

Comment on “Prevalence of Occult Hepatitis B Virus Infection in Hemodialysis Patients in Isfahan, Iran”

Sir,

We read with attention the article of Kalantari *et al.* titled, “Prevalence of occult hepatitis B virus infection in hemodialysis patients in Isfahan, Iran.”^[1] We agree the need for a careful surveillance of hepatitis B virus (HBV) infection in hemodialysis (HD) patients because the extracorporeal blood circulation predisposes the patients undergoing HD to nosocomial transmission of blood-borne viruses. These patients are at a high risk of exposure to HBV within HD units, with a wide variation in endemicity between the countries and the immunodeficient state associated with end-stage renal disease that can increase the susceptibility to infection. We would like to report our experience on occult HBV infection in patients on long-term HD in Palermo, Italy. According to the European Centre for Disease Prevention and Control, Italy is an area of low endemicity.^[2] In January 2017, we performed the routinary monitoring of HIV, HBV, and hepatitis C virus (HCV) serology in 48 patients undergoing chronic HD. All patients were hepatitis B surface antigen negative, 2 HIV positive, and 2 HCV positive. No patient previously received the HBV vaccination. Regarding the HBV serology, we found thirty hepatitis B surface antibody (HBsAb)/hepatitis B core antibody (HBcAb) negative, nine HBsAb positive, one HBcAb positive, and eight patients with HBsAb + HBcAb positivity. Among the 48 HD patients, we assessed HBV DNA. All patients were negative for HBV DNA. In addition, in our experience, the prevalence of occult HBV infection in HD patients was 0%.

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Conflicts of interest

There are no conflicts of interest.

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