



Controlling HCV Infection in Hemodialysis Units

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Dear Editor,

I am writing in connection with the paper published in the third issue of 2011 of *Nephro-Urology Monthly Journal*, entitled "Diabetes, renal failure and hepatitis C infection: The puzzle should be attended more in future" (1). The author correctly mentioned the importance of increasing number of Chronic Kidney Diseases and End Stage Renal Diseases (ESRD) due to Hypertension and diabetes mellitus in Iran and as a worldwide threat it needs more attention (2-5). On the other hand controlling HCV infection in growing number of dialysis units remains a serious challenge for health care providers. Despite administration of recombinant erythropoietin instead of blood transfusion, HCV infection still transmits via different way through the infected hands of medical personnel or patients in hemodialysis ward environment, hemodialysis machines, sharing medical or non-medical objects among patients during dialysis procedure (6, 7). Considering different prevention strategies, it does not seem that the isolation of dialysis stands can keep pace with the increasing number of patients and expenses. I totally agree with the author that controlling HCV

infection in the hemodialysis units need multi-faceted approaches: Infection control policies, regular check-ups, treatment of infected patients and the most important factor which is shortening of dialysis duration by early transplantation. It not only offers a better quality life to suitable patients but also decreases the load of HCV infection (6, 8).

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