



Abstract #9557

Opportunities to Establish Universal Policy to Protect Healthcare Professionals from HBV-HCV in Ho Chi Minh City, Vietnam

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Abstract Text:

Background: Hepatitis B and C are highly endemic in Vietnam; yet, its largest city-Ho Chi Minh City (HCMC) has no policy to educate, screen, treat and protect health care professionals (HCPs). We conducted a pilot observational study among HCPs in HCMC to document HBV-HCV infection rates, risk factors, barriers, and opportunities for policy development. By comparison and to further characterize HBV/HCV risk factors, we also conducted a random citywide community screening to determine HBV-HCV infection rates.

Methods:: A sample size of 210 persons was derived to estimate HBV-HCV prevalence in HCPs in HCMC for this pilot study ($\alpha=0.05$, margin of error = 5%, estimated HBV prevalence = 15% and HCV prevalence = 2– 5%). HCPs with direct patient and/or medical device contact were invited for serological testing and responses to knowledge, attitude, and practice (KAP) questionnaires about viral hepatitis, with \$5 USD incentive. 70 HCPs were invited from each of the 3 hospitals that represent 3 strata of healthcare system in HCMC (e.g. tertiary, general hospital at city level, general hospital at district level.) Additionally, *in-depth qualitative interviews* were conducted with 30 participants (10 from each hospital stratum) to explore current local best practices and the need for health policy regarding HBV-HCV in HCMC and Vietnam. A semi-constructed questionnaire was used to obtain information about existing policy and actual barriers or facilitators in HBV-HCV occupational exposure. For the community screening program, we employed a Probability Proportional to Size sampling approach. Screening tests are HBsAg, anti-HBs, anti-HBc, and anti-HCV. The programs' protocols were approved by institutional review committees.

Results: 203 HCPs were enrolled (96.7% of all invited): 39 physicians, 140 nurses and midwives, and 24 technicians and nurse assistants. 20/203 (9.8%) of the screened were HBsAg(+) vs. 1 (0.5%) with anti-HCV(+). 77/203 (37.9%) were anti-HBcT(+). 152/203 (74.9%) had adequate anti-HBs titer ($\geq 10\text{IU/mL}$). *Table 1 represents KAP results. In-depth interviews*(n=11 infected, 19 naive) revealed 2 major concerns for most interviewees (82%): the need of financial support for healthcare staff's HBV-HCV screening and treatment, and HBV-HCV specific guidelines be independently developed, rather than currently used HIV guidelines. For the community screening program, 25 representative screenings were conducted throughout the city. 2,374 of the 3,015 invited people (79%) agreed to phlebotomy, with the screening results showing 3% (72/2,374) positive for anti-HCV (median age=43.50 \pm 13.60) and 7% (167/2,374) positive for HBsAg (39.20 \pm 14.40).

Conclusion: The high HBV-HCV infection rates in the general population and HBV in HCPs coupled with inadequate knowledge and lack of preventive practices among the HCPs in HCMC highlight the urgent needs to establish formal policy and pathways of care to protect HCPs from HBV-HCV in Vietnam.

Statements about hepatitis B and C	Physicians (N = 39) n (%)	Nurses & midwives (N = 140) n (%)	Other HCPs (N = 28) n (%)	Total N = 207
Hepatitis can NOT be spread by sharing eating utensils	20 (51%)	71/134 (53%)	17/26 (65%)	108/199 (54%)
Hepatitis can NOT be spread by sharing toothbrushes	4 (10%)	16/138 (12%)	3/26 (12%)	23/203 (11%)
Hepatitis can be spread by someone who looks healthy	38 (97%)	122/127 (96%)	24/25 (96%)	184/191 (96%)
Hepatitis B vaccine is effective	38 (97%)	130/137 (95%)	25/25 (100%)	193/201 (96%)
Hepatitis B vaccine has harmful side effects	11/37 (30%)	28/110 (25%)	5/19 (26%)	44/166 (27%)
Hepatitis C is treatable	19 (49%)	44/134 (33%)	4/26 (15%)	67/199 (34%)
Hepatitis can cause life-long infection	32 (82%)	111/129 (86%)	19/25 (76%)	162/193 (84%)

Table 1: KAP survey results