



Screening for viral hepatitis among immigrants in Barcelona: Comparison of two recruitment strategies. A pilot study of the HEPscreen Project

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Introduction

- **High burden of viral hepatitis**
- **Migrants from hepatitis B and C endemic areas are at risk**
- **Migration to Europe**
- **Screening and treatment and hepatitis**
- **Few studies about prevalence of hepatitis in our setting**

Objectives

To explore two different approaches for viral hepatitis screening among migrants:

an outreach or active strategy (AS) through educational sessions (ES) provided by outreach community health workers (CHW)

and a passive strategy (PS), based in opportunistic screening.

Secondary objectives:

- to determinate the number of individuals who attend ES and factors associated with not going to the screening
- to know the number of people infected and the prevalence of hepatitis C/B, by region of origin and strategy
- to analyse factors associated with become infected.

Community Health Workers (CHW)

- CHW are professional members of the community which they work with
- Integrated within the health team
- Bridge between health professionals and the community
- Basic health training at prevention and assistance level
- Individual support actions and counseling training

AS

Public Health Agency of Barcelona (ASPB)

Tropical Medicine and International Health Unit of Drassanes (UMTSID)

PS

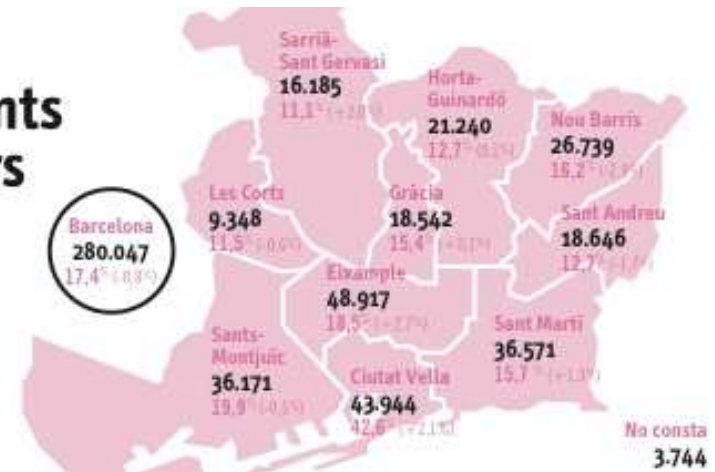
Primary Health Care Center Raval Sud (PHCCRS)

Tropical Medicine and International Health Unit of Drassanes (UMTSID)

Nombre de residents estrangers

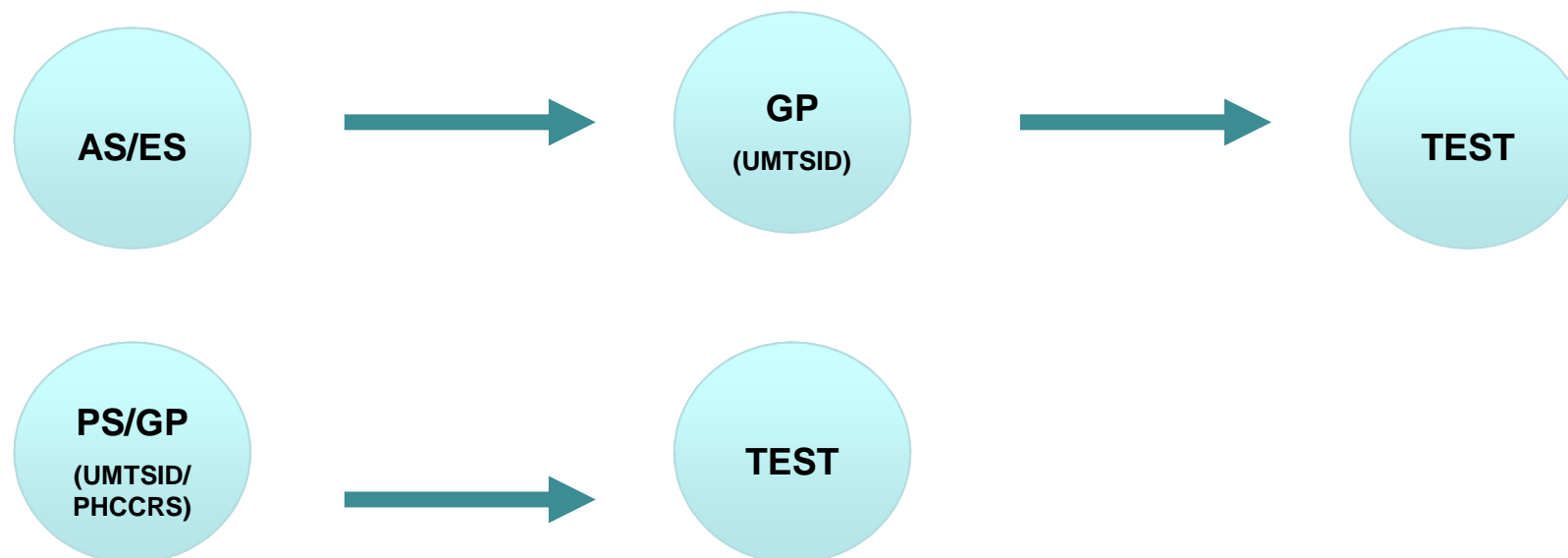
PER DISTRICTES
EN NOMBRES ABSOLUTS

PERCENTATGE D'ESTRANGERS
SOBRE EL TOTAL DE LA POBLACIÓ
RESIDENT A CADA DISTRICTE
(ENTRE PARENTESIS)
VARIACIÓ RESPECTE AL 2022



Methods

Migrants from Latin America (LA) and Central and Eastern Europe (ECE) aged 18 or more

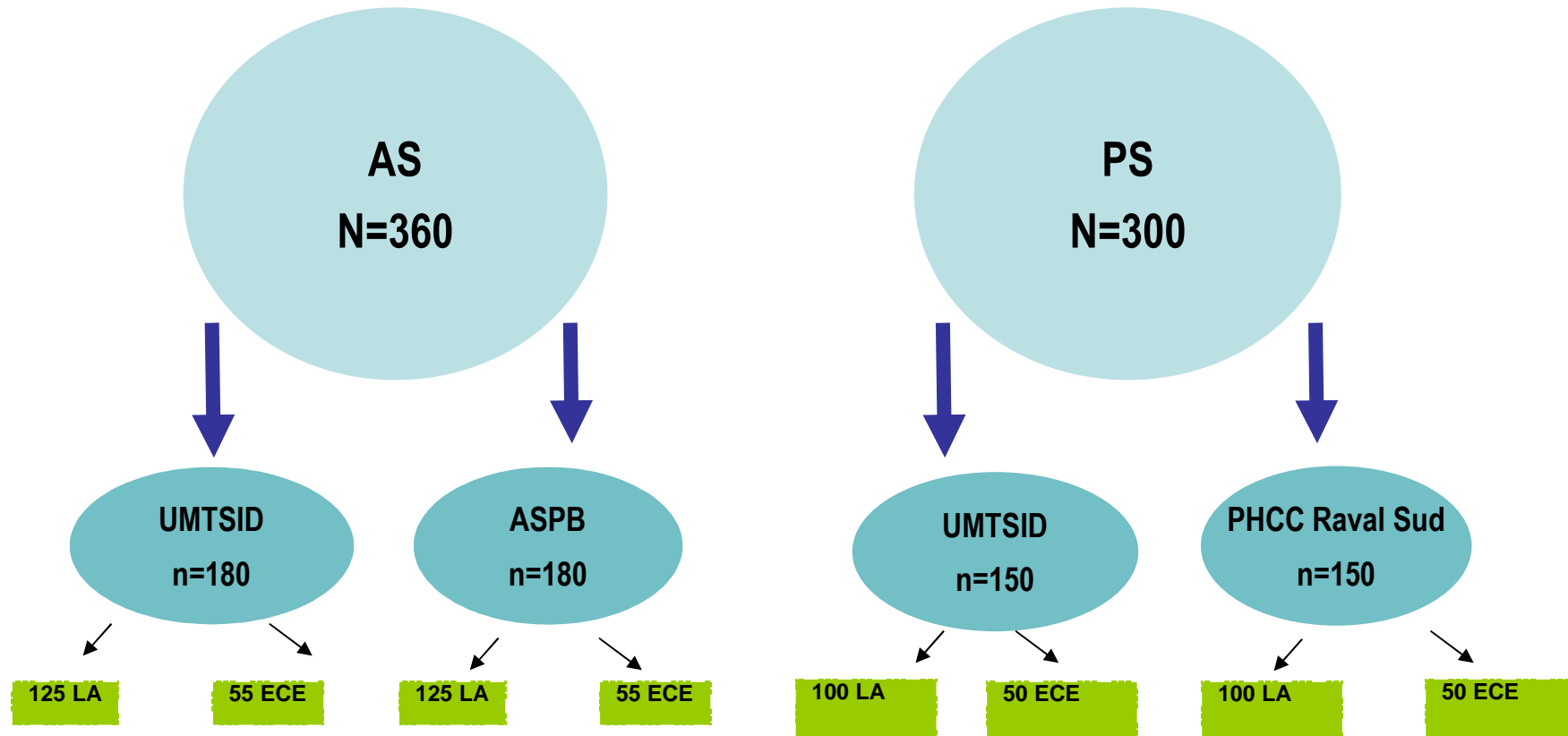


A health survey and tests for hepatitis

Mean & percentages /Chi-square & t-test/OR & 95% CI by multivariate logistic models

HEPscreen

SCREENING FOR HEPATITIS B AND C
AMONG MIGRANTS IN THE EUROPEAN UNION



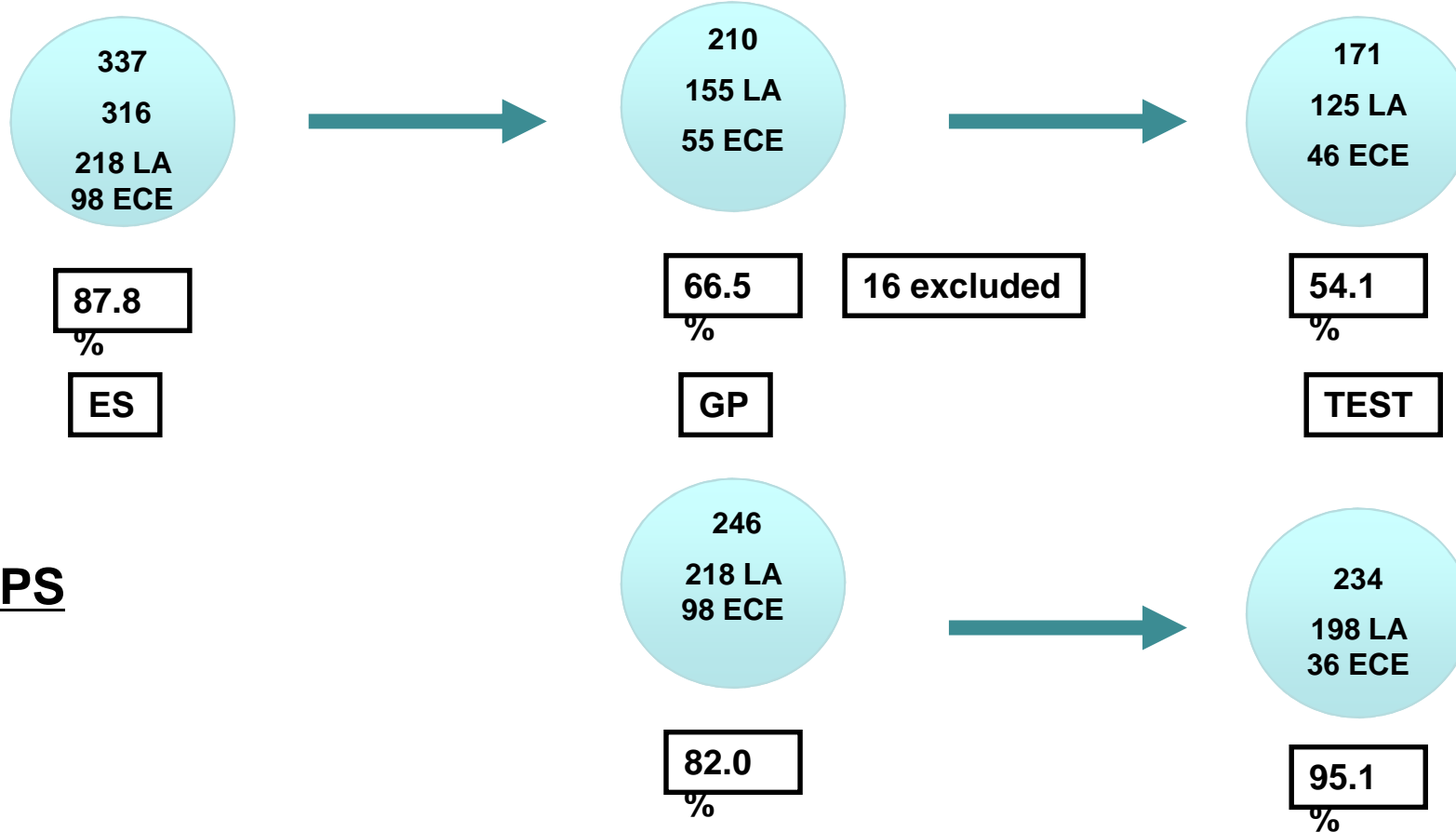
216 (60%)



Results

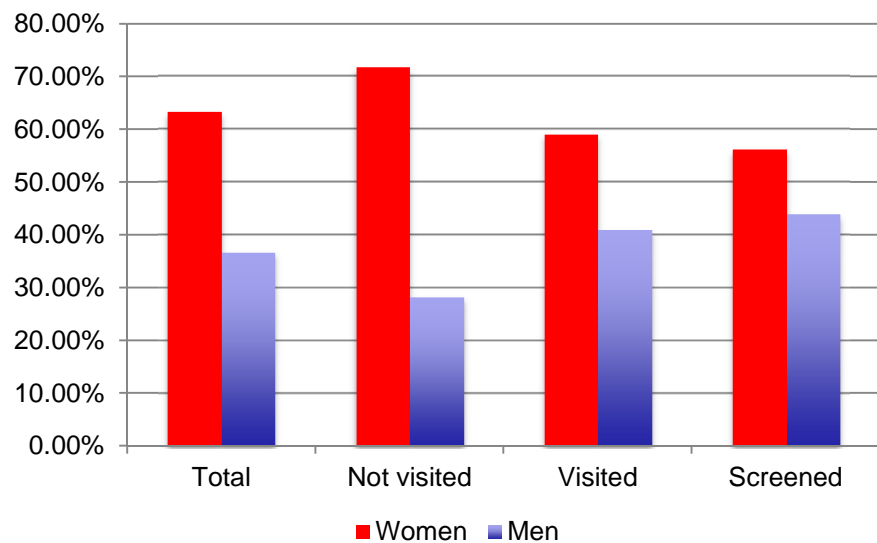
AS

45 ES (Median 10, Range 4-28)



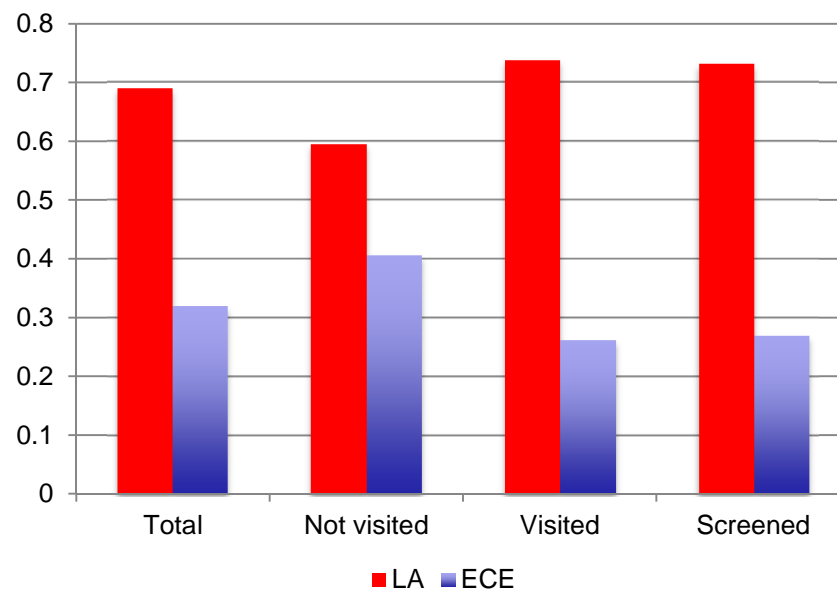
Results

Gender



P<0.005

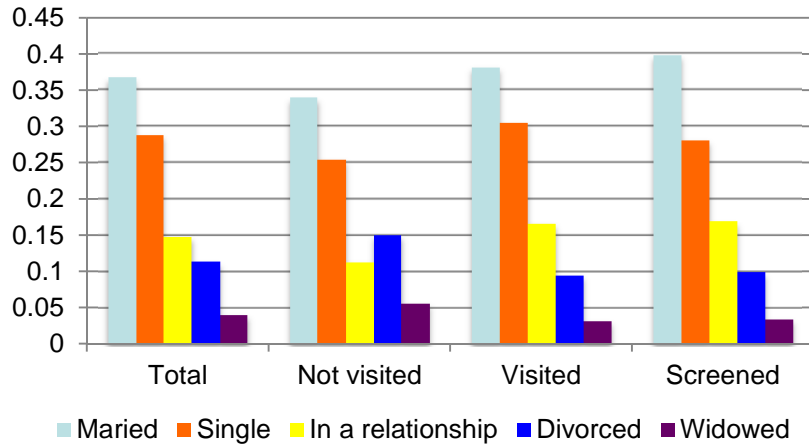
Region



P<0.005

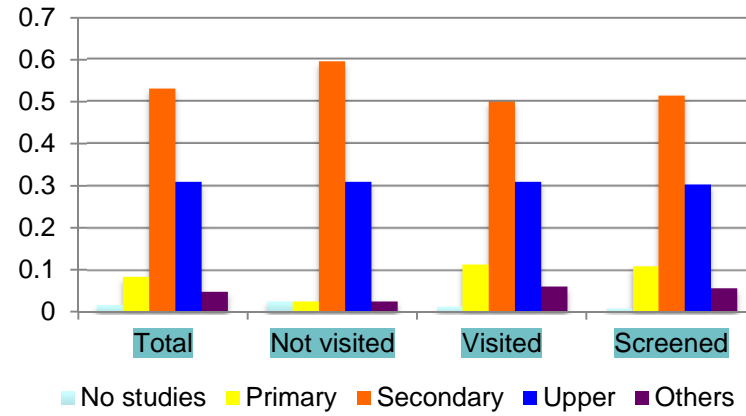
Results

Civil Status



P<0.005

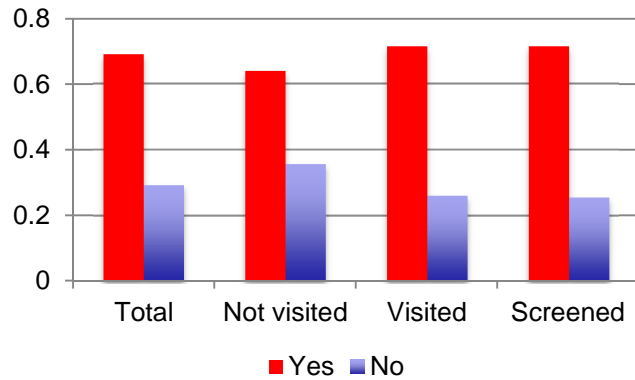
Educational level



P<0.005

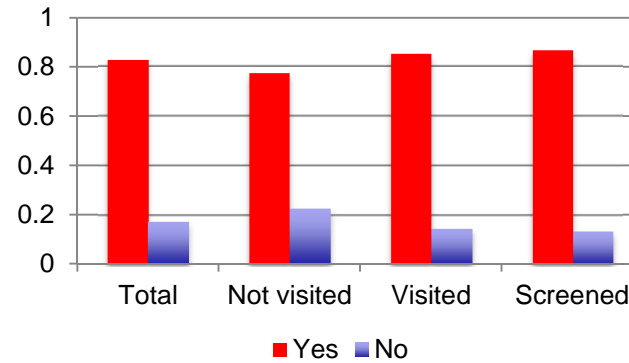
Results

Residence permit



P<0.005

Health card

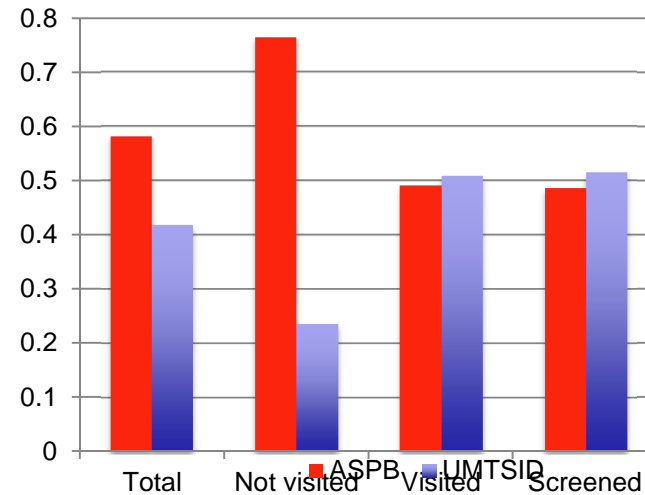


Occupational status



P=,546

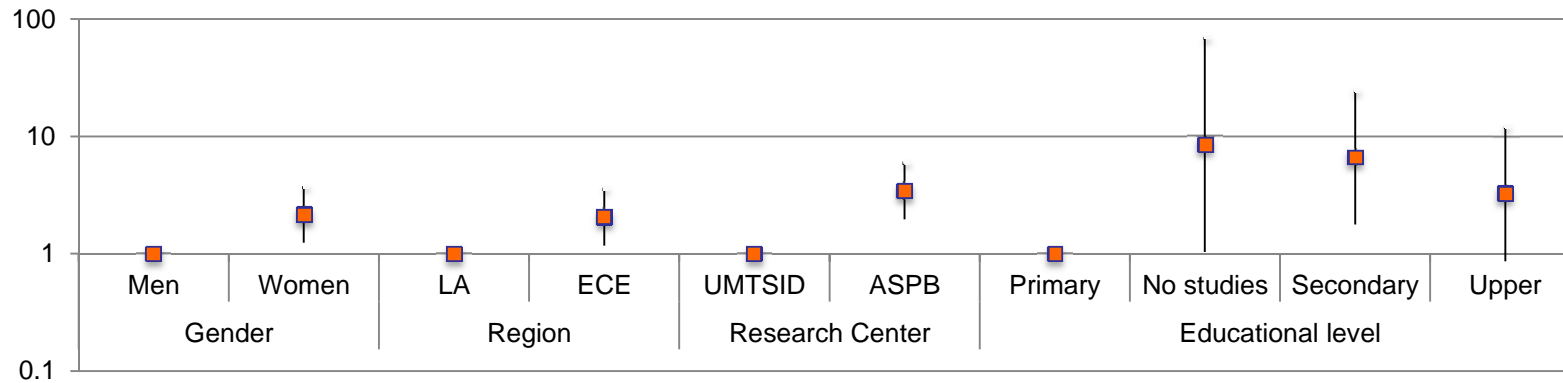
Research Centre



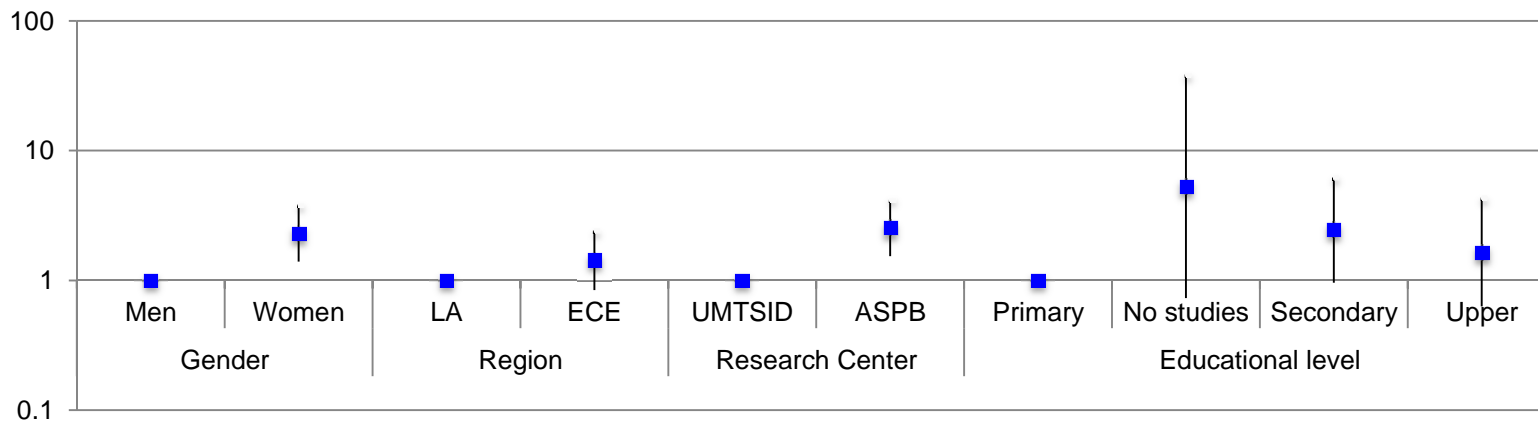
P<0.005

Results

Factors related to not going to the GP appointment (adjusted OR)



Factors related to not going to the screening (adjusted OR)



Results

Participants screened:

PS 234 (198 LA / 36 ECE)

AS 171 (125 LA / 46 ECE)

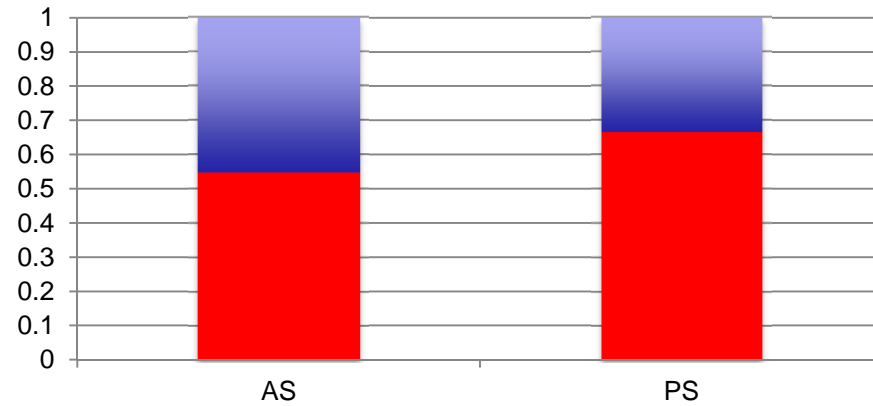
Median age and IQR

PS 41.49 (31-51)

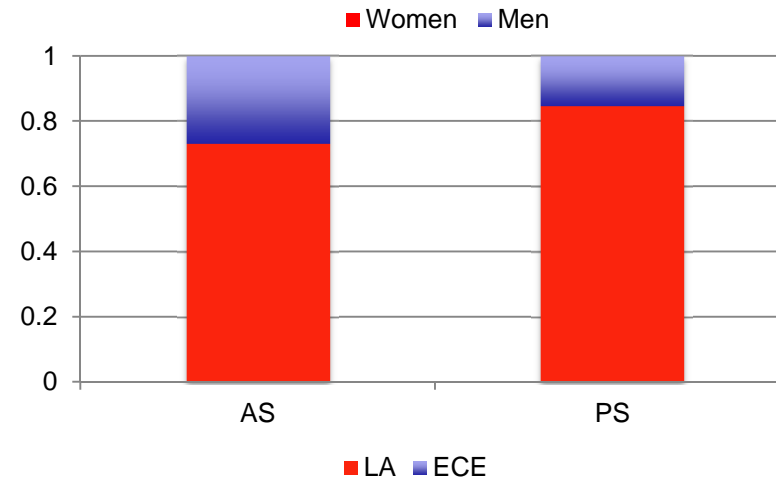
AS 40.47 (32.50)

P<0.005

Gender

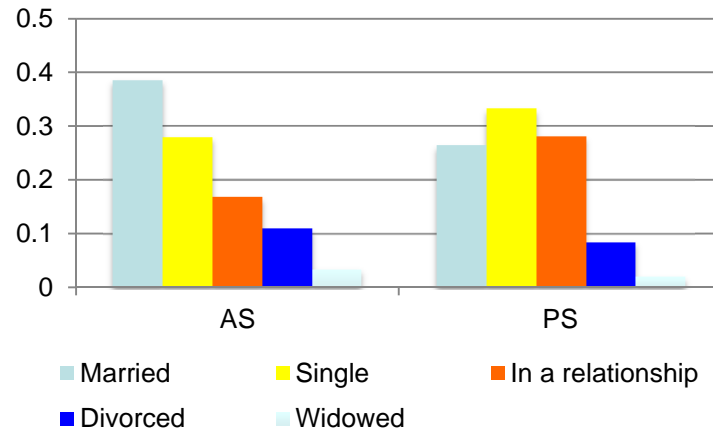


Region

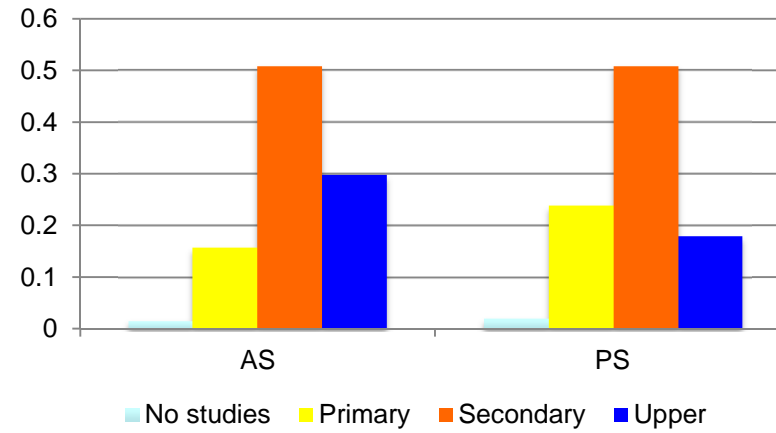


Results

Civil status

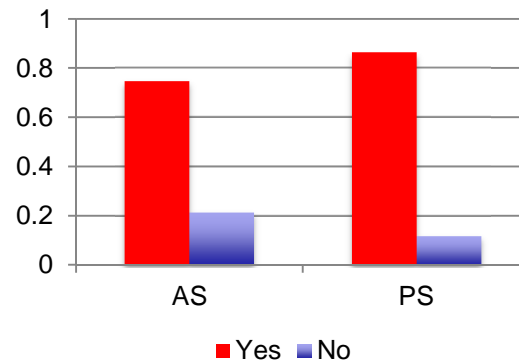


Educational level

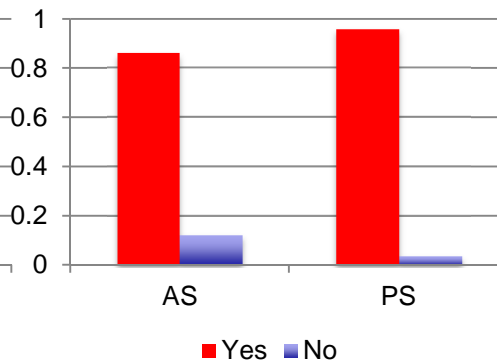


P<0.005

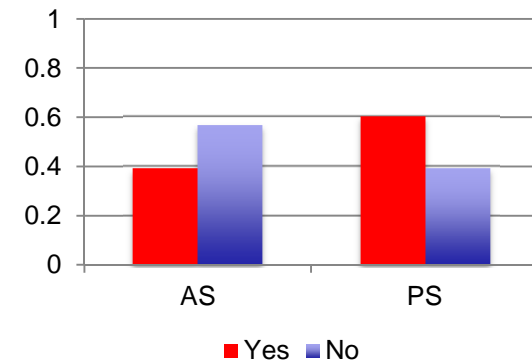
Residence permit



Health Card



Occupational status



Chronic HBV infection by strategy and region of origin

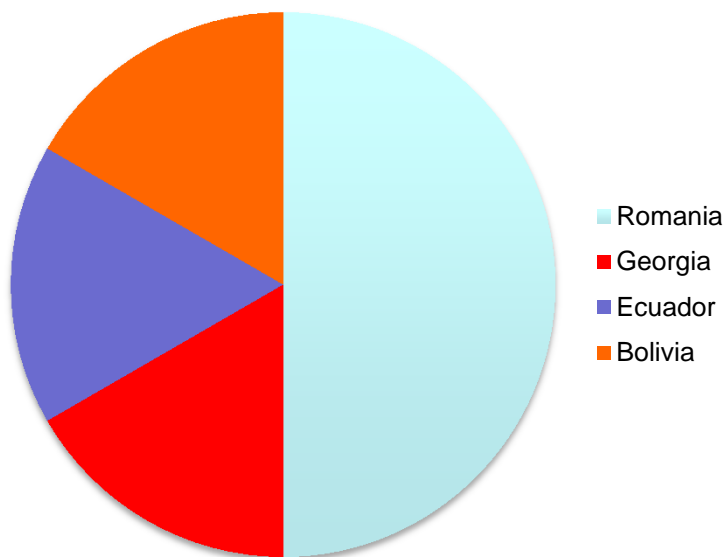
	Total	AS	PS	p value
Region of origin	6 (1.52%)	3 (1.82%)	3 (1.31%)	0.684
LA	2 (0.64%)	1 (0.84%)	1 (0.52%)	0.729
ECE	4 (4.68%)	2 (45%)	2 (5.56%)	0.801

HCV infection by strategy and region of origin

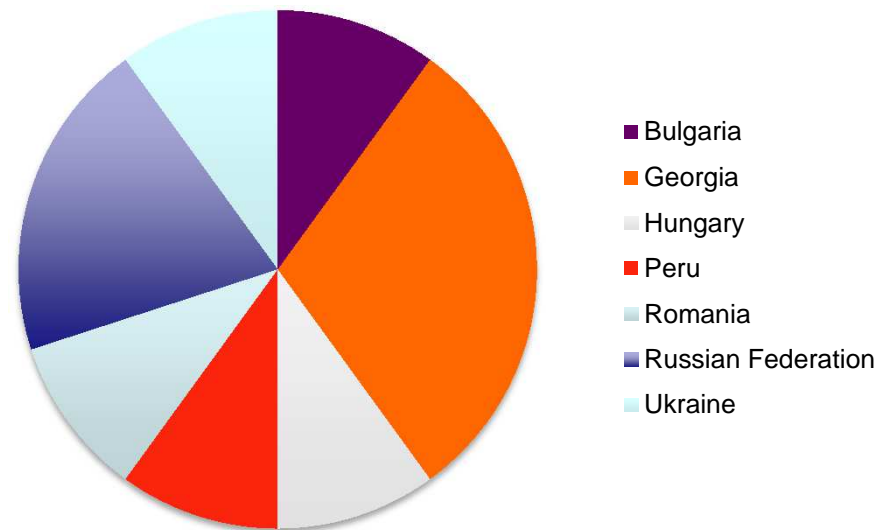
	Total	AS	PS	p value
Region of origin	10 (2.53%)	6 (3.61%)	4 (1.78%)	0.243
LA	1(0.32%)	0 (0.00%)	1(0.52%)	0.431
ECE	9(11.11%)	6 (13.04%)	3 (8.575)	0.526

Results of the positives by country

Chronic hepatitis B infection

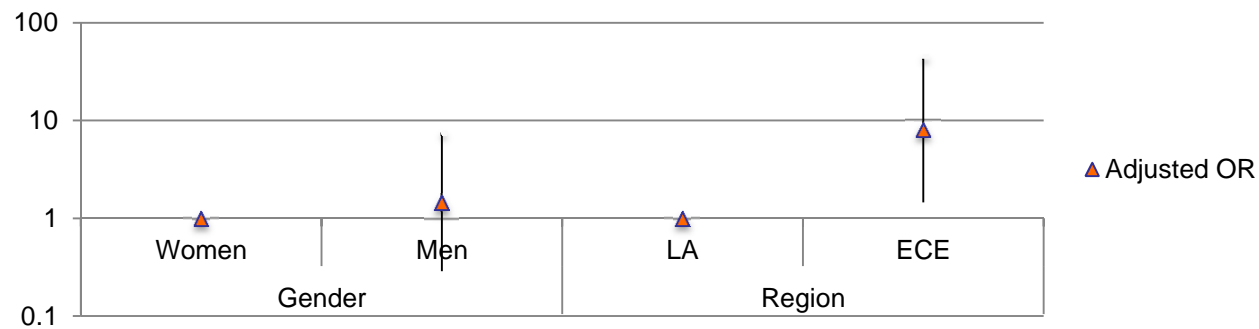


Hepatitis C infection

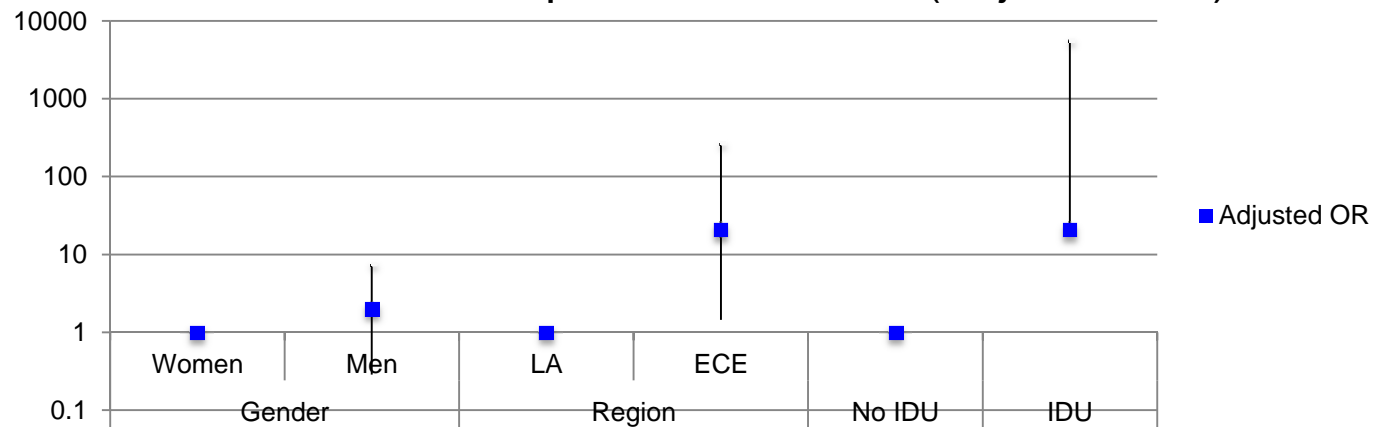


Results

Risk factors related to chronic hepatitis B infection (adjusted OR)



Risk factors related to hepatitis C infection (Adjusted OR)



Chronic HBV infection: region, specialist assessment and indication to treat

	HBsAgs+	Region	Assessed by specialist		Treatment indication	
	N	N	N	%	N	%
AS	3	1 LA / 2 ECE	0	0	0	0%
PS	3	1 LA / 2 ECE	2	66,6	0	0%
Total	6	2 LA / 4 ECE	2	33,3	0	0%

HCV infection: region, IDU, specialist assessment and indication to treat

	Anti-HCV+	IDUs	Region	HCV-PCR test	Assessed by specialist	
	N	N		N	N	%
AS	6	3/6 (50%)	6 ECE	1	1	16,67%
PS	4	3/4 (75%)	1 LA / 3 ECE	1	0	0%
Total	10	6/10 (67%)	1 LA / 9 ECE	2	1	10%

Conclusions

Higher percentage of screening through PS (234/245 vs 171/316)

AS contact with populations with high social vulnerability

No differences in the percentage of HBV+ and HCV+ by strategy.

Low prevalence of hepatitis B/C in LA people

Medium for hepatitis B and high for hepatitis C in ECE people (IDU)

Low number of participants have reached the specialist (3/16).

Recommendations

Screening in the ES to improve adherence and prevent losses

Consider both risk factors for hepatitis and the country of origin

Tailored strategies to solve specific problems of migrant populations

CHW could improve adherence, solve problems, and prevent the loss of participants