

but the gynaecologist took the smears of the patients and we analysed the consecutive Pap smear and studied the pattern.

Lastly, regarding sampling of smears in post-menopausal women,<sup>5</sup> specially-designed endocervical brushes were used.

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## PREVALENCE OF HEPATITIS-B CORE ANTIBODIES AMONGST HEALTH CARE WORKERS.

Sir,  
With reference to the above-cited article appearing in the December 1999 issue of your journal, I would like to make the following comments:

1. The status of prevalence of hepatitis-B core antibodies was determined without taking into consideration the vaccination status of the individuals. They should have been excluded on the basis of history.
2. In estimating prevalence only the population at risk could be considered for calculations, e.g., in estimation of pregnancies in a given population, all males have to be excluded.
3. In methods all subjects should have been tested for HB surface antibodies and all those testing positive should also be excluded from final analysis of prevalence.

Due to these drawbacks the study has given false lower prevalence of hepatitis B in medical officers which most likely have been already vaccinated and thus not at risk of hepatitis B, and false high prevalence in Medical Assistants and nurses as they have less awareness regarding vaccination against hepatitis-B.

I am of the opinion that the prevalence rates should be recalculated in the light of above suggestions.

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### Author's Reply:

Sir,  
I am thankful to Dr. Bader Faiyaz Zuberi for the valuable comments on the subject article. I state that:

1. While determining the hepatitis B core antibodies, vaccination status of the healthcare workers was very much considered. In fact the study was conducted only in those health care workers who had not received the vaccine for Hepatitis B virus. This study was part of our pre-vaccination screening programme. This had been mentioned in the "Introduction" of the subject article. As all the medical officers included in the study were those not previously vaccinated and were at risk of infection, so the low prevalence amongst them is not "false low".
2. As all the health care workers do come in contact with the patients directly or indirectly during their professional duties and are the population at risk, the prevalence has been calculated in this at risk population only.
3. I agree that all the subjects should have been tested for HB surface antibodies, but for exclusion from the vaccination programme only. Presence of HB surface antibodies means either prior exposure and immunity to the virus, or successful vaccination. This has nothing to do with the prevalence of HB core antibodies, which only develop once the patient is exposed to the virus.

I hope the above remarks will satisfy your queries.

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