CHRONIC HEPATITIS B CARE IN REGIONAL AUSTRALIA: IMPLICATIONS FOR CLINICAL PRACTICE AND PUBLIC HEALTH POLICY

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Background:

Australia is struggling to meet its National Hepatitis B Strategy care targets, particularly in non-metropolitan settings. It is vital to engage priority populations and improve their access to recommended care to reach these targets.

Aims:

This retrospective study examined people living with chronic hepatitis B (CHB) in regional North Queensland, Australia and determined if their care adhered to current national CHB management guidelines. The analysis aimed to identify gaps in care that might be addressed to improve future outcomes.

Methods:

All individuals referred to the gastroenterology clinic at the Townsville University Hospital in regional North Queensland, Australia for CHB care between January 2015 and December 2020 were identified. Their linkage to care, engagement in care, and receipt of guideline-recommended CHB care were determined.

Results:

Of 255 individuals, 245 (96%) were linked to care; 108 (42%) remained engaged in care and 86 (38%) were receiving guideline-recommended care in 2021. There were 91/255 (36%) who identified as Indigenous Australians. Indigenous status was the only independent predictor of not being linked to care (odds ratio (OR) (95% confidence interval CI): 0.13 (0.03-0.60), p=0.01), not being engaged in care (OR (95% CI): 0.19 (0.10-0.36), p<0.0001), not receiving guideline-recommended CHB care (OR (95% CI): 0.16 (0.08-0.31), p<0.0001) or not being engaged in HCC surveillance programme (OR (95% CI): 0.08 (0.02-0.27), p<0.0001).

Conclusion:

Current approaches are failing to deliver optimal CHB care to Indigenous Australians in regional North Queensland. Targeted strategies to ensure that Indigenous Australians in the region receive equitable care are urgently needed.

Disclosure of Interest Statement:

All authors have no conflict of interest to declare.