

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

Cassio Marques Perlin¹, Melina Keingeski Belén¹, Bruno de Souza Basso¹, Beatriz Mendes Borba², Julliane Dutra Medeiros³, Francis Moreira Borges³, Bernd Schnabl⁴, Mario Reis Alvares-da-Silva¹

¹ Universidade Federal do Rio Grande do Sul. PO, Porto Alegre. Brasil.

² Universidade Federal de Santa Catarina. Florianópolis. Brasil.

³ Universidade Federal de Juiz de Fora. Juiz de Fora. Brasil.

⁴ University of California San Diego. San Diego. Estados Unidos (EEUU).

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

Joao Vítor da Silva Mota¹, Ana Paula Maciel Gurski¹, Carla Francisca dos Santos Cruz¹, Mario Peribanez Gonzalez¹, Elton Carlos de Almeida¹, Aline Alves da Silva¹, Ana Mônica de Mello¹, Nathalia da Silva Cruz¹, Isabelle Cristine de Jesus Macedo¹, José Nilton Neris Gomes¹, Leonardo Carrara Matsuura¹

¹ Ministério da Saúde, Brasil.

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

João Vítor da Silva Mota¹, Aline Alves da Silva¹, Elton Carlos de Almeida¹,