

Frequency of Hepatitis C Virus in People with Tattoos in Diyala Governorate

Rehab Hussein Ibrahim¹, Luma Taha Ahmed¹

¹Scholar Researcher, Department of Medical Microbiology, College of Medicine, University of Diyala, Iraq

Abstract

Hepatitis C Virus remains a significant risk worldwide. Tattooing is one of the routes of transmission of infection from an infected person to another. Tattooing is a method of injection of exogenous pigments into the dermis to produce a permanent design. The study aims to detect the frequency of HCV in people with tattoos in the Diyala governorate Iraq. A cross-sectional study was done in the period from 1st October 2020 until 15th February 2021 in Baquba teaching hospital (premarital screening program, and periodic examination of hairdressing salons within the preventive health affairs and consulting clinic). The study including 100 patients (43 were male and 57 female) aged from (10-65 years old). After the preparation of samples, an enzyme-linked immunosorbent assay (ELISA) test was performed to detect hepatitis C virus antibodies (IgG). The results of this study showed that the frequency of Hepatitis C Virus 17% (17 out of 100) with highly significant differences ($p < 0.05$), for age group HCV positivity, constituted the highest percentage rate of age groups between (31-40 years old) followed by (21-30 years old) with a percentage (58.8% and 41.2%) respectively with no significant differences between age groups and Hepatitis C virus infection on study population ($p > 0.05$). Depending on the gender, it was found that males with HCV formed the highest percentage rate (76.50%) compared to females (23.50%), with highly significant differences ($p > 0.05$). Depending on the education level, it was found the secondary graduated had a higher incidence of HCV (52.9%) compared to primary and college graduates (41.2%) with no significant differences ($p > 0.05$) while for the diseases, it was found that people without diseases formed the highest percentage rate of tattoo carriers (64.9%) as compared to the presence of diseases with significant differences ($p > 0.05$). This study concludes that HCV is transmitted by tattoos, especially not recommended centres, and in salons lacking the minimum hygienic requirements.

Keywords: Frequency HCV, Tattoo, ELISA, Diyala

Introduction

The infection of hepatitis C virus is a common cause of acute and chronic liver diseases, is a major cause of liver cirrhosis and hepatocellular carcinoma lead to significant morbidity and mortality in developing and developed countries [1]. In up to 80% of cases, HCV infections are chronic and about 71 million people worldwide suffering from chronic HCV [2]. Hepatitis

C virus is commonly transmitted by blood transfusion [1]. The hepatitis C virus was a species of hepacivirus in the Flaviviridae family [3]. The RNA of HCV is a single strand with a positive polarity that encoding a single polyprotein [4]. HCV is classified into 6 genotypes 67 subtypes [5]. Today, sporadic transmission is more prevalent, mostly in drug addicts via needle sharing, and seldom by needle-stick injuries in medical personnel, vertical transmission from mother to baby, tattooing, piercing, or razor share [6]. In the incarcerated population, the prevalence of hepatitis C virus (HCV) is high [7]. Tattooing is one of the routes of transmission of blood-borne infections such as hepatitis B and C, HIV,

Corresponding author:

Rehab Hussein Ibrahim

Email: rihab.hussein@uodiyala.edu.iq

Modern sterile and hygienic standards have dramatically reduced this risk when tattoos are applied by licensed professionals [8]. Tattooing is an ancient artistic practice characterized by the intradermal injection of pigments, and it has increased in popularity over the past 20 years [9]. There are five types of tattoos: professional, amateur, cosmetic, traumatic, and medical [10]. Several Iraqi studies were done in different cities about the frequency of hepatitis C virus among people with tattooing and reported different percentages such as in Baghdad was (0.098%) [11], in Basra (2.8%) [12], in Dohuk 0.2% [13], and (13.9%) in Najaf governorate [14].

Methods and Materials

On 100 patients, a cross-sectional analysis was performed. (43 were male and 57 female) with tattooing. HCV in the premarital screening program and periodic examination of hairdressing salons within the preventive health affairs and consulting clinic in Baquba Teaching Hospital in Diyala governorate from 1st October 2020 until 15th February 2021. Approximately 5 ml of blood collected from 100 patients with tattoos put in a test tube without anticoagulant, then, centrifuged for

5 minutes at 3000 rpm, the serum that separated and gathered in another test tube and stored at (-20°C) until be used for detection of HCV antibodies (IgG) by using ELISA technique. Data were collected from patients in this study by a questioner with each patient which including, tattooing, age, gender, occupation, diseases, and Education level.

DETECTION OF HCV BY ELISA TECHNIQUE

All patients were screened for anti-HCV IgG antibodies by third-generation commercial ELISA test according to the manufacturer's instructions of (CTM ELISA kit, Cat. No. 1265, UK) in the laboratory of the blood bank at Baquba teaching hospital used for the qualitative detection of IgG antibodies to HCV in human serum.

Statistical Analysis

All data were analyzed using the Statistical Analysis Program (SAS) - 2012, version 22, number, percentage, and chi-square was used to test the effect of different factors in the study.

Results

The frequency of HCV according to ELISA technique was (17 %) with highly significant differences ($p < 0.05$) (Figure 1).

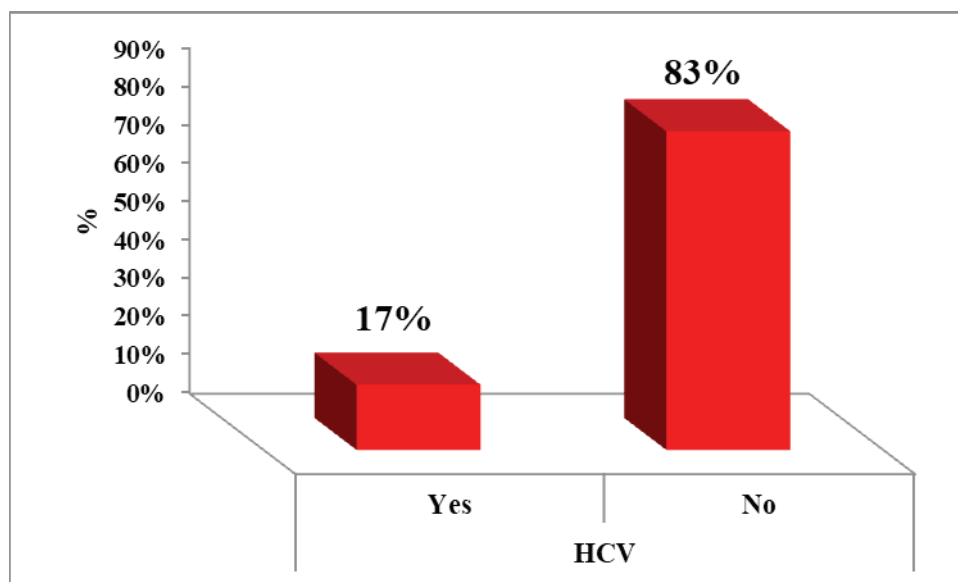


FIGURE 1: Frequency of Hepatitis C Virus Infection in Study Population.

The results of the current study showed that HCV positivity constituted the highest percentage of age groups 21-30 and 31-40 with a percentage (41.2% and 58.8%) respectively, with no significant differences between HCV positivity and age groups ($p > 0.05$). Depending on the gender, it was found that males with HCV formed the highest percentage (76.50%) compared to females (23.50%), with significant differences ($p <$

0.05). Depending on the housing, it was found that the infected persons living in the rural the highest percentage (58.8%) compared to the city dwellers (41.2%) with no significant differences ($p > 0.05$). Depending on the education, it was found the secondary graduated had a higher incidence of HCV (52.9%) compared to primary and college graduates (41.2%) with no significant differences ($p > 0.05$) (Table 1).

TABLE 1: Distribution of Positive Patients of HCV According to Age, Gender, Residence, Education in Study Population.

			HCV		Total	P value
			Yes	No		
Age periods	≤ 10	n	0	2	2	0.291
		%	0.0%	2.4%	2.0%	
	11-20	n	0	8	8	
		%	0.0%	9.6%	8.0%	
	21-30	n	7	34	41	
		%	41.2%	41.0%	41.0%	
	31-40	n	10	29	39	
		%	58.8%	34.9%	39.0%	
>50	n	0	8	8		
	%	0.0%	9.6%	8.0%		
Gender	Male	n	13	30	43	0.002**
		%	76.50%	36.10%	43.00%	
	Female	n	4	53	57	
		%	23.50%	63.90%	57.00%	
Living	Rural	n	10	25	35	0.024
		%	58.8%	30.1%	35.0%	
	City	n	7	58	65	
		%	41.2%	69.9%	65.0%	
Education	Primary	n	5	26	31	0.93
		%	29.4%	31.3%	31.0%	
	Secondary	n	9	40	49	
		%	52.9%	48.2%	49.0%	
	College	n	3	17	20	
		%	17.6%	20.5%	20.0%	

Discussion

According to the results of the ELISA technique, the rate of HCV infection among patients with tattoos at Baqubah Teaching Hospital in Diyala Governorate was 17% (Figure 1). The result of this study is comparable to several Iraqi studies conducted in different cities. The frequency of infection was higher than other studies in other governorates such as Baghdad was 0.098% [11], in Basra 2.8% [12], in Dohuk 0.2% [13], and 13.9% in Najaf governorate [14]. These differences may be due to the virus's variability from region to region and year to year, or to the diversity of the research that characterized it, which may contribute to a successful age group, genetic factor, patient immune status, detection technique sort, sample size, and cultural knowledge of exposure to a risk factor, and the phenomenon of tattoos has spread significantly recently. Regarding age, the results of this study showed the greatest numbers of tattooed subjects were found to be between 21-30 and 31-40 years old, which represents 41.0% and 39.0% respectively. These results similar to results conducted in other countries such as in Italy that show the greatest number of tattooed subjects were found within 25-34 and 35-44 years [15]. The regression analysis revealed a weak relationship between getting a tattoo and specific behaviour or lifestyle choices, such as habitual alcohol or drug use [15]. The majority of the previous studies are predominantly among adolescents and young adults of western countries and the prevalence of tattooing ranges from 3-24% [16]. From the study result, it shows that developing country like India also showed an increasing trend of tattooing among the adolescents which is comparable with the western countries [17]. Women are more likely to get tattoos than men, with a prevalence of 55.9% for women and 44.1% for men [15]. These findings were compatible with our results that showed the prevalence of tattoos in women (57.0%) is more than in men (43.0%). According to the literature, there is not yet established a strong correlation between tattoos and sex since there are studies that show men with both higher and lower tattoo rates than women and studies performed exclusively on males [16]. More women than men are now tattooed, and

tattooing is associated with important implications for women's health care, including pregnancy, childbirth, and breastfeeding^[8]. The prevalence of tattooed people in the city (88.9%) is more than urban (11.1%) with high significant different ($p < 0.05$) [15]. These findings were compatible with our results that showed the prevalence of tattoos in the city (65.0%) is more than urban (35.0%) with high significant different ($p < 0.05$). So, our results were compatible with results that showed a majority of tattooing in the city than rural [19]. Regarding educational qualifications, 55.4 per cent of tattooed people had a high school diploma, 30.8 per cent had a university or master's degree, and 13.8 per cent had some other certification (elementary school certificate, secondary school, or none) [15]. These findings were not compatible with our results that showed the prevalence of tattoos in primary (31%), secondary (49%) and college (20%) with high significant different ($p < 0.05$). Tattooing is common among people with a low level of education^[20]. Tattooing is closely linked to hepatitis C transmission in all subgroups, according to the findings. Young adults who are more likely to get tattoos, as well as jail inmates with a high prevalence of hepatitis C infection, should receive relevant education. Our results were compatible with results that showed positivity of HCV in tattoo persons. Because tattooing is more common among youth and young adults, and hepatitis C is very common in the prison population, prevention programs must target youth and prisoners to reduce hepatitis infection spread^[21,22]. As a result, tattooing instruments are in direct contact with blood and bodily fluids, and if tattoo needles are used for more than one person without following adequate sterilization and hygiene procedures, blood-borne diseases can be transmitted [22]. However, tattooing as a risk factor for HCV infection has remained a point of contention [23]. Indicates the tattoos made under biosafety conditions in authorized establishments do not seem to increase the risk of hepatitis C infections in people without other risk factors, especially when there have only been a few sessions. Additional studies are required to confirm this hypothesis^[24] (figure 1). Indicate the high positivity of HCV in tattooing peoples with age periods more than 40 years and male people

(80.3%) with non-significant difference ($p > 0.05$)^[9,25].

Conclusion

From this study we conclude that the HCV is transmitted by tattoos especially not recommended centers and in salons lacking the minimum hygienic requirements.

Conflict of Interest: None

Funding: Self

Ethical Clearance: Not required

References

- Mrzljak A, Bajkovec L, Vilibic-Cavlek T. Hepatotropic viruses: Is Roma population at risk?. *World Journal of Gastroenterology*. 2021 Jan 14;27(2):143.
- Behrendt P, Brünig J, Todt D, Steinmann E. Influence of tattoo ink on hepatitis C virus infectiousness. In *Open forum infectious diseases* 2019 Mar (Vol. 6, No. 3, p. ofz047). US: Oxford University Press.
- Leung AK, Lam JM, Leong KF, Hon KL. Tinea corporis: An updated review. *Drugs in context*. 2020;9.
- Borgia SM, Hedskog C, Parhy B, Hyland RH, Stamm LM, Brainard DM, Subramanian MG, McHutchison JG, Mo H, Svarovskaia E, Shafran SD. Identification of a novel hepatitis C virus genotype from Punjab, India: expanding classification of hepatitis C virus into 8 genotypes. *The Journal of infectious diseases*. 2018 Oct 20;218(11):1722-9.
- Lanini S, Easterbrook PJ, Zumla A, Ippolito G. Hepatitis C: global epidemiology and strategies for control. *Clinical Microbiology and Infection*. 2016 Oct 1;22(10):833-8.
- Fallahian F, Najafi A. Epidemiology of hepatitis C in the Middle East. *Saudi Journal of Kidney Diseases and Transplantation*. 2011 Jan 1;22(1):1.
- Poulin C, Courtemanche Y, Serhir B, Alary M. Tattooing in prison: a risk factor for HCV infection among inmates in the Quebec's provincial correctional system. *Annals of epidemiology*. 2018 Apr 1;28(4):231-5.
- Farley CL, Van Hoover C, Rademeyer CA. Women and tattoos: Fashion, meaning, and implications for health. *Journal of midwifery & women's health*. 2019 Mar;64(2):154-69.
- Carney K, Dhalla S, Aytaman A, Tenner CT, Francois F. Association of tattooing and hepatitis C virus infection: A multicenter case-control study. *Hepatology*. 2013 Jun;57(6):2117-23.
- Kurniadi I, Tabri F, Madjid A, Anwar AI, Widita W. Laser tattoo removal: Fundamental principles and practical approach. *Dermatologic Therapy*. 2021 Jan;34(1):e14418.
- AL-DAFAEE ME, JASIM AA, MOHAMMED TK, MOHAMMED RQ, NABdullah HA, HARHOOSH MA. Serological Detection of Viral Hepatitis B and C among the Blood Donors in Baghdad City. *Journal of Research on the Lepidoptera*. 2020;51(3):220-5.
- K Abdul-Jalil N, N Al-Asadi J. Seroprevalence of viral hepatitis B and C among pre-surgical patients in Basrah, Iraq. *The Medical Journal of Basrah University*. 2016 Dec 1;34(2):86-93.
- RAMADHAN AA. Prevalence of hepatitis B and hepatitis C virus infections at premarital screening program in Duhok, Iraq. *Duhok Medical Journal*. 2018 Jun 30;12(1):13-23.
- Al-Nafakh RT, Iteef Al-Fadhul SA, Al-Sherees HA, Al-Charrakh AH. Seroprevalence of HBV, HCV, and HIV among Blood Donors in Main Blood Bank in Najaf Province, Iraq. *Indian Journal of Public Health*. 2019 Apr 1;10(4).
- Renzoni A, Pirrea A, Novello F, Lepri A, Cammarata P, Tarantino C, D'Ancona F, Perra A. The tattooed population in Italy: a national survey on demography, characteristics and perception of health risks. *Annali dell'Istituto superiore di sanita*. 2018 Jun 15;54(2):126-36.
- Katsos K, Moraitis K, Papadodima S, Spiliopoulou C. Tattoos and abuse of psychoactive substances in an autopsy population sample from Greece. *Rom J Leg Med*. 2018 Mar 1;26:21-8.
- Thakur BK, Verma S. Tattoo practices in North-East India: A hospital-based cross-sectional study. *Journal of cutaneous and aesthetic surgery*. 2016 Jul;9(3):172.
- Brady BG, Gold H, Leger EA, Leger MC. Self-reported adverse tattoo reactions: a New York City Central Park study. *Contact Dermatitis*. 2015 Aug;73(2):91-9.
- Kotzen M, Sell J, Mathes RW, Dentinger C, Lee L, Schiff C, Weiss D. Using syndromic surveillance

- to investigate tattoo-related skin infections in New York City. *PloS one*. 2015 Jun 15;10(6):e0130468.
- 20- Heywood W, Patrick K, Smith AM, Simpson JM, Pitts MK, Richters J, Shelley JM. Who gets tattoos? Demographic and behavioral correlates of ever being tattooed in a representative sample of men and women. *Annals of epidemiology*. 2012 Jan 1;22(1):51-6.
- 21- Khodadost M, Maajani K, Arabsalmani M, Mahdavi N, Tabrizi R, Alavian SM. Is tattooing a risk factor for hepatitis c transmission?: an updated systematic review and meta-analysis. *Hepatitis Monthly*. 2017 Sep 30;17(9).
- 22- Jafari S, Copes R, Baharlou S, Etminan M, Buxton J. Tattooing and the risk of transmission of hepatitis C: a systematic review and meta-analysis. *International journal of infectious diseases*. 2010 Nov 1;14(11):e928-40.
- 23- Miyakawa Y, Yoshizawa H, Tanaka J, Jeong SH, Suh DJ, Lu SN, Wang JH, Tung HD, Huang WS, Chen CL, Chen WJ. *Subject Index* Vol. 49, No. 1-2, 2006. *Intervirology*. 2006;49(1-2):120-.
- 24- Becerra-González AP, González-Castrillón D, Gutiérrez-Vargas ML, Hincapié-Guevara LF, Hincapié LM, Forero-Gómez JE, Saldarriaga-Rivera LM, Alzate-Piedrahíta JA. Seroprevalence of hepatitis C in a group of patients tattooed within the last 2 years: A cross-sectional study in Risaralda, Colombia. *Revista Colombiana de Gastroenterología*. 2020 Jun;35(2):181-5.
- 25- Wahid B, Saleem K, Rasool N, Rafique S, Ali A, Waqar M, Idrees M. Tattooing trend: major cause of HCV transmission among youngsters. *Infectious Diseases*. 2018 Dec 2;50(11-12):871-3.