Review

Letter to the Editor

PREVENTION OF HEPATITIS C AMONG PATIENTS ON HEMODIALYSIS AT THE CLINICAL CENTER OF MONTENEGRO

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Dear Editor,

Hepatitis C virus (HCV) infection remains a significant global public health concern. It is estimated that more than 185 million individuals worldwide have been infected with HCV[1–4]. Currently, approximately 50 million people are living with chronic HCV infection, with around 1.0 million new infections occurring annually[5,6].

Evidence indicates that key risk factors for HCV infection are associated with healthcare exposure, including blood transfusions, invasive procedures, injections, and hemodialysis (HD)[7]. Furthermore, a well-established association exists between HCV infection and chronic renal failure. Patients who are HCV-positive and undergoing HD exhibit higher mortality rates compared to HCV-negative dialysis patients, attributable not only to liver-related complications but also to an increased risk of cardiovascular disease[7,8].

The prevalence of HCV among patients undergoing HD remains considerable. Recent meta-analyses have primarily focused on assessing the safety, tolerability, and efficacy of antiviral therapies in this population[9–11].

Ratiu et al. reported that HCV infection in HD patients often follows a subclinical course. Moreover, long-term treatment with direct-acting antivirals (DAAs), extending beyond five years, is associated with stabilization of liver function in the absence of major complications. However, despite these therapeutic advances, the incidence of malignancy remains elevated in HCV-positive HD patients[8].

Despite the availability of effective antiviral therapies, patients with HCV infection undergoing HD as a form of renal replacement therapy are infrequently treated. Expanding access to antiviral treatment could improve survival outcomes and

enhance the prognosis of patients awaiting kidney transplantation[12].

Patients on HD are recognized as a high-risk group for HCV infection. The introduction of erythropoietin for the management of anemia has significantly reduced the need for blood transfusions and, consequently, transfusion-related HCV transmission. In addition, the implementation of strict infection control measures, including adherence to standard hygiene protocols and the use of isolation strategies, has led to a marked decline in both the incidence and prevalence of HCV in most Western HD units. Although current incidence rates are low, the risk of sporadic nosocomial transmission persists. Therefore, the isolation of HCV-positive patients in dedicated dialysis rooms, along with strict adherence to infection prevention protocols, remains essential for minimizing transmission[13].

Data from the dialysis center at the Clinical Center of Montenegro indicate that, as of December 2025, only one out of eighty patients enrolled in the chronic HD program tested positive for HCV infection. The successful prevention of HCV transmission in this setting can be attributed to comprehensive infection control strategies, including early detection, strict patient isolation in dedicated rooms with separate equipment, and rigorous adherence to hygiene standards. These findings underscore the importance of integrated approaches encompassing prevention, timely diagnosis, effective treatment, and high-quality patient care in achieving optimal clinical outcomes at the Clinic of Nephrology, Clinical Center of Montenegro.

Conflict of Interest

The authors declare no conflict of interest.

Note

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