To the Editor:

We read with great interest the provocative paper by Martinez-Bauer and the Spanish Acute HCV Group attributing two-thirds of 109 cases of acute hepatitis C to hospitalization [1].

We have not observed this predominant role of nosocomial hospital transmission in our cohort of 126 patients prospectively recorded in the French Observatory of Acute Hepatitis C: in this cohort, nosocomial transmission was suspected in 24 of our patients (19%), a professional role was attributed in 15 (12%), drug use being responsible for 48 cases (38%) and sexual contacts for 26 (20%). The proportion of suspected nosocomial transmission was a little bit higher (18 patients, 29%) in our first, retrospective study of 62 cases [2], after excluding transfusion-related cases.

The probable overestimation of the relative role of hospital nosocomial transmission in the Spanish study could have three main causes: (1) the inclusion of two “large” epidemics (totalizing 12/73 cases), related to obviously unsafe procedures, (2) a recruitment bias (patients being regularly admitted having systematic determinations of liver tests, which is exceptional after drug injection for example), and (3) recall bias (patients probably remembered and reported more easily hospitalization than a single sexual intercourse act with a poorly risk-defined partner).

Hospital nosocomial transmission of hepatitis C virus certainly persists, but it is probably not so high, and it has to be maintained at its very low level by regular reminders and observance of universal hygiene precautions and disinfection procedures.

References


Thierry Morin*
Alexandre Pariente
Jean François Cadranel
Jacques Denis
On behalf of the Observatoire National de l’Hépatite Aiguë C
Centre hospitalier de Bigorre – Hepatogastroenterologie,
Bd de Lattre de Tassigny, Tarbes 65013, France.
*Tel.: +33 0562546212; fax: +33 0562545536
E-mail address: tmorin@ch-tarbes-vic.fr