TRACKING IN ARNHEM LAND - ON THE HUNT FOR HEPATITIS B VIRUS

<u>Hosking KA</u>¹, Forrest KD¹, Davies J³, Skov SJ², Mobsby MJ¹, Su JY², Stewart GI², Thalanany MS², Connors CM¹

¹Top End Health Service, Northern Territory Government ²Centre for Disease Control, Northern Territory Government ³Menzies School of Health Research

Background:

Hepatitis B infection in the Indigenous population of the Northern Territory (NT) has an estimated prevalence of 3-12% compared to the national prevalence rate of 1%. There are also significant numbers of people who have never undergone testing and whose serostatus remains unknown. This project aims to identify those who are infected and those who are non-immune and at risk. The project informs the development of targeted health programs.

Methods:

Data merging of vaccination and serology databases was undertaken and hepatitis B status allocated using serocodes.

The process was piloted on 200 client records; a 16.2% coding inaccuracy detected.

Subsequently we audited 5974 Aboriginal clients' charts, from 5 communities. 1237 records differed from the code generated through data merge.

Serocode fully vaccinated, immune by exposure and chronic infection had an accuracy of >99%. However an overall inaccuracy of 21% is too high to be useful in a clinical context.

Results:

90% of this population now have a serocode added to their electronic health record; 67% fully vaccinated, 17% immune by exposure.

10% of the population require follow up as they had no data and 4% are non-immune and were started on vaccination care plans.

123 chronic hepatitis B infections were identified - 2.3% prevalence of this population; 5.1% prevalence in >27 year olds (pre universal vaccination cohort).

Six HBsAg positive people were unaware of their diagnosis. Clinicians were advised and hepatitis B care plans commenced.

Conclusion:

The data merge inaccuracy raises issues for data linkage and automated processes and highlights problems with the quality of data in each system. However it is a useful guide and three codes have high accuracy.

Education opportunities were identified, such as vaccination minimum intervals and serology interpretation. In the NT context, with high staff turnover, sustainable systems and processes are essential to minimise risk.

This project will be expanded to all Top End communities.

Disclosure of Interest Statement:

None to disclose.