

REAL-LIFE BURDEN OF VIRAL HEPATITIS AND MASLD IN UNDERSERVED RURAL COMMUNITIES IN CENTRAL AND NORTH ROMANIA RESULTS FROM THE HE-RO-I PROJECT

A.M. Morariu-Barb¹, A. Bilegan², I. Minciuna³, M. Ignat³, A. Fodor³, P. Fischer³, C. Tefas³, V. Rednic³, R. Crăciun³, O. Nicoara-Farcu³, B. Petrushev⁴, S. Olafsson⁴, C. Crisan², A. Suteu², D. Chindris², A.-D. Morariu², I. Stoleru², S. Dascalescu², M. Chirtes², B.D. Procopet^{1,3}, E.S. Björnsson⁴, H. Stefanescu³
¹"Iuliu Hațieganu" University of Medicine and Pharmacy, Medical Imaging, Cluj-Napoca, Romania, ²Caravana cu Medici, Cluj-Napoca, Romania, ³Prof. "O. Fodor" Regional Institute of Gastroenterology and Hepatology, Cluj-Napoca, Romania, ⁴Landspítali University Hospital, Gastroenterology, Reykjavik, Iceland,

Introduction

As of 2023, **45.33%** of Romania's population resides in rural areas [1], many in remote regions with **limited access to healthcare and education**.

Aims & Methods:

To assess the prevalence of viral hepatitis & to evaluate MASLD in **Romania's remote rural population**

Between 2022-2024, **Caravans** were conducted in 17 villages across Central and North Romania. (Fig 1, 2)

Participants underwent:

- clinical evaluations
- blood tests (including rapid tests for hepatitis B and C)
- abdominal ultrasound
- non-invasive assessment of liver steatosis and fibrosis using ultraportable devices

Fibrosis assessment: liver stiffness measurements (LSM), FIB-4 and NAFLD Fibrosis Score (NFS).

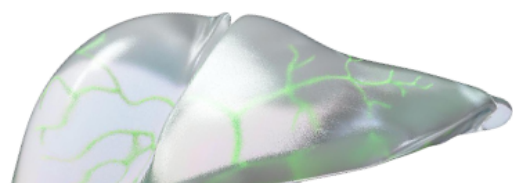


Fig 1. Liver Screening Caravan of HE-RO-I Project

Results

1,935 individuals were screened, 1,721 had blood tests, 1,692 had rapid tests for hepatitis B and C, and 1,208 underwent ultrasound.

- **MASLD** status could be assessed in 1,305 participants of whom **617 (47.3%) met the diagnostic criteria** [2].
- The prevalence of **hepatitis B** was **2.18%** and of **hepatitis C** was **3.19%**.



Cardiometabolic risk factors in MASLD

- obesity OR=5.07 [3.93–6.54], $p < 0.001$
 - diabetes OR=3.43 [2.56–4.61], $p < 0.001$
 - dyslipidemia OR=2.29 [1.80–2.91], $p < 0.001$
- Most MASLD patients had **multiple metabolic risk factors**: 30.47% had 2, 52.51% had 3 or more.

Liver fibrosis in MASLD

Median LSM and FIB-4 showed minimal variation across individual cardiometabolic risk factors.

Increasing trends of advanced fibrosis were seen with higher cardiometabolic burden, but only **NFS** demonstrated differences between risk groups ($p=0.0025$ for 1 vs 3+, $p=0.0012$ for 2 vs 3+).



Fig 2. a). Romanian Counties where Caravans took place b). Medical team c). Rapid hepatitis test d). Non-invasive liver tests

Advanced fibrosis in MASLD

- LSM 6.24% (vs. 3.29% in non-MASLD, $p=0.001$)
- FIB-4 5.3% (vs. 6.1% in non-MASLD, $p=0.144$)
- NFS 7.8% (vs. 4% in non-MASLD, $p < 0.001$)

Dyslipidemia was associated with the highest prevalence of advanced fibrosis based on LSM (6.86%) and NFS (8.44%) and **diabetes or prediabetes** based on FIB-4 (3.56%).

Diabetes was present in over 90% patients with advanced fibrosis

Conclusion

Romania's remote rural communities have a substantial burden of **preventable and underdiagnosed diseases**.

Prevalence of hepatitis B and C was **at or above** national estimates → need of expanded screening and vaccination.

MASLD affected **nearly half** of this large rural cohort and more than 80% had multiple metabolic risk factors.