

Viral hepatitis screening, vaccination and management at a Sydney Publicly Funded Sexual Health Clinic

Atefi D^{1,2}, Garton LM^{1,3}, Burdon RM¹, Templeton DJ^{1,2,3}

¹Department of Sexual Health Medicine, Sydney Local Health District, Camperdown, NSW

²Central Clinical School, Faculty of Medicine and Health, University of Sydney, Sydney, NSW

³The Kirby Institute, UNSW, Sydney, Kensington, NSW

Background: Whilst viral hepatitis can be sexually transmissible, its diagnosis and management are not core business of most Publicly Funded Sexual Health Clinics (PFSHCs) in New South Wales. Nevertheless, priority populations with risk factors for viral hepatitis are common in patients presenting to PFSHCs including men who have sex with men, people who inject drugs, people living with HIV and those born overseas. We aimed to characterise the screening, diagnoses, management and vaccination for viral hepatitis at a Sydney metropolitan PFSHC over a five-year period.

Analysis: A retrospective descriptive analysis of patient attendances was undertaken, to identify hepatitis-related activities at RPA Sexual Health between 01/01/2020 and 31/12/2025.

Results: During the study period, there were 10,144 tests for viral hepatitis among 6,843 unique patients. Of those screened, 4.2% (n=285) reported ever injecting drugs, 8.6% (n=584) reported sex work, 53.1% (n=3,631) were men reporting sex with men, and 8.6% (n=584) were born in southeast Asia. 16 new cases of HBV and 11 new cases of HCV were diagnosed during the study period. There were 226 attendances for monitoring or treatment of viral hepatitis by 86 patients, including those also attending for HIV care or HIV pre-exposure prophylaxis (PrEP). 128 vaccines for HAV and 192 vaccines for HBV were administered.

Of 26 cases being managed for chronic HBV, the most common country of birth was Vietnam (26.9%) and 7.7% were born in Australia. Of 11 cases of HCV diagnosed, four reported injecting drugs. Eight were commenced on treatment at the PFSHC, and two were referred to local hepatology services for treatment. One returned overseas to access treatment.

Conclusions: PFSHCs represent an ideal setting to screen, manage and vaccinate against viral hepatitis, given the profile of the population attending the service where both the prevalence and ongoing risk of viral hepatitis is over-represented.

Disclosure of Interest Statement: None to declare. This work received no specific funding.