

# Letter to Editor/Carta ao Editor

# Accelerated vaccination against HBV infection is an important strategy for the control of HBV infection in prisons

Vacinação rápida contra a infecção por VHB é uma estratégia importante para o controle da infecção pelo VHB em presídios

Seyed Moayed Alavian<sup>1</sup>

## **Dear Editor:**

I read with interest the article by Stief et al. published in your journal recently. It showed us that hepatitis B virus (HBV) infection remains a significant problem in prisons, and it was related with other published studies<sup>2,3</sup>. The finding on higher prevalence of HBV infection in the male gender and in prisoners with positive history of intravenous drug use and STD demonstrated a new strategy for the control of HBV infection in prisons. Low vaccination coverage and the high number of injecting drug users (IDUs) suggest that most of them are susceptible to this infection.

Prisoners and IDUs are at constant risk of HBV infection, and the classic 6-month HBV vaccination might not provide immunization rapidly enough<sup>4,5</sup>. Compared

with classic HBV vaccination regimen, an accelerated 0, 1, 4, and 8 weeks vaccination schedule can achieve early seroprotection more rapidly, provides clinically sufficient seroprotection with higher compliance in prisoners, and can be suggested in situations that rapid immunization against HBV infection is warranted. I suggest the selection of higher-risk groups in prisons, including males with history of IDUs and STD, to start the accelerated vaccination against HBV infection early. This will be extremely useful to ensure immunity against HBV infection soon.

I would like to inform those identified by Stief et al. as having high risk of contracting HBV infection, particularly those in prisons and of old age, that being infected would be related to more duration of staying in high-risk place (prison) and more exposure with the risk factors. And finally, I would like to ask about hepatitis C virus (HCV) and HIV infections, which are more common in IDU groups<sup>6</sup> as stated in the literature; the authors did not present this in their study.

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1. Baqiyatallah Research Center for Gastroenterology and Liver Disease, Tehran, Iran.

Address to: Dr. Seyed Moayed Alavian. Baqiyatallah Research Center for Gastroenterology and Liver Disease. P.O. Box 14155/3651, Tehran, I.R.Iran. Phonefax: 98 21 88945186-8, Fax: 98 21 81262072 e-mail: alavian@thc.ir

Received in 01/06/2011 Accepted in 22/09/2011



Article/Artigo

DOI: 10.1590/S0037-86822011000500030

Seroprevalence of hepatitis B virus infection and associated factors among prison inmates in State of Mato Grosso do Sul, Brazil

alência e fatores associados à infecção pelo vírus da hepatite B em população da no Estado do Mato Grosso do Sul, Brasil

Alcione Cavalheiro Faro Stief<sup>1</sup>, Regina Maria Bringel Martins<sup>2</sup>, Sônia Maria Oliveira de Andrade<sup>1</sup>, Mauricio

# Authors' reply regarding the coments about article Seroprevalence of hepatitis B virus infection and associated factors among prison inmates in State of Mato Grosso do Sul, Brazil

Resposta dos autores quanto aos comentários feitos sobre o artigo Soroprevalência e fatores associados à infecção pelo vírus da hepatite B em população encarcerada no Estado do Mato Grosso do Sul, Brasil

Alcione Cavalheiro Faro Stief<sup>1</sup>, Regina Maria Bringel Martins<sup>2</sup>, Sônia Maria Oliveira de Andrade<sup>1</sup>, Mauricio Antonio Pompilio<sup>1</sup>, Sonia Maria Fernandes<sup>1</sup>, Paula Guerra Murat<sup>1</sup>, Gina Jonasson Mousquer<sup>1</sup>, Sheila Araújo Teles<sup>3</sup>, Graciele Rodrigues Camolez<sup>1</sup>, Roberta Barbosa Lopes Francisco<sup>4</sup> and Ana Rita Coimbra Motta-Castro<sup>1</sup>

We are very pleased to present our answers to the comments made by Professor Seyed Moayed Alavian in relation to our work Seroprevalence of hepatitis B virus infection and associated factors among prison inmates in State of Mato Grosso do Sul, Brazil.

Before publication, we had the opportunity to present the paper in a seminar (*Encontro Estadual de Vigilância em Saúde*) in Campo Grande-MS, in November 24, 2009, promoted by the State Health Office.

Concerning the vaccination against the hepatitis B virus in the population exposed to the risk of becoming infected, the findings were sent to the State Health Office (State Program of STD/AIDS and viral hepatitis) of Mato Grosso do Sul State. The high number of susceptible individuals (58%) was enhanced so that HBV vaccination could be initiated in this population, with the objective of preventing and controlling the hepatitis B virus infection in and out of the prisons.

The history of drug use is paramount when investigating the possibility of acquiring diseases transmitted sexually and parenterally, such as HBV infection¹. Drugs are prohibited in prisons; therefore, their use is considered a crime in Brazil, which causes many inmates not to report the use of injecting drugs. The present study was given continuity by selecting more samples, with a total sample size of 443 men and 243 women. The overall seroprevalence of HCV infection was 4.8% (95% CI: 3.4% to 6.8%), and the coinfection of HIV and HCV was 33.3%². After bivariate and multivariate analyses, injecting drug use was found significantly associated with HCV² and HIV³ infections.

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Fax: 55 67 3382-9687 e-mail: arcm.castro@hotmail.com Received in 11/07/2011

Accepted in 22/09/2011

<sup>1.</sup> Departamento de Bioquimica e Farmácia, Universidade Federal do Mato Grosso do Sul, Campo Grande, MS. 2. Instituto de Patologia Tropical e Saúde Pública, Universidade Federal de Goiás, Goiânia, GO. 3. Faculdade de Enfermagem, Universidade Federal de Goiás, Goiânia, GO. 4. Laboratório Central de Saúde Pública, Laboratory, Campo Grande, MS. Address to: Drª Ana Rita Coimbra Motta-Castro. Deptº de Farmácia e Bioquímica/UFMS. Av. Filinto Muller s/n, Campus Cidade Universitária, Caixa Postal 649, 74004-382 Campo Grande, MS, Brasil.