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Elimination of Hepatitis C Virus Infection Among Hemodialysis Patients Will Be Possible If All Patients Undergo Treatment

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Dear Editor,

I recently read with interest the published article by Ibrahim et al. (1). Hepatitis C virus (HCV) infection is associated with high mortality among patients undergoing hemodialysis (2). The prevalence of HCV infection among hemodialysis patients is varied in different countries, and a meta-analysis on Iraqi patients undergoing hemodialysis reported a prevalence of 20% for HCV infection (3); however, the prevalence of this disease seems to be lower in Kurdish region compared to other parts of Iraq. Control of HCV infection, as a health hazard, is necessary in hemodialysis patients. In the study by Ibrahim et al. (1), all HCV-infected patients had history of transfusion, but 16 out of 87 patients who were HCV negative did not have history of transfusion. I believe that the limited number of HCV-infected patients avoiding the authors from concluding that transfusion history was a risk factor. Transfusion history has been considered as a cardinal risk factor in several studies and I suggest to use other modalities for the management of anemia in these patients. It is worth mentioning that duration of hemodialysis is another risk factor that the authors did not address in their study. If we seeking to follow the ultimate goal of the World Health Organization for the elimination of HCV infection in our community, it will be easier to do so in hemodialysis patients using validated strategies, the most important of which being treatment of all infected patients. In so doing, the vicious cycle of nosocomial transmission due to poor infection control measures will be halted.

For the management of hepatitis B virus (HBV) infection, periodic screening of HBs Ag, separation of devices and location of hemodialysis centers, vaccination against HBV infection, follow up for anti-HBs antibody, and devising new strategies for better response to HBV vaccination in this high-risk group are suggested (4).

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