Decreased prevalence and incidence of HCV markers in haemodialysis units

Sir,

The conclusions of Sauné et al. [1], published in the July issue of *Nephrology Dialysis Transplantation*, reporting decreased hepatitis C virus (HCV) incidence in a multi-centre French survey of haemodialysis units is very interesting and matches the observations made in other countries. This decrease is related to an inferior number of infectious transfusions administrated to patients after the use of adequate HCV screening tests. There are aspects related to these patients which I can add concerning the clinical details about HCV.

We compared the prevalence and evolution of HCV in the Haemodialysis Unit of the Hospital General Universitario de Ciudad Real in the years 1992 and 2010. Multinomial logistic regression in both years helped to model the transmission of HCV at those different times. Thus, HCV infection was associated to transfusion without previous HCV antibody screening (P = 0.002) but not to the number of blood units transfused to each patient. In 1992, all but one (98.8%) of the HCV-infected patients were previously transfused without HCV screening while in 2010, 20.6% of the newly infected HCV patients had never been transfused. The unit never had HIV-infected patients or IV drug users and 17.2% of the new patients in 2010 were HCV infected in a nosocomial outbreak 9 years before. The progression of hepatitis was worse in patients with previous renal transplant and no significant differences were found between the remaining patients. As noted by Fabrizi et al. [2], serum alanine aminotransferases (ALTs) are not reliable markers for HCV search as they are frequently normal; 41.5% of Ciudad Real patients in which HCV–RNA was observed had normal transaminases and persistent hypertransaminasaemia was observed in only 11.3% of the patients who had HCV–RNA. But statistical results (T-test for equality of means = 0.013) confirm that ALT values over 32 UI/L can predict HCV–RNA positivity in blood either fluctuating or persistent [3]. Therefore, continuous monthly measure of ALT <30 UI/L probably makes the molecular detection of HCV–RNA in seronegative patients unnecessary. In this unit, only one patient with myeloma had HCV–RNA in the absence of antibodies but ALT was chronically raised >50 UI/L. Also, all 31 patients who can be followed during seroconversion had ALT peak values >125 UI/L.

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2. Fabrizi F, Poordad FF, Martin P. Hepatitis C infection and the patient with end-stage renal disease. *Hepatology* 2002; 36: 3–10
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