

More Risk Factors of Hepatitis C Transmission Should be Considered in Pakistan

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DEAR EDITOR,

We read with interest the published article by Hashmi et al¹ in your journal recently. Hepatitis C is considered as main cause of liver failure, mortality, and morbidity worldwide.^{2,3} More risk factors of HCV transmission are reported from Pakistan previously.⁴ We want to attract author's attention to some points that can help them to have high quality study.

First, we think there is an under estimation, because known cases of HCV were excluded, while they are members of female population in Pakistan. Also females with history of jail were not included and maybe authors could find more prevalence of hepatitis C infection if this group were enrolled, especially when some high risk behaviors such as sexual transmission and tattooing are more common among them.⁵ Intravenous drug users (IVDUs) are a high risk group for hepatitis C transmission and hepatitis C infection rate has been reported 50% among them previously,⁶ it was better to include them for inexact estimation. Although numbers of IVDUs among women are less than men and it seems that HCV infection will detect less, so it leads to less attention to this issue and indicates this study is not generalize for all Pakistan society. It was better to explain about region selection and it is interesting to know that authors have considered socioeconomic situation of regions or not.

In addition, self administered questionnaires are not reliable; because illiterate and primary educated women could not understand main mind of questions. It was better to fill the questioners with trained persons, especially when

58.73% of included women were from poor class. It is interesting to know if any family has had more than one enrolled women.

Moreover surgery, dental procedure, and dilation and curettage are more associated factors with HCV seropositivity that indicate to unsafe medical procedures in Pakistan; health policy are responsible for finding source of transmission and try to resolve them, such as: prevention of illegal and unsafe curettage in non-sterile places as they should do it in dentistry centers too.

Blood transfusion is considered as the most associated factor with seropositivity of Hepatitis C in multivariate analysis as it was reported in previous study too.⁷ This source of transmission confutes us to think more about unsafe and maybe unscreened blood transfusion in Pakistan and it shows that more attention is needed for blood screening in this.

We want to ask, if all participants have had sexual contact? And it was better to mention number and percent of anti hepatitis C positives as ratio among women with positive history of sexual contact, but it is reported among all of participants without considering the sexual contact history.

At the end, it was better to mention cut of P-value for variables which were entered in logistic model and also CI of blood transfusion is not mentioned completely in Table 3.

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REFERENCES

1. Hashmi A, Saleem K, Soomro JA. Prevalence and factors associated with hepatitis C virus seropositivity in female individuals in islamabad, pakistan. *Int J Prev Med* 2010; 1(4): 252-6.
2. Alavian SM, Ahmadzad Asl M, Lankarani KB, Shahbabaie MA, Bahrami Ahmadi A, Kabir A. Hepatitis C Infection in the General Population of Iran: A Systematic Review. *Hepat Mon* 2009; 9(3): 211-23.
3. Umar M, Bushra H, Ahmad M, Khurram M, Usman S, Arif M, et al. Hepatitis C in Pakistan: A Review of Aavailable Data. *Hepat Mon* 2010; 10(3): 205-14.
4. Strickland GT. Risk factors for HCV infection in Pakistan. *J Viral Hepat* 2010; 17(5): 305-6.
5. Azarkar Z, Sharifzadeh G. Evaluation of the Prevalence of Hepatitis B, Hepatitis C, and HIV in Inmates with Drug-Related Convictions in Birjand, Iran in 2008. *Hepat Mon* 2010; 10(1): 26-30.
6. Higgs P, Kelsall JG, Nguyen QC. Transitions to Injecting and Risk of Hepatitis C Transmission among Ethnic Vietnamese Heroin Smokers in Melbourne, Australia. *Hepat Mon* 2008; 8(2): 115-20.
7. Alavian SM, Fallahian F. Comparison of Seroepidemiology and Transmission Modes of Viral Hepatitis C in Iran and Pakistan. *Hepat Mon* 2008; 8(1): 51-9.



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