



Annual Registry for Hepatitis C and Hepatitis B is Needed for Predicting the Burden of Hepatocellular Carcinoma in Iran

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Dear Editor,

We read with interest the paper entitled "Hepatitis C Virus: The Rising Concerns and Growing Hopes, Report From the HCV Symposium, Fourth Tehran Hepatitis Congress, November 2011, Tehran, Iran", which is written by Alavian et al. (1). This report highlights the rising concerns for future health burden of hepatitis C virus (HCV) in global scale as well as the necessity of allocating HCV awareness issues in order to control HCV in Iranian high risk populations and patients (1). In contrast to Western countries in which alcoholism remains the most common cause of HCC, in Iranian population the Hepatitis B Virus (HBV) and HCV are the main causes of Hepatocellular Carcinoma (HCC) (2). Fortunately HCV infection incidence is low in Iran (3) and available data suggest the prevalence of less than 1% in general population (4). Besides, the burden of HCC is low in Iran and it is predicted

that the rate of mortality due to this malignancy is leveled off in recent years (5). Although in Iran the mass vaccination program against HBV started in 1993 and reached 94% coverage in 2005 (6), it is supposed that its decreasing impact on the burden of HCC will expose in future decades (5). The epidemiology and prevalence of HCV infection has changed in Iran (7) and studies indicate that prisoners and drug abusers are at high risk of HCV infection (8, 9). Also statistics show that intravenous drug use (IDU) accounts for 50% of HCV transmission routes in our country (1). On the other hand, there is no update information regarding the annually new cases of HCV in general population in order to draw a picture of the trends of HCV infection in Iran and predicting its share in burden of HCC in future. Since we know that the burden of HCC is still too low in our community to predict the role of HBV and HCV in HCC Burden, there is a need to register the annual prevalence of these infec-

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tions in Iranian population. In the absence of such data, the estimation of burden for HCV, HBV and HCC could be far from the accuracy.

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Authors' Contribution

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