UNCOVERING THE SILENT BURDEN OF STIGMA: LIVED EXPERIENCES OF INDIVIDUALS WITH CHRONIC HEPATITIS B INFECTION.

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This abstract was originally presented at APASL, 2025, Beijing, China, 27-30 March 2025.

Background:
Stigma related to chronic hepatitis B (CHB) is highly pervasive. Individuals may experience negative self-beliefs, isolation, and discrimination, significantly impacting their health-related quality of life (HRQoL). This study aimed, from a patient perspective, to understand current experiences and impacts of stigma associated with CHB.

Methods:
28 adults with CHB, aged between 27 and 62 years, from the US (n=11), China (n=11) and Poland (n=6) were recruited for 60-minute, semi-structured qualitative interviews. Interviews were conducted by trained interviewers in local languages.

Results:
Experiences of stigma were reported by all participants (n=28/28, 100%) and found to have widespread and manifold impacts on participants' lives. Stigma was categorized into internalized, social, and institutional domains. Internalized stigma, the most prolific, affected all participants through negative self-beliefs (e.g. shame, self-doubt) and concerns about rejection (n=28/28, 100%). Social stigma was reported by the majority (n=22/28, 79%), involving negative judgment or treatment by others. Institutional stigma was less common in the US (n=4/11, 36%) than in China (n=8/11, 73%) and Poland (n=4/6, 67%).

Impacts of stigma extensively affected many aspects of participants' lives, including management of CHB (managing risks of transmission: n=27/28, 96%; receiving healthcare: n=16/28, 57%; taking treatments: n=10/20, 50%) and broader HRQoL (social activities and relationships: n=28/28, 100%; emotional wellbeing: n=27/28, 96%; work/study: n=22/28, 79%; activities of daily living: n=17/28, 61%). Most commonly, participants reported profound concerns about disclosing their diagnosis to others due to feelings of shame and fears of rejection. These concerns were driven by previous experiences of social stigma, and reinforced feelings of negative self-beliefs and isolation, thus leading to future experiences of internalized stigma.

Conclusions:
The burden of internalized, social, and institutionalized stigma associated with CHB is extensive, with widespread impacts on HRQoL and overall wellbeing. It may be

worthwhile to address this burden in CHB programs, treatments, and healthcare practices.

Disclosure of Interest Statement:
Authors: SK, JD and PWG are employees of GSK and hold financial equities in GSK. PWG is presenting on behalf of the authors. VG was an employee at GSK at the time of the study. VS, MA, KF, and LG are employees of Adelphi Values Ltd., a health outcomes agency commissioned to conduct research by companies in the pharmaceuticals industry. Adelphi Values received funding from GSK (212750) to conduct the research summarized in this publication.

Acknowledgement of Funding:
Funding: GSK (212750)