

A concern for large-scale treatment access: High prevalence of active HCV infection among Forcibly Displaced Myanmar Nationals residing in camps, Cox's Bazar, Bangladesh

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Background

Hepatitis C virus (HCV) is a major cause of liver diseases globally. Transmission is primarily bloodborne through unsafe injections or healthcare practices. Effective treatment exists, yet access to diagnosis and treatment is limited. Few data indicated high HCV exposure among Rohingya refugees/FDMN residing in crowded camps in Cox's Bazar District, Bangladesh, where Médecins Sans Frontières is pioneering HCV services. Representative information on the prevalence of active HCV infection and exposure risk factors was lacking.

Methods

A cross-sectional survey was carried out in May-June 2023, including adults (≥ 18 years) by simple random geo-sampling (one participant per household, target sample 680), in seven camps (8W, 12, 13, 16, 17, 18, 19) in Cox's Bazar District. Participants were screened with an HCV-antibody test (SD Bioline), and active infection assessed with Xpert® HCV Viral Load test (Cepheid) if seropositive. A structured questionnaire was administered to identify risk factors of exposure.

Results

Of the 641 participants, median age was 34 years [IQR 28, 46], 66.3% were female. The estimated prevalence of HCV-seropositivity was 29.7% (95%CI: 26.0-22.8), and the prevalence of active infection was 19.6% (16.4-23.2). Multivariable regression revealed higher odds of HCV-seropositivity for female (adjusted odds ratio (aOR)=1.7 (1.0-2.6)), age groups ≥ 25 years old (aORs ranging from 2.3 to 2.9), reported medical injection(s) (aOR=1.7 (95% CI: 1.0-2.6)) or surgery (aOR=4.7 (95%CI: 1.3-16.7)). Half of participants never heard about Hepatitis C, 4.0% of viremic participants reported previous HCV treatment.

Conclusion

The survey revealed a significant burden of active HCV infection among adult Rohingya camp residents, which, extrapolated may affect an estimated 86,000 individuals. Urgent action is required to expand diagnosis and treatment to prevent advanced liver disease and transmission. A collaborative task force with camp-based health stakeholders is now underway for a mass screening and treatment initiative, as well as a camp-wide HCV awareness campaign.

High prevalence of Hepatitis C infection among Rohingya refugees urges the implementation of large-scale diagnosis- and treatment initiatives, along with awareness and health promotion campaigns.

