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0777 - THE PREVALENCE AND CHARACTERISTICS OF PATIENTS WITH HEPATITIS B VIRUS (HBV) IN HO CHI MINH CITY (HCMC), VIETNAM - IMPLICATIONS FOR HBV ELIMINATION BY 2030

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Background

- Little information is available on HBV prevalence and Vietnam-specific characteristics of patients with chronic in Ho Chi Minh City (HCMC) or Vietnam
- We hereby reported HBV prevalence, serologic and epidemiologic characteristics and access to care factors for HBV in HCMC

Method

- Data from Probability Proportionate to Size sampling studies conducted in HCMC from 2016 – 2020.
- 19,400 representative adults (18+) were invited to free screening to identify HBV statuses and access to care
- Selected characteristics of participants were obtained: demographics, risk factors (blood transfusions, tattoo, drug abuse, needle sharing, condom use, at least a family member with HBV or HCV) and waist circumference (cut-off 90cm for men, 80cm for women)
- Written health education and care referral information were provided in combination with results. Follow-up information were obtained by phone 3-6 months after release of results.
- Multinomial logistic regression with backward selection were used to model the unweighted association of participants characteristics and HBV statuses (based on HBsAg, AntiHBs Ab, AntiHBcT Ab) at $\alpha = 0.05$

Results

- 97% of 15,094 respondents were screened and had complete data. 2/3 were women
- Median age 52 years old (IQR) = 21), ranging from 18-94
- 58% had evidence of HBV exposure (AntiHBcT Ab+)

Screening for HBV

- HBV statuses includes:

✓ 27% (3,951) HBV naïve (HBsAg -, AntiHBs Ab-, AntiHBcT Ab-):
✓ 15% (2,194) Vaccinated (only AntiHBs Ab+)
✓ 41% (6,065) Natural Immune (AntiHBs Ab+ and AntiHBc Ab+)
✓ 7.6% (1,116) Infected (HBsAg+ and AntiHBcT Ab+)
✓ 9.3% (1,365) Indeterminate (only AntiHBcT Ab+): 9.3%

As of June 2020

- The program contacted 83% infected patients (926) and 64% of them agreed to follow-up.
- Among those who followed-up:
- 83.6% were insured
- 94.9% received health education and care referral information
- 59.5% got consultation from hepatologists

Adjusted* ORs (95%CI)	Vaccinated vs. HBV naive	Natural immune vs. HBV naive	Infected vs. HBV naive	Undeterminated vs. HBV naive
Age				
Middle vs. young	1.43 (1.17, 1.76)	6.5 (5.11, 8.28)	**2.15 (1.56, 2.96)**	8.14 (4.60, 14.41)
Old vs. young	2.02 (1.58, 2.57)	13.53 (10.43, 17.55)	**3.13 (2.20, 4.46)**	23.34 (13.07, 41.70)
Gender				
Male vs Female	1.03 (0.88, 1.21)	1.58 (1.39, 1.79)	**1.78 (1.47, 2.16)**	1.91 (1.59, 2.29)
Ethnicity				
Kinh vs. Other	1.20 (0.93, 1.53)	1.43 (1.17, 1.73)	**1.52 (1.08, 2.13)**	1.46 (1.08, 1.97)
Education				
< HS vs. HS	0.80 (0.67, 0.96)	1.06 (0.92 – 1.22)	**1.36 (1.07, 1.71)**	1.52 (1.21 – 1.89)
>HS vs. HS	1.58 (1.29, 1.93)	0.97 (0.81, 1.17)	1.08 (0.80, 1.46)	0.96 (0.70, 1.31)
Condom				
Yes vs. No	1.12 (0.93, 1.34)	0.91 (0.77, 1.06)	**0.73 (0.56, 0.96)**	0.78 (0.59, 1.02)
Positive family member				
Yes vs. No	1.70 (1.39, 2.08)	1.48 (1.24, 1.76)	**3.45 (2.75, 4.32)**	1.10 (0.84, 1.46)

**After adjusted for age, gender, ethnicity, insurance status, central obesity, history of blood transfusion, tattoo, drug abuse, needle sharing, condom use, HBV positive in family member.*

Conclusion

- HCMC, with a population of 12 million, has a prevalence of HBV (HBsAg+) of 7.8%
- Interventional programs are feasible and must be tailored to the local needs emphasizing navigation and use of insurance for services to reduce HBV burden in HCMC
- Males, less education, less socioeconomic status and more behavioral risks as well as metabolic syndrome characterized patients with chronic HBV in HCMC