

Age of hepatitis B e antigen loss in Aboriginal, Torres Strait Islander and non-Indigenous residents of tropical Australia; implications for clinical care

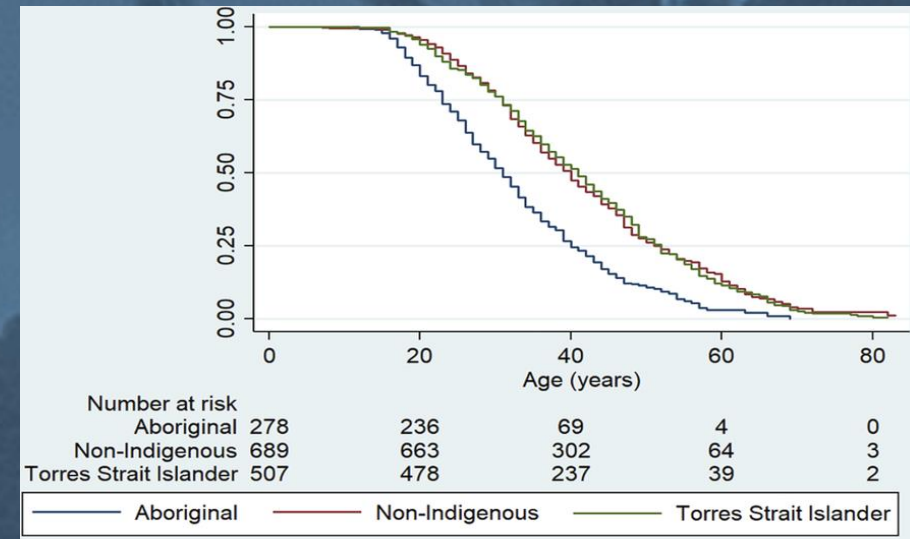
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There is a stark difference in the incidence of hepatocellular carcinoma (HCC) between Aboriginal and Torres Strait Islander individuals living with chronic hepatitis B (CHB) in Far North Queensland (FNQ), a finding that has been hypothesised to relate to differences in hepatitis B virus genotype.

We identified every FNQ resident with CHB, determined their country of birth, their HBeAg status, the age they lost HBeAg and whether they identified as an Aboriginal, a Torres Strait Islander or as a non-Indigenous individual.

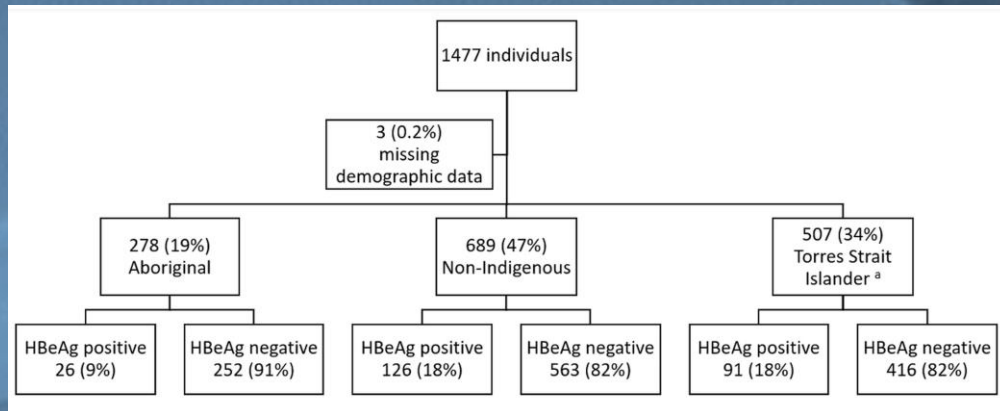
Aboriginal individuals were less likely to be HBeAg positive than Torres Strait Islander and non-Indigenous individuals ($p < 0.0001$).

Aboriginal individuals lost HBeAg at an earlier age (median (interquartile range): 30 (23-39)) than Torres Strait Islander (38 (29-49)) and non-Indigenous (36 (29-47)) individuals, $p < 0.0001$.



Kaplan Meier curve demonstrating the HBeAg loss over time, stratified by Aboriginal, Non-Indigenous and Torres Strait Islander status.

This provides a biological basis for the observation that Aboriginal individuals with CHB in FNQ are at a lower risk of HCC and data to support the principle of genotype-based care in the region.



Individuals living in FNQ with CHB, stratified by Aboriginal and Torres Strait Islander status and their most recent HBeAg status