Dear Editor,

In 2006, chronic liver disease and cirrhosis was the fifth leading cause of death and hepatocellular carcinoma ranked the second leading cause of cancer death in Taiwan.\(^1\) Hepatitis B virus (HBV) and hepatitis C virus (HCV) infections are 2 major causes of chronic liver disease in Taiwan.\(^2,3\) We analysed viral hepatitis data from 2695 subjects who received health checkups at 1 medical centre in Taichung city from 2003 to 2004. There were 1526 men (56.6%) and 1169 women (43.4%). The mean age was 49.2 years (standard deviation, 12.2; range, 20 to 84). The overall prevalence of hepatitis B surface antigen (HBsAg) was 14.7%, with a statistically significant difference between genders (17.4% for men vs 11.2% for women, \(P<0.001\)). The prevalence of HBsAg decreased with age in men, with a statistically significant difference \((P<0.001)\). The prevalence also decreased with age in women, without a statistically significant difference \((P=0.08)\) (Fig. 1). The overall prevalence of HCV antibody was 5.2%, without a statistically significant difference between genders (4.8% for men vs 5.7% for women, \(P=0.272\)). The prevalence of HCV antibody increased with age in men and in women, with a statistically significant difference \((P<0.001\) and \(P<0.001\) respectively) (Fig. 2).

HBV infection was highly prevalent in Taiwan. Before 1984, the prevalence of HBsAg was 11.2% to 19.5% in the general population.\(^4,5\) A national hepatitis B immunisation programme was launched in Taiwan in July 1984. For the first 2 years, only newborns whose mothers were hepatitis B carriers were vaccinated. From 1986 till to date, immunisation has been extended to all newborns.\(^6\) In this current report, most of the subjects were born before 1984 and did not receive universal vaccination. This was the reason for the high prevalence of HBsAg. Previous studies have revealed that the prevalence of HCV antibody was 3% to 7.6% in Taiwan.\(^7,8\) In this report, the prevalence of HCV antibody was high. Due to the lack of effective vaccination, harm reduction strategies for HCV infection are of great importance. We suggest that regular serologic and ultrasonographic surveillance should be indicated in these viral infected individuals who are at increased risk for chronic liver disease.

REFERENCES