

A Response to the Article “Seroprevalence of Hepatitis B and C Viruses and Their Associated Factors Among Military Personnel at Military Camps in Central Gondar, Ethiopia: A Cross-Sectional Study” [Letter]

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Dear editor

Understanding the prevalence of hepatitis B virus (HBV) and hepatitis C virus (HCV) in specific regions and the factors associated with their spread is critical for effective public health management and interventions.¹ By comprehensively analyzing the prevalence and associated risk factors, policymakers and healthcare providers can design more effective and adaptive measures to control the virus. Our research team has carefully reviewed the very interesting and informative research conducted by Abebe et al.¹ We acknowledge that the research results and findings of the authors are very good and useful. An investigation into the seroprevalence of HBV and HCV among military personnel in Central Gondar, Ethiopia, is of significance as it provides valuable insight into infection rates and associated risk factors in a previously unexplored and vulnerable population. Its rigorous methodology and comprehensive analysis make it a significant contribution to the field of public health, particularly in improving disease prevention strategies in military populations. The findings of this study are critical to inform policy and strengthen health care interventions explicitly designed for the military, who are at high risk for such infections. However, some aspects of the discussion may be useful for their future research.

The researcher in this paper used the ELISA method for detecting HBV and HCV on the serum blood of military personnel. The serological approach of ELISA provides a quantifiable value in titers of antibodies found in serum.² HBV and HCV DNA levels in the serum are important markers in monitoring the disease progression and treatment efficacy of chronic infection, but they do not give information on active virus replication.³ The detection and quantification of HBV and HCV DNA are critical in diagnosing and monitoring HBV infection, as well as evaluating therapy response.³ We suggest that the author uses the Real-Time Polymerase Chain Reaction (RT-PCR) technique for the detection or quantification of HBV DNA in military personnel for monitoring HBV and HCV infection.

An interesting research response in addition to HBV and HCV investigations, it is also necessary to conduct research related to HEV (Hepatitis E Virus) on military personnel at Military Camps in Central Gondar, Ethiopia, related to One Health is recommended for further research. Since its discovery, several outbreaks of HEV infection have been reported among military personnel.⁴ HEV usually causes chronic infection with neurologic and other extrahepatic manifestations, however is increasingly becoming a significant clinical problem.⁴ Humans are generally infected with HEV by the oral route. Thus, military personnel are considered a high-risk occupational group for HEV infection. Frequently, mobile military jobs and travel activities that sometimes encounter and eat raw animal meat (pork, rabbit, rat, etc.), or unhygienic

food may cause this to be a potential risk factor. Zoonotic HEV infection has been reported through the consumption of raw or undercooked animal meat or direct contact with infected animals.⁵ Further research with a one health approach is needed to investigate the significance of HEV incidence specifically in military operational travel in order to be a concern for early control.

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Author Contributions

All authors contributed to data analysis, drafting or revising the article, have agreed on the journal to which the article will be submitted, gave final approval of the version to be published, and agreed to be accountable for all aspects of the work.

Disclosure

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