



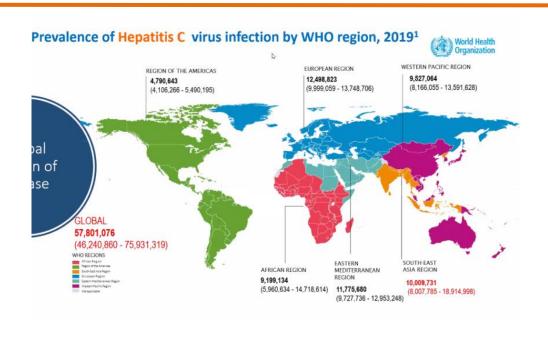
# A low rate of individuals are screened for hepatitis C in primary care centers in Barcelona

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#### Introduction



"WHO strategy aims to eliminate viral hepatitis C as a public health problem by **reducing new viral hepatitis infections by 90%** and reduce deaths due to viral hepatitis by 65% by 2030"<sup>1</sup>

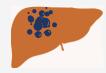
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90% of HCV cases must be diagnosed and 80% cases treated



#### Introduction

HCV infection is a major cause of **chronic liver disease** 



and one of the leading causes of hepatocellular carcinoma in Europe<sup>2</sup>

Simple pangenotypic direct-acting antiviral regimens allow most patients to be cured



with minimal pretreatment and on-treatment monitoring<sup>3</sup>

#### Undiagnosed

and

#### **Untreated**

patients could be the critical population to achieve HCV elimination

- 2. Spearman CW, et al. Lancet. 2019;394:1451-66.
- 3. Weisberg IS, et al. Expert Opin Pharmacother. 2017;18:535–43

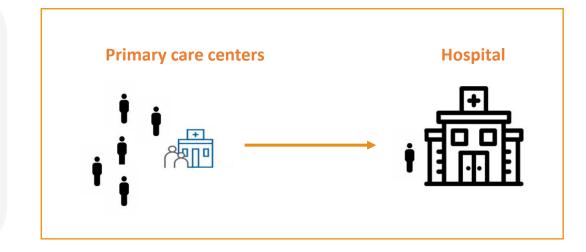


#### Introduction

**HCV** screening

Spanish and international screening guidelines recommendations<sup>4</sup>:

- Screening by risk factors
- Screening by clinical signs suggestive of hepatitis C



Little data are available on Spanish screening recommendation application and on the HCV testing rates



# **Objectives**

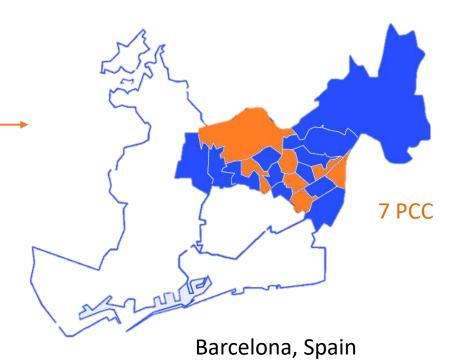
- Assess the percentage of individuals screened for hepatitis C in primary care centers (PCC)
- Asses the rates of HCV detection in these individuals and link patients to care
- Evaluate hepatitis C screening guidelines application



## **Methods**

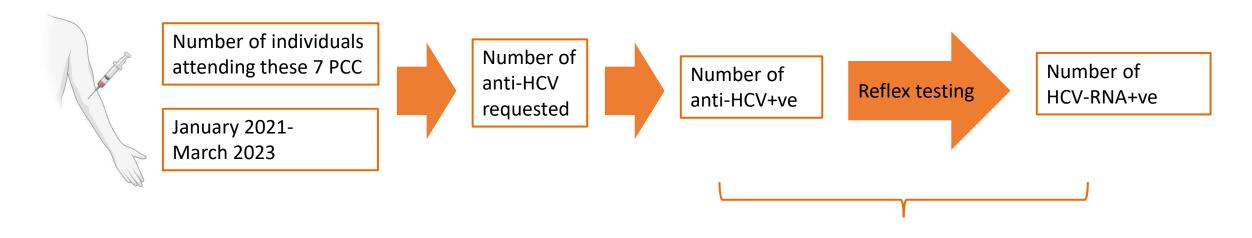
Vall d'Hebron laboratory → northern area of Barcelona (450,000 inhabitants)

- 16 primary care centers
- 3 drug addiction centers
- 1 academic hospital





### **Methods**

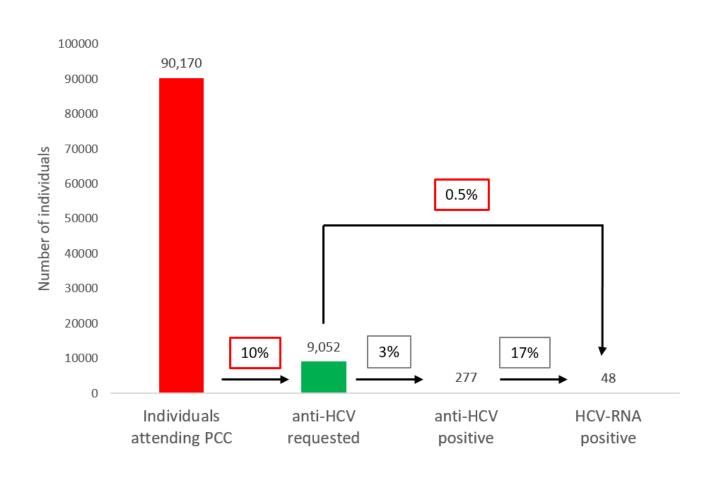


Review clinical charts and treatment indication





# Individuals attending and tested for HCV in PCC





# **Demographical and laboratory characteristics**

Parameters	Anti-HCV+ve (n=277)	HCV-RNA+ve (n=48)	p-value
Gender, male	152 (55%)	29 (60%)	0,53
Age, median	59 +/- 15.2 years	69 +/- 22.6 years	0,0043
Born in Spain	195 (70%)	34 (71%)	0,99
Laboratory parameters			
AST (IU/L)	31 +/- 31.6	41 +/- 24.7 IU/L	0,035
ALT (IU/L)	29+/- 20.45	47 +/- 39.5 IU/L	0,024
Fibrosis			
FIB-4	2.2 +/- 11.6	2.1+/- 1.36	0,85
APRI	0.4 +/- 0.5	0.6 +/- 0.42	0,45



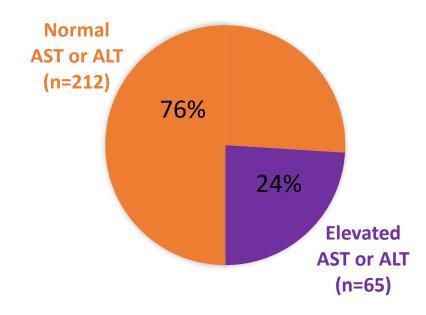
# **Criteria for screening following guidelines (n=277)**

#### 1. HCV risk factors

# Vertical transmission (n=5) Sexual risk behavior (n=12) Tattoo (n=12) Prior blood transfussion (n=26) Not reported risk factors (n=170) PWID (n=52)

#### 170 individuals (62%) did not report risk factors

#### 2. Elevated transaminases

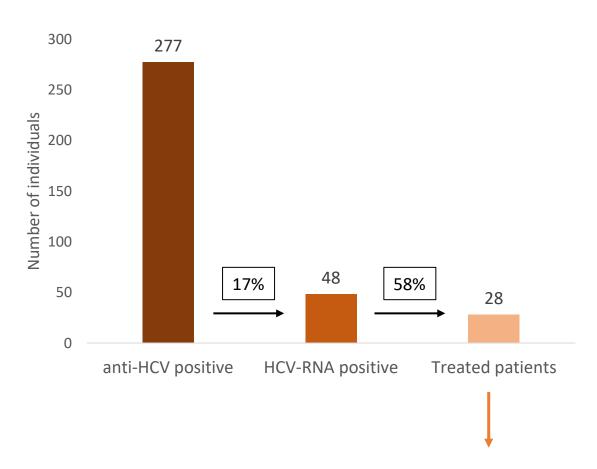


65 individuals (25%) had elevated transaminases

150 anti-VHC+ individuals (54%) neither reported risk factors nor had elevated transaminases



# **Treatment indication for HCV (n=48)**



#### 48 individuals HCV-RNA+:

- 28 individuals treated
- 14 individuals no treatment candidates due to comorbidities
- 6 individuals moved to another region and LTFU

From the 28 individuals who started DAA treatment, 11 (40%) had a fibrosis stage of F3-4 and 1 individual had decompensated liver disease



#### **Conclusions**

- 10% of patients attending primary care centers are screened for Hepatitis C, being viremic 0,5% of these patients (this rate is the double prevalence than observed in the general population<sup>4</sup>).
- Following guidelines 150 anti-VHC+ individuals (54%) neither reported risk factors nor had elevated transaminases, so they would not have been screened for hepatitis C if following guidelines of only screen by risk factors and elevated transaminases.
- HCV universal screening in PCC could be a good strategy to eliminate hepatitis C





# Thank you very much for your attention!