

# Outcomes of a community screening strategy for hepatitis B and C in migrant population from high prevalence countries in Catalonia (MiCatC)

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Subdirecció General d'Addiccions, VIH, ITS  
i Hepatitis Víriques



**Generalitat  
de Catalunya**

Salut/Agència de  
Salut Pública de Catalunya



# Disclosures

- Project funded by Gilead

# Introduction

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- ❑ The World Health Organization WHO has set the target of eliminating viral hepatitis by 2030 [WHO 2016].
- ❑ Recommendations to achieve this include screening for Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) in populations with high ( $\geq 5\%$ ) and medium (between 2-5%) prevalence in their country of origin [WHO hepatitis guidelines].
- ❑ The elimination of HBV and HCV infection in migrant population requires strategies that overcome language, cultural barriers and socioeconomic conditions, to improve screening and linkage to care.
- ❑ In Catalonia in 2023, 17.24% of the population was foreign [IDESCAT 2021].

# Aims

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- ❑ To evaluate a community-based HBV and HCV screening strategy in migrant population living in Catalonia.
- ❑ To describe the prevalence, risk factors and characteristics of migrants who are or have been infected with HCV and/or HBV

**MiCatC Project**

# Methodology

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- A community-based strategy was implemented in four regions of Catalonia with a high density of people from Pakistan, Senegal, Romania, Nigeria and Gambia.
- Interventions were held at worship places, consulates, community events, etc.
- People were chosen using a convenient sampling technique: 500 people in each of the 4 regions.
- A multidisciplinary team was established made up of peer educators, community workers and nurses.
  - Peer educators were recruited from their community organizations. These people were trained for the project,





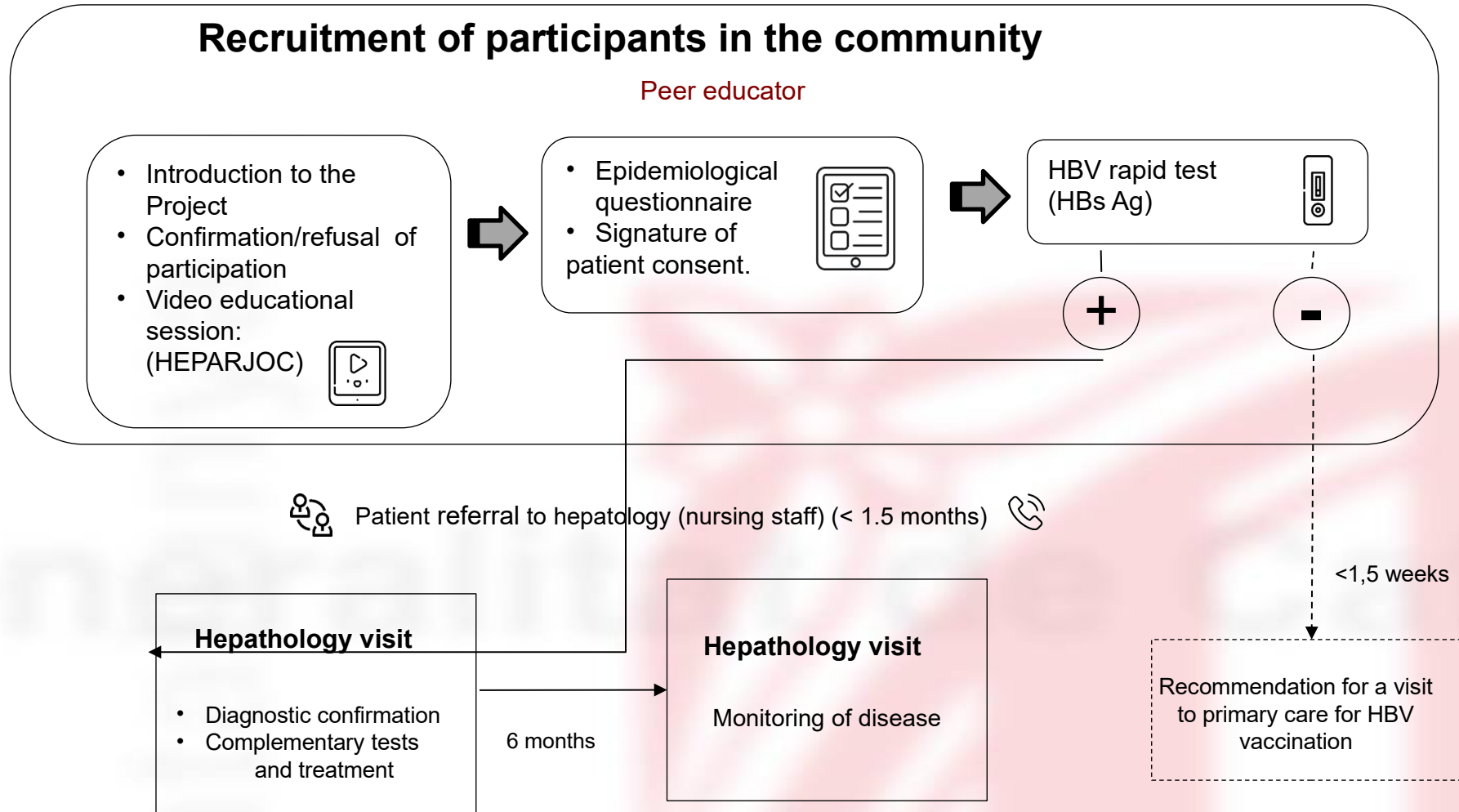
# Methodology

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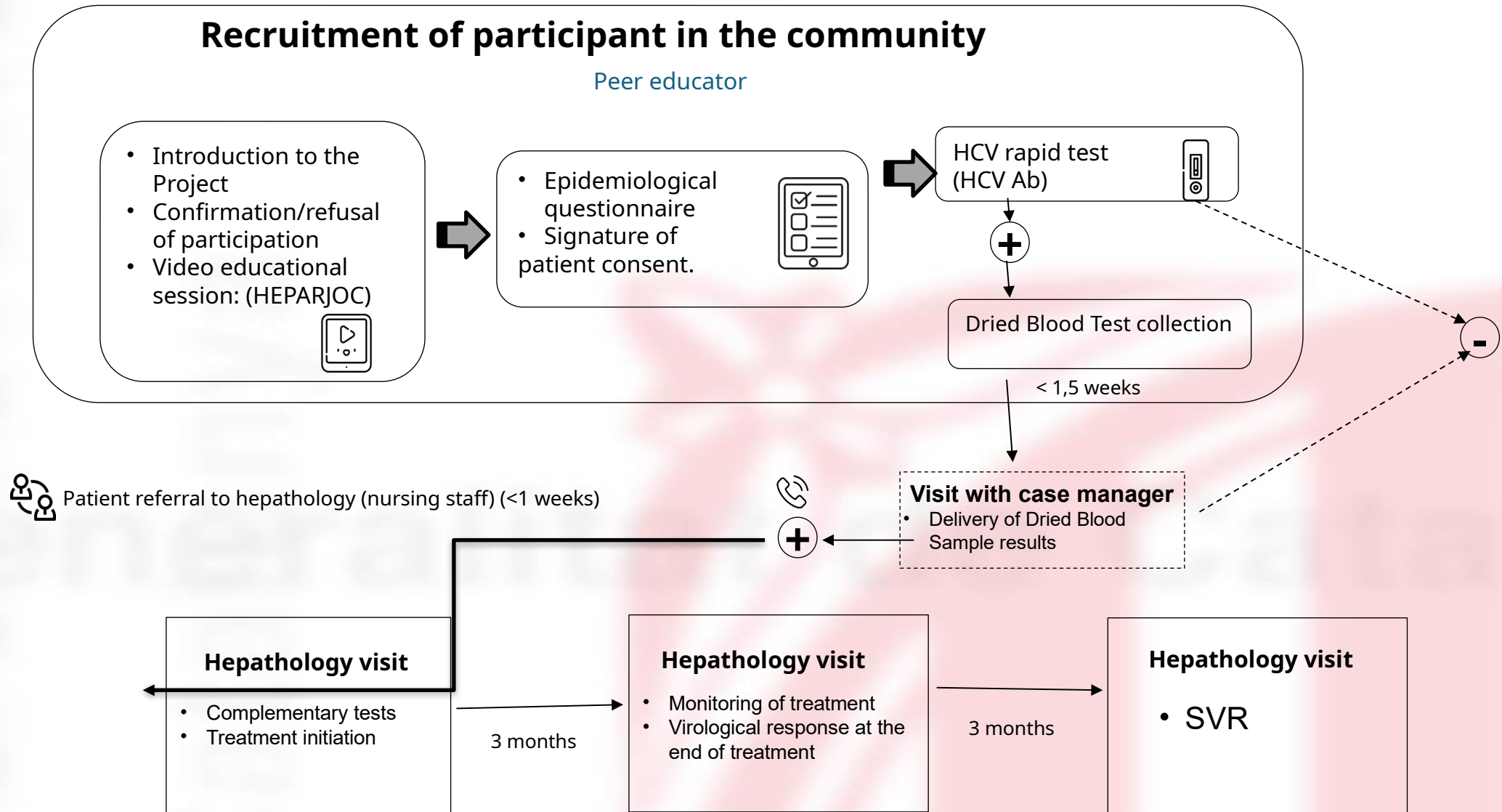
- ❑ Interventions consisted of hepatitis information and education followed by on-site screening using rapid tests and dried blood samples collection (Figure 1, Figure 2).
- ❑ A questionnaire with Sociodemographic, clinical and risk factor information was administered.
- ❑ Participants detected with HBV and/or HCV were contacted and referred to hepatology services for treatment assessment.



# Intervention: HBV screening



# Intervention: HCV screening





# Results

- The MiCatC project was developed in 10 months. 11 trainings for peer educators and nurse staff were conducted and 50 community organisations and leaders were contacted to engage them.
- 1.505 people were screened in a total of 150 community interventions during the period of 2021-2022. Most of them 55.4% were carried out in places of worship (Figure 3).
- A total of 58 people declined to participate (Figure 4), with the most frequent reasons for refusal being 'I don't want to take the test now' (32.8%) (Table 1).

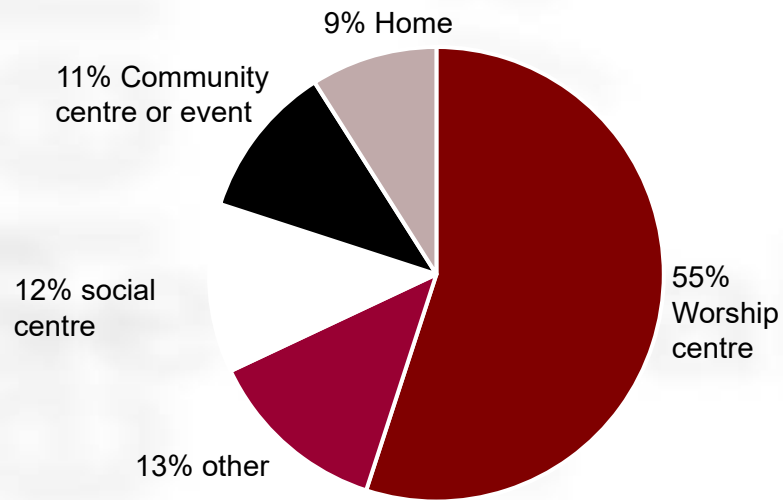


Figure 3. Screened participants by recruitment site

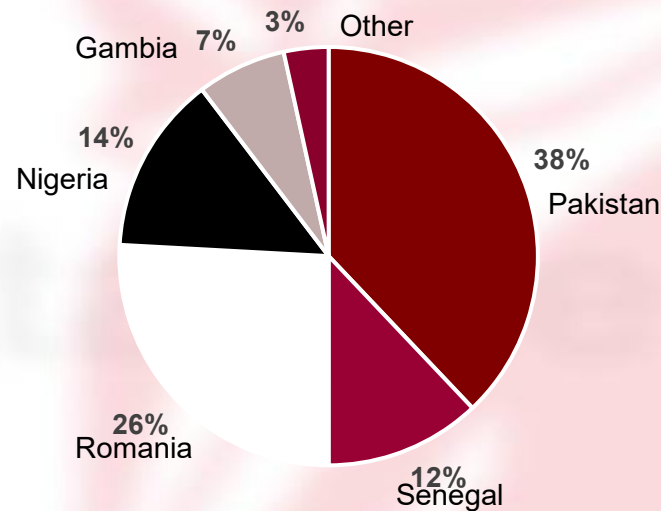


Figure 4. Place of birth of non-participants

Table 1. Reason for rejection to participate

Reasons for refusal of test	%
I don't want to take the test now	32.76%
I'm afraid of the results	20.69%
I'm not prepared	10.34%
I don't have time	8.62%
I don't trust the results	8.62%
Other	8.62%
I'm afraid of needles	0.00%

# Results

- A total of 1,505 individuals, (71% male, 29% female). Participation was higher in male except Romania and Gambia. The nationality with lowest representation of women was Senegal (Figure 5). The mean age of the participants was 41.0 [31-48] years
- The majority of participants (52%) had secondary school (Figure 6), 71% were long-term residents >5 years and 96% had public health insurance card.
- 84% of participants reported NOT having previously undergone a HBV tests and 92% a HCV test. 49.3% of the people screened reported NOT being vaccinated against HBV and 41.3% did not know it
- The previous risk exposure to virus through surgery or blood transfusion was greater in women.

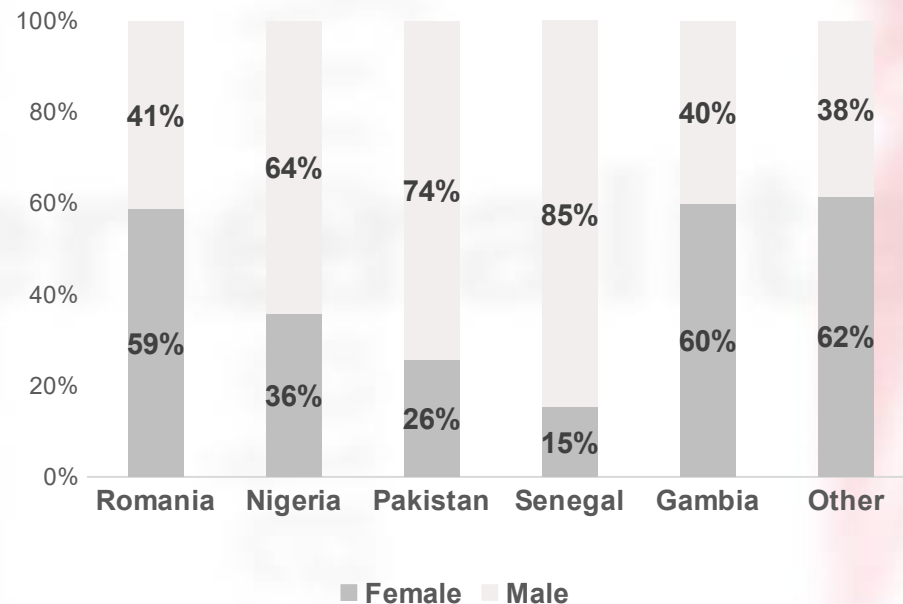


Figure 5. screened participants by sex

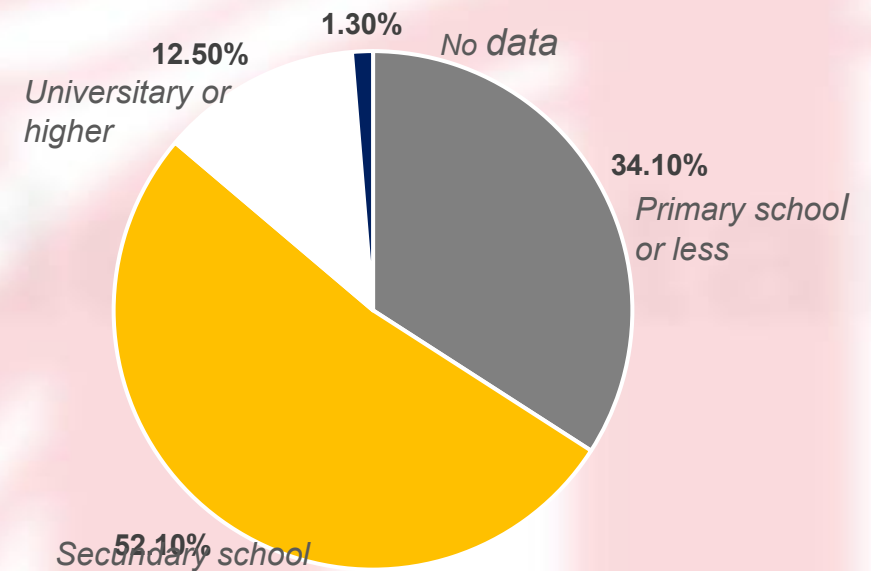


Figure 6. Level of education

# Results: HBV

- Three percent (13%, n=44) were HBsAg+. The country with the highest prevalence was Gambia followed by Senegal (Figure 7).
- Most of the positive cases were male (91% male, 9% female) (Figure 8).
- Of the total number of HBsAg positives, 36.4% attended the hepatology appointment (none of women) and 2 were treated.

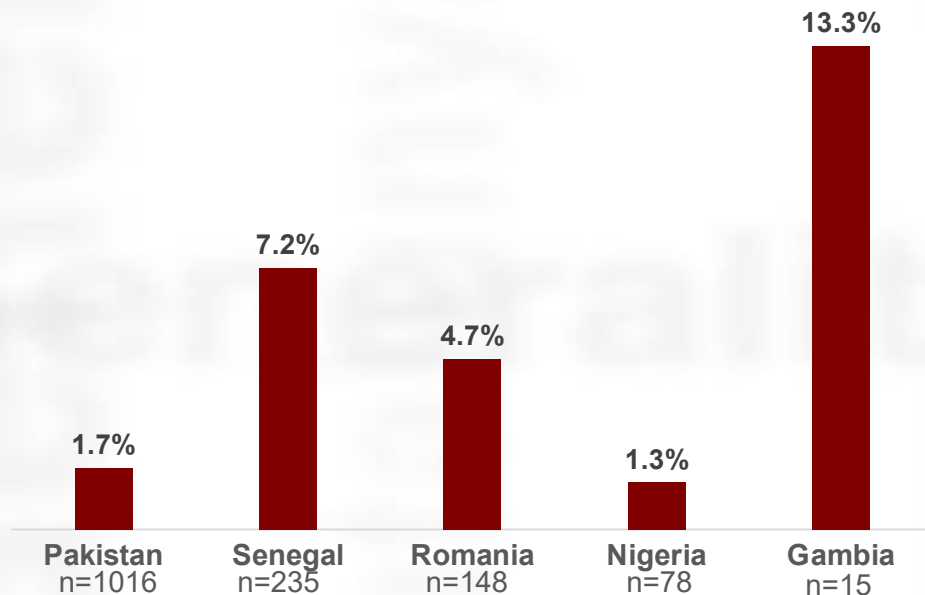


Figure 7. Prevalence for HBsAg+ by country of origin

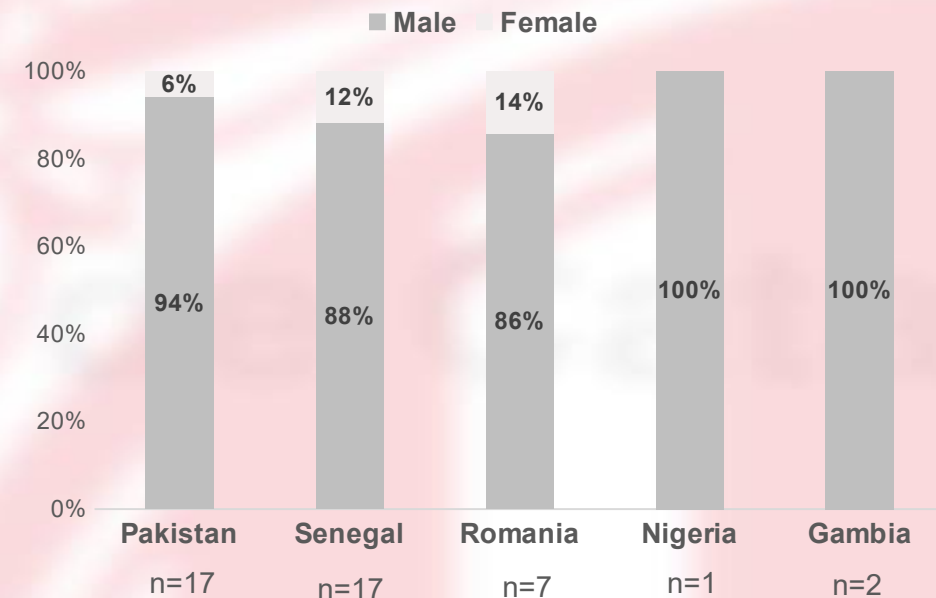


Figure 8. Sex distribution of HBsAg+ by country of origin

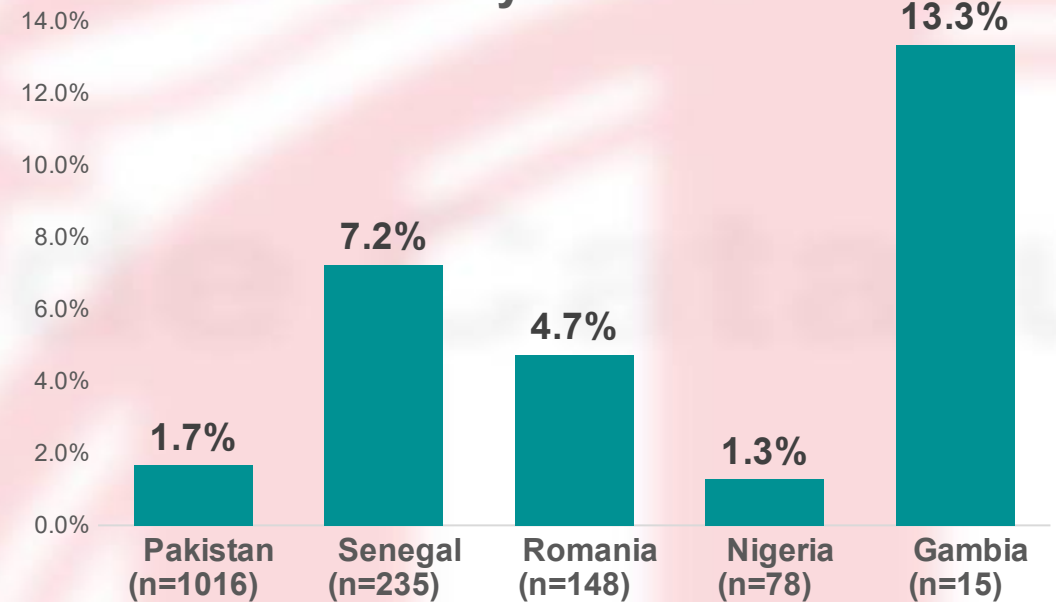
# Results: HBV

## HBs Ag Prevalence

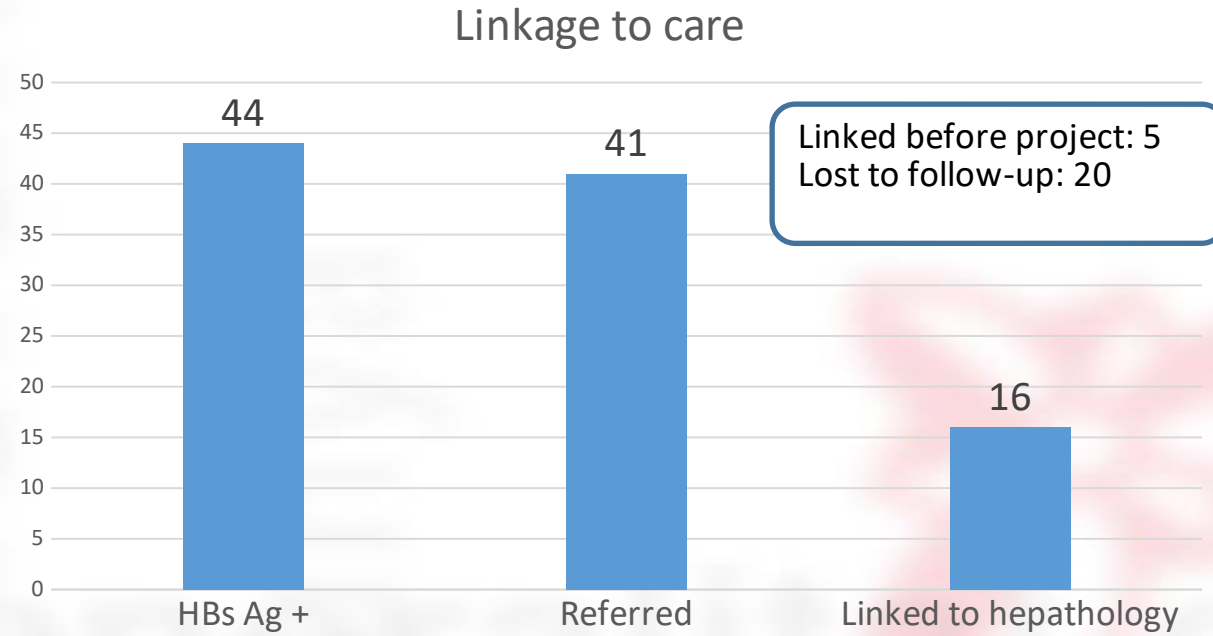
	Total		Women		Men	
	n	%	n	%	n	%
Positive	44	2,95	4	0,93	40	3,72
Negative	1446	97,0	425	98,8	1021	95,0
Total	1490		429		1601	



## HBs Ag Prevalence country of birth



# Results: HBV

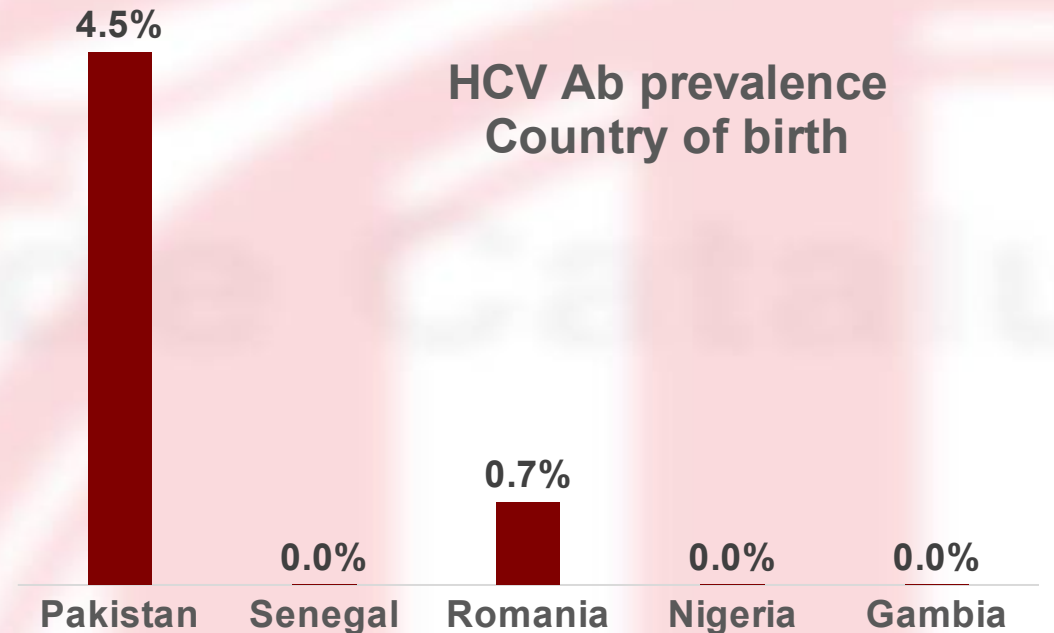




# Results: HCV

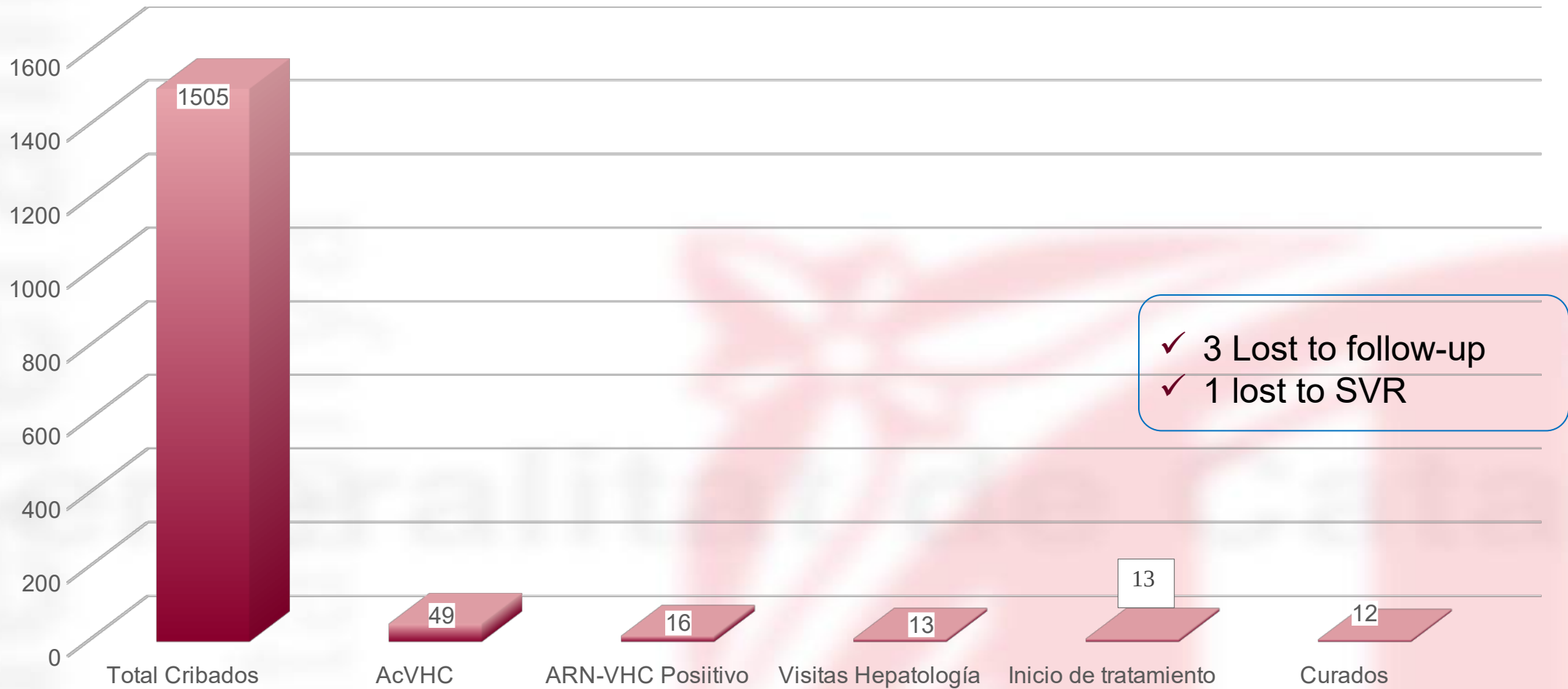
## Prevalence of HCV Ab

	Total		Women		Men	
	n	%	n	%	n	%
Positive	49	3,3	8	1,86	41	3,86
Negative	1442	96,7	421	98,1	1021	96,1
Total	1491		421		1061	





# HCV Cascade



# Conclusions

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- ❑ This project highlights the relevance of community interventions for early diagnosis and treatment of silent infections like viral hepatitis among vulnerable populations.
- ❑ Even though access to the National health Service was guaranteed to almost all migrant people, only few had been screened for HCV and HBV after more than 5 years in our country.
- ❑ HBV and HCV prevalence rates were lower than expected according to data from their countries of birth.
- ❑ Linkage to care among HBV infected patients was much lower than HCV patients reflecting hospital accessibility differences that to should be dealt with
- ❑ A gender perspective should be emphasized to reach women from high-prevalence countries.
- ❑ Peer workers play a key role to engage and make screening more accessible and acceptable in their communities.

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# PARIS

**FAST-TRACK CITIES 2024**

13-15 October 2024 | Maison de la Mutualité, Paris

# Merci

