

Community-based interventions to increase hepatitis B virus and hepatitis C virus infections screening among at-risk migrant and refugee populations in Italy, Greece, and Spain:

1-year results of the VH-COMSAVAC project

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Introduction & Aim

- **Migrants residing in Europe** who originate from regions with a mid/high prevalence of hepatitis B (HBV) and hepatitis C (HCV) might be **unaware of their status due to the inadequacy of testing and vaccination in their home countries** or complicated care pathways in their host countries.
- Migrants suffer **structural, cultural, and legal barriers to accessing healthcare** which leads to an **underutilization of services**.
- **Viral hepatitis Community Screening, Vaccination, and Care (VH-COMSAVAC)** is an EU co-funded project in Italy, Greece, and Spain which aims to **scale-up community-based HBV and HCV testing models of care among migrants and refugees** with documented mid/high incidence and prevalence using **simplified diagnostic tools** and **person-centred referral processes**. The project is ongoing and 1 year of data is presented here.

Methods

- **Study design:** Prospective cohort study
- **Timeline:** November 2022 – December 2023
- **Location:** Barcelona/Catalonia (Spain), Madrid (Spain), Athens (Greece), and Milan (Italy).
- **Implementation:** The VH-COMSAVAC model of care (Figure 1) is implemented in all settings. Each setting structured their care pathways according to operational and legal feasibility. Community health workers and intercultural mediators supported screening interventions in Spain.

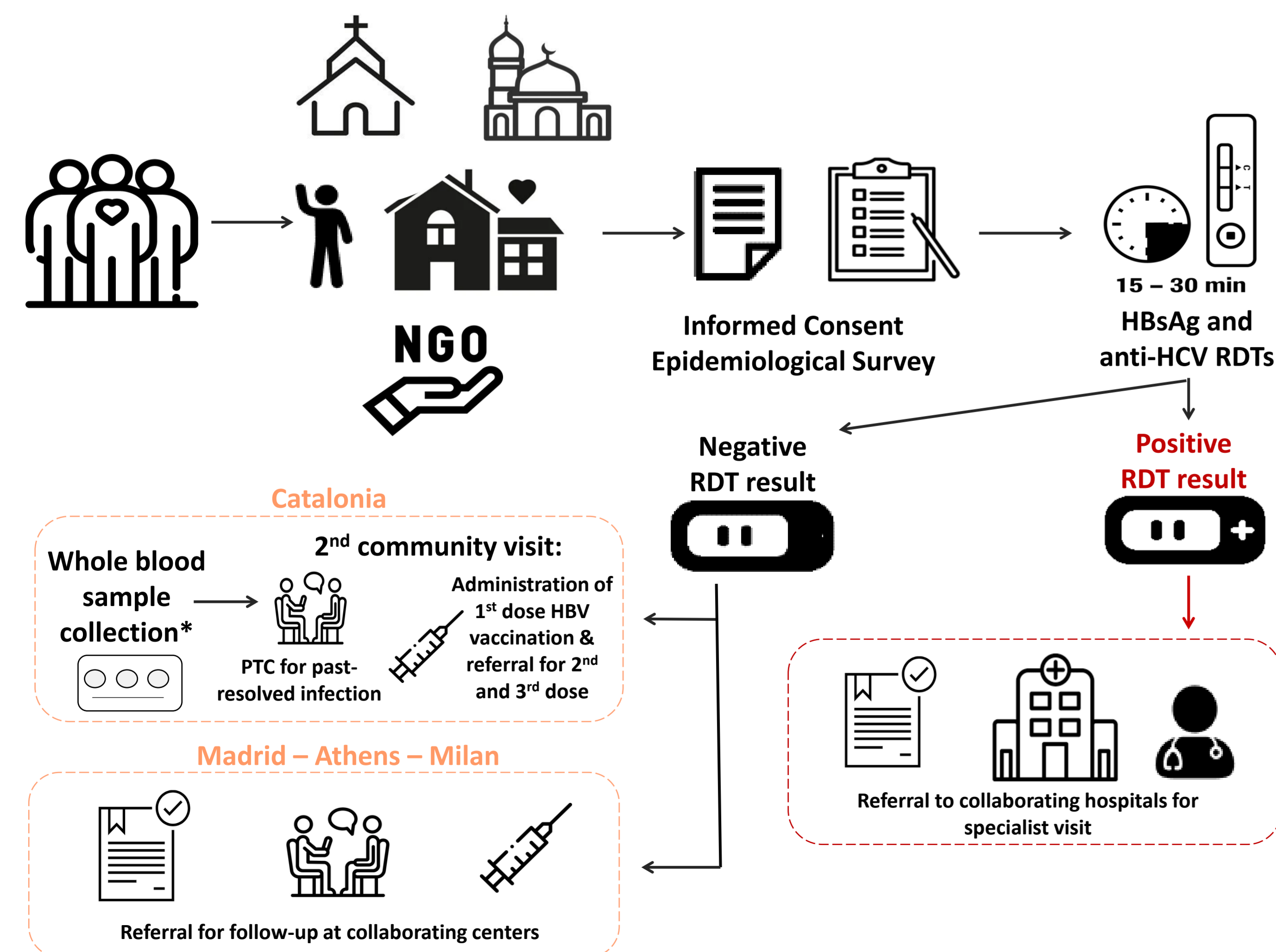
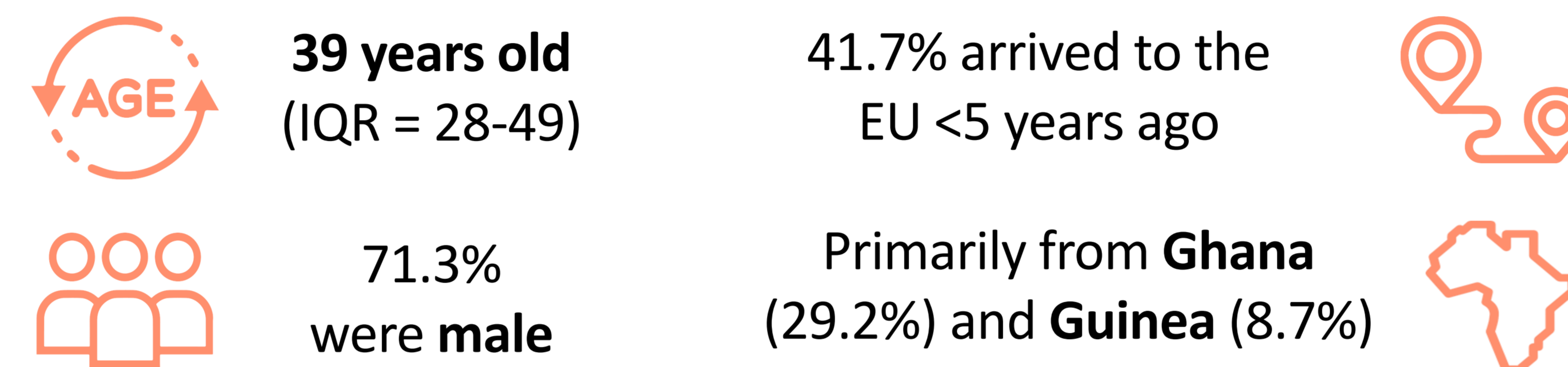


Figure 1. VH-COMSAVAC Model of care. “PTC” refers to post-test counselling.
*Performed using plasma separation cards (PSCs).

Results

Participants & Sociodemographics:

470 people were screened in Greece, Italy, and Spain.



Reported Knowledge, Screening & Vaccination:

- **Less than half (43.0%)** knew what HBV and/or HCV was.
- Only 8.3% of participants reported being fully vaccinated against HBV.

Most participants reported never having been tested for HBV nor HCV before (58.3%).

Prevalence & Risk Factors:

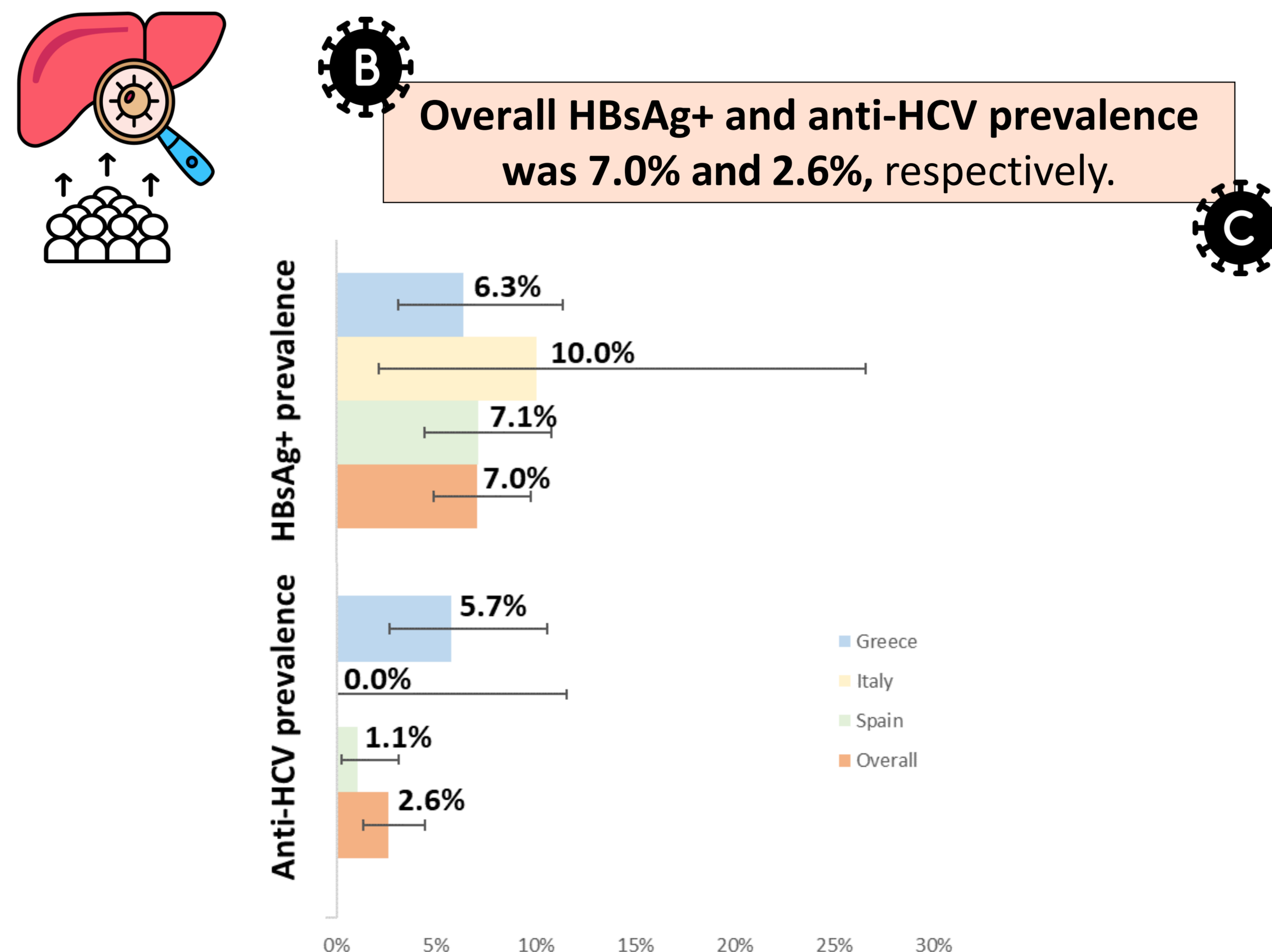


Figure 2. Overall and country-specific HBsAg+ and anti-HCV prevalence and 95% CI.

- **HBsAg+ positivity was not associated with any risk factor, but anti-HCV+ was associated with having had multiple sexual partners, an unprotected sexual encounter, and drug use ($p < 0.05$).**

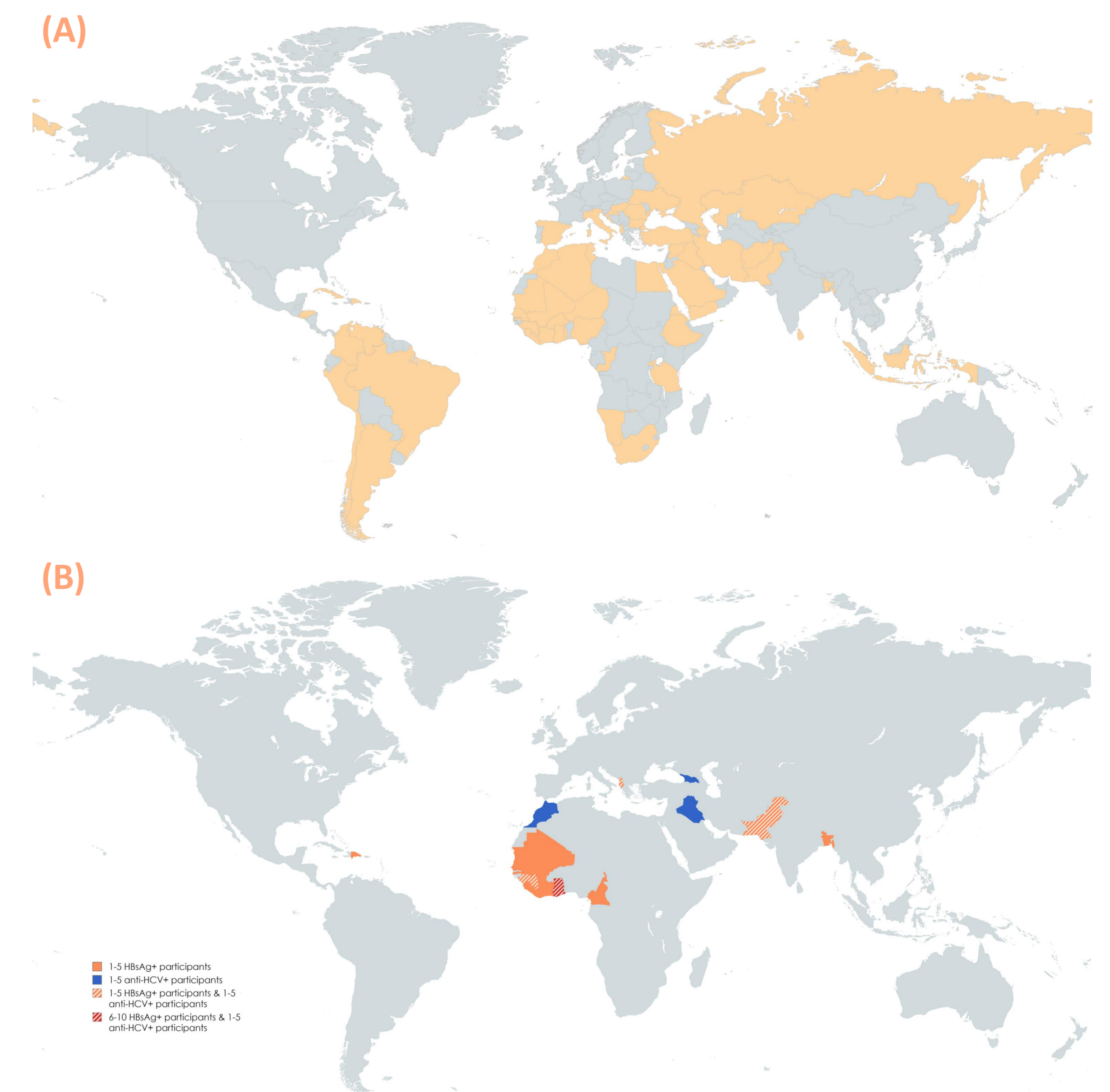


Figure 3. (A) Participants' countries of birth across all study sites
(B) HBsAg+ and anti-HCV+ participants' countries of birth.

Conclusion

Community-based viral hepatitis testing strategies which are **culturally and linguistically appropriate** are **effective models for identifying and providing care to migrant and refugee populations** at high risk of HBV and HCV infections who may otherwise not engage in care, which aligns with the 2030 WHO hepatitis elimination goal.

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