

ABORIGINAL HEALTH IN ABORIGINAL HANDS: HOW AN ABORIGINAL COMMUNITY CONTROLLED ORGANISATION IS WORKING TO OPTIMISE THE MANAGEMENT OF HEPATITIS B

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Background: In 2019 DYHS embarked on a project to improve the management of Hepatitis C. During the process of generating reports for Viral Hepatitis, it was noted that there were many patients with chronic hepatitis B (CHB). A process was started aimed at identifying, recalling and treating patients with hepatitis B.

Approach: DYHS instigated the following initiatives to accurately identify, recall and offer treatment to patients:

- Creating clinical items to support accuracy of report generation.
- The appointment of Aboriginal Health Practitioners (AHPs) and a Sexual Health Nurse as 'Hepatitis Champions'
- Development of reports from medical software to identify patients with CHB, Past hepatitis B infection, Isolated anti-HBc, non-immune to hepatitis B and close hepatitis B contacts.
- Reviewing and updating patient reminder and recall systems.
- Analysing recorded data for the patient status (Regular, Past or Transient)
- Classifying the correct chronic hepatitis B phase
- Partnership with a tertiary hepatology team and planning regular MDT meetings

Analysis/Argument: Derbarl Yerrigan has identified 777 patient files that would benefit from review.

A detailed review of the files has been started and aims to ensure each patient has the correct diagnosis and clinical items. We are prioritising the **regular patients** (51) with chronic hepatitis B and ensuring their management including regular monitoring blood tests and screening for hepatocellular carcinoma (HCC) is optimal as per the ashm decision making aid in Hepatitis B.

Outcome/Results: 47 of the 51 regular patients with CHB: 28 immune control (HBeAg-negative chronic infection), 2 immune tolerant (HBeAg-positive chronic infection), 17 unknown .

We have identified more than 250 patients that are not immune to hepatitis B and would benefit from being immunised.

In 2022, DYHS requested **2056** Hepatitis B tests for clients of DYHS.

DYHS has created a clinical item for Multidisciplinary Team Meetings (MDT) which will facilitate co-management of patients with a local tertiary hospital.

Conclusions/Applications: Hepatitis champions, Hepatitis B registers and a proactive approach have enabled DYHS to provide an ongoing systematic approach to hepatitis B management.

Disclosure of Interest Statement: “Derbarl Yerrigan Health services recognises the considerable contribution of the ASHM in facilitating the “Beyond the C” project. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.”