

The Distributions of HCV Genotypes in Hemodialysis Patients in Iraq

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Abstract

Background and Aims: Hepatitis C virus is a major global health problem that primarily affects the liver which lead to liver cirrhosis, liver failure and hepatocellular carcinoma. The aim of this report was to investigate the genotypes of HCV in patients on regular hemodialysis in Iraq.

Materials and Methods: A cross sectional study was conducted to investigate the genotypes of HCV in patients on regular hemodialysis in 7 centers across Iraq. A total of 255 subjects with positive anti-HCV antibodies were recruited in this study.

Results: To confirm the positivity, RT-PCR was performed. Amongst all samples, 31% (79/255) was positive by RT-PCR. Then, we genotyped all the RT-PCR positive samples, it was found that 39/79 (49.4 %) of our samples were typed as HCV genotype 1 including 26 samples (66.7%) as HCV 1a and 13 samples (33.3%) as HCV 1b. HCV genotype 4 was found in 34/79 (43%) of the samples while 6/79 (7.6%) of the samples typed as HCV 3

Conclusion: HCV genotype 1 was the most prevalent genotype followed by genotype 4. Further population-based study is required to investigate the prevalence of HCV genotypes.

Keywords: Genotypes, HCV, Hemodialysis Patients, Iraq

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Introduction

Infection with HCV is a global health issue (1). Currently, more than 200 million subjects are infected with the hepatitis C virus (2). Chronic infection with the virus is associated with deleterious consequences such as liver cirrhosis and hepatocellular carcinoma (3). The prevalence of HCV infection has been studied thoroughly. While the prevalence of HCV positivity is 0.2% in blood donors in Iraq, around 4% of the Pakistani blood donors were positive for the virus (4-6). The prevalence of HCV infection in subjects undergoing hemodialysis differs from developing countries to developed countries. The prevalence of HCV in hemodialysis subjects in Iran, Turkey and Saudi was found to be 4%, 11% and 20%, respectively (7-9). In the UK, the prevalence of HCV in hemodialysis patients was 2% and around 20% in Spain and Italy (10, 11). In a study conducted in Iraq recruiting patients on hemodialysis, the prevalence of HCV was 4.3% (12). HCV is of six genotypes, labeled 1 through 6. The heterogeneity of the virus makes the development of vaccine insuperable (13). The heterogeneity of HCV also plays an important role in determining sustained virologic response (SVR) in subjects infected with the virus. The treatment showed greater efficacy in genotype 2 and 3. Genotypes 1 and 4 are problematic to treatment with less SVR rates (14).

The aim of this study was to investigate the genotype of HCV in patients on regular hemodialysis in Iraq.

Materials and Methods

During the study period between May 2017 and May 2019, 255 patients were recruited. Recruiting patients were undergoing regular hemodialysis for renal failure in seven dialysis centers in Medical City Hospital, Al-Karama Teaching Hospital, Al-Kadymia Teaching Hospital -Baghdad, Al-Basra Teaching Hospital, Duhok dialysis center and Zakho dialysis center. A 5cc syringe and needle were used to obtain five ml of blood from subjects. Then, the samples were centrifuged at 1500 rpm for 3 min to obtain serum.

ELISA

The HCV (antibody) Ab was studied using a third-generation immunoassay that allows the detection of antibodies to the NS3, NS4 and NS5 core antigens of the virus (Foresight- USA) following manufacturer's instruction. All tests were performed in duplicate.

RNA extraction and quantification

RNA was extracted by QIAamp RNA Extraction Kit (Qiagen) according to manufactures instructions and the extracted RNA concentration was confirmed by nanodrop study. Quantification of HCV RNA was performed by real-time quantitative PCR-based test (Amplicor HCV test; Hoffman-La Roche, Nutley, NJ, USA). The manufacturer's instructions were followed and the internal control supplied by the manufacturer was added to each specimen, as an extraction and amplification control.

HCV genotyping

HCV genotyping was performed using a commercial line probe assay (Abbot-USA), according to the manufacturer's instructions. In this assay, after the amplification of the 5' non-translated region of the HCV genome, the product was labelled with biotin. Reverse-hybridization reaction was performed with 21 different probes. The hybridization reaction was then reacted with streptavidin-phosphatase conjugate. The reaction identified the 6 major HCV genotypes and their subtypes.

Ethics

The project was approved by the scientific and ethics committee in the college of Medicine, University of Zakho. Written consent was obtained from recruited subjects.

Results

Patients and HCV positivity

During the period from May 2017 to May 2019, 255 hemodialysis patients with positive HCV-Ab results were referred for further evaluation. HCV-Ab positivity was confirmed again by ELISA. Then, to discriminate between current infection and old resolved infection, RT-PCR was performed for all positive samples. The average age of positive

samples was 52.9 ± 12.8 years. Amongst all samples, 31% (79/255) was positive by RT-PCR. 34.2% (27/79) of the positive samples were female.

HCV Genotype

Then, we genotyped all the RT-PCR positive samples, it was found that 39/79 (49.3%) of our samples were typed as HCV genotype 1 including 66.7% (26/39) samples as HCV 1a and 33.3% samples (13/39) as HCV 1b. HCV genotype 4 was found in 34/79 (43%) of the samples while 6/79 (7.6%) of the samples typed as HCV 3.

Discussion

In this study, it was found that 49.3% of our samples were typed as HCV genotype 1 including 26 samples as HCV 1a and 13 samples as HCV 1b. HCV genotype 4 was found in 43% of the samples while 7.6% of the samples typed as HCV 3. In a meta-analysis study conducted to investigate the prevalence of HCV in Iran the prevalence of HCV was found between 9-12% according to the technique used for the diagnosis (9). In another study conducted in Turkey, 20% of the recruited subjects were positive for HCV (8). In a study conducted in Iraq, HCV positivity was found to be 4.3% (12). Previously, different studies investigated HCV genotype in Iraq. In a study conducted in the southern region, 50% of the recruited samples typed as genotype 1 followed by 35% for genotype 4 (15). In studies that had recruited patients with thalassemia from northern Iraq, it was found that HCV genotype 4 is the most prevalent genotype followed by genotype 1 (16, 17). In another study investigating the HCV genotypes in patients with end stage kidney diseases in Iraq, HCV genotype 1a was found in all patients (18). Reports from the Arab peninsula showed that genotype 4 was the most prevalent HCV genotype (19, 20). Infections with HCV genotype 4 and 1 are the most difficult to treat. In Iraq, it was previously shown that, 50% of the patients infected with HCV genotypes 1 and 4 responded to the classical treatment containing interferon (16). Direct acting antivirals are new

potent medications but very expensive in Iraq therefore strict infection control measurement should be imposed to prevent the transmission of the virus particularly in hemodialysis patients. Studying HCV genotypes may provide a useful tool for tracking the source of HCV infection and it provides evidence for a patient to patient transmission. Additionally, studying HCV genotypes may help understanding the prognosis of the disease. It was previously found that infection with HCV 1b genotype was associated aggressive course of the disease (21). Furthermore, a possible link between HCV 1b genotype and hepatocellular carcinoma has been proposed (21). Therefore, studying HCV genotypes is importance particularly in vulnerable groups such as patients on hemodialysis and priority should be given to patients who are infected with virulent genotypes.

Our study has limitations. We studied HCV genotypes in few centers in Iraq. Continuous monitoring of the patients is mandated with regular check of HCV genotypes. HCV genotypes in hemodialysis patients might not reflects the genotypes in the population but certainly is important for monitoring outbreaks in such patients group A population-based project is suggested to investigate HCV in this society. However, the prevalence of HCV may be low in the population making the study of HCV genotype extremely difficult.

Conclusion

To conclude, HCV genotype 1 was the most common genotype in this study. This is in agreement with previous reports in Iraq. A population-based study is needed to determine HCV genotypes in the country.

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Conflict of Interest

The authors reported no conflict of interest.

References

1. Flichman DM, Blejer JL, Livellara BI, Re VE, Bartoli S, Bustos JA, et al. Prevalence and trends of markers of hepatitis B virus, hepatitis C virus and human Immunodeficiency virus in Argentine blood donors. *BMC infectious diseases*. 2014;14(1):218. [DOI:10.1186/1471-2334-14-218] [PMID] [PMCID]
2. Zaheer H, Saeed U, Waheed Y, Karimi S, Waheed U. Prevalence and Trends of Hepatitis B, Hepatitis C and Human Immunodeficiency Viruses among Blood Donors in Islamabad, Pakistan 2005-2013. *J Blood Disorders Transf*. 2014;5(217):2.
3. Walter SR, Thein H-H, Amin J, Gidding HF, Ward K, Law MG, et al. Trends in mortality after diagnosis of hepatitis B or C infection: 1992-2006. *Journal of hepatology*. 2011;54(5):879-86. [DOI:10.1016/j.jhep.2010.08.035] [PMID]
4. Afzal MS, Ahmed T, Zaidi NuSS. Comparison of HCV Prevalence in Pakistan and Iran; An Insight into Future. *Hepatitis Monthly*. 2014;14(1):e11466. [DOI:10.5812/hepatmon.11466]
5. Kafi-Abad SA, Rezvan H, Abolghasemi H. Trends in prevalence of hepatitis B virus infection among Iranian blood donors, 1998-2007. *Transfusion Medicine*. 2009;19(4):189-94. [DOI:10.1111/j.1365-3148.2009.00935.x] [PMID]
6. Hussein NR, Haj SM, Almizori LA, Taha AA. The Prevalence of Hepatitis B and C Viruses Among Blood Donors Attending Blood Bank in Duhok, Kurdistan Region, Iraq. *International Journal of Infection*. 2016;4(1):e39008. [DOI:10.17795/iji-39008]
7. Karkar A. Hepatitis C in dialysis units: The Saudi experience. *Hemodialysis International*. 2007;11(3):354-67. [DOI:10.1111/j.1542-4758.2007.00192.x] [PMID]
8. Yakaryilmaz F, Alp Gurbuz O, Guliter S, Mert A, Songur Y, Karakan T, et al. Prevalence of Occult Hepatitis B and Hepatitis C Virus Infections in Turkish Hemodialysis Patients. *Renal Failure*. 2006;28(8):729-35. [DOI:10.1080/08860220600925602] [PMID]
9. Ghorbani NR, Djalalinia S, Modirian M, Abdar ZE, Mansourian M, Gorabi AM, et al. Prevalence of hepatitis C infection in Iranian hemodialysis patients: An updated systematic review and meta-analysis. *J Res Med Sci*. 2017;22:123-. [DOI:10.4103/jrms.JRMS 223 17] [PMID] [PMCID]
10. Barril G, Traver JA. Decrease in the hepatitis C virus (HCV) prevalence in hemodialysis patients in Spain: effect of time, initiating HCV prevalence studies and adoption of isolation measures. *Antiviral Research*. 2003;60(2):129-34. [DOI:10.1016/j.antiviral.2003.08.008] [PMID]
11. Gallego E, López A, Pérez J, Llamas F, Lorenzo I, López E, et al. Effect of Isolation Measures on the Incidence and Prevalence of Hepatitis C Virus Infection in Hemodialysis. *Nephron Clinical Practice*. 2006;104(1):c1-c6. [DOI:10.1159/000093252] [PMID]
12. Ibrahim NM, Saleem ZSM, Hussein NR. The Prevalence of HIV, HCV, and HBV among hemodialysis patients attending Duhok Hemodialysis Center. *International Journal of Infection*. 2018;5(1). [DOI:10.5812/iji.63246]
13. Te HS, Jensen DM. Epidemiology of Hepatitis B and C Viruses: A Global Overview. *Clinics in Liver Disease*. 2010;14(1):1-21. [DOI:10.1016/j.cld.2009.11.009] [PMID]
14. Legrand-Abravanel F, Colson P, Leguillou-Guillemette H, Alric L, Ravaux I, Lunel-Fabiani F, et al. Influence of the HCV subtype on the virological response to pegylated interferon and ribavirin therapy. *Journal of Medical Virology*. 2009;81(12):2029-35. [DOI:10.1002/jmv.21583] [PMID]
15. Al-Kubaisy W, Al-Naib K, Habib M. Seroprevalence of hepatitis C virus specific antibodies among Iraqi children with thalassaemia. *East Mediterr Health J* 2006;12(1-2):204-10.
16. Hussein NR, Tunjel I, Basharat Z, Taha A, Irving W. The treatment of HCV in patients with haemoglobinopathy in Kurdistan Region, Iraq: a single centre experience. *Epidemiology and Infection*. 2016;144(08):1634-40. [DOI:10.1017/S0950268815003064] [PMID]
17. Hussein NR. The efficacy and safety of Sofosbuvir-containing regimen in the treatment of HCV infection in patients with haemoglobinopathy. *Mediterranean journal of hematology and infectious diseases*. 2017;9(1). [DOI:10.4084/mjhid.2017.005] [PMID] [PMCID]
18. Hussein NR, Saleema ZS, Abd QH. Direct Acting Antiviral Treatment for Patients with End-Stage Kidney Disease with Acute HCV Infection. *Mediterranean journal of hematology and infectious diseases*. 2019;11(1). [DOI:10.4084/mjhid.2019.034] [PMID] [PMCID]
19. Koshy A, Mada JP, Marcellin P, Martinot M. Treatment of Hepatitis C Virus Genotype 4 Related Cirrhosis: Ribavirin and Interferon Combination Compared With Interferon Alone. *Journal of Clinical Gastroenterology*. 2002;35(1):82-5. [DOI:10.1097/00004836-200207000-00017] [PMID]

20. Ohno T, Mizokami M, Saleh MG, Orito E, Ohba KI, Wu RR, et al. Usefulness and limitation of phylogenetic analysis for hepatitis C virus core region: application to isolates from Egyptian and Yemeni patients. *Archives of Virology*. 1996;141(6):1101-13. [[DOI:10.1007/BF01718613](https://doi.org/10.1007/BF01718613)] [[PMID](#)]
21. Zein NN. Clinical significance of hepatitis C virus genotypes. *Clin Microbiol Rev*. 2000;13(2):223-35. [[DOI:10.1128/CMR.13.2.223](https://doi.org/10.1128/CMR.13.2.223)] [[PMID](#)] [[PMCID](#)]