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 Saccharomycetacea 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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Introduction and Objectives: Georeferencing, by mapping geographic coordinates, helps evaluate the decentralization of health services, contributing to increased user access.

To map the network for diagnosis, treatment, and follow-up of viral hepatitis cases in the municipalities of Santa Catarina.

Materials and Methods: This is an evaluative, quantitative study with a descriptive approach. Data were collected through a questionnaire applied throughout Brazil. Santa Catarina was selected for this analysis due to the higher response rate from its municipalities. For service analysis, georeferencing techniques using geographic coordinates of institutions collected via Google Earth were employed, followed by the creation of thematic maps using QGIS software.

Results: The study covered 88.8% of municipalities. Regarding georeferencing of services, 99.2% of municipalities offer rapid tests for viral hepatitis. However, 19.5% do not collect biological material for molecular testing. Furthermore, 86.3% of municipalities do not perform molecular testing within their territory. Additionally, 46.2% of municipalities refer patients to specialized services in other municipalities for treatment. Moreover, 41.6% of the patients who require clinical follow-up also needed to travel for care.

Conclusions: Significant progress was observed in expanding access to viral hepatitis diagnosis, with nearly all municipalities offering rapid tests. However, challenges remain in decentralizing biological material collection and molecular test analysis, as well as in access to treatment and clinical follow-up. The need for patient travel compromises care comprehensiveness and hinders treatment adherence.

Conflict of interest: None

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#116

WHAT IS THE PROGNOSTIC VALUE OF A BLOOD TEST COUNT IN PATIENTS WITH ALCOHOLIC HEPATITIS?

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Introduction and Objectives: A blood test count is an accessible resource at all levels of healthcare. Few studies have evaluated its usefulness in patients with alcoholic hepatitis (AH).

The aim is to determine the association between the neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ratio (PLR) and systemic immune-inflammation index (SI-II) with 28-day mortality in patients with AH.

Materials and Methods: Longitudinal, retrospective, observational and descriptive cohort study. Subjects met criteria for AH. Patients with conditions that could alter the blood count were excluded. Absolute values of NLR: (neutrophils/lymphocytes), PLR: platelets/lymphocytes, SI-II (neutrophils x platelets/lymphocytes) were estimated.

Statistical analysis was performed with the Jamovi program. To compare clinical values, Student's T-test or Mann Whitney U test were performed. The association analysis between NLR, PLR and SI-II with 28-day mortality, were carried out using a point-biserial correlation. An ROC curve was performed using GraphPad Prism version 10.2.3 to establish the cutoff point of the NLR and determine the sensitivity and specificity.

Results: Eighty-nine patients were included, 86 (96%) men and 3 (4%) women. The mean NLR value in patients who survived was four times the value presented in patients who died within 28 days, two times for the PLR and five times for SI-II (Table 1). The cutoff point of the NLR was >12.9 (AUC 0.986), with a p value <0.0001, sensitivity 92.7% and specificity 94.1% (95% CI).

Conclusions: A blood test count is an accessible resource that could be considered a useful prognostic factor in clinical practice for alcoholic hepatitis.

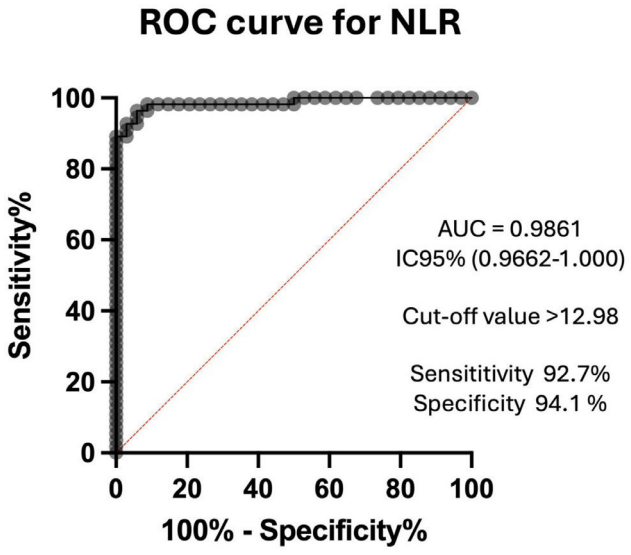
Conflict of interest: None

Table 1. Comparison table of survival at 28 days using prognostic scales.

Variable	Death in the first 28 days (n=55)	Survivors after 28 days (n=34)	p
Age	45.7 ± 9.1	46.0 ± 12.3	0.909
Leukocytes (x10^3 mm^3)	23.3 ± 8.3	11.7 ± 5.4	< 0.001
Platelets (x10^3 uL)	154.0 (84.5, 239.0)	89.5 (56.0, 158.0)	0.008
TP (s)	23.6 (19.8, 28.3)	23.6 (18.3, 29.1)	0.233
BT (mg/dL)	24.1 ± 10.7	16.4 ± 10.0	0.001
AST (U/L)	153 (101, 206)	160 (104, 244)	0.346
ALT (U/L)	54.0 (39.5, 71.5)	60.0 (40.5, 91.3)	0.646
INR	2.15 (1.79, 2.52)	2.03 (1.54, 2.67)	< 0.001
Cr (mg/dL)	2.16 (1.46, 3.54)	1.16 (0.73, 2.30)	0.004
NLR	30.5 (17.2, 32.1)	7.0 (5.0, 8.8)	< 0.001
CLIF SCORE	56.1 ± 6.6	49.3 ± 8.9	< 0.001
MADDREY	79.2 (55.5, 98.2)	69.2 (40.5, 102.0)	0.111
MELD	35.3 ± 11.5	26.8 ± 9.3	< 0.001
MELD NA	36.1 ± 9.3	28.7 ± 8.8	< 0.001
PLR	153 (116, 293)	89.5 (51.3, 104)	< 0.001
SI-II	3269 (1870, 5357)	704 (365, 1102)	< 0.001

Abbreviations: NLR: neutrophil-lymphocyte ratio, PLR: platelet-lymphocyte ratio, SI-II: systemic immune-inflammation index

ROC curve for NLR



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