

the elimination of HCV among hemodialysis patients in 31 dialysis centers in the jurisdiction area under a Public Health Bureau of Changhua County in Taiwan.

Method: A total of 31 hemodialysis (HD) centers are managed and the micro-elimination program was implemented (led by the public authority). To overcome the barrier of HCV treatment, mobile clinics were set up at HD centers that did not have a hepatologist/gastroenterologist. This team was responsible for delivering a continuum of care from screening, diagnosis, treatment, and follow-up on site. The treatment regimen included either grazoprevir/elbasvir (GZP/EBV; Merck) or glecaprevir/pibrentasvir (GLE/PIB; AbbVie). The primary outcome includes the achievement of HCV micro-elimination, which was defined as per WHO criteria and sustained virological response rates at 12 weeks after treatment (SVR12).

Results: A total of 3,657 patients visiting Changhua County HD and peritoneal dialysis (PD) centers from Jan 2019 to Jun 2019 were screened. Among the patients, 403 (11.0%) patients were seropositive for HCV. Finally, a total of 184 viremic patients received treatment (coverage rate 89.3%). The flow chart of diagnosis and treatment is shown figure. The mean age is 66 years, ranged from 40 to 90 years old, and the longest dialysis period is 30 years. Genotype (GT)-1 patients made up 50%, and GT-2 made up about 40% of patients. Finally, 83% of patients were treated with the GLE/PIB, the others were GZP/EBV and LDV/SOF. Among the treated patients, 173 patients (94%) completed the course of treatment. Seven patients died during treatment, and 6 patients died after EOT and before SVR12. None of the death was considered to be related to DAA therapies. The response rate at EOT and SVR12 are all 100% according to per protocol analysis. Notably, we also surveyed the incidence of HCV for the 619 staff at HD centers with a coverage rate of 98.7%. Only 5 patients were positive for anti-HCV (0.82%) in which 4 patients have been already treated. Only 1 patient was viremic but has since completed DAA therapy under this program.

Conclusion: Our study has demonstrated that the novel treatment-delivery approach with mobile clinics can achieve elimination of HCV in ESRD subpopulation in a very short period of time. We hope that the success of this program would encourage the implementation of methods to accelerate HCV eradication globally.

SAT300

Unusual occurrence of hepatitis B infection in Upper Egypt

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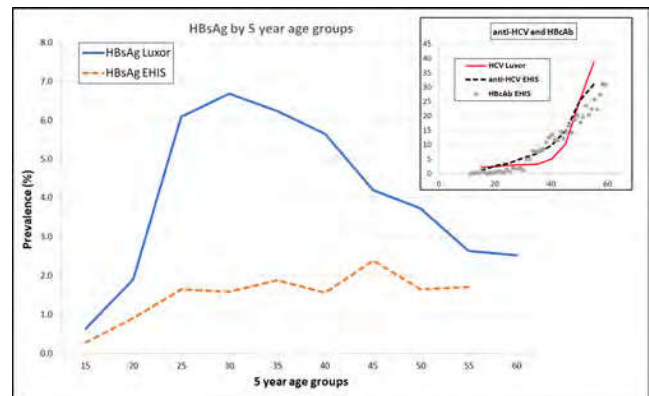
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Background and Aims: The high prevalence of HCV in Egypt is well documented. The Egyptian government has implemented a countrywide program to control HCV, which includes mass screening campaigns to diagnose and treat asymptomatic cases at a national level. Much less is known on the prevalence of HBV in Egypt.

Method: Luxor HCV Treatment Center was established in 2016 by the national Tahya Misr Fund to screen and treat HCV infection in Luxor city and the surrounding areas in Upper Egypt. The center adopted a unique mass screening program for both HBV and HCV. Participants aged 16 years and older were screened, at no cost, for anti-HCV antibodies (anti-HCV) and hepatitis B surface antigen (HBsAg) using third generation enzyme immunoassays (Enzygnost® Anti-HCV and HBsAg). This report focuses on HBV screening results in Luxor with comparison to the national level HBV results of the 2015 Egyptian Health Issues Survey (EHIS).

Results: From June 2016 to May 2017, 67,007 persons were screened for HBsAg at Luxor center, including 31,945 males (47.7%) and 35,062 females (52.3%). The mean age was 43.6 years. There were 2,947

persons (4.4%) positive for HBsAg. HBsAg prevalence was significantly higher in males versus females (6.2% vs. 2.75% OR = 2.3; p < 0.0001). The age specific pattern of HBsAg prevalence has a steep increase to age 31 (7.7%) followed by a decline to age 60. In EHIS 2015, 26,047 persons aged 1-59 years were screened for anti-HCV, Hepatitis B core antibody (HBcAb) and HBsAg, including 12,319 males (47.3%) and 13,728 females (52.7%). The overall prevalence of HBcAb was 9.9% (11.3% in males - 8.7% in females), compared to 1% for HBsAg (1.2% in males - 0.8% in females). This included 274 persons sampled from the Luxor area, in which HBcAb and HBsAg prevalence was 18% and 1.7% respectively. The age specific patterns of anti-HCV, HBcAb and HBsAg in EHIS and Luxor study are compared in Figure (1). Age specific HBsAg is higher in Luxor than the national estimates. Age specific HBcAb is strongly associated with anti-HCV in both the Luxor and EHIS estimates.



Conclusion: HBV infection is very high in Egypt as indicated by the high prevalence of HBcAb (9.9%) reported in the EHIS. Most of these infections spontaneously resolve (HBcAb positive), and 1% of the patients remain chronically infected (HBsAg positive). Our results from Luxor showed an epidemiologically significant higher HBsAg prevalence (4.4%), which is higher in males and among those in middle age. This is a source of ongoing HBV transmission in the community. HBV screening and vaccination should be strengthened in this area of Upper Egypt.

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A novel test and treat hepatitis C micro-elimination project among underserved communities in Islamabad, Pakistan

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Background and Aims: Pakistan has a large burden of hepatitis C virus (HCV) infection, and access to care and treatment is limited. In order to increase access for underserved populations, a same-day testing and treatment initiation model program for adults in marginalized communities (i.e. slums) in Islamabad was launched on March 02, 2019. We describe the early results of the program.

Method: A total of 17 slums with an estimated total population of 50,000 in Islamabad have been selected by the Ministry of National Health Services, Regulations and Coordination for the project. This project includes free of charge hepatitis C testing and treatment and utilizes trained community health workers (CHWs). The CHWs visit every dwelling in the slum and offer household members aged ≥18 years screening for hepatitis C by a rapid hepatitis C antibody (anti-HCV) test. Those that test positive are referred to an established clinic