

Results of a screening campaign for hepatitis C viral infection in a Brussels hospital : do we need to go further?

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To the Editor,

We read with attention the letter of Xavier Verhelst in the last issue of *Acta Gastro-Enterologica Belgica* evaluating the results of a screening campaign in Lendeledé (1). Patients undergoing blood examination were offered anti-HCV screening, further HCV RNA evaluation and hepatology consultation if indicated. During one year, 560 patients were screened in a single center. Of those, 5 patients (0.9%) had antibodies against HCV. Positive RNA was evidenced in 3 patients (0.5%) and two of them were referred for antiviral treatment. Thanks to those data, the authors highlight the need of screening campaigns for HCV infection in Belgium (1).

We also performed a screening campaign for HCV infection in our hospital. We proposed an HCV screening through a simple finger-stick test without any questionnaire to people (patients, visitors or health care providers) who were present in the main hall of our academic hospital during one day (April 25, 2018).

Of 200 volunteers who had been tested during one day, 3 were positive (1.5%). All three patients (one woman and two men) explained that they were already aware of their status (one patient with a previous failure of interferon therapy, one with a previous effective antiviral treatment and another who did not provide any further information). All were middle-age people (50-60 years). There were no newly diagnosed cases and no subsequent antiviral treatment.

The main limitation of our study is the single center setting targeting population with a probable previous medical follow up which likely does not reflect the general population. A recent multiple disease seroprevalence study for Belgium (test on residual sera collected through clinical laboratories) reported an HCV prevalence in the general population of only 0.22% and an even lower prevalence of 0.12% when HCV-RNA testing was performed (2).

Other screening campaigns have been done in Belgium. The major prospective trial was performed by Rob Bielen and colleagues (3). Of 2970 patients presenting at the emergency department, 80% agreed to

participate. Hepatitis C virus antibody prevalence was 1.3%. However, only 0.2% were newly diagnosed cases (3).

In the retrospective analysis of our screening campaign, we found thus a similar prevalence of HCV antibody positivity. However, our campaign did not allow identifying patients who would benefit from antiviral therapy. Based on the studies, one could question whether a large-scale screening strategy would really be appropriate for Belgium. Although there is no discussion regarding the interest to perform this rapid screening test in patients with well-known risk factors (such as drug users as suggested by recent data (4)) and patients with abnormal transaminase levels, it can be discussed if the general population should rather be tested once in their life by their general practitioner.

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Conflict of interest

The authors do not have any conflict of interest regarding this study.

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