

0991 - THE BURDEN OF & BARRIERS TO CARE FOR HEPATITIS C VIRUS (HCV) IN HO CHI MINH CITY, VIETNAM: A COMPREHENSIVE POPULATION-BASED PREVALENCE STUDY

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Background

- The true HCV prevalence in Ho Chi Minh City (HCMC) is unknown
- We conducted a prevalence study of HCV and identified the barriers to full care for HCV 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 HCV 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. Persons with antiHCV+ or “gray zone” were further tested for quantitative HCV RNA and referred to hepatologist according to viral load results.
- Multinomial logistic regression with backward selection were used to model the unweighted association of participants characteristics and HCV statuses (antiHCV 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

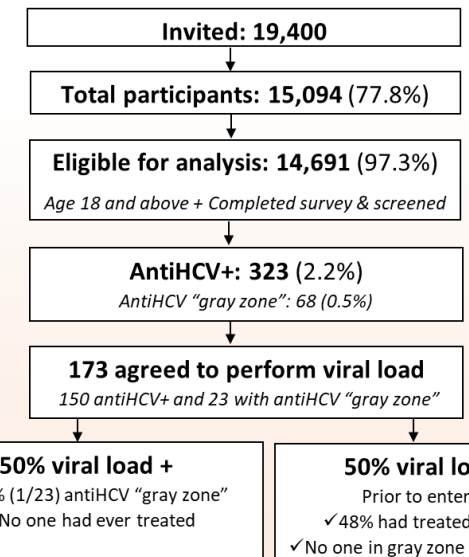
Among the antiHCV+ individuals

- 69% had concurrent antiHBcT +, of whom 5.6% also had HBsAg+
- 91.6% had low-middle income (<\$340 USD/month)
- 71/1% had less than high school education
- 55.7% had central obesity

After adjusted for demographics and risk factors, the odds of antiHCV+ was significant higher in male, age 60+, had history of drug abuse, tattoo and blood transfusion.

Linkage to care referral – As of June 2020

- The program successfully contacted and linked 173 (44.2%) patients to viral load testing.
- Among those who followed-up:
 - 91% were insured
 - 92% received health education and care referral information
 - 61% got consultation from hepatologists
- Of those who followed up, 31% used insurance to pay for HCV management



Conclusion

- The burden of HCV is considerable in HCMC.
- About 2/3 of HCV patients have concurrent anti-HBc total (+) suggesting that close monitoring for HBV reactivation during HCV treatment may be warranted.
- HCV disproportionately afflicts older adult males (60+), low socioeconomic status, with high-risk backgrounds.
- HCV patients were motivated to seek medical care, yet the low insurance usage remains to be addressed.