

BIG MOB, BIG JOB - HEPATITIS B SERO-CODING THE TOP END

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Introduction:

Hepatitis B infection in the Aboriginal population of the Northern Territory (NT) has an estimated prevalence of 3-12%. Significant numbers of people have never undergone testing so their sero-status 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 sero-codes allocated. A pilot study audited 5974 Aboriginal clients charts and assessed the accuracy of merge. Data merge inaccuracy of 21% was detected and considered too high to be useful in clinical context.

Subsequently, it was decided to audit all clients' charts (from 3 data sources) from 21 remote NT Government clinics in the Top End. Total Aboriginal clients 14,301. Sero-status codes were added to each clients' electronic health record (EHR). Recalls and messages were added if follow-up required.

Results:

12,884 (90%) Aboriginal client records have been reviewed.

89% of this population have a serocode added to their EHR; 65% are fully vaccinated, 17% are immune by exposure.

11% of the population require follow up as they had no data and 5% are non-immune and were started on vaccination care plans.

Overall 2.2% (287) of this population are hepatitis B infected; with 4.7% prevalence in >28 year olds (pre universal vaccination cohort).

21 hepatitis B surface antigen positive people were either unaware of their diagnosis or newly diagnosed. Clinicians were advised and hepatitis B care plans commenced.

Conclusion:

The majority of this remote Aboriginal population are immune; a small proportion have an unknown status.

There have been important findings, including newly diagnosed cases, improvement in the cascade of care and a clearer understanding of population prevalence.

Disclosure of Interest Statement:

None to disclose.