

# Hepatitis B and C screening and linkage to care in migrants from endemic countries in Barcelona through the implementation of the *HepBClink* community action

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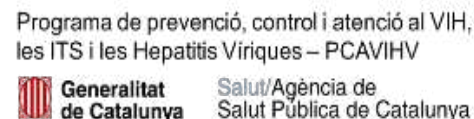
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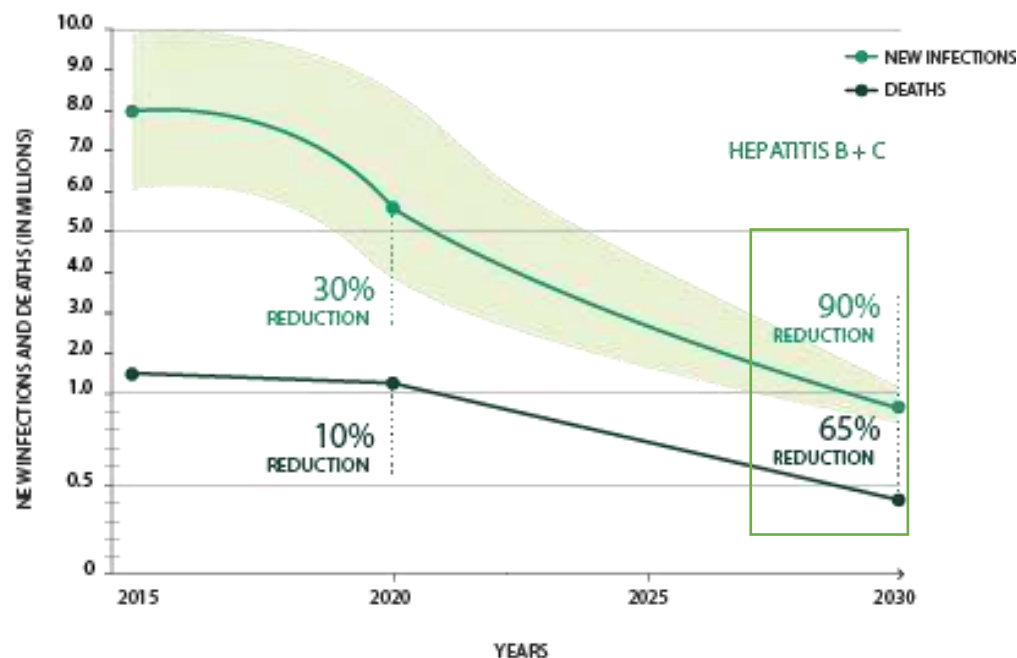


# Towards the elimination of viral hepatitis

## WHO 2030 elimination targets:

### Viral hepatitis:

- **3.0 million** new HBV and HCV infections
- **1.1 million** HBV and HCV deaths with initial signs of HCV declines



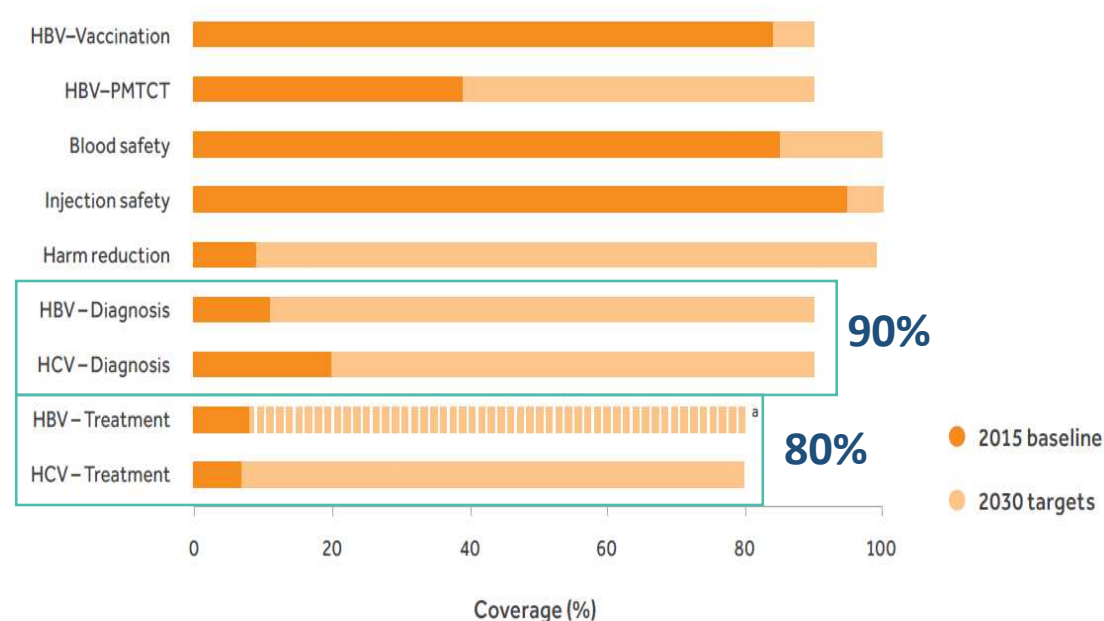
<https://www.who.int/hepatitis/strategy2016-2021/portal/vision-goal-targets/en/>

Key and priority populations	Hepatitis B	Hepatitis C
<b>Mobile or migrant populations</b>	Migrants from intermediate- and high-endemic HBV areas are at increased risk of chronic hepatitis B (CHB) (52–54).	Migrant populations represent a heterogeneous group and HCV seroprevalence estimates vary widely (52–54).

Displaced and marginalized populations may be at increased risk of sexual transmission of HBV due to increased vulnerability to sexual violence or coercion, or unsafe sex practices (53, 54).

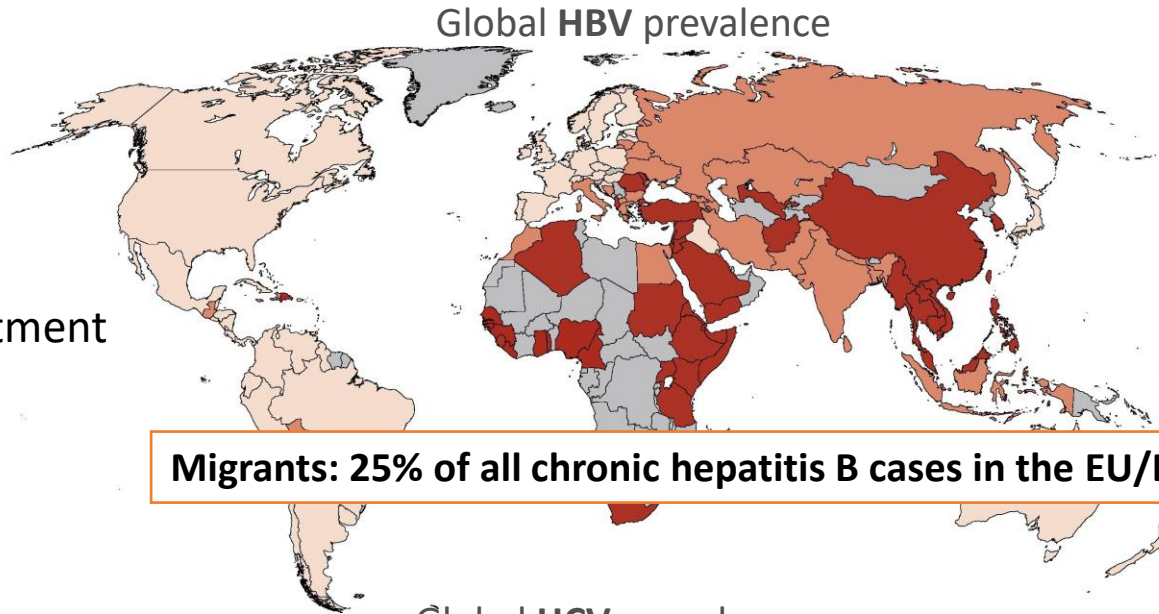
Some marginalized mobile populations may be more likely to belong to other populations at high risk for HBV and HCV transmission, such as PWID or sex workers (53, 54).

Guidelines on hepatitis B and C testing. WHO, 2017



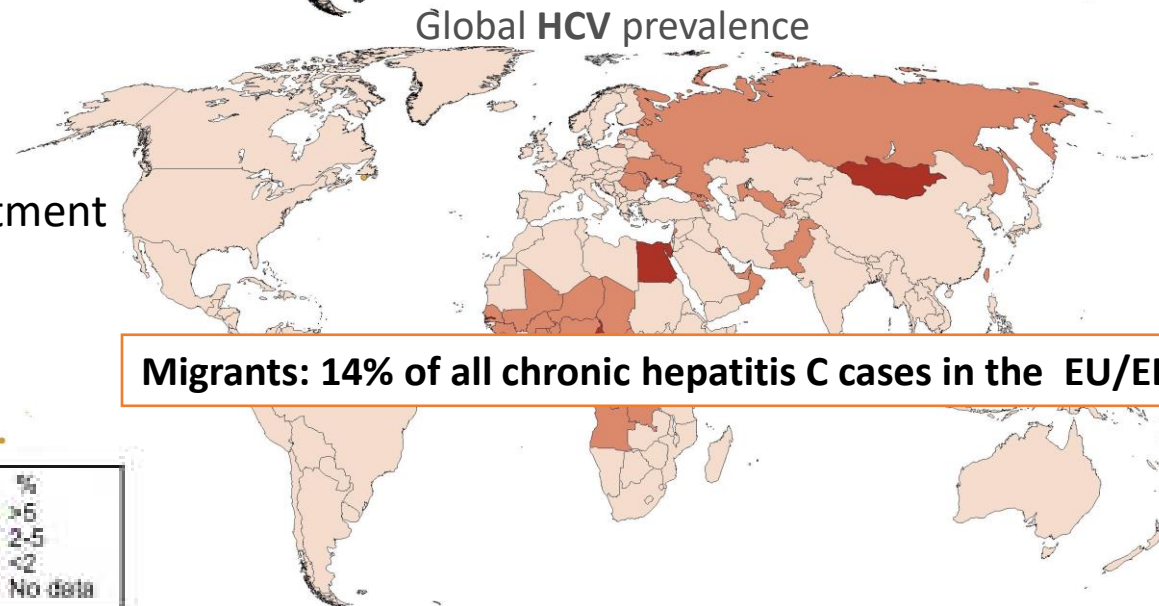
# Relevance of migrant population

**HBV**  
10% diagnosed  
22% received treatment

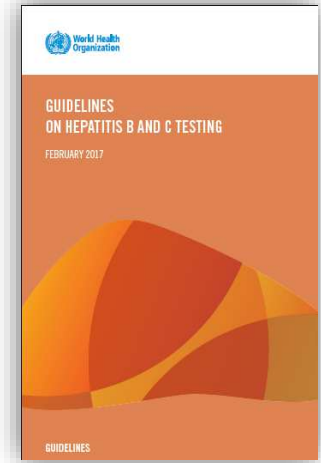


**Migrants: 25% of all chronic hepatitis B cases in the EU/EEA \***

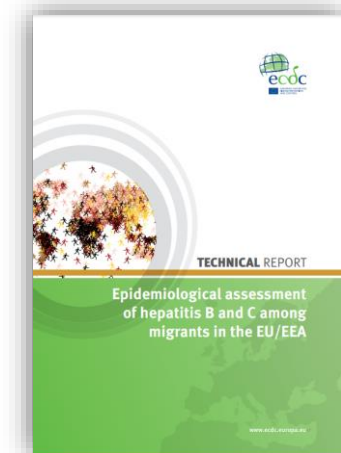
**HCV**  
21% diagnosed  
62% received treatment



**Migrants: 14% of all chronic hepatitis C cases in the EU/EEA\***



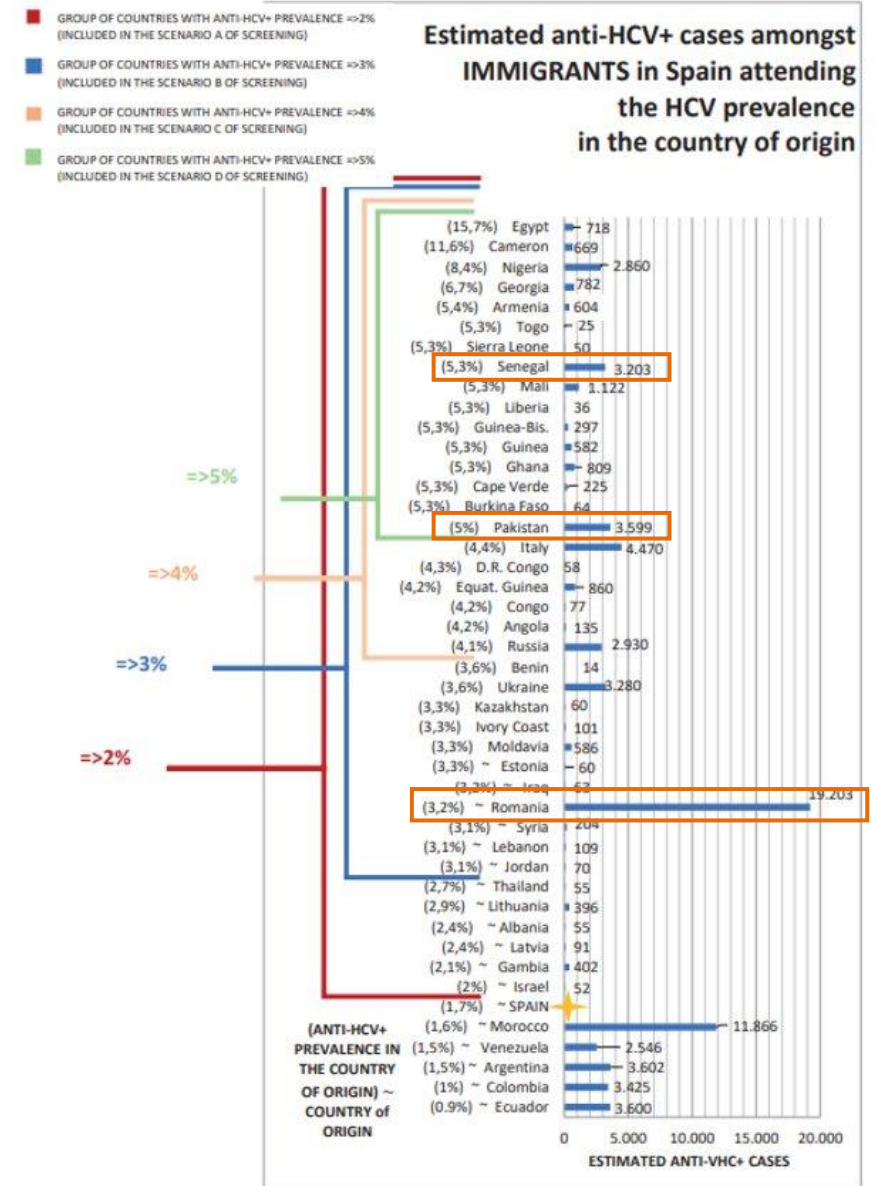
**Targeted screening of migrants from countries of intermediate or high endemicity is recommended**



# Migrant population in Catalonia

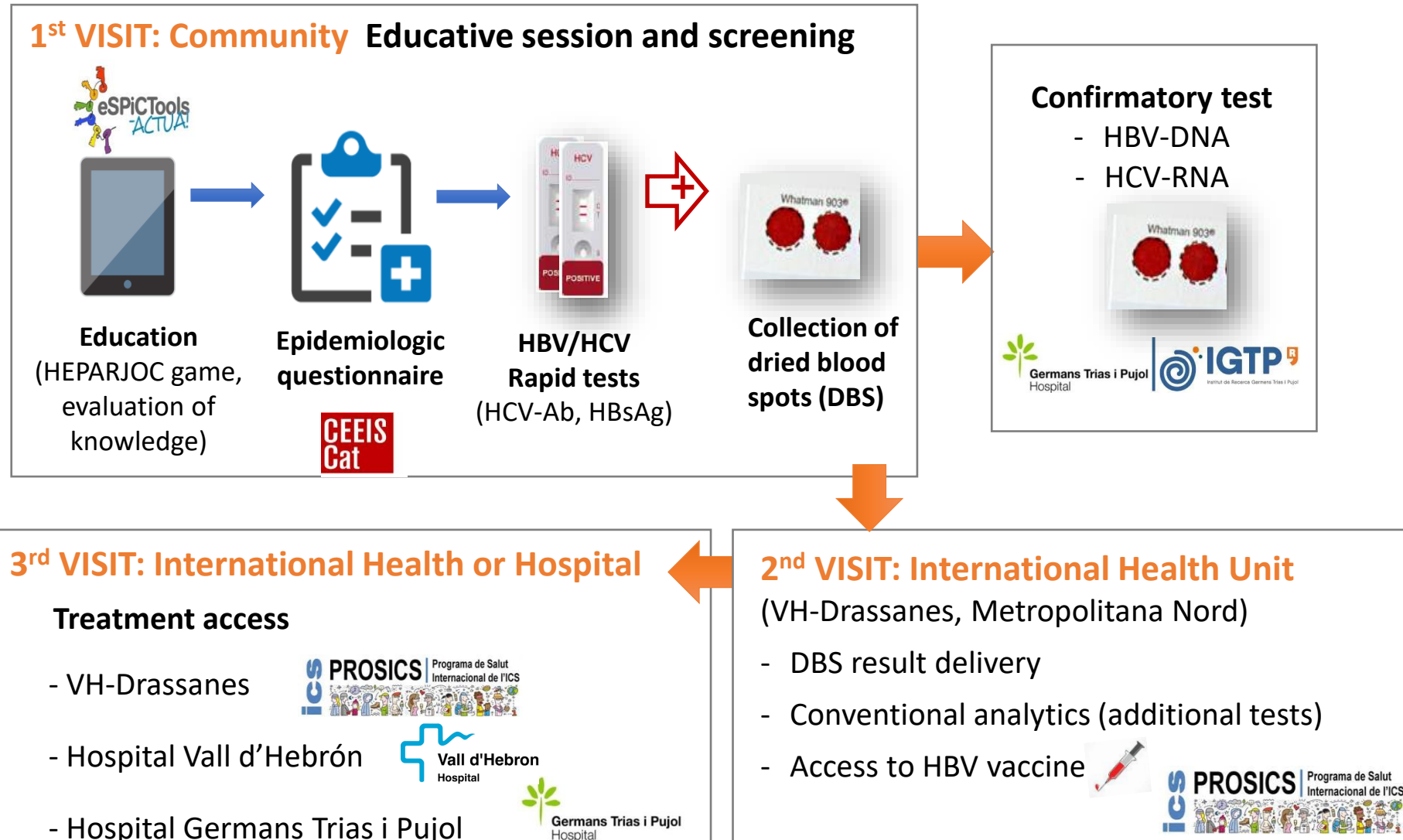
Country	Population	HBV (HBsAg)	HCV-Ab
Catalonia	8,005,784	0.5%	1%
Romania	627,478	5.5%	3.2%
Senegal	83,260	12.7%	5.3%
Pakistan	100,496	4.2%	5.0%

Host Country	Spain	Population	CHB prevalence % with 95% CI		
			%	Lower	Upper
		46,727,890	0.66	0.34	0.97
Country of origin of first generation migrants	Romania	715,033	5.49	5.24	5.73
	China	160,460	10.23	9.35	11.11
	Dominican Republic	152,947	10.68	5.89	15.46
	Senegal	53,347	12.66	10.14	15.18
	Bulgaria	140,046	4.25	2.8	5.7
	Bolivia	174,288	3.03	0.08	5.98
	Nigeria	33,970	13.31	11.57	15.06
	Philippines	41,895	7.36	6.32	8.39
	Pakistan	63,946	4.17	3.59	4.75
	Mali	19,931	13.17	10.18	16.17





**Purpose:** implement and evaluate a community action that brings together education, screening and simplified access to treatment in migrants from Pakistan, Romania and Senegal



# Results: Community interventions

Pakistan population: N=328

- Consulate (n=178)
- Mosque (n=77)
- Taxi schools (n=73)

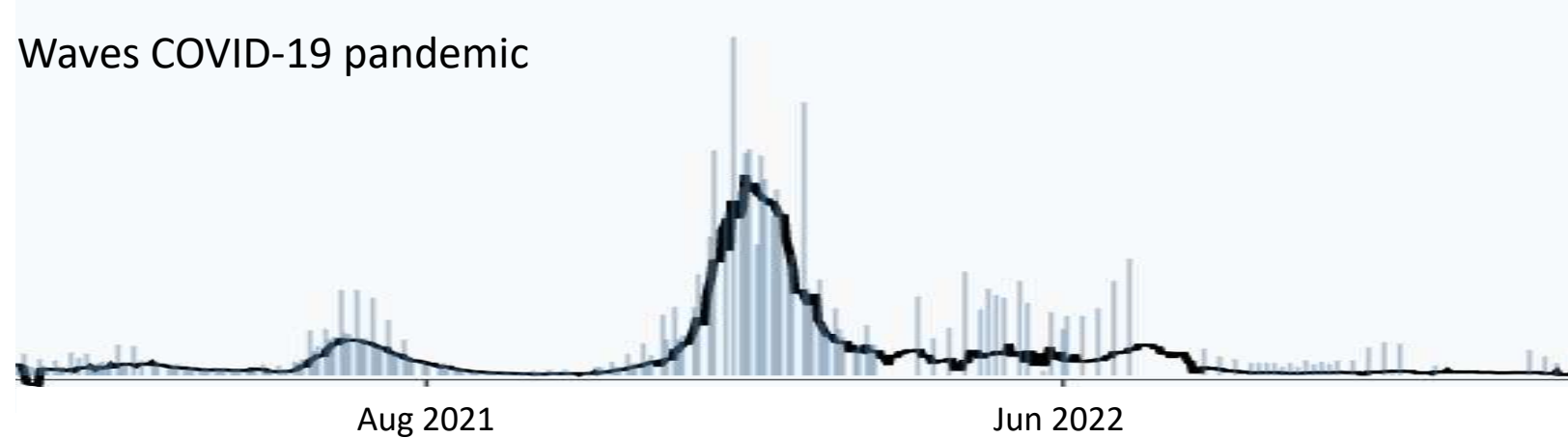
Romanian population: N=136

- Church (n=101)
- Homes (n=24)
- Institutional place (n=11)

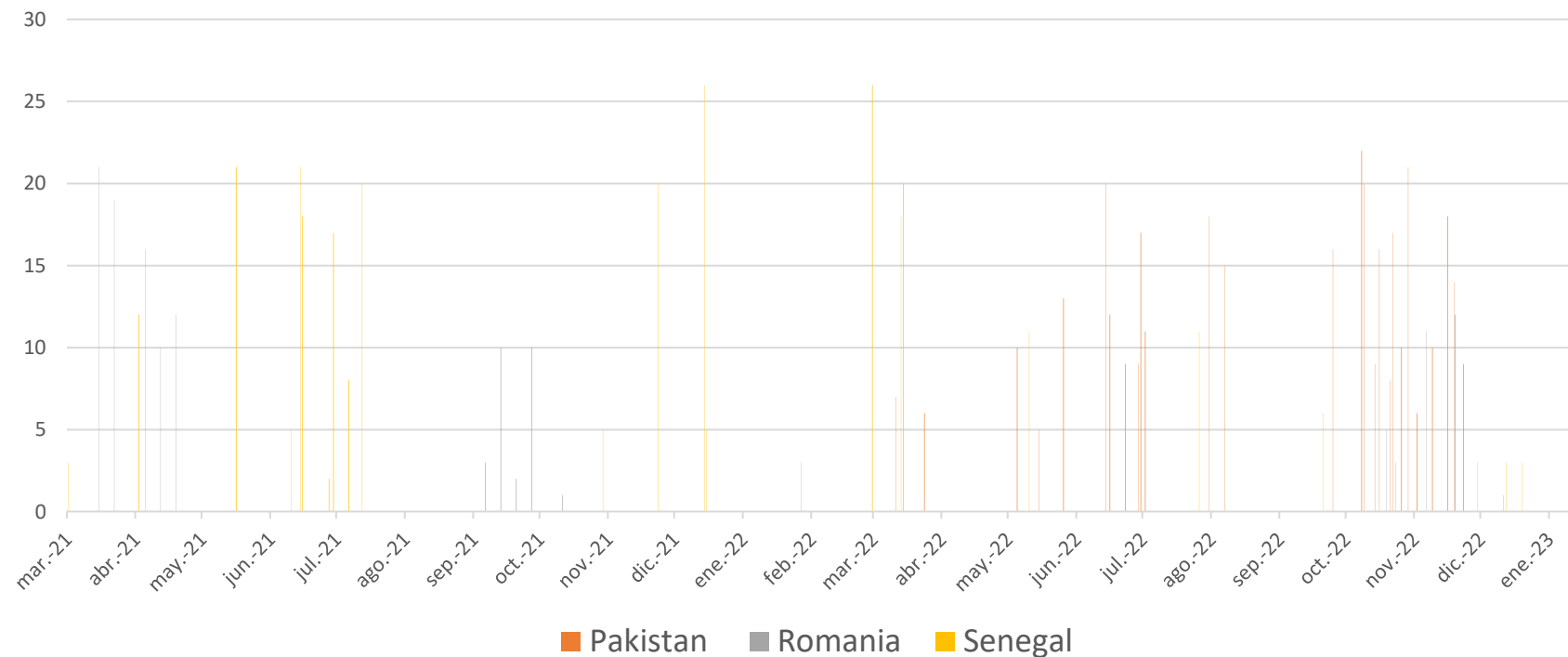
Senegalese population: N=304

- Associations (n=297)
- Settlement (n=7)

Waves COVID-19 pandemic



Interventions



# Results: Community interventions



Pakistan

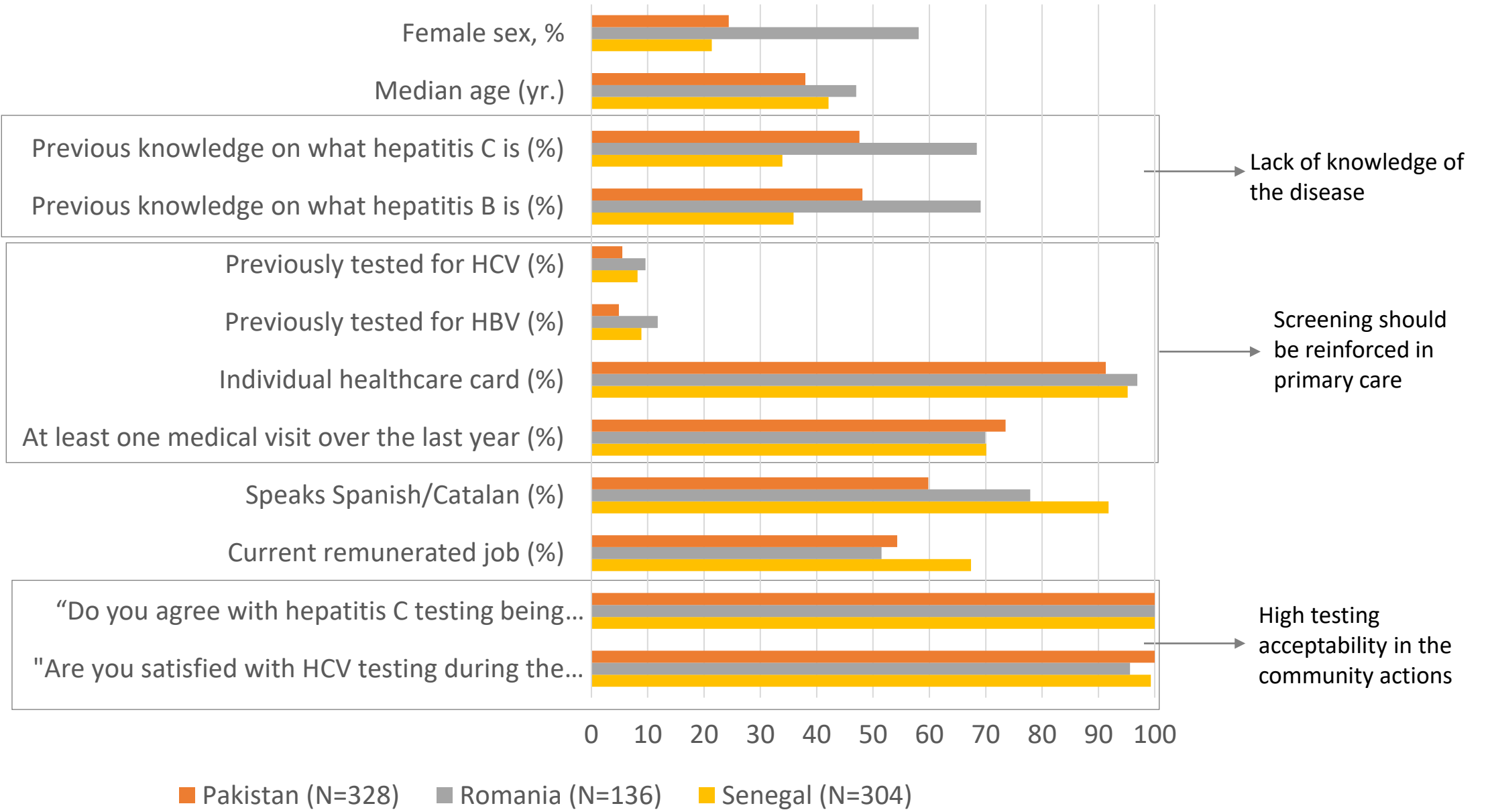


Senegal



Romania

# Results: Sociodemographic characteristics



Lack of knowledge of the disease

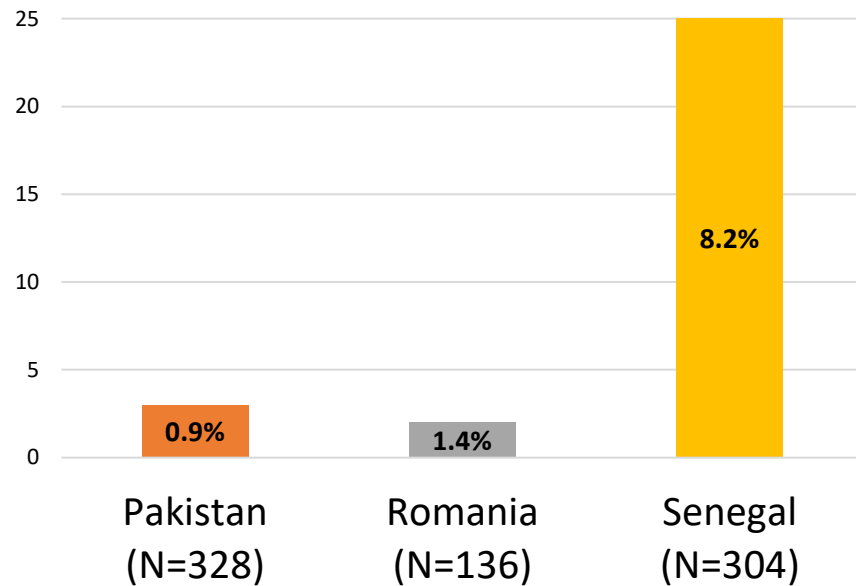
Screening should be reinforced in primary care

High testing acceptability in the community actions



# Results: HBV and HCV prevalence

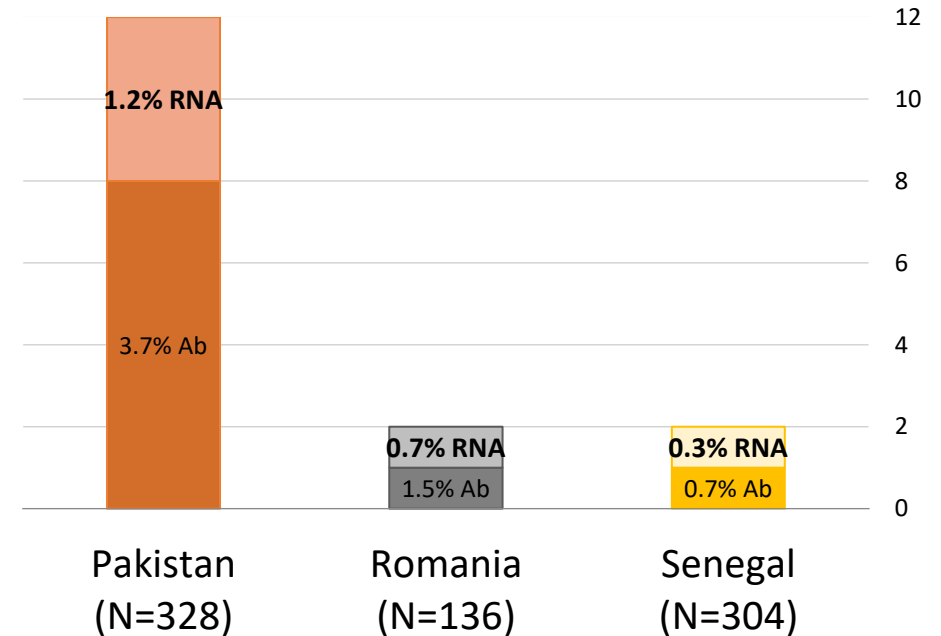
## HBV (HBsAg)



### 23/30 (72%) new diagnoses

17/23 (73.9%) linked to care, tested DNA-HBV+ and none met treatment criteria.  
None was co-infected with HDV.

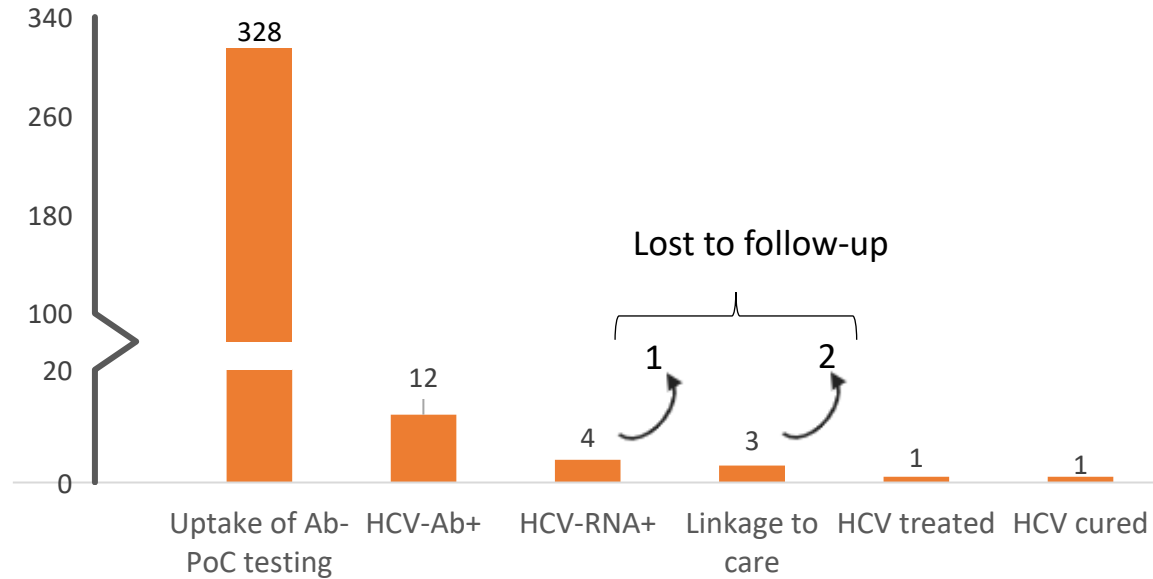
## HCV



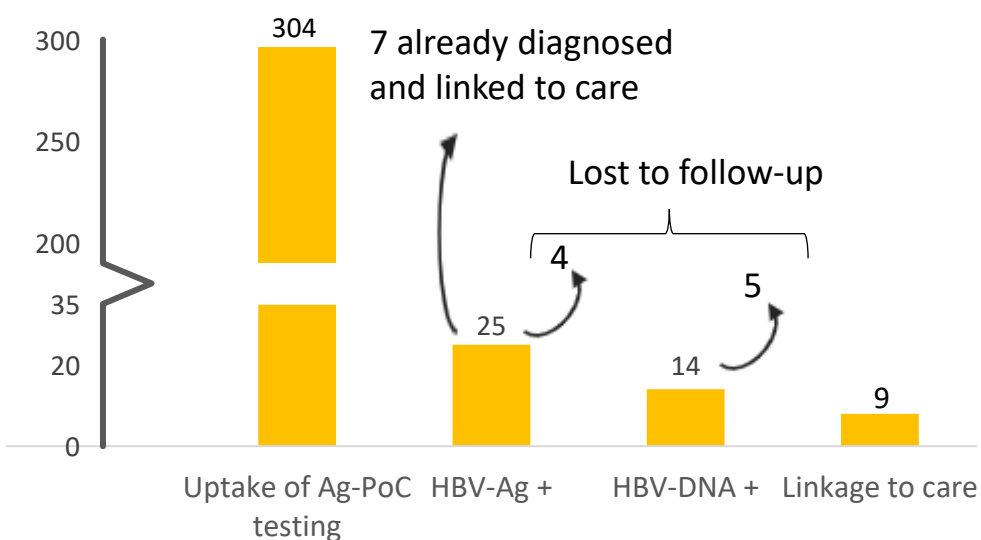
### 6/6 (100%) new diagnoses

4/6 (66.6%) linked to care  
2 (50%) initiated and completed antiviral treatment, and were cured.

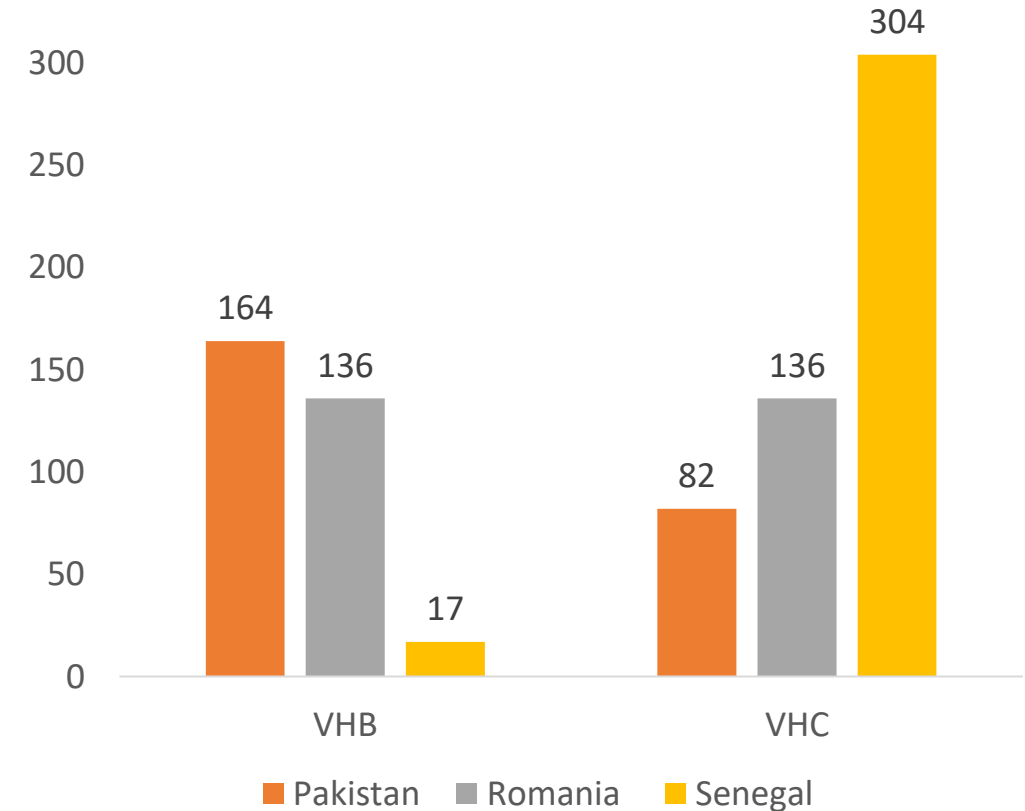
## HCV Pakistan cascade of care



## HBV Senegal cascade of care



## Number of persons needed to screen a new diagnosis



1. Viral hepatitis screening within this new community intervention is well accepted among the migrant population from Pakistan, Romania and Senegal.
2. It has reached both men and women with limited knowledge of hepatitis B and C, most of whom had not been tested before.
3. The observed prevalence of HBV/HCV, as well as the high unawareness of their status, justify a targeted screening in these groups of migrants from endemic countries.

# Acknowledgments

## PUBLIC HEALTH



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Group 27

## RESEARCH



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## COMMUNITY

All participants

Community Organizations

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- Vall d'Hebrón-Drassanes

Jordi Gómez, Hakima Ouaarab, Begoña Treviño, and  
all community health agents



## HEALTHCARE



Vall d'Hebron  
Hospital



### Hepatology Units

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