HEPATITIS B AND D TESTING AND PREVALENCE IN A SWISS NATIONAL COHORT OF PEOPLE ON OPIOID AGONIST THERAPY

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Background

People who have used or continue to use drugs are at increased risk of blood borne virus infections, such as hepatitis B (HBV) and D (HDV). Both viruses can cause chronic hepatitis (CHB and CHD respectively).

HDV requires the presence of HBV to propagate. Worldwide, approximately 5% of those with CHB have HDV coinfection, which accelerates disease progression in 70-90% of cases. This leads to earlier progression to cirrhosis and an increased risk of hepatocellular carcinoma.

Screening allows HBV vaccination of those at risk and treatment for those with CHB and CHD infections.

Methods

The Swiss Association for the Medical Management in Substance Users (SAMMSU) cohort (www.sammsu.ch) is a nationwide open cohort. Between 2013 and 06.01.2025 (database extraction), 1500 patients with current/previous opioid agonist therapy have been enrolled.

We investigated the proportion of patients screened for HBV and HDV, HBV and HDV prevalence and immunity against HBV.

Conclusion

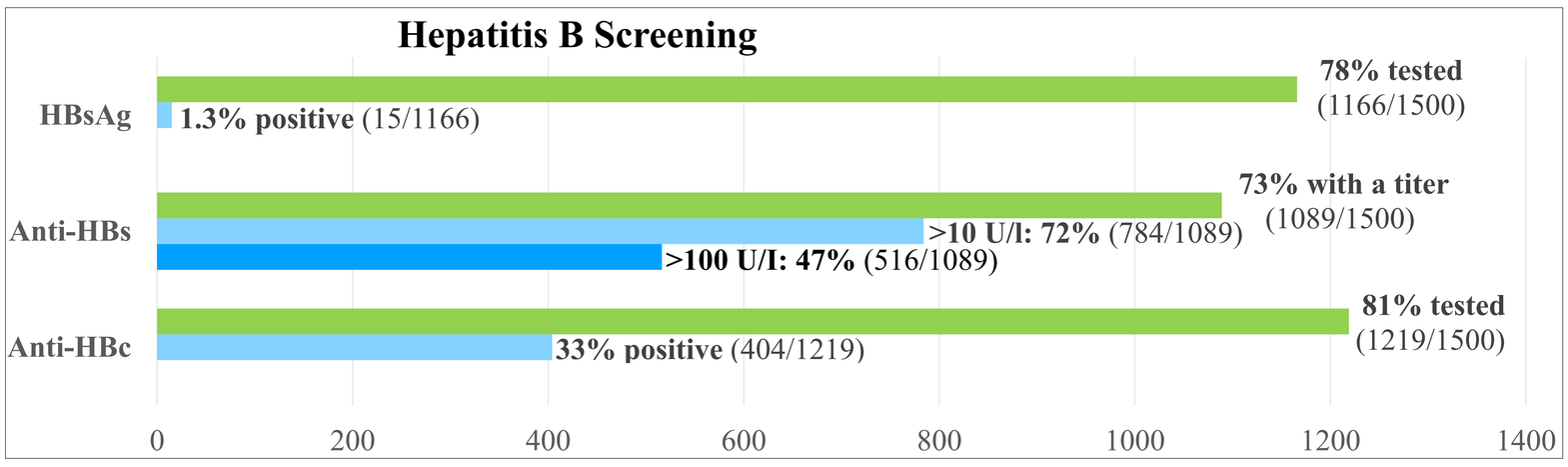
With 20% lacking HBV serology and 27% unprotected against HBV, screening and vaccination up-take must be improved.

While one-third has been naturally infected with HBV, CHB prevalence is <2%.

With a low HDV screening rate (<50%) and a high coinfection rate (50%), double reflex testing for HDV should be discussed.

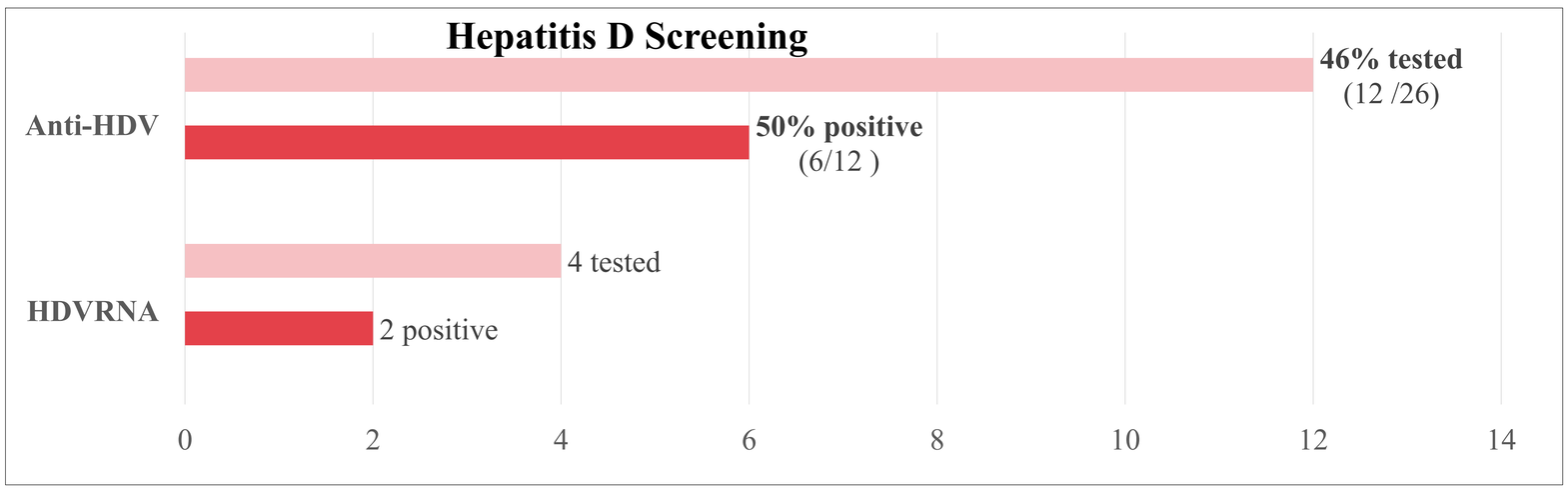
Results

Of the 1500 participants, 76% (1135) were male and 97% (1462) white. The median age at registration was 44 years (IQR: 36-51). 73% ever injected drugs and 90% ever had intranasal drug use.



27% (400/1500) were neither anti-HBc-positive, anti-HBs-positive nor HBV-vaccinated, and thus unprotected against HBV.

CHB prevalence (either ever HBsAg or HBV-DNA positive) was 1.7% (26/1500). Less than 50% of the 26 patients with chronic hepatitis B were screened for hepatitis D. Among those screened, 50% were anti-HDV-positive.



Overall, 29 patients were ever anti-HDV-tested and 31% (9) positive.

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