

Controversies in the Screening of Hepatitis C Virus Among First-Degree Family Members of the Affected Patients

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Dear Editor,

We have read a recently published paper in Hepatitis monthly, entitled "Recommendations for the Clinical Management of Hepatitis C in Iran: A Consensus-Based National Guideline" (1). We have also presented the paper in our weekly journal club in the department of internal medicine. Providing specific recommendations based on our national setting makes it possible to apply the recommendations by all health care providers.

Despite recent advances in diagnosis and treatment of hepatitis C, this disease is still a major health issue in the world. Hepatitis C is also a major health concern in Hormozgan province. In this province, the most common HCV genotypes are 1a, 3a, and 1b, in sequence (2).

Availability of effective medications for the treatment of hepatitis C provides the possibility for its eradication. However, an important issue in disease elimination is finding patients. Several authors have mentioned the importance of finding patients as a fundamental step for elimination of hepatitis C (3, 4).

In the national guideline for hepatitis C, some groups are recommended to be screened for hepatitis C. This recommendation is based on the data available from previous studies. The recommended individuals for HCV screening include individuals with history of blood transfusion before the time of HCV blood screening in Iran, IV drug users, those with war wound history, prisoners, hemophilic, thalassemic and hemodialysis patients, organ transplant receivers, sex workers, individuals with tattooing and phlebotomy, and infants born to HCV infected mothers. The list of individuals who are at high risk of HCV infection and need for screening are similar in Hormozgan province to the list of individuals who are recommended to be screened in national guidelines for hepatitis C (5, 6).

There is no recommendation for the screening of first-degree family members of HCV patients in national guidelines for hepatitis C. Similarly, there is no recommendation

for HCV screening in this population in a recent guideline by WHO (7).

In our practice, we have encountered several HCV positive individuals with none of the above-mentioned risk factors who reported HCV infected individuals in their first-degree family members in Bandar Abbas. Similarly, Moezzi et al. have reported higher prevalence of hepatitis C in the first-degree family members of HCV patients in Chaharmahal and Bakhtiari province (8). It is likely that some differences in social relationships and some behavioral factors are important in our observation in Bandar Abbas. Some authors have also pointed to the possibility of genetic predisposition to HCV infection for explanation of these findings (9).

Our information on the prevalence of HCV among the first-degree family members of the HCV infected individuals is inadequate. Also, the prevalence may be variable in different areas based on the extent of high-risk behaviors and quality of social relationships. Therefore, we recommend screening of the first-degree family members of HCV infected patients. Also, high quality studies in this regard are recommended.

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