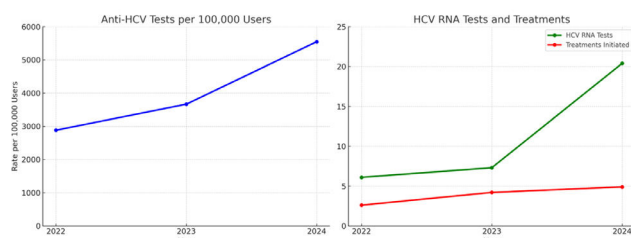


Hepatitis C Cascade Indicators per 100,000 Users (Uruguay, 2022–2024) – Adjusted



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#109

CHARACTERIZATION OF PATIENTS CO-INFECTED WITH HEPATITIS C AND HIV IN THE NORTH REGION OF BRAZ

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Introduction and Objectives: Patients co-infected with Human Immunodeficiency Virus (HIV) and hepatitis C virus (HCV) are at higher risk of unfavorable outcomes, such as accelerated development of liver fibrosis and cirrhosis, as well as increased morbidity and mortality.

To describe the profile of patients co-infected with hepatitis C and HIV in the North region of Brazil between 2013 and 2023.

Materials and Methods: A descriptive, cross-sectional study using data from the Notifiable Diseases Information System (Sinan) for the period from 2013 to 2023. The variables analyzed were sex, race, and education level. Descriptive statistical analysis was performed to characterize the profile of the cases.

Results: A total of 420 cases of co-infection with hepatitis C and HIV were identified. The majority were male (69.0%) and self-declared as "pardo" (brown/mixed-race) (81.4%). Regarding education level, 26.2% of the records were unknown; among the available data, those with complete high school education (19.0%) and 5 to 8 incomplete years of study (18.1%) stood out. In terms of geographical distribution, Amazonas had the highest proportion of cases (38.8%), followed by Pará (29.5%) and Rondônia (16.7%).

Conclusions: The data indicate a predominant profile of co-infection among men, "pardo" individuals, and those with low education levels, with a concentration in the state of Amazonas. These findings reinforce the need for specific prevention, diagnosis, and care strategies aimed at the most vulnerable populations in the North region.

Conflict of interest: None

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#110

DATA OMISSION IN COMPULSORY NOTIFICATION FORMS RELATED TO HEPATITIS A, B AND C AND HIV CO-INFECTION

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Introduction and Objectives: Co-infection with Human Immunodeficiency Virus (HIV) and hepatitis C virus (HCV) represents a significant public health challenge in Brazil, as it is associated with worsening clinical outcomes, such as accelerated progression of liver disease and increased morbidity and mortality.

To describe the rate of incomplete reporting related to HCV and HIV co-infection among individuals notified between 2013 and 2023 in the North region of Brazil.

Materials and Methods: This is a descriptive, cross-sectional study conducted using data from the Notifiable Diseases Information System (Sinan) database for the period from 2013 to 2023. The variables used were viral hepatitis classification and co-infection with HIV. Subsequently, a descriptive analysis was performed to identify omissions in the HIV co-infection variable in viral hepatitis notifications.

Results: A high number (18.6%) of data omissions was observed regarding HIV and viral hepatitis co-infection. Among the types, the highest omission rate was observed in hepatitis A notifications (21.7%), followed by hepatitis C (20.3%) and hepatitis B (17%). Among the states, Roraima showed the highest percentage of omission of information on HIV diagnosis (23.2%).

Conclusions: The data reveal a significant percentage of omissions regarding the investigation of HIV co-infection in viral hepatitis notifications, especially for hepatitis A (21.7%), C (20.3%), and B (17%). This weakness in the completeness of information compromises epidemiological surveillance and health action planning.

Conflict of interest: None

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#111

IMPACT OF HEPATITIS A VACCINATION IN PRIORITY ADULT GROUPS AS AN OUTBREAK CONTAINMENT STRATEGY IN BRAZIL

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Introduction and Objectives: Viral hepatitis A (HAV) is an infection primarily transmitted via the fecal-oral route. In 2016, the World Health Organization observed an increase in HAV cases in low-endemicity countries, associated with oral-anal sexual practices.

To evaluate the outcome of hepatitis A vaccination in adults from priority groups as a strategy for containing the hepatitis A outbreak.

Materials and Methods: A document analysis of state technical reports and technical notes from the Ministry of Health addressing epidemiological outbreaks in two Brazilian capitals was conducted.

Results: In Brazil, there were HAV outbreaks in São Paulo (2017) and Curitiba (2024), with similar characteristics and a predominance of cases in adult males via sexual transmission. In São Paulo, an increase in cases was noted, with 786 reported cases, 80% of which were among individuals aged 18 to 39. In 2018, a reactive vaccination campaign against HAV was initiated, leading to a reduction in cases in subsequent years. In Curitiba, 315 cases were confirmed between 2023 and 2024, with 71.1% of cases in adults aged 20-39. The same strategy was initiated in June 2024, resulting in an 80% reduction in the absolute number of cases by November 2024.

Conclusions: In response to the identified outbreaks, the Ministry of Health developed strategies for adults in priority groups and implemented HAV vaccination for these groups, achieving effective outbreak control. In May 2025, given the positive outcomes, the HAV vaccine was incorporated for all users of HIV Pre-Exposure Prophylaxis (PrEP) as a preventive measure.

Conflict of interest: None

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#112

GUT MYCOBIOME IN THE SPECTRUM OF METABOLIC-DYSFUNCTION ASSOCIATED STEATOTIC LIVER DISEASE (MASLD): FROM MASH TO HEPATOCELLULAR CARCINOMA

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Introduction and Objectives: Gut microbiome (GM) dysbiosis is associated with the development and progression of metabolic-dysfunction associated steatotic liver disease (MASLD) and steatohepatitis (MASH). There is still very limited data on the gut mycobiome (GMyco). This study aims to evaluate the composition of the GMyco at different stages of MASLD.

Patients and Methods: 28 patients were included: controls (CON), n=6; MASH, n=6; cirrhosis (CIR), n=7; and hepatocellular carcinoma (HCC), n=5. Stool samples were collected and stored in a -80°C freezer for DNA extraction and sequencing (18S region). The single sequence variants (ASVs) obtained were compared to the SILVA database.

Results: 77.93% women, average BMI of 31.4 kg/m², use of antibiotics in the last 6 months (30.4%), and concurrent lipid-lowering drugs in 26.1%. MASH patients had a greater alpha-diversity (p<0.05) than CON. CON had a higher abundance of Ascomycota phylum, and MASH higher Basidiomycota. CON had higher Aspergillaceae family, while there was a higher abundance of Malasseziaceae and Sporidiobolaceae in CIR and Saccharomycetaceae in HCC. Only one ASV (genus Naganishia, previously reported as Cryptococcus) was homogeneously distributed in MASLD and absent in CON.

Conclusions: This study shows in an unprecedented way GMyco profile in the different strata of MASLD. Basidiomycetes, higher in MASH, were previously described in obese patients. For the first time, the genus Naganishia was described in this population. Our findings suggest that fungi could be a potential biological marker in the MASLD spectrum in the future.

Conflict of interest: None

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#113

NURSING CARE STRATEGIES FOR INDIVIDUALS WITH VIRAL HEPATITIS IN THE CONTEXT OF PRIMARY HEALTH CARE

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Introduction and Objectives: Nursing professionals play an important role in the prevention, diagnosis, and care of viral hepatitis in Primary Health Care. Understanding nursing practices is essential to strengthening disease elimination strategies.

To identify nursing actions in the care of people with viral hepatitis in the context of Primary Health Care.

Materials and Methods: Data were collected through a form developed by the General Coordination for the Surveillance of Viral Hepatitis and the Federal Nursing Council, sent to nursing professionals in Brazil. The data were then tabulated, entered into an electronic database, and analyzed using descriptive statistics.

Results: The sample consisted of 1,573 participants. It was found that 91.3% of nursing professionals assess users' vaccination status. However, 71.3% of nurses reported never having requested viral load or molecular tests for viral hepatitis, although 83.6% stated that doing so would simplify diagnosis and patient referrals. Regarding complementary exams, 42.8% of nurses had never made such requests, despite recognizing they have legal support based on established clinical protocols. Additionally, 47.6% acknowledged that allowing nurses to request viral load and complementary tests would simplify diagnosis and referrals, highlighting the need for training to support this role.

Conclusions: Nursing plays a strategic role in eliminating viral hepatitis within Primary Health Care. Ongoing training and professional empowerment are essential to expand access, overcome barriers, and implement the actions outlined in Technical Note 369/2020 at the local level.

Conflict of interest: None

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#114

GEOREFERENCING AS A MANAGEMENT STRATEGY FOR SITUATIONAL DIAGNOSIS OF THE TERRITORY IN THE CARE OF VIRAL HEPATITIS

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