

**Title:**

**INFORMING HBV PREVENTION, TESTING AND LINKAGE TO CARE IN GROUP MIGRANT COMMUNITIES IN AUSTRALIA**

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**Background:** Approximately 70% of Australians living with chronic hepatitis B (HBV) were born overseas, particularly in Northeast and Southeast Asia where prevalence is high. HBV therefore disproportionately affects migrant communities in Australia. Stigma, limited awareness and structural inequities create barriers to prevention, testing and care. This study examined HBV-related knowledge, attitudes and understandings in four migrant communities to inform culturally responsive interventions.

**Methods:** Data were collected using hard copy and online surveys. Online surveys were distributed via targeted social media, and hard copy surveys were distributed by partner organisations at community events. Participants could complete the survey in traditional or simplified Chinese, Vietnamese, Tagalog, Korean or English. In total, 3,141 people participated: Chinese (n=997), Vietnamese (n=966), Filipino (n=579) and Korean (n=599).

**Results:** HBV testing was highest in the Chinese sample (72.5%), and vaccination was highest in the Filipino sample (72.6%). Reluctance to discuss health and treatment with Western-trained doctors varied: 38% of the Filipino sample, 19% of the Chinese and Vietnamese samples, and 12% of the Korean sample reported such reluctance. Although most participants agreed that people with HBV should not be isolated, around one-third indicated they would avoid close contact with someone with HBV. HBV knowledge was inconsistent across communities: the Vietnamese community showed the highest general knowledge and the Filipino community the lowest. All communities showed lower levels of knowledge about HBV causation. While most recognised that HBV is caused by a virus, around one-third in each group incorrectly attributed HBV to factors such as fatigue, overwork, poor hygiene, stress, alcohol use or a “weak liver”.

**Conclusions:** These findings highlight differences in HBV testing, vaccination, trust in Western-trained doctors, attitudes towards people with HBV and understanding of HBV causes across migrant communities in Australia. HBV programs should consider these differences when designing community-specific prevention, testing and linkage-to-care initiatives.

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**AI Declaration:** No AI tools were used to generate research data, analysis, discussion, or writing up of the paper.