

Advancing an integrated care model to accelerate viral hepatitis diagnosis and treatment among people living with HIV and key populations in Vietnam

Authors:

Vu B¹ , Do K¹ , Tran A¹ , Tran L¹ , Green K¹ , Luong K² , Nguyen K² , and Cao P²

¹ PATH, Hanoi, Vietnam,² Vietnam Administration for Medical Services, Ministry of Health, Hanoi, Vietnam

Background: Coinfection with viral hepatitis is a major cause of morbidity and mortality in people living with HIV (PLHIV) and key populations (KP). We implemented systematic hepatitis B (HBV) and hepatitis C (HCV) screening integrated with HIV services in Hanoi and Ho Chi Minh City from 2021 to 2022.

Description: We engaged 9 community-based organizations and 18 facilities providing HIV testing, pre-exposure prophylaxis (PrEP), antiretroviral therapy (ART), and methadone maintenance treatment (MMT) in offering rapid HBV/HCV testing and linkage to confirmatory testing and treatment.

Results: We reached 22,940 people, of whom 19,985 (87.1%) accepted HBsAg testing, yielding a 7.9% positivity rate; 20,230 (88.2%) accepted anti-HCV testing, yielding a 12% positivity rate; and 17,276 (75.3%) accepted both HBsAg and anti-HCV testing. Of 4,358 PLHIV, 27.4% were coinfecting with HCV, 7.6% were coinfecting with HBV, and 1.6% were coinfecting with both HBV and HCV. Of 15,627 KP tested, HBV infection rate was highest among female sex workers (FSW; 14.2%), followed by people who inject drugs (PWID; 10.7%), non-injecting drug users (DU; 6.9%), men having sex with men (MSM; 5.2%) and transgender women (TGW; 3.6%). Of 15,659 KP tested, HCV seropositivity rate was highest among PWID (13.3%), followed by DU (5.8%), FSW (3.8%), MSM (1.4%), and TGW (1.4%). HBV positivity was significantly associated with being aged 25+ years old; being PWID, FSW, MSM, or PLHIV. Similarly, HCV seropositivity was significantly associated with being aged 25+ years old; being a PWID, PWUD, FSW, or PLHIV; and using PrEP or MMT. Of 1,572 HBsAg+ individuals, 47.8% received treatment eligibility evaluation, and 78.8% of those eligible enrolled on HBV treatment. Of 2,420 anti-HCV+ individuals, 53.0% received confirmatory testing, and 84.5% of those confirmed initiated HCV treatment.

Conclusions: An integrated care model is an effective approach to accelerate access to HBV/HCV testing, diagnosis, and treatment among PLHIV and KPs.