

The cascade of care for patients with chronic hepatitis delta in Southern Stockholm, Sweden for the past 30 years

Habiba Kamal 1,2, Karin Lindahl 1,2, Michael Ingre 2,3, Caroline Gahrton 1,2, Kerstin Karkkonen 2, Piotr Nowak 1,2, Jan Vesterbacka 1,2, Per Stål 1,4,

Heiner Wedemeyer 5, Ann-Sofi Duberg 6, Soo Aleman 1,2

1. Department of Infectious Diseases, Karolinska University Hospital, Stockholm, Sweden. 2. Department of Medicine Huddinge, Karolinska Institute, Stockholm, Sweden
3. Centre for Bioinformatics and Biostatistics, Karolinska Institute, Stockholm, Sweden. 4. Department of Upper GI Diseases, Karolinska University Hospital, Stockholm, Sweden.
5. Department of Gastroenterology and Hepatology, University of Hannover, Germany. 6. Department of Infectious Diseases, Örebro University Hospital, Örebro, Sweden

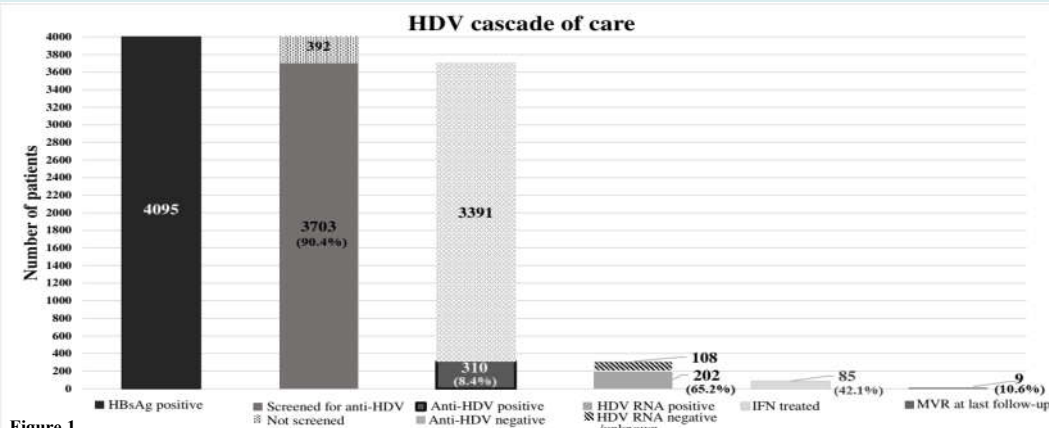


Figure 1

Conclusions

- A rather high screening rate of anti-HDV at 90% could be seen at KUH. This may be attributed to a standardized routine of care for patients with CHB, with initial visits to a specialized hepatitis nurse with standard package of blood tests.
- Receiving a delayed screening test was associated with worse liver-related outcomes, stressing the need of a strategy for timely HDV diagnosis.

Introduction

Previous studies have shown a suboptimal screening rate for HDV among persons with chronic hepatitis B (CHB) in different levels of care and settings.

Aim

To study the frequency of and predictors to receive an anti-HDV test among HBsAg +ve persons at Karolinska University Hospital (KUH). Also, the cascade of care for anti-HDV +ve persons was assessed.

Methods

The screening rate from years 1970 to 2022 was analyzed. The associations of baseline variables and risk factors to receive a screening test, and whether a delayed screening was associated with worse liver-related outcomes were assessed using logistic regression models.

Results

- Among 4095 HBsAg +ve persons (see Table 1 for baseline characteristics), 3703 (90.4%) underwent an anti-HDV screening. Anti-HDV were positive in 310 (8.4%), of which 202 (65.2%) were HDV RNA +ve. Eighty-five (42%) received IFN, and 9 (10.6%) achieved maintained virological response (MVR) at the last follow-up (Figure 1).
- The median duration to receive a screening test was 1.8 months (range 0.0–57.1) after CHB diagnosis, and 2513 (67.9%) patients were screened within 2 years.
- The proportion of patients screened increased, and the time to an anti-HDV test decreased significantly with study periods (Figure 2 and 3).

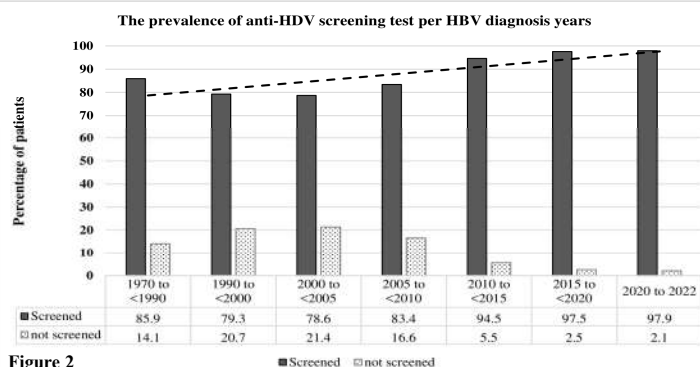


Figure 2

Table 1: Baseline characteristics of patients diagnosed with positive HBsAg grouped by ever receiving an anti-HDV screening test.

Parameter, proportions per column	All HBsAg positive	HDV tested	No HDV tested	P-value
Number, (%)	4095 (100)	3703 (90.4)	392 (9.6)	<0.001
Men, n (%)	2292 (56.0)	2067 (55.8)	225 (57.4)	0.55
Women, n (%)	1803 (44.0)	1636 (44.2)	167 (42.6)	0.63
Age at HBV diagnosis, median (IQR)	32.8 (25.3–42.2)	32.8 (25.4–42.3)	32.2 (24.2–42.0)	0.11
Age at HDV testing, median (IQR)	36.3 (28.9–45.7)	36.3 (28.9–45.7)	na	na
Area of origin, n (%) per row				
America/South America	35 (100)	29 (82.9)	6 (17.1)	
Africa	965 (100)	875 (90.7)	90 (9.3)	
Asia	1934 (100)	1777 (91.9)	157 (8.1)	
Europe	599 (100)	523 (87.3)	76 (12.7)	
Eastern Mediterranean [§]	511 (100)	468 (91.6)	43 (8.4)	
Not available (missing)	562 (100)	499 (92.0)	63 (11.1)	
Co-infection/known risk factor, n (%) per column				
Co-infection with HCV	66/4073 (1.6)	57/3684 (1.5)	9/389 (2.3)	0.26
Co-infection with HIV	132/3754 (3.2)	102/3411 (2.1)	30/343 (8.7)	<0.001
Eligible per AASLD criteria ^o	3357 (82.0)	3090 (83.4)	267 (68.1)	<0.001

Figure 3: Proportion of patients with positive HBsAg (n=3703) by time to screening anti-HDV test

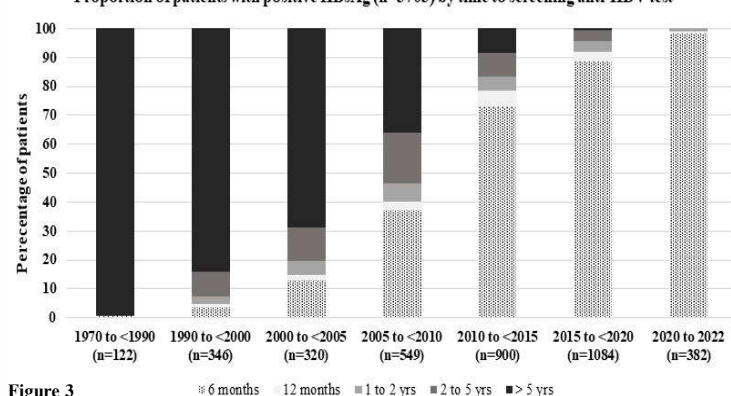


Figure 3

Table 2: Logistic regression analysis of variables associated with developing any liver-related event defined as HCC, decompensation event, liver transplantation and/or liver-related death (n=53) in patients with HDV RNA replication (n=202)

Parameter	Univariable	P-value	Multivariable	P-value
	odds ratio, 95% CI		odds ratio, 95% CI	
Age at HDV diagnosis (continuous scale)	1.07 (1.04–1.10)	<0.001*	1.04 (1.00–1.07)	0.05
Male vs female	1.69 (0.88–3.24)	0.11		
Asian vs non-Asian	1.55 (0.66–3.62)	0.32		
HCV co-infection	0.83 (0.29–2.38)	0.73		
HIV co-infection	2.18 (0.35–13.49)	0.40		
Known route of transmission	0.84 (0.32–2.19)	0.73		
Diagnosis of cirrhosis	33.00 (11.18–97.40)	<0.001*	34.0 (10.94–105.66)	<0.001
IFN exposed vs non-exposed	2.13 (1.11–4.9)	0.02*	0.96 (0.39–2.39)	0.93
Maintained virological response	1.37 (0.51–3.70)	0.54		
Reference anti-HDV screening < 2 years after HBV diagnosis	--	--	--	--
Anti-HDV screening 2–<5 years	2.48 (0.75–8.26)	0.14	3.46 (0.62–19.47)	0.25
Anti-HDV screening ≥ 5 years	3.47 (1.35–8.96)	0.01*	7.58 (1.82–31.58)	0.01