

EPIDEMIOLOGY OF CHRONIC HEPATITIS B IN A BULK-BILLING GP CLINIC IN DARWIN

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Introduction: There has been an influx of migrants coming from the Asia Pacific Region into the Northern Territory, according to the Australian Bureau of Statistics, with Philippines, India and China occupying the first, second and fourth places as countries of origin. In our bulkbilling GP clinic, 20% of patients come from a CALD background. The objective of this research is to describe the epidemiology of Chronic Hepatitis B patients seen in this clinic from 2012 to 2018

Methods: A retrospective chart review of CHB patients was done, and patient characteristics, CHB stage and care (whether specialist or GP) were extracted

Results: There was a total of 101 patients identified as having CHB. 62% of these originate from the Asia Pacific, 14 % from Africa, 5% were ATSI, 4% from Europe and 2% from the Middle East. 13% of patients had no ethnicity identified. 44% of patients are in their 30's, followed by patients in their 40's at 23%. The highest percentage of patients requiring treatment come from SE Asia and China (42%). 35% of patients are engaged in sole GP care, and 23% percent of these patients are treated under the GP prescriber program.

Conclusion: According to the Hepatitis B Mapping Project 2016, The NT has the highest proportion of population living with CHB at 1.71%, and while this has been attributed to the higher percentage of the NT's Indigenous population (25%), it is also reasonable to surmise that this can partly be attributed to migrants, which compose 20% of the NT population. There are still a lot of undiagnosed patients, and there remains room for improving detection of Chronic Hepatitis B in Darwin, with a need to increase education among GPs, along with a need to reduce stigma and improve health literacy among the CALD community.

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