

Clinical characteristics of sex workers and men who have sex with men, living with CHB, attending a publicly funded sexual health service.

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Background: Chronic hepatitis B (CHB) disproportionately affects people of culturally and linguistically diverse (CALD) backgrounds in Australia. Many patients living with CHB and attending Sydney Sexual Health Centre (SSHC) are sexually active, young and experience good health. These patients are often challenged by low health literacy and do not have access to Medicare, therefore limiting their access to routine primary healthcare. SSHC has enhanced its FibroScan clinic (FSC) to better meet the needs of this population by providing a holistic multidisciplinary model of care to reduce barriers to access and enhance engagement.

Methods: We aimed to describe and characterise the unique cohort of patients with CHB attending SSHC. The dataset includes demographic and clinical information extracted from the electronic medical record (EMR) for all patients diagnosed with CHB attending the FSC between March 2021 and March 2022.

Results: Preliminary data from March to June 2021 (n=23) shows that the population accessing the FSC have an average age of 36 and are evenly distributed between male and female. Most patients are from Thailand, China and Indonesia, and only 35% have Medicare entitlement. More than half speak a language other than English at home and nearly half requested an interpreter at registration. 43% of the cohort reported sex work (SW) in the last 12 months and 40% were men who have sex with other men (MSM). 65% are currently on hepatitis B treatment or were prescribed medication at their visit. There were no patients with HIV and CHB co-infection that attended during this time period. The average fibrosis score for all patients was a median stiffness of 4.9 kPa.

Conclusion: Populations of people living with CHB attending the FSC comprise mainly of sexually-active MSM and SW from Asian countries. These patients are medically well with low rates of CHB-associated fibrosis. A holistic model of care supports the unique requirements of this cohort, who may not otherwise access care, and a tailored model ensures engagement thereby reducing onward HBV transmission.

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