

Arvand free zone region can be pioneer in health tourism related to liver diseases

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With space to inside Iran has progressed significantly in control and treatment of patients with hepatitis B virus (HBV) and hepatitis C virus (HCV) infections during recent 25 years. The view of the issue in the region mandate us to work more for medical tourism. We will present the data about our opportunity to have more people from our neighbors such as Iraq and Kuwait for medical purposes in field of hepatology here.

The Hepatitis B virus is a major global public health problem affecting more than 2 billion people throughout the world (1). Despite the availability of a highly effective vaccine against HBV, 350 million people are estimated to be HBV chronic carriers worldwide. Iran was classified within the low–intermediate HBV prevalence areas (2-4%) before, while according to recent data (after 2010), Iran was classified within the low HBV prevalence areas (< 2%), indicating that preventive measures conducted in Iran have been effective (2). In the last decade, HBV prevalence has reduced significantly in Iran because of the infantile mass vaccination program started in 1993, enhancement of people’s awareness

regarding HBV risk factors, vaccination of high risk people, and the use of disposable syringes in vaccinations and clinical settings (3). Opposite to this, Azerbaijan, Tajikistan and United Arab Emirates are Intermediate prevalence for HBV infection (2 to 7% HBsAg positive) and Cyprus, Iraq, Kuwait and Egypt, Jordan, Oman, Palestine, Yemen and Saudi Arabia have high endemicity (more than 7%) (Unpublished data from our systematic review).

Hepatitis C (HCV) is a global health problem with significant burden to health care system that affecting over 170 million people worldwide with different broadly distribution among geographic areas (4). Middle East (ME) and Eastern Mediterranean Region of WHO (EMRO) countries have the highest prevalence for HCV infection in the world. Most hepatitis C virus is spread parenterally, either through intravenous drug use or, in lesser-developed countries, through blood contamination during medical procedures. Despite a declining incidence of new infections, the burden of disease, both in terms of mortality and in terms of cost, is expected to increase over

the next decade (4). The highest prevalence (15-20%) has been reported from Egypt (5). Pakistan and Azerbaijan are high prevalence for HCV infection too. The prevalence rate for Iraq and Kuwait in intermediate and more than 1%. New therapy of hepatitis C infection with oral drugs are very effective in eradication of the infection with very low side effects, but the high cost of drugs is the main barrier for therapy in most countries in the world. Gilead company introduced the first drug, sofosbovir and after that the Harvoni (Sofosbovir plus Ledipasvir) to the community with very high prizes. After that other drugs such as Ledipasvir, Daclatasvir and AbbVie pack introduced for using in eradication of HCV infection. Fortunately recently the pharmaceutical companies produced sofosbovir, ledipasvir and daclatasvir with very low prizes that is unbelievable now!. The India has a similar experiences to give an opportunity to the patients from other countries to have a trip to India for treatment proposes with low prizes drugs. It is the time for our free zones to have more activities in

this issue for providing facilities to have more visitors from our neighbors to receive high quality services, high efficient drugs with low prizes. Today should act, tomorrow is late.

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