HEPATITIS OUTREACH NETWORK (HONE): HBV AND HCV SCREENING OF EGYPTIAN POPULATIONS IN NEW YORK/NEW JERSEY WITH LINKAGE TO CARE

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Background: Hepatitis outreach network (HONE) screens foreign-born communities at risk for HBV & HCV and links to care, with community organizations and the NYC Department of Health. Methods: We offered at-risk English and Arabic speaking communities facing barriers to health care informal didactic sessions in their native languages, then trained volunteers to consent participants. All participants completed questionnaires, with demographic, clinical and family history, hepatitis risk factors, and their primary care physician (PCP). Participants were excluded if they lacked a phone number or were <18 years of age. Testing included HBsAg, anti-HBc, anti-HBs, HCV Ab and serum ALT. Results were interpreted by Mount Sinai hepatologists, and participants and PCPs were contacted via phone for follow up recommendations. Persons positive for HBV (HBsAg+) or HCV (HCV Ab+) were invited back for a medical visit. Results: 7 didactic sessions were followed by 2 screening events from June to July, 2010. 209 persons were screened, of which 182 (87%) consented to study. Of those screened 146 were from Egypt (80%) and the rest from India, Morocco, Pakistan and Tunisia. Mean age was 43y (range 18-78) and 63% were male. Mean ALT was 27 U/L (range 3-132); mean BMI 29. 26 subjects (14.2%) were HCVAb+, and none were HBsAg+. Of those HCVAb+, 96% were from Egypt. HCVAb+ subjects had a mean ALT 38 (95% CI [23, 52]) vs. a mean ALT 22 (95% CI [18,25]) for HCV Ab- subjects, (p<0.0001). 112 (61.5%) subjects had all HBV markers negative, indicating an opportunity to vaccinate. 52.7% were uninsured and 50.3% did not have a PCP. All participants were contacted with their results and given recommendations, including HBV vaccines and further testing and treatment if HCV+. 6 patients have been invited for a standardized follow up visit. Conclusions: Among Egyptian and Middle Eastern/South Asian communities screened in NY/NJ in 2010 for HONE, the overall HCV prevalence was 14.2% with 61.5% opportunity to vaccinate against HBV. This establishes the importance of ethnic urban screening programs that partner with public and community providers to ensure detection of disease and linkage to care.