

Barriers and Facilitators to Engaging with Rapid Hepatitis B Testing in Culturally and Linguistically Diverse (CALD) Communities

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Background

Chronic hepatitis B (CHB) remains a major cause of cirrhosis and liver cancer in Australia, with CHB disproportionately affecting CALD communities. Late diagnosis remains a significant barrier to timely treatment and cancer prevention. In partnership with the Kirby Institute at the University of New South Wales, and as part of the sub-study of the Australia Hepatitis C Point-of-Care Testing Program, from 2024 we implemented a peer-led, community-based outreach testing model targeting communities with higher prevalence in Queensland.

Aim

To increase hepatitis B testing uptake through a peer-led outreach education and rapid testing model, and to strengthen linkage to care pathways

Approach

The Program's bilingual staff are trained in finger-prick rapid testing, with testing materials supplied by the Kirby Institute. Community-based recruitment occurred through established networks, with regular testing sessions delivered in areas with high concentrations of residents from CHB endemic countries. Results to be provided on the same day via participants' preferred communication method. Individuals with reactive results to be referred to general practitioners for confirmatory testing, with ongoing peer navigation and education support. All services delivered in-language or in simplified English.

Outcomes

The presentation will provide the latest data (up to the end of June 2026) on the number of people tested, their cultural backgrounds, and hepatitis B prevalence among those tested. Data on individuals who tested positive will also be presented.

Conclusions and Next Steps

The presentation will discuss the barriers and facilitators of outreach point of care testing in CALD communities, and lessons learnt from the project.

Disclosures and Acknowledgements

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