

Culture, Community, & (Point of) Care

Hepatitis B point of care testing
for multicultural communities
through the LiverCare program

Kyle Leadbeatter

Program Manager – Hepatitis B
Programs

Hepatitis NSW



Disclosures

- Gilead Sciences has provided program funds to support some of this program
- Some of this project is supported by HepLink, administered by Hepatitis Australia and funded by the Australian Centre for Disease Control.
- Point of care testing supplies were provided through the National Australian Hepatitis C Point of Care Testing Program, sponsored by The Kirby Institute, UNSW, and funded through the Commonwealth Department of Health, the National Health and Medical Research Council, Cepheid, Gilead Sciences, and AbbVie.

Introducing LiverCare

- Comprehensive outreach liver screening program
- Sub-study of the National HCV Point-of-Care Program
 - Exclusively for multicultural communities
 - POC HBV & HCV tests
 - FibroScan
- Kirby's LiverCare *study* vs Hepatitis NSW's LiverCare *program*



A collaboration of many!



Introducing LiverCare



- Pre-outreach community engagement, education, booked slots. ~60 participants
- **Enrolment and engagement with casual staff**
- **Consent** (in language)
- **Behavioural survey + HBV survey** (in language)
- **Hep B test** (interpreter available)
 - DETERMINE II HBsAg test (30-minutes to result)
- **Hep C test** (interpreter available)
 - INSTI antibody test (1-minute to result); reflex to GeneXpert (~50 minutes to result)
- **Liver fibrosis assessment** (interpreter available)
 - Transient elastography (FibroScan)
- **Consult with hepatology nurse & referral, wraparound care** (in language/ interpreter)
- **\$30 incentive gift card and take-home resources in language**

Results



- 442 people tested
- 10 events
 - 4x Vietnamese community
 - 3x Chinese community
 - 1x Filipino community
 - 1x Tongan community
 - 1x Korean community
- 97% born overseas
- Avg. age of 65
- 75% female
- 76% don't know hep B status, 75% don't know vax status
- No hep C positives, unsurprisingly

Results



- **12 hep B positives. 2.7% prevalence.**
 - **Vietnamese 3.5% (7/198); Chinese 2.4% (3/125); Tongan 9.5% (2/21)**
- EMR check on the day and afterwards
 - 5 already in care, 2 on treatment
 - 2 new diagnosis
 - 5 known cases but not in care
- 4 patients F4 cirrhosis, 3 F3 significant fibrosis, 16 F2 fibrosis
- Dual wrap around care – hepatology nurses + Hep NSW (in language)
- 100% of positives engaged in ongoing care

The case for HBV POCT



- **Case Study 1: Older Vietnamese couple**
- Both detected HBsAg via Determine II
- Upon clinical consultation and EMR check: male partner the perfect patient; female partner the opposite!
- Follow-up bloods for both
 - Husband: ordered qHBsAg; on cusp of functional cure
 - Wife: went and got her bloods done directly after outreach; now in ongoing care
- A good reminder that even within households there can be massive disparities in health priorities and action

The case for HBV POCT



- **Case Study 2: S100 Prescriber**
- Older Vietnamese man
- HBsAg detected
- EMR check and clinical consultation:
 - New diagnosis
 - 20 years under the care of a Vietnamese S100 prescribing GP; never tested for hep B
 - Hepatology nurse followed up with GP, arranged all bloods for patient. GP managing ongoing care.

So what have we learnt?



- Communities are very interested in healthcare that comes to them
- Meaningful community engagement with real healthcare outcomes is possible; the COVID example
- Genuine language and cultural competency is expensive but essential
- Linking people directly into tertiary care; skipping the GP gap
- Wrap around support by clinical and community is key
- New hep B treatments coming? Need to do the work now to build community relationships, trust, and get people into care

Culture, Community and (Point of) Care

Kyle Leadbeatter

kleadbeatter@hep.org.au

02 8217 7707

