Letter to the Editor

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Hepatitis C in prisons

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Dear Sir,

I read the article by Pompilio *et al.* (1) in your journal. Indeed, incarceration is a major risk factor for blood-borne infection among intravenous drug users (IDUs) (2, 3). Most cases of hepatitis C virus (HCV) infection are asymptomatic and undoubtedly finding the key routes of transmission, particularly in endemic regions, is a priority. The importance of programs that aim at controlling risk factors becomes clearer when many infected patients with hepatitis appear asymptomatic (4). Currently, approximately 170 million people are infected with HCV (2, 5). Injecting drug use is the most common route of transmission, thus IDUs have the highest prevalence of HCV infection and also constitute a potential reservoir of HCV in the community (6-8).

The lower prevalence of HCV infection in prison population in the study by Pompilio *et al.* (1) in comparison with previous Brazilian works may be related to improvement in access to educational materials and harm reduction programs (1, 9). Harm reduction is the core activity for controlling risky behaviors – such as sharing syringes – among infected persons whereas non-infected ones may be offered other supportive services to prevent the spread of HCV and HIV. We hope that the already-in-place program of harm reduction gets national exposure, so that to cover all high-risk populations including IDUs in and out of prison.

IDUs are at higher risk of acquiring HCV infection especially when they enter the prison and share needles (10). Variables that are identified as independent predictors of HCV infection include duration of injecting, frequency of injecting, needle-sharing, and prior imprisonment (11). Besides sharing needles, sharing balls of cotton wool may be a source of HCV infection (12). Other contributory factors for HCV transmission are needle stick injuries, contaminated medical equipment, and blood spills in health care settings (13, 14).

It is also worth mentioning blood transfusion history in prisoners particularly due to surgeries, which is significantly more common in HCV positive group, as a risk factor for contamination (1, 15). Similarly, hospital admission, experimental dental treatment and extramarital sexual contact should be considered risk factors for HCV transmission (15). Finally, I would like to mention that HCV will be more important in the future as a major cause of liver disease-related morbidity and mortality worldwide and will represent a major public health problem. If we are more careful today, the future will be safer for our community.

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CONFLICTS OF INTEREST

There is no conflict.

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