies with a serological test identifies people who have been infected with the virus.

2. If the test is positive for anti-HCV antibodies, a nucleic acid test for HCV ribonucleic acid (RNA) is needed to confirm chronic infection and the need for treatment. This test is important because about 30% of people infected with HCV spontaneously clear the infection by a strong immune response without the need for treatment. Although no longer infected, they will still test positive for anti-HCV antibodies. This nucleic acid for HCV RNA can either be done in a lab or using a simple point-of-care machine in the clinic. Innovative new tests such as HCV core antigen are in the diagnos

tic pipeline and will enable a one-step diagnosis of active hepatitis C infection in the future.

After a person has been diagnosed with chronic HCV infection, an assessment should be conducted to determine the degree of liver damage (fibrosis and cirrhosis). This can be done by liver biopsy or through a variety of non-invasive tests. The degree of liver damage is used to guide treatment decisions and management of the disease.

Early diagnosis can prevent health problems that may result from infection and prevent transmission of the virus. WHO recommends testing people who may be at increased risk of infection.

Treatment

There are effective treatments for hepatitis C. The goal of treatment is to cure the disease and prevent long-term liver damage.

Antiviral medications, including sofosbuvir and daclatasvir, are used to treat hepatitis C. Some people's immune system can fight the infection on their own and new infections do not always need treatment. Treatment is always needed for chronic hepatitis C.

People with hepatitis C may also benefit from lifestyle changes, such as avoiding alcohol and maintaining a healthy weight. With proper treatment, many people can be cured of hepatitis C infection and live healthy lives.

Prevention

There is no effective vaccine against hepatitis C. The best way to prevent the disease is to avoid contact with the virus.

Extra care should be used in healthcare settings and for people with a higher risk of hepatitis C virus infection.

People at higher risk include those who inject drugs, men who have sex

with men, and those living with HIV.

Ways to prevent hepatitis C include:

1. Safe and appropriate use of healthcare injections
2. Safe handling and disposal of needles and medical waste. Harm-reduction services for people who inject drugs, such as needle exchange programs, substance use counselling and use of opiate agonist therapy (OAT)
4. Testing of donated blood for the hepatitis C virus and other viruses
5. Training of health personnel
6. Practicing safe sex by using barrier methods such as condoms

Hepatitis D

Key facts

1. Hepatitis D virus (HDV) is a virus that requires hepatitis B virus (HBV) for its replication.
2. Hepatitis D virus (HDV) affects globally nearly 5% of people who have a chronic infection with hepatitis B virus (HBV).
3. HDV infection occurs when people become infected with both hepatitis B and D simultaneously (co-infection) or get hepatitis D after first being infected with hepatitis B (super-infection).
4. Populations that are more likely to have HBV and HDV co-infection include indigenous populations, recipients of haemodialysis and people who inject drugs
5. Worldwide, the number of HDV infections has decreased since the 1980s, due mainly to a successful global HBV vaccination programme.
6. The combination of HDV and HBV infection is considered the most severe form of chronic viral hepatitis due to more rapid progression towards liver-related death and hepatocellular carcinoma.
7. Hepatitis D infection can be prevented by hepatitis B immunization, but treatment success rates are low.

Transmission

The routes of HDV transmission, like HBV, occur through broken skin (via injection, tattooing etc.) or through contact with infected blood or blood products.

Transmission from mother to child is possible but rare. Vaccination against HBV prevents HDV coinfection and hence expansion of childhood HBV immunization programmes has resulted in a decline in hepatitis D incidence worldwide.

Chronic HBV carriers are at risk of infection with HDV. People who are not immune to HBV (either by natural disease or immunization with the

hepatitis B vaccine) are at risk of infection with HBV, which puts them at risk of HDV infection.
Those who are more likely to have HBV and HDV co-infection include indigenous people, people who inject drugs and people with hepatitis C virus or HIV infection. The risk of co-infection also appears to be potentially higher in recipients of haemodialysis, men who have sex with men and commercial sex workers.

Symptoms

In acute hepatitis, simultaneous infection with HBV and HDV can lead to a mild-to-severe hepatitis with signs and symptoms indistinguishable from those of other types of acute viral hepatitis infections.

These features typically appear 3–7 weeks after initial infection and include fever, fatigue, loss of appetite, nausea, vomiting, dark urine, pale-coloured stools, jaundice (yellow eyes) and even fulminant hepatitis.

Diagnosis

HDV infection is diagnosed by high levels of anti-HDV immunoglobulin G (IgG) and immunoglobulin M (IgM) and confirmed by detection of HDV RNA in serum.

However, HDV diagnostics are not widely available and there is no standardization for HDV RNA assays, which are used for monitoring response to antiviral therapy.

Treatment

Pegylated interferon alpha is the generally recommended treatment for hepatitis D virus infection. Treatment should last for at least 48 weeks irrespective of the patient's response.

The virus tends to give a low rate of response to the treatment; however, the treatment is associated with a lower likelihood of disease progression.

This treatment is associated with significant side effects and should not be given to patients with decompensated cirrhosis, active psychiatric

conditions and autoimmune diseases. Bulevirtide is one of the new promising treatments for hepatitis D.

More efforts are needed to reduce the global burden of chronic hepatitis B and develop medicines that are safe and effective against hepatitis D and are affordable enough to be deployed on a large scale to those who are most in need.

Prevention

While the WHO does not have specific recommendations on hepatitis D, prevention of HBV transmission through hepatitis B immunization, including a timely birth dose, additional antiviral prophylaxis for eligible pregnant women, blood safety, safe injection practices in health care settings and harm reduction services with clean needles and syringes are effective in preventing HDV transmission.

Hepatitis B immunization does not provide protection against HDV for those already infected with HBV.

Hepatitis E

Key facts

1. Hepatitis E is an inflammation of the liver caused by infection with the hepatitis E virus (HEV).
2. Every year there are an estimated 20 million HEV infections world wide, leading to an estimated 3.3 million symptomatic cases of hepatitis E.
3. WHO estimates that hepatitis E caused approximately 44 000 deaths in 2015 (accounting for 3.3% of the mortality due to viral hepatitis).
4. The virus is transmitted via the fecal-oral route, principally via contaminated water.
5. Hepatitis E is found worldwide, but the disease is most common in East and South Asia.
6. A vaccine to prevent hepatitis E virus infection has been develop ed and is licensed in China, but is not yet available elsewhere.

Transmission

Hepatitis E infection is found worldwide and is common in low- and middle-income countries with limited access to essential water, sanitation, hygiene and health services.

In these areas, the disease occurs both as outbreaks and as sporadic cases. The outbreaks usually follow periods of faecal contamination of drinking water supplies and may affect several hundred to several thousand persons.

Some of these outbreaks have occurred in areas of conflict and humanitarian emergencies such as war zones and camps for refugees or internally displaced populations, where sanitation and safe water supply pose special challenges.

In areas with better sanitation and water supply, hepatitis E infection is

infrequent, with only occasional sporadic cases. Most of these cases are caused by genotype 3 virus and are triggered by infection with virus originating in animals, usually through ingestion of undercooked animal meat (including animal liver, particularly pork). These cases are not related to contamination of water or other foods.

Symptoms

The incubation period following exposure to HEV ranges from 2 to 10 weeks, with an average of 5 to 6 weeks. The infected persons excrete the virus beginning from a few days before to 3-4 weeks after onset of the disease.

In areas with high disease endemicity, symptomatic infection is most common in young adults aged 15–40 years. In these areas, although infection does occur in children, it often goes undiagnosed because they typically have no symptoms or only a mild illness without jaundice.

Typical signs and symptoms of hepatitis include:

1. An initial phase of mild fever, reduced appetite (anorexia), nausea and vomiting lasting for a few days.
2. Abdominal pain, itching, skin rash, or joint pain.
3. Jaundice (yellow colour of the skin), dark urine and pale stools; and
4. A slightly enlarged, tender liver (hepatomegaly).

These symptoms are often indistinguishable from those experienced during other liver illnesses and typically last 1–6 weeks.
In rare cases, acute hepatitis E can be severe and result in fulminant hepatitis (acute liver failure). These patients are at risk of death.

Pregnant women with hepatitis E, particularly those in the second or third trimester, are at increased risk of acute liver failure, fetal loss and mortality. Up to 20–25% of pregnant women can die if they get hepatitis E in third trimester.

Cases of chronic hepatitis E infection have been reported in immunosuppressed people, particularly organ transplant recipients on immunosuppressive drugs, with genotype 3 or 4 HEV infection. These remain uncommon.

Diagnosis

Cases of hepatitis E are not clinically distinguishable from other types of acute viral hepatitis. However, diagnosis can often be strongly suspected in appropriate epidemiologic settings, for example when several cases occur in localities in known disease-endemic areas, in settings with risk of water contamination when the disease is more severe in pregnant women or if hepatitis A has been excluded.

Definitive diagnosis of hepatitis E infection is usually based on the detection of specific anti-HEV immunoglobulin M (IgM) antibodies to the virus in a person's blood; this is usually adequate in areas where the disease is common. Rapid tests are available for field use.

Additional tests include reverse transcriptase polymerase chain reaction (RT-PCR) to detect the hepatitis E virus RNA in blood and stool. This assay requires specialized laboratory facilities. This test is particularly needed in areas where hepatitis E is infrequent and in uncommon cases with chronic HEV infection.

Treatment

There is no specific treatment capable of altering the course of acute hepatitis E. As the disease is usually self-limiting, hospitalization is generally not required. It is important to avoid unnecessary medications that can adversely affect liver function, e.g., acetaminophen, paracetamol.

Hospitalization is required for people with fulminant hepatitis and should also be considered for symptomatic pregnant women.

Immunosuppressed people with chronic hepatitis E benefit from specific treatment using ribavirin, an antiviral drug. In some specific situations, interferon has also been used successfully.

Prevention

Prevention is the most effective approach against infection. Transmission of HEV and hepatitis E infection can be reduced by:

1. Maintaining hygienic practices
2. Maintaining quality standards for public water supplies.
3. Establishing proper disposal systems for human faeces

Hepatitis Myth and Facts

Too long, so you didn't read? Check this out: 5 Myths About Hepatitis… and the actual truth

Myth 1: Hepatitis is hepatitis.

Fact: Hepatitis A, B, C, D and E are different viruses with different modes of transmission and clinical manifestations.
While Hepatitis A and E are transmitted by ingestion of contaminated food, Hepatitis B and C are transmitted by blood transfusion, unprotected sex, tattoos or sharing needles/razors.
Hepatitis D occurs only in patients with Hepatitis B.

Myth 2: All patients with hepatitis have jaundice.
Fact: Absence of jaundice does not rule out acute hepatitis viral infection, which can present sometimes only with symptoms such as fever, vomiting, poor appetite, and lethargy.

Myth 3: Overcoming one type of hepatitis leads to immunity from other forms of hepatitis.
Fact: Patients with Hepatitis A get lifelong protection against hepatitis A only. One is still at risk of infection with other forms of hepatitis like B, C and E.

Myth 4: Hepatitis virus cannot survive outside the human body.
Fact: Hepatitis B virus is 50-100 times more infectious than HIV and can survive in dried blood for up to 7 days. Hepatitis C virus can survive on surfaces for up to 16 hours.

Myth 5:
Vaccines are available to treat all types of Hepatitis virus.
Fact: Vaccines are available only against Hepatitis A and B.

Conclusion

In conclusion:

Hepatitis is not a joke. In fact, it is deadlier than HIV and may not show symptoms for years if not tested, which in turn causes extensive damage.
It is very important that you take preventive measures if you participate in risky behaviours, work in places like nursing homes, dormitories, day-care centres or places where you have extended contact with other people and a risk of coming into contact with the disease.
Also, get tested.

Sources:

What is Viral Hepatitis? | CDC

Hepatitis: What Is It? Types, Symptoms, Causes, and More (healthline.com)

Hepatitis B Foundation: Prevention Tips (hepb.org)

Hepatitis A (who.int)

Hepatitis B (who.int)

Hepatitis C (who.int)

Hepatitis D (who.int)

Hepatitis E (who.int)

About Avon HMO

Licensed in 2012 by the regulatory authority (NHIA) to operate as a national HMO, Avon Healthcare Limited has been Nigeria's most trusted HMO since we commenced operations in 2013. Our Mission is to empower people across Nigeria to live healthier, fuller lives by providing access to quality healthcare services when needed, without financial constraints leading to unnecessary complications and fatalities.

Since inception, we have been providing healthcare plans and other healthcare services to all Nigerians - individuals, families, groups, companies, and communities – through our network of over 1,400 hospitals and clinics spread across the country's 36 states, the federal capital territory and major LGAs.

Once you are subscribed to our health plans and you fall ill, suffer an accident, or are diagnosed with a health condition, Avon HMO steps in to coordinate your care and pay the bills; ensuring and overseeing the delivery of quality healthcare services that will enable you to get better.

We also offer on-site health risk assessment, occupational health management and employee well-being services, which go a long way in maintaining a healthy and productive workforce.

Part of what sets us apart is our unwavering focus on enrollees' health and our use of data to derive healthcare insights. We prioritize preventive health and work with our clients and enrolled members to ensure they remain optimally healthy and can enjoy a good quality of life. With service delivery that is powered by pioneering technology and automation, we have become Nigeria's most trusted HMO.

We are a subsidiary of Heirs Holdings; an African proprietary investment company, improving lives across Africa by investing in key sectors that are transforming the continent.

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