

Dismantling Barriers to Hepatitis B and Delta Screening, Prevention, and Linkage to Care Among People Who Use Drugs in Philadelphia

Authors

Beatrice Zovich (1), Catherine Freeland (1), Holly Moore (1), Kara Sapp (1), Anousha Qureshi (1), Chari Cohen (1), Rachel Holbert (2), Jason Zambrano (1), Daljinder Bhangoo (3), Richard Hass (3), Amy Jessop (2)



Affiliations

(1) Hepatitis B Foundation, Doylestown, Pennsylvania, USA, (2) Prevention Point Philadelphia, Pennsylvania, USA, (3) Thomas Jefferson University College of Population Health, Philadelphia, Pennsylvania, USA



Introduction

Despite the serious effects of unmanaged hepatitis B and delta virus infections (HBV and HDV), knowledge about their prevalence and efforts to ensure diagnosis and connection to care among people who use drugs remain limited.

Methodology

- Demographic/risk factors survey and blood draw to assess HBV immunity and infection
- Reflex testing for HDV if HBV surface antigen (current infection) or isolated core antibody (previous exposure) were present
- Participants incentivized for testing and to review study results with staff
- Participants linked to immunization and care wherever possible
- Fisher’s exact tests and regression used to identify relationships between risk factors and HBV blood markers

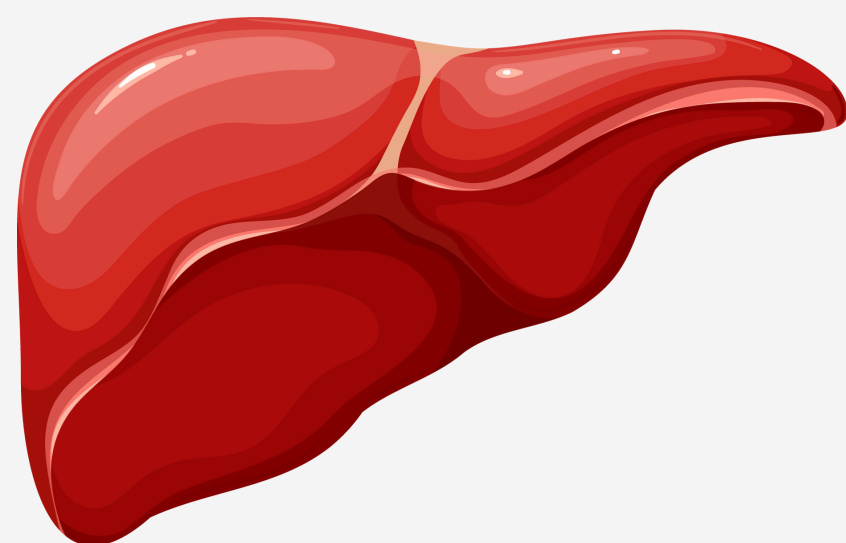
Objective

Assess HBV and HDV prevalence and facilitate linkage to vaccination or care at a Philadelphia, PA (USA) harm reduction organization (HRO)

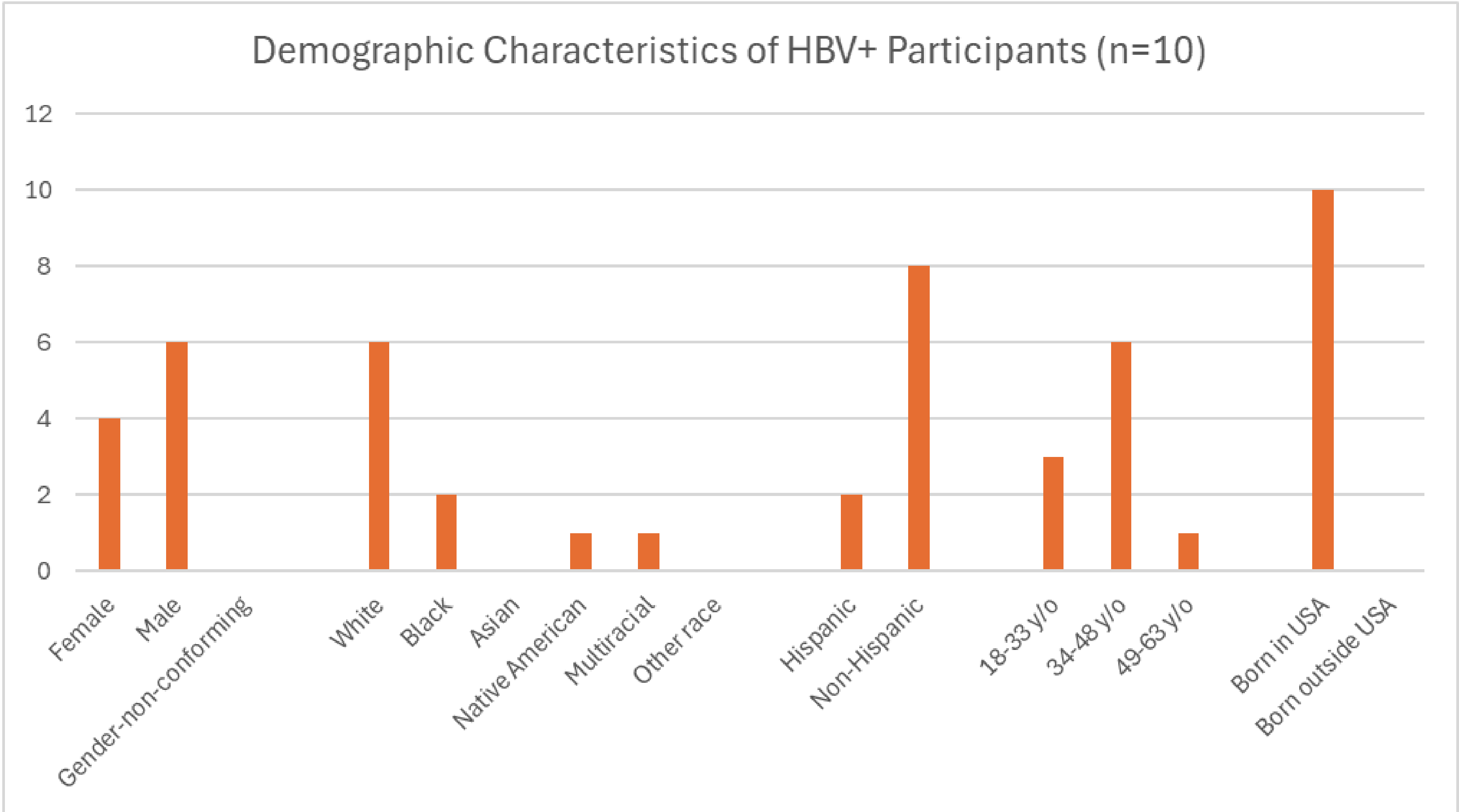
Results

Total: 498 participants

- 126 (25.3%) susceptible to HBV (no presence of HBsAb)
- 262 (52.6%) vaccinated
- 89 (17.9%) had recovered from past infection
- 11 (2.2%) tested positive for isolated HBV core antibody
- 10 (2.0%) tested positive for HBV surface antigen
- 1 tested positive for HDV antibody (10% of total HBsAg+ group)



History of incarceration was associated with current HBV infection. Transactional sex and experience of homelessness were associated with previous HBV exposure.



* Multiracial indicates self-reporting more than one of the above races listed.

Conclusion

- Rates of current HBV infection in this study were nearly three times greater than the general US population.
- Despite availability of vaccine, 25% remained vulnerable to infection.
- Linking participants to immunization and care was complicated by **provider restrictions** and logistical challenges.
- Results demonstrate the need to improve:
 - Low-threshold screening
 - Vaccination
 - Linkage to care among people who use drugs
- Results also show how tools like **point-of-care diagnostics** and **increased support for HROs** can fill gaps in the HBV/HDV care cascade.

Contact Information

3805 Old Easton Road
Doylestown, PA 18902 USA
+1.215.489.4900
beatrice.zovich@hepb.org
www.hepb.org



This study was conducted with funding from Gilead Sciences, Inc.