

SUPPORTING PEOPLE LIVING WITH CHRONIC HEPATITIS B IN THE MYANMER COMMUNITY



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Background



Myanmar community

- A new emerging community, the majority of which are refugees
- Very diverse: many languages and ethnic groups
- More people don't speak English well or not at all: 37.7% **vs** 10.5% all overseas born¹
- More people have no educational attainment: 12.6% **vs** 2.0% all overseas born²
- Very little knowledge and understanding of hepatitis
- Language and culture are two well-recognised barriers for people accessing information and services



Case one

- 36-year-old refugee man came to Australia in 2010 with his wife and four children
- Diagnosed with hepatitis B after attending our hepatitis workshop in 2012
- Wanted to stop treatment after two years because of a false belief of "being cured" due to "undetectable" viral load
- Visited the family and explained the meaning of "undetectable" and possible serious consequences if stopping treatment; provided education to the family and enlisted them to support the client
- The man has continued his treatment until today

We have helped a number of people to stay on treatment despite various challenges in their life



Case two

- 42-year-old refugee single man came to Australia in 2014 with 3 children
- Diagnosed with hepatitis B after attending our hepatitis workshop
- Four years later he was diagnosed with liver cancer as he was on and off treatment for the last six months during a 3-year treatment period; also had drinking problems
- The man didn't disclose his diagnosis until he had been diagnosed with liver cancer; he contacted us for help
- Linked his children to other support services
- He passed away shortly after contacting us

This tragedy could have been avoided if the man was linked to our service earlier to help him understand the importance of continuation of medication and to address his drinking problems