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Letter to the Editor

Needlestick injury against viral hepatitis elimination

Sir,

We read with interest the article about the causes of needlestick injuries in healthcare settings by Dulon and colleagues recently published in your journal [1]. They reported 1737 sharps injuries during their study period and that the majority of these injuries were among nurses and physicians in the hospital setting. They also found that lack of attention in using needles was the main cause of injury. Another recent study found a self-reported prevalence of needlestick injuries of 39% among healthcare workers and medical students; this prevalence remained unchanged compared with 2003, whereas the level of concern had decreased [2]. The risk of needlestick injury is higher among healthcare workers in training compared to other healthcare workers [3]. Indeed, accidental exposure to blood was reported in up to 56% of medical students in Cameroon [4].

Recently, the World Health Organization has set a goal of eliminating viral hepatitis by 2030 [5]. Reaching this important goal will require finding and treating infected patients, increasing the awareness regarding viral hepatitis, and controlling its transmission [5,6]. The risk of transmission after needlestick injury by infected blood has been estimated to be 6–30% for hepatitis B (HBV) and 1.8% for hepatitis C (HCV) infections, which is much higher than risk of transmission for HIV infection [7]. However, the rate of full HBV vaccination among medical students in the Cameroon study was reported to be only 18%, and only 20% of those students who had completed their immunization course had had their post-vaccination hepatitis B surface antibody titre checked [4].

In conclusion, needlestick injury remains an important transmission route for HBV and HCV infections, especially among medical students and other healthcare workers in training. Hence awareness regarding pre- and post-exposure prophylactic strategies will need to be much greater, especially in many developing countries, if we are to achieve the goal of eliminating viral hepatitis. Awareness campaigns within the medical faculties of universities and teaching hospitals

seem to be a good solution [8,9]. Also, studies similar to Dulon *et al.*'s evaluating the causes of needlestick injuries may be beneficial for future preventive strategies.

Conflict of interest statement

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