

# The Vietnam Viral Hepatitis Alliance (V-VHA) dedicated to viral hepatitis initiatives in Vietnam

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## Q. Where is Vietnam?

Vietnam is a developing country in Southeast Asia

## Q. What is the current landscape of hepatitis B-C disease burden in Vietnam?

Vietnam, with a population of nearly 95 million, has one of the largest viral hepatitis disease burdens in the region and worldwide.<sup>1</sup> The hepatitis B virus (HBV) public health problem Vietnam is especially challenging. In 2015, Vietnam's Ministry of Health released the National Action Plan on Viral Hepatitis 2015-2019 in which the prevalence of chronic HBV was estimated to range from 8-25%.<sup>2</sup> In 2017, the WHO Vietnam Office and Vietnam Ministry of Health estimated that approximately 8 million (8.4%) people in Vietnam are chronic HBV carriers.<sup>3</sup> Importantly, this data was primarily based on modelling estimates of non-prospective and small-scale focused data input. Thus, the precise disease burden of HBV in Vietnam remains unknown.

Therapy for HBV comprises oral nucleoside(tide) analogues or interferon and is generally available in Vietnam. Despite the clinical benefits and relatively high safety profiles, access to and affordability for HBV treatment remain unfortunately low in Vietnam. Of the treatment eligible patients, an estimate of 1.34% (43,230/3,220,000) is on anti-viral therapy.<sup>3</sup>

Hepatitis C virus (HCV) is also a serious problem in Vietnam. The overall prevalence of HCV in Vietnam has been estimated to be in the range of 1-4.1%.<sup>3-4</sup> However, in high-risk groups, such as those who use injectable drugs, chronic HCV has been estimated to be nearly 60%. A prevalence study in 2012 covering over 8,600 samplings in ten Vietnam provinces showed low rates of HCV (~ 0.5%) among low-risk groups – voluntary blood donors, military recruits, and pregnant women.<sup>5</sup> Among intravenous drug users, rates were documented at 55.6% and among dialysis patients at 26.6%, and among commercial sex workers, the rate was 8.7% in the study.<sup>5</sup> Although the HCV genotype was seen to vary from group to group and region to region, about 60% of HCV specimens from this 2012 study were genotype 1 whereas genotype 6 comprises majority of the non-genotype 1 cases. Similar to the data on HBV treatment, the number of HCV patients who are on HCV therapy is negligible.<sup>3</sup>

Primary liver cancer is the third leading cause of deaths in Vietnam.<sup>6</sup> Up to 90% of primary liver cancer in Vietnam is due to chronic HBV or HCV infection.<sup>7</sup> If interventions for viral hepatitis are not strengthened, chronic liver disease and all cause mortalities due to HBV-HCV in Vietnam are projected to continue to rise in the next decade to 2030 and beyond.<sup>3</sup>

## **Q. What is the Vietnam Viral Hepatitis Alliance (V-VHA)?**

Vietnam Viral Hepatitis Alliance (V-VHA), a US based not-for-profit organization, was established in 2014 by a group of experienced liver specialists and business executives.<sup>8</sup> In 2017, V-VHA was granted international NGO status by Vietnam's Department of State.<sup>9</sup>

V-VHA's mission is to help reduce the public health burden of HBV-HCV. V-VHA's focus is on facilitating, advocating and supporting the design, funding, and implementation of research-based awareness, education, screening, and access to care programs, along with educational programs for individuals in community and health professionals.

## **Q. What specifically has V-VHA been doing to help address the significant disease burden of HBV-HCV in Vietnam?**

V-VHA has been partnering with the Ho Chi Minh City (HCMC) Health Department and other local institutions to establish infrastructure and capacity to deal with HBV-HCV problems in HCMC, Vietnam. We selected HCMC as the first city to launch V-VHA efforts because, HCMC, with a population of 12 million, is similar to Vietnam's national state of viral endemicity. Additionally, HCMC has no formal or established HCV or HBV care pathways.

Specifically, we established and have been developing a database with bio-repository of individuals at high risk for or already afflicted by HBV or HCV. Since 2016, this database has provided a comprehensive screening and access to care program of 5,000 adults distributed over 25 wards in HCMC.<sup>10</sup> The database is a well curated and rigorously annotated collection of demographics, KAP data (knowledge, attitudes and practices), sera and follow-up items and has utilized probability proportional to size sampling approach. As of January 2019, a total of 3,043 people of the 3,800 invited population (80%) from 19 selected sites reported to the screening sites; answered the Knowledge Attitude and Practice (KAP) questionnaires; and agreed to phlebotomy.<sup>9</sup> The unweighted screening results demonstrated: 3.48% (106/3,043) were positive for anti-HCV Ab (median age=58, range 24-89) and 7.13% (217/3,043) were positive for HBsAg (median age=47, range 18-81). Provision of linkage to care for these infected individuals is ongoing to ensure that people diagnosed with chronic HBV or HCV to be referred to appropriate information, counselling and care.

From 2019 to 2021, the current database of HBV-HCV patients has been funded and is being scaled up to include a representative sample of 20,000 adults in HCMC. To further strengthen the linkage to care, in addition to the client's phone number, two additional phone numbers from family members are also collected for future follow up.

There is currently no citywide surveillance system for viral hepatitis in HCMC. We thus continue to support and strengthen our database to become a foundational surveillance database for viral hepatitis in HCMC in the near future. Subsequently, we hope the provisional surveillance database will contribute to Vietnam's national data and their national aim of HBV-HCV elimination in the future.

## **Q. What else has V-VHA done to be more comprehensively addressing the viral hepatitis problems in Vietnam?**

It should also be noted that other programs, as parts of the comprehensive viral hepatitis efforts by V-VHA in Vietnam, that have also been implemented in HCMC are 1) Screening and Access to Care Pilot Program for health care providers,<sup>10</sup> 2) Health Education for Liver Providers in viral hepatitis (HELP) for clinical staff in HCMC and 3) viral hepatitis awareness programs including annual international scientific conference on viral hepatitis to commemorate World Hepatitis Day (July 28). We have helped organize two annual conferences that attracted 350 in its inaugural year 2016, increasing to 500 in its second year 2017. In 2018, to commemorate World Hepatitis Day, July 28, the July campaign provided free health screening and liver health consultation for 1,200 individuals at the Reunification Palace (formerly known as Independent Palace). The campaign also included HBV-HCV awareness messages through video clips produced with WHO Vietnam Office; a NoHep bikeathon (roadshow) among local university students; street signs and banners; and health education seminars.

## **Q. What are V-VHA's next major endeavors in Vietnam?**

For the immediate future, we have been mobilizing support for *"Making HBV-HCV History in Ca Mau Province, Vietnam"* a Program that we anticipate implementing during 2020-2025. Ca Mau, the province at the southernmost tip of Vietnam's inland, has a population of 1.2 million and per capita income of 1,220 USD. In comparison, Vietnam has a per capita income 2,500 USD. The local government and stakeholders in Ca Mau are very cooperative and determined to eliminate HBV-HCV.

We chose *"Making HBV-HCV History..."* as our program title to intentionally convene two themes to signify: (1) That our collective determination is to eliminate HBV-HCV from Ca Mau (i.e., make HBV-HCV things of the past); and (2) To be the first to apply the state-of-the-art HBV-HCV diagnosis and therapy so that Ca Mau emerges as Vietnam's first province free of HBV-HCV and hence become a replicable model for other severely resource-limited settings.

For the long-term goal, we continue to build the Vietnam Viral Hepatitis Alliance to become a significant, sustainable, widely recognized, and well-respected non-profit organization working to create and promote important hepatitis initiatives in Vietnam in the decade of 2030 and beyond. To us, our joint efforts to accomplish changes for the better of those living with viral hepatitis in Vietnam (through V-VHA) and in the world have no exit strategy.

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