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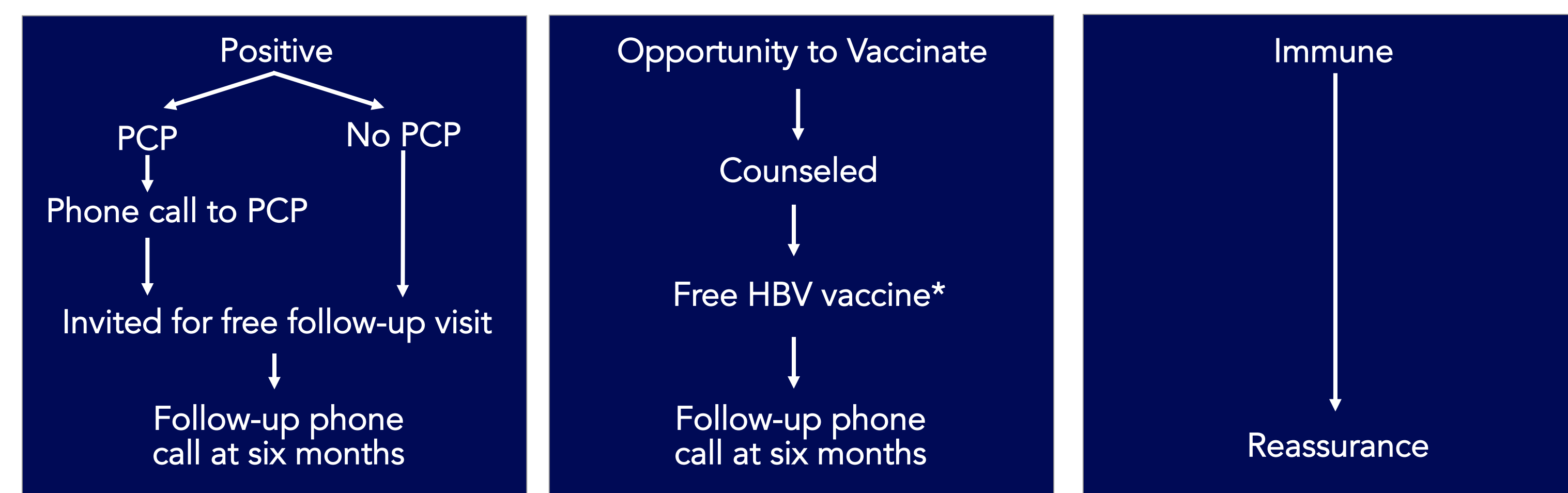
BACKGROUND & AIMS

- ▶ Hepatitis Outreach Network (HONE) is a community viral hepatitis and link to care study targeting ethnic, foreign-born adults in New York City (NYC) at risk for hepatitis B (HBV) and hepatitis C (HCV).
- ▶ HONE, with African Services Committee (ASC), a community based organization, provided targeted HBV and HCV screening and patient navigation to Africans in NYC.
- ▶ The aims of the study are to:
 - Raise awareness of HBV and HCV in African-born communities,
 - Create a viral hepatitis screening initiative in collaboration with community partners,
 - And establish a link between screening and follow-up.

METHODS

- ▶ **Awareness and Screening – October 2011 to August 2014**
 - Delivered cultural and linguistic appropriate education followed by screening Monday thru Friday at ASC's Counseling & Testing Center in Harlem, NYC.
 - Eligibility: >18 years of age, not currently pregnant, with working phone
 - Self-administered survey
 - Blood tests: HBsAg, HBsAb, HBcAb, HCV Ab
- ▶ **Culturally Targeted Patient Navigation**
 - Trained, professional patient navigator from Senegal
 - Multilingual: French, English, Wolof, and Serere
 - Contacted and counseled patients on test results
 - Made appointments, provided reminders and accompanied patients on follow-up
 - Navigated patients to partnering health centers for continued care.
- ▶ **Follow-Up and Link to Care**
 - Participants called with results
 - HBV-positive = HBsAg (+); offered free, comprehensive evaluation
 - Vaccine-eligible = HBsAg (-), HBcAb (-), HBsAb (-); offered HBV vaccine*
 - Six (6) phone calls at different times of the day are made to reach a HBV-positive individual; if no response, patient is lost to follow-up.

Screening and Follow-Up



RESULTS

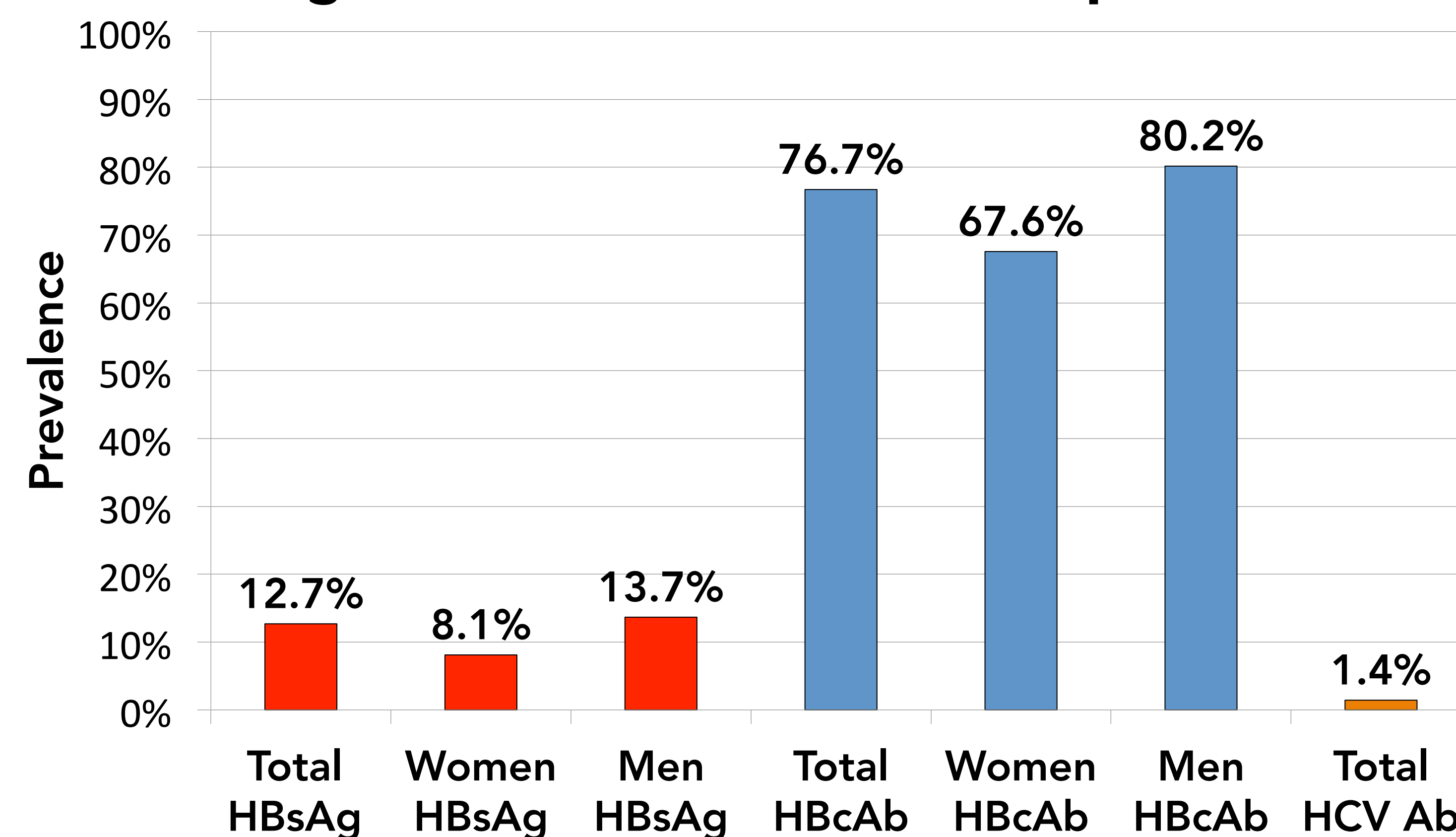
- ▶ 2860 individuals from 95 intermediate-high prevalence countries consented and screened; 58% African, 15% East Asian, 27% from Latin America, Caribbean, Middle East and South Asia.
- ▶ 1670 African-born participants consented and screened

Baseline Characteristics, Africans	n (%)	National Average*
Median age in years (IQR)	45 (35, 54)	37.2
Gender, male	1119 (67.0%)	49.4%
Insured	378 (22.6%)	86.6%
Medicaid/Medicare	176 (46.6%)	34.3%
Private	45 (11.9%)	64.2%
Uninsured	1292 (77.4%)	11.4%
Primary care physician	385 (23.1%)	82.6%
Educational Attainment		
High school or less	1034 (61.9%)	87.1%
Associate/Bachelor degree	308 (18.4%)	41.5%
Post-graduate degree	147 (8.8%)	11.6%
Median years in US (IQR)	12 (4, 20)	N/A

*Data from United States Census available at <http://www.census.gov>

- ▶ 212 (12.7%) Sub-Saharan African-born HBV-positive
 - 221 (13.2%) eligible for HBV vaccination [sAg (-), cAb (-), sAb (-)]
 - 156 (9.3%) had evidence of HBV vaccination [isolated sAb (+)]
 - 253 (15.1%) had evidence of exposure with isolated cAb (+)
- ▶ Total of 269 (9.4%) tested positive for HBV; 48 (84.2% of Non-Africans) from East Asia.

HBsAg, HBcAb, and HCV Ab Seroprevalence



RESULTS

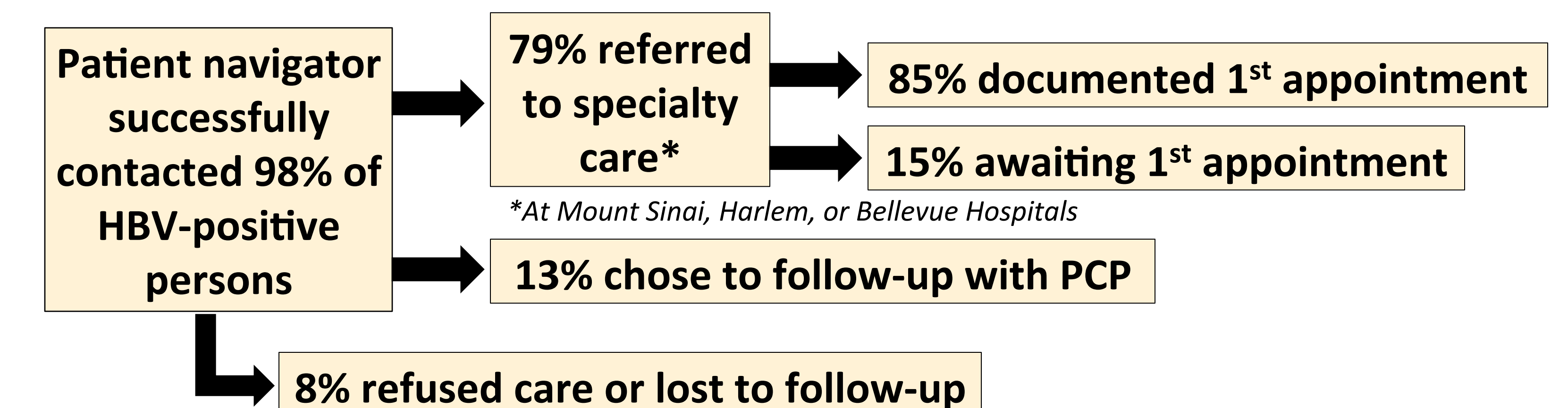
Univariate Analysis: African vs. Non-African Cohort

	African, n (%)	Non-African, n (%)	p-value ^a
HBV Infection	212 (12.7%)	57 (5.5%)	< .0001
HBV Exposure	1259 (75.4%)	345 (33.5%)	< .0001
Insured	378 (22.6%)	379 (36.9%)	.001
Has PCP	385 (23.1%)	405 (39.4%)	< .0001

Univariate Analysis: Risk Factors for African Cohort

	HBsAg(+)	HBsAg(-)	p-value
Body Piercing	212 (12.7%)	57 (5.5%)	< .0001
Tattoos	1259 (75.4%)	345 (33.5%)	< .0001

^aPearson's Chi

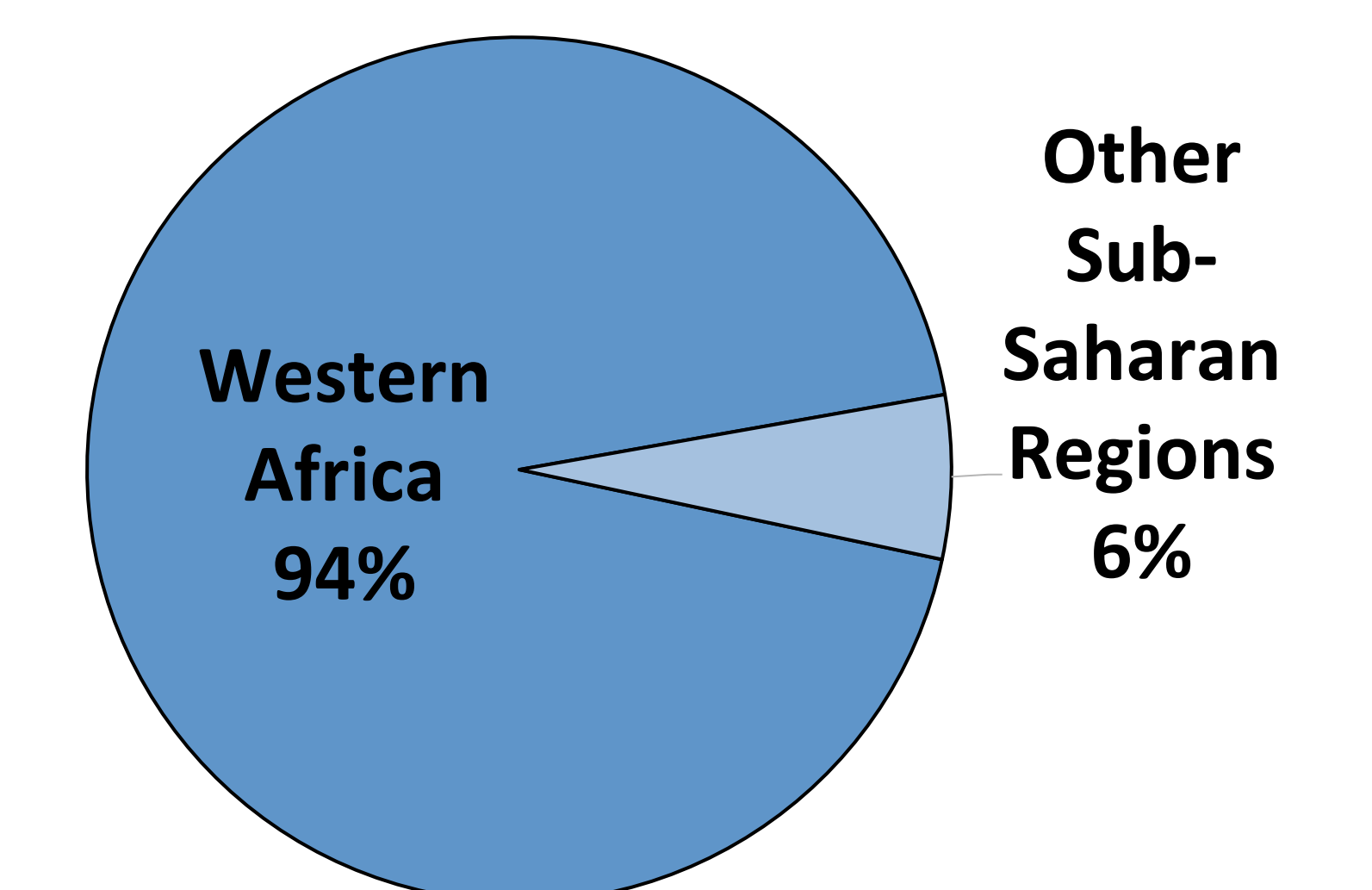


*At Mount Sinai, Harlem, or Bellevue Hospitals

CONCLUSIONS

- ▶ The high chronic hepatitis B virus prevalence among African immigrants underscores a need for further outreach and screening in this at-risk population. The study also demonstrates the effectiveness of culturally targeted patient navigation in linking at-risk African persons to access hepatitis care.
- ▶ Due to the recent outbreak in of Ebola in West African countries, screening programs like this may be affected due to concerns for specimen collection and handling.

Distribution of Countries of Origin for African Participants



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