

Implementation of telehealth for viral hepatitis care during COVID-19 pandemic in Myanmar: lessons of a non-governmental clinic

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Background

Viral hepatitis services in Myanmar faced challenges due to COVID-19 restrictions and civil unrest. Myanmar Liver Foundation(MLF), a non-governmental organisation, adapted their service during COVID-19. We explored the service adaptations, including telehealth, for providing viral hepatitis care by the central MLF clinic.

Analysis

We conducted document review of the clinic activities, including information on hepatitis B(HBV) and C(HCV) testing, treatment, and vaccination. We interviewed MLF staff on service adaptations and implementation experiences of telehealth.

Results

The central clinic in Yangon provided a total of 2300 HBV screening tests, 1420 HBV vaccinations, 23 free-of-charge and 340 cost-sharing HBV treatment, and 280 free-of-charge and 90 cost-sharing HCV treatment between March 2020 and September 2021. Clinic staff were divided into two teams to run the clinic alternately in the initial periods of COVID-19 in 2020 to reduce contact and ensure continuity of care. When the clinic was closed during a spike in COVID-19 cases, the clinic adopted telehealth to provide treatment for HBV and HCV. Patient consultation and treatment initiation were virtual through Viber application, but blood testing and drug dispensing required in-person visit. The doctor provided laboratory request forms through Viber for patients to attend an external laboratory. Patients received the test results by email or collection at the laboratory and sent the results to the doctor via Viber. Drugs were dispensed for three months for uncomplicated patients or one month for patients with complications who required follow-up blood tests after one month. Challenges were

patients' unfamiliarity with technology, when two or more visits for blood testing was needed, and lack of visual aids in virtual counselling.

Conclusion

Telehealth enabled the continuation of viral hepatitis services by MLF. Mobile phone and text messaging systems will be a useful alternative to expand the coverage of telehealth to rural and remote communities.

Disclosure of Interest Statement

The authors declare no competing interest related to this abstract.