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LETTER

Street and labour children; special group for elimination of viral hepatitis in Iran

Dear editor,

We read with much interest the recently published article by Foroughi *et al*¹ in your journal. They have demonstrated that the prevalence of HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV) infections among street and labour children is 4.5%, 1.7% and 2.6% in Iran, respectively, and well discussed about HIV infection in this population. However, we would like to highlight some points about HBV and HCV infections among them.

First of all, we think that they may underestimate reported prevalence rates in their study. Only known street and labour children who had consented to enrol in the study have been investigated which may cause a kind of selection bias considering socioeconomic status of participants.

Treatment of HCV infection has been revolutionised and has provided an opportunity for its elimination. Patient finding is one of the major issues in the elimination programme. As screening in general population is very difficult, in the first step prioritising special groups for screening seems to be reasonable.² Foroughi *et al* reported HCV prevalence rate of 2.6% in Iranian street and labour children which is

approximately five times higher than general population in our country.³ Hence, we think this group of patients needs special attention for finding of HCV-infected patients. Furthermore, authors showed that HCV infection is six times higher in HIV-infected children compared with children without this infection. Fortunately, with new treatment strategies, HIV/HCV coinfection is not considered a special condition anymore and can be treated easily with only considering drug–drug interaction.²

Finally, all participants were 10–18 years old, so they should have been vaccinated against HBV according to the national immunisation programme for neonates in Iran.⁴ But high reported prevalence of HBV among them and the aetiology for lack of enough immunisation should be investigated in more detail.

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