

CHRONIC HEPATITIS B CARE IN REGIONAL AUSTRALIA: Implications for Clinical Practice and Public Health Policy

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1 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.

2 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.

3 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.

4 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), $p<0.0001$).

Figure 1: Map of Queensland illustrating the Townsville University Hospital catchment area, which also includes the North-West Queensland region.

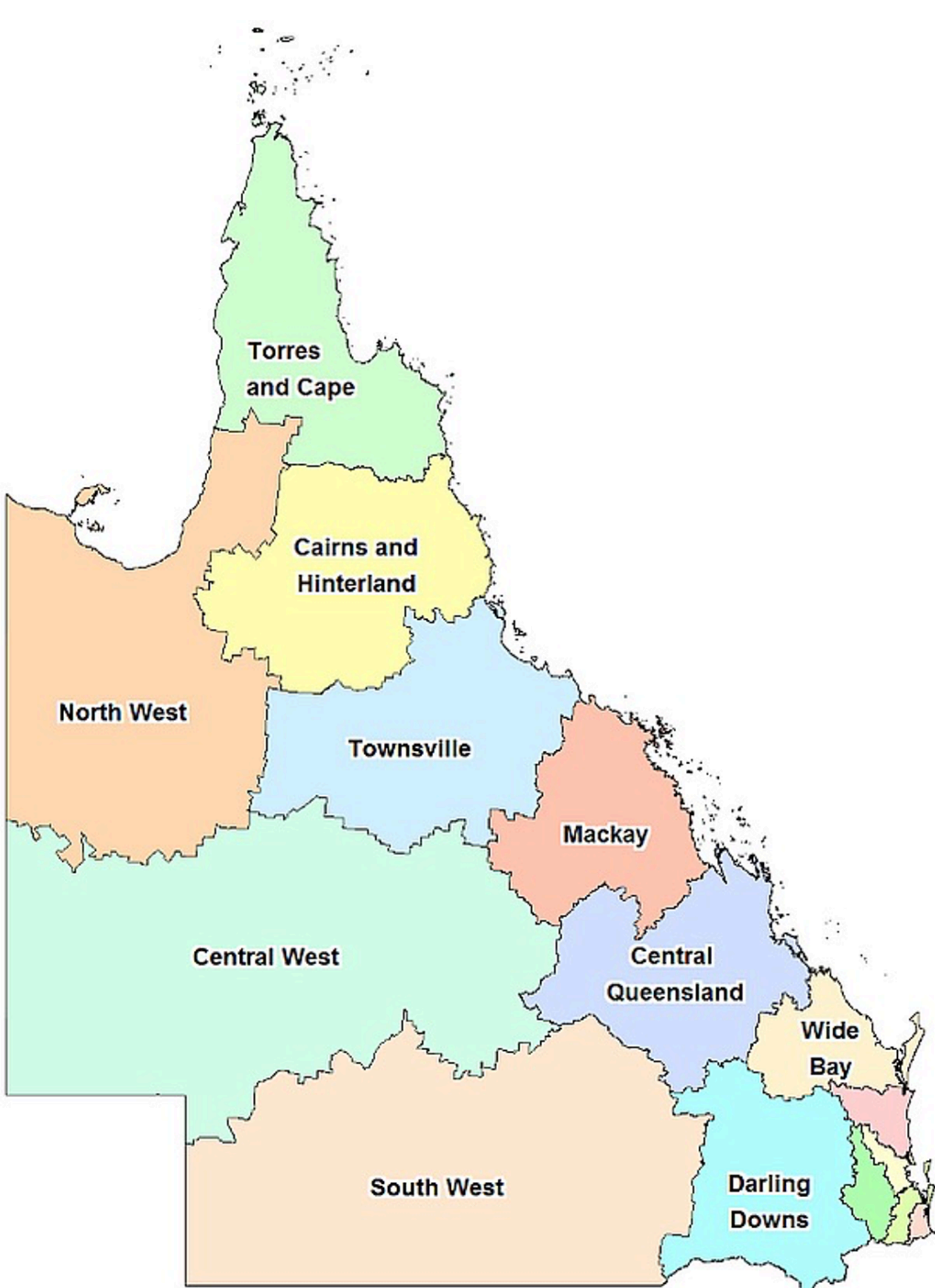


Figure 2: Flow diagram showing cascade of care of individuals living with chronic Hepatitis B referred to the TUH Gastroenterology service between January 2015 and December 2020.

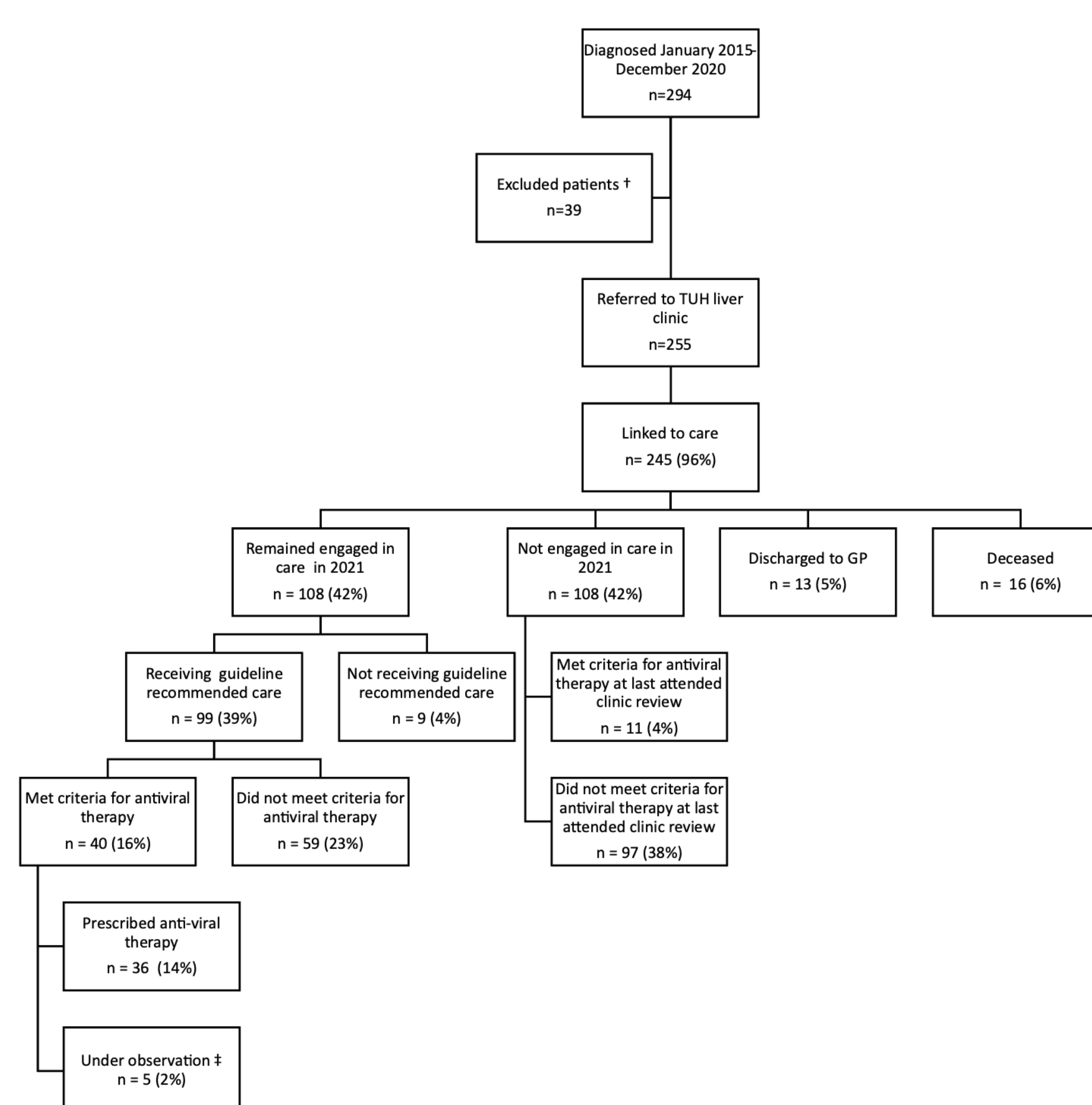


Table 1: Subgroup analysis of the patient outcomes during the 2021 calendar year.

Subgroups	Referred to liver clinic	Initially linked to care	Engaged in care in 2021 †	Received guideline recommended care in 2021 †	Prescribed antiviral therapy if eligible in 2021 †	Undergoing HCC surveillance if eligible in 2021 †
Entire cohort	255	245 (96%)	108/226 (48%)	99/226 (44%)	36/51 (71%)	60/121 (50%)
Male	130	125 (96%)	51/114 (45%)	46/114 (40%)	19/28 (68%)	31/67 (46%)
Indigenous	91	83 (91%)	18/78 (23%)	14/78 (18%)	2/9 (22%)	3/28 (11%)
Overseas born	140	138 (99%)	82/129 (64%)	77/129 (60%)	31/36 (86%)	51/81 (61%)
Interpreter required	19	19 (100%)	14/18 (78%)	14/18 (78%)	7/8 (88%)	9/13 (69%)
Referred from correctional facility	47	46 (98%)	12/40 (30%)	9/40 (23%)	1/6 (17%)	0/6 (0%)
Age > 40 years	175	170 (97%)	79/151 (52%)	74/151 (49%)	30/36 (83%)	56/109 (51%)
Cirrhotic	27	27 (100%)	9/16 (56%)	9/16 (56%)	8/13 (62%)	9/16 (56%)

5 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.

References:

- MacLachlan JH SS, Cowie BC. Viral Hepatitis Mapping Project: National Report 2020. Darlinghurst, NSW, Australia: Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM); 2020.
- Third National Hepatitis B Strategy 2018-2022: Australian Government Department of Health; 2018 [cited 2022 9 August]. Available from: <https://www.health.gov.au/sites/default/files/documents/2022/06/third-national-hepatitis-b-strategy-2018-2022.pdf>.