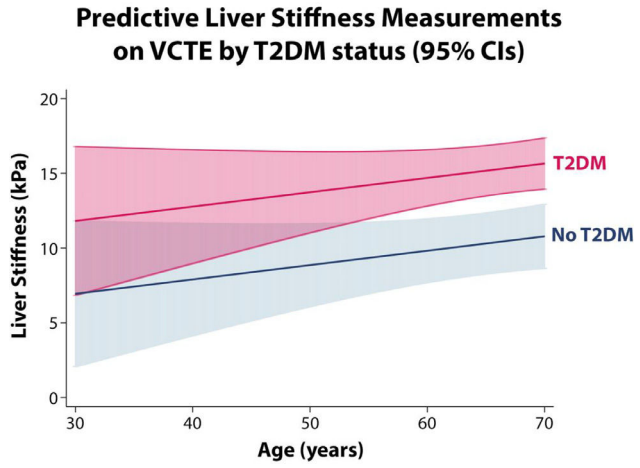
Figure. Adjusted association between age and liver stiffness measurement by vibration-controlled transient elastography (VCTE), according to the presence or absence of type 2 diabetes mellitus (T2DM). Model was adjusted for sex, body mass index, hypertension, and dyslipidemia. Higher stiffness values indicate greater hepatic fibrosis.



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#119

SOCIAL AND HEALTH VULNERABILITY ANALYSIS AMONG PEOPLE WHO INJECT DRUGS IN ARMENIA, COLOMBIA

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Introduction and Objectives: People who inject drugs (PWID) face significant barriers to accessing healthcare, which increases their vulnerability to infections such as hepatitis C virus (HCV). Stigmatization, marginalization, and unsafe injection practices further elevate the risk of infection and hinder opportunities for timely diagnosis and treatment.

Objective: To characterize social and health vulnerability among PWID in Armenia, Colombia, and to determine the prevalence of HCV infection according to vulnerability levels.

Materials and Methods: A cross-sectional study was conducted using Respondent Driven Sampling (RDS) among 205 PWID between may 2024 and october 2024. Sociodemographic, drug use, and health condition data were collected through structured interviews. Rapid anti-HCV testing was performed, with confirmatory HCV RNA testing. A social vulnerability index was constructed using K-means cluster analysis to classify participants into low, medium, and high vulnerability groups.

Results: The HCV antibody testing was positive in 84% (172/205 cases).

The overall prevalence of HCV (with detectable viremia by quantitative measurement of HCV RNA) was 54.15% (111/205 cases).

High vulnerability was observed in 44.88% of participants and was significantly associated with higher HCV prevalence (29.35%; p=0.025). Key vulnerability factors included a history of incarceration (43.9%) and homelessness (40.49%). Most participants had low educational attainment (48.29% completed only primary education) and reported low monthly income levels.

Conclusions: There is a high burden of HCV infection among PWID in Armenia, particularly among those with higher social vulnerability. These findings highlight the urgent need for harm reduction strategies, systematic screening, and expanded access to antiviral treatment for highly marginalized populations.

Conflict of interest: Yes, 1. JAVIER HERNANDEZ-BLANCO: Gilead research grant, Gilead Speaker.

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#124

REVIRAL: ROADMAP FOR THE ELIMINATION OF VIRAL HEPATITIS IN LATIN AMERICA

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Introduction and Objectives: Viral hepatitis elimination remains a major challenge in Latin America due to disparities in access to diagnosis, treatment, and follow-up. The REVIRAL study aims to assess disease burden, evaluate healthcare delivery models, and propose strategies to achieve elimination targets.

Materials and Methods: REVIRAL is a multicenter, retrospective study combining database review and prospective surveys targeting healthcare professionals and patient organizations across 22 countries. Key focus areas include: hepatitis B, C, and D epidemiology in high-risk groups; identification of diagnosed but untreated individuals; evaluation of screening methods for the general population; analysis of national plan coverage; availability of diagnostic tools and treatment access; and implementation of microelimination strategies in priority settings.

Results: Findings reveal major disparities in regional responses. Thirteen countries report a national plan, but implementation varies. Health systems range from full public coverage to patient-funded models. Serology for hepatitis B and C is widely available, but molecular testing is fully accessible in only 10 countries. Universal high-risk screening exists in five nations but lacks territorial consistency. Six countries have microelimination strategies in prisons or dialysis centers, though not widespread. Treatment is free in nine countries; elsewhere, patients bear significant costs, with uneven coverage. Hepatitis B vaccination rates are optimal (≥75%) in only 10 countries. Treatment registries are scarce, limiting impact evaluation. Access delays range from 2–6 months. Despite effective therapies, only 10–20% of diagnosed patients receive treatment, indicating persistent economic, administrative, and equity barriers.

Conclusions: REVIRAL highlights the urgent need to strengthen surveillance systems, enhance inter-agency coordination, and promote equitable access to care. Key recommendations include establishing real-time monitoring, optimizing patient identification, and tailoring strategies to each country's context.

Conflict of interest: None

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#134

VALIDATION OF AGILE-3+ AND AGILE-4 SCORES FOR NONINVASIVE DETECTION OF FIBROSIS AND CIRRHOSIS IN METABOLIC DYSFUNCTION–ASSOCIATED STEATOTIC LIVER DISEASE IN LATIN AMERICA

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Introduction and Objectives: Early detection of liver fibrosis in Metabolic Dysfunction–Associated Steatotic Liver Disease (MASLD) is crucial for preventing progression to cirrhosis. The Agile-3+ and Agile-4 scores are designed to identify advanced fibrosis and cirrhosis, respectively, but their performance in Latin American populations is unknown. This study aimed to validate Agile-3+ and Agile-4 scores in predicting advanced fibrosis and cirrhosis in a well-characterized cohort of Latin American patients.

Materials and Methods: Multicenter cross-sectional study with 770 patients from 10 centers across Brazil, Argentina, Chile, and Mexico, all diagnosed with MASLD per 2023 criteria. Liver fibrosis was