

Variations in delivery of chronic hepatitis b care to different priority ethnicities: gaps in our national response

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Background: In Australia, two-thirds of people living with chronic hepatitis B (CHB) are people born overseas in endemic countries, making particular ethnicities priority populations for CHB. The third National Hepatitis B Strategy 2018–2022 recognises primary care as a priority setting for CHB. However unlike HIV or hepatitis C, the majority of CHB treatment continues to be provided by specialists in hospital settings. This study investigated the cascade of care for CHB in an Australian primary care setting, and describes the specific cascades for priority ethnicities.

Methods: The study used routinely collected primary care practice data covering 435 practices across Victoria providing care to 1.6 million active patients. Subsets of data where ethnicity was recorded were used to assess the cascade of care for 6 priority ethnicities: Chinese, Vietnamese, Filipino, Indian, Greek, and Afghani.

Results: Only a third of the estimated 16,000 CHB patients had a diagnosis recorded in the practice software and 20% were engaged in care with 9% of monitoring and 3% of antiviral prescriptions provided in primary care. For those of one of the 6 priority ethnicity groups, uptake was lower.

These proportions varied widely among the priority ethnicities with 10-40% diagnosed with less than 5% to 15% engaged in care with varied proportion of treatment and care provided by primary care.

Conclusion: This is the first time that cascade of care estimates for CHB have been available according to ethnicity, and highlight the high variation according to priority populations. These findings add significantly to the existing evidence of inequity in access to CHB care across Australia, limiting Australia's ability to meet its national and global elimination targets. Acceleration of CHB responses must include a specific focus on increasing access to CHB management in primary care, especially for people from ethnicities currently experiencing inequitable levels of care.

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