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Letter to the Editor

Role of nosocomial hospital transmission in acute hepatitis C

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 hospi-

talization 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

- [1] Martinez-Bauer E, Forns X, Armelles M, Planas R, Sola R, Vergara M, et al. Hospital admission is a relevant cause of hepatitis C virus acquisition in Spain. J Hepatol 2008;48:20–27.
- [2] Morin T, Pariente A. Acute hepatitis C: a retrospective study of 62 cases. Gastroenterol Clin Biol 2002;26:994–1000.

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DOCTOPIC: Letter to the Editor