

Improving the cascade of care for people living with Chronic Hepatitis B in the Central Australia Health Service Primary Health Clinics

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Background: The Partnership Approach to Sustainably Eliminating Chronic Hepatitis B in the Northern Territory (Hep B PAST) supports a chronic disease in primary health care approach to the cascade of care for people living with Chronic Hepatitis B (CHB). The focus is to ensure people living with CHB are aware of their diagnosis and monitored for viral status, immune phase, and presence of cirrhosis as part of determining eligibility for treatment; and surveillance for hepatocellular carcinoma (HCC).

Methods: The electronic health records of all people living with CHB and receiving care in one of the 23 Primary Health Centres of Central Australia Health Service (CAHS) during the 12 months to December 2020 were audited electronically and manually reviewed in the areas of: immune phase status based on viral load, presence of e- antigen, and ALT as per ASHM guidelines; appropriate cirrhosis assessment using Fibroscan, relevant ultrasound, APRI- and Hepa-score; and HCC surveillance using ultrasound with or without AFP, both using the Gastroenterology Society of Australia Guidelines; and engagement with primary health care including s100 prescribing.

Results: 148 First Nations people and 1 non-First Nations person were identified out of 6708 people with usual care in a CAHS PHC, giving a prevalence of 2.3%. The median age was 46 (range 10-91) and 66:34 Male:Female. 5 clinics accounted for 58% of all 149 cases. 58% of people were in the Control immune phase; 2.7% in each of Tolerance and Clearance; 0.7% in Escape; and 7.4% on treatment. In total 69% of people had an immune phase determination. 70% had been appropriately monitored for cirrhosis including fibrosis in the preceding 2 years, and 79% in the preceding 5 years. 39% of people met an indication for HCC surveillance, and of these, 28% had been adequately screened. 81% were aware of diagnosis with 68% engaged in active primary care management and 18% under current s100 prescribers. 17% had an indication for HBV antiviral treatment, and 7% were on treatment.

Conclusion: This clinical audit in CAHS forms an important addition to the knowledge base of the cascade of care in the Northern Territory. It enables a comparison to previous clinical performance and to the Goals of the Third National Hepatitis B Strategy 2018-2022.

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