vention, and implementing necessary measures to prevent its occurrence. Kabir et al.’s study, along with others, has properly established the underreporting of needle-prick injuries among HCWs; however, the application of proper strategies to enhance reporting of needle-prick injuries is still a matter of debate (II). In Kabir et al.’s survey all participants with needle-prick injuries had received the HBV vaccine and immunoglobulin, but the prevention practices for viral hepatitis C infection were not clearly reported. As mentioned above, although the risk of acute infection with hepatitis C virus is much lower than hepatitis B virus after a needle prick, the problem is growing, and providing a transparent picture of the real situation could establish the implications of promoting preventive measures for HCV infection. One best practice for the prevention of needle pricks is avoiding the recapping of syringes, and this precaution needs to be promoted more actively among medical professionals (11). An important shortcoming and bias of Kabir et al.’s study is that the study population did not represent all medical specialties in Iran. Furthermore, some of the enrollees were attending postgraduate courses on viral hepatitis and thus were probably more interested in knowing about hepatitis and its different aspects. Indeed, the findings showed a high level of concern about hepatitis in this group, which may not accurately reflect medical professionals in general. Therefore the study may have underestimated the knowledge among various medical specialties because some participants felt such a lack of knowledge that they attended courses on viral hepatitis; alternatively, an overestimation could have occurred given that other participants were concerned specialists who were perhaps more likely to have greater knowledge of hepatitis B and C. The net effect of these two possibilities could not be determined with the data used in the study. Gathering information from only three cities in Iran is also another weakness of this study because there are currently more than 380 counties and 30 provinces in Iran with a diversity of medical specialists. Although practitioners’ attitudes were supposed to be measured in this survey, the method of measurement as well as the results were not clear. Despite the shortcomings, this study can help health policy makers design CPD programs and implement preventive measures for hepatitis B and hepatitis C infection.

Author’s reply: Knowledge, attitudes, and practices of Iranian medical specialists

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Dear Editor,

I read enthusiastically the thoughtful comments by Lankarani about our recent paper (1) and I am in agreement with most of the issues discussed. However, I want to emphasize some points that require more explanation. It is important to note that physicians’ knowledge of viral hepatitis C was significantly lower than viral hepatitis B with respect to the seroconversion rate but not for the prevalence rate. Physicians had better knowledge of the seroconversion rate of HCV than HBV, but this difference was not significant (14.3 vs. 11.8, P = NS). Physicians had less knowledge of HCV than HBV prevalence in the general population, and this difference was significant (47.2 vs. 66.9, P < 0.05). However, they have overestimated HCV prevalence, perhaps because were familiar with the growing epidemic of HCV despite the matter Lankarani stated in his letter.

I believe that similar studies focus on building healthcare workers’ knowledge for the purpose of protecting themselves against viral hepatitis rather than the medical responsibility of protecting patient safety (6, 7). However, we had a question from dentists that asked, “Which probability will increase due to not sticking to preventive rules: transmission of the infection from (a) patient to patient, (b) patient to dentist, or (c) dentist to patient?” Dentists were able to choose more than one option. This question shows our concern about patients’ safety. To compare our results with similar previous studies requires attention to the differences in our tools (questionnaires), which have different validity and reliability scores. Of the mentioned studies on Iranian medical and dental practitioners’ knowledge, attitude and practice of their fields, only one of them has assessed the practice of dentists (6), two are only letters (8, 9) and one is a review article that does not focus exclusively on Iran (7). In addi-

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In short, as an abstract, our aim was not to generalize the results to Iran, and we cannot conclude that our results are over- or underestimated. With respect to the method of measurement and the results measuring practitioners’ attitudes, we explained the variables, validity, and reliability of our questionnaire in our method. We are considering publishing our questionnaire as a separate manuscript. Relatedly, the results of participants’ attitude are also clearly expressed as a separate title in the text.

References