



Hepatitis B and the Cascade of Care

Testing vs screening vs diagnosis
vs infectious disease vs chronic disease vs liver disease

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ACKNOWLEDGEMENT OF COUNTRY



“I would like to acknowledge the Traditional Owners
of the Land we are meeting on today.

I also pay my respects to their Elders past and present
and all Aboriginal People here today.”



Cascade of Care - descriptions

- Kirby Institute
 - Living with hepatitis B infection; Diagnosed with hepatitis B; In care; Received treatment
- Allard et al., Australian New Zealand Journal of Public Health (2015)
 - Living with chronic hepatitis B infection; Diagnosed; Not in care; Receiving yearly HBV DNA or treatment; On treatment
- WHO – Global Hepatitis Report 2017
 - All infected; People tested; Aware of status; Enrolled in care; Started on treatment; Retained on treatment; Viral load suppressed; Follow up and chronic care

Living with hepatitis B (the numbers)

What is missing?

- Silent infection
- Embedded in families
- Cultural and social understandings and implications
- Lived experiences (intersectionality of LWHB)
- Mental health ramifications of living with CHB
- Stigma and discrimination (including racism)
- Health literacy considerations

Diagnosed with hepatitis B

- How a person is diagnosed, frames how they understand and respond to hepatitis B
- Testing is unsystematic
- Test results are not communicated well
- Testing has human rights implications

Diagnosed, and not in care

- Poor diagnosis leads to poor monitoring
- Silent infection
- Expectations of western medicine
- Poor understanding of natural history by health professionals and affected communities
- Specialists processes and barriers
- Competing priorities for people with hepatitis B

On Treatment

In relation to treatment, the cascade of care is missing:

- The low numbers of people accessing treatment is essentially related to poor diagnostic processes
- Racism, and it's impact on health service access
- Treatment within the cascade of care is understood as pharmaceutical interventions, ignoring interventions people do to reduce the impact of infection – reduce alcohol use, use of herbal/traditional medicines, etc
- Treatment only being available through specialist services

A living with hepatitis Cascade of Care (an idea in progress)

1. Awareness of risk
2. Knowing that something can be done
3. Access to diagnosing services
4. Responding to emotional/practical response
 1. Moving from patient to person
 2. Reducing risk of further transmission
 3. Disclosure choices
5. Monitoring
6. Living with Cure

Summary

The Cascade of Care Is an important public health tool, but:

- Fails to identify the underlying issues of poor diagnosis and treatments
- Limited description of processes and barriers affecting people living with hepatitis B
- Neglects the lived experience