

Supporting hepatitis B care in primary health in Central Australia

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Background/Approach: The Alice Springs viral hepatitis service has been providing care to remote communities via telehealth, or with clients travelling up to 650 km to be seen in town. Funding has been secured until June 2024 for a liver outreach team to travel to select high prevalence communities in Central Australia (CA). The approach is based on activities previously modelled by Royal Darwin Hospital (RDH) liver clinic. Ultrasound, fibroscan, specialist consultation and client education can be offered in community.

Analysis/Argument: Viral hepatitis specialist outreach has proven successful in improving the cascade of care, and for providing equitable and accessible services to those living with chronic hepatitis B (CHB) in remote communities. The outreach service enables clients to be reviewed in their local clinic, with local staff present. Specialist staff are able to work with local staff to increase their awareness and knowledge of hepatitis care, with appropriate tools and resources. Clients receiving education in local language can improve their health literacy directing their own care.

Outcome/Results: The viral hepatitis service has secured funding from Primary and Public Health and Northern Territory Primary Health Network (NTPHN) for support of an RDH sonographer to attend outreach clinics in Central Australia. Funding has been secured for 6 months until June 2024. In 2024 outreach has been delivered to Ntaria and Alice Springs Correctional Centre and is planned for Yuendumu and Papunya communities.

In recent outreach, clients with CHB were able to receive their first fibroscan or delayed ultrasound. Some ultrasounds had not been performed for 10 years (in a 6 monthly screening protocol). Local staff became more aware of the CHB care cascade as the viral hepatitis clinic received more enquiries for discussion and referrals for reviews.

Conclusions/Applications: These are the immediate results of an outreach service after one visit to a community. A sustainable and systematic program would aim to achieve similar results to those seen in the well organised and supported program from the Top End. In the Top End, as per the targets outlined in the National Hepatitis B Strategy, increases in hepatitis B diagnoses, engagement in CHB care, and people on treatment, were achieved.

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