

Hepatitis B service delivery

A patient's journey

Dr Daniel Wong, MBBS FRACGP

Acknowledgement of Country

I acknowledge the Traditional Custodians of the lands where we are meeting today, the Whadjuk people. I also acknowledge the Traditional Custodians of the lands where I normally live and work, the Wurundjeri Woi-wurrung and Bunurong peoples of the Kulin Nation.

No disclosures

Background – About me

General Practitioner

S100 HBV/HIV prescriber



Case study – Michael*

- 37M
- Asylum seeker from Nigeria, history of persecution
- Arrived alone Australia 2022 on student visa
- Stopped studying due to PTSD -> applied for protection visa
- On Bridging Visa, no Medicare/work rights
- SRSS income
- Lives in boarding house with 6 others (\$200/week)
- Not married, no children

*name changed

Case study – Entry into service

Referred from external refugee organisation 2025 to Refugee Health Team

No/limited contact with medical services since arrival in 2022

No pathology done

PMHx:

- PTSD

No medications, NKDA

Case study – Refugee Health Assessment

Comprehensive assessment by nurse + GP (MBS items 701-707)

Full biopsychosocial assessment aiming to identify and treat high prevalence conditions in refugee populations including

- PTSD/trauma related conditions
- Chronic pain/injuries
- Nutritional deficiencies
- Infections (BBVs, STIs, TB, parasites)
- Includes assessment of vaccination history +/- serology and vaccine catch-up plan



Case study - examination

Cardiorespiratory exam NAD

Abdominal exam NAD

Skin/dental/ENT NAD

MSE: anxious affect, symptoms c/w PTSD

BP 138/83 mmHg HR 91 regular

Height 186 cm

Weight 93.7 kg

BMI 27.1

Case study – Hepatitis B diagnosis

	Result
HBsAg	+ve
HBcAb	+ve
HBsAb	-ve
HBeAg	-ve
HBeAb	+ve
HBV DNA	543 IU/mL
HCV Ab	-ve
HAV IgG	+ve
HDV Ab	-ve
HIV Ag/Ab	-ve

	Result
Bili	6 umol/L
ALP	84 U/L
GGT	40 U/L
ALT	46 U/L
AST	29 U/L
Alb	44 g/L
Hb	140 g/L
PLT	157 *10^9/L
INR	1.1
APRI	0.732

Case study – Liver US

Name of Test: US Liver HCC Screening

Requested: 10/02/2026

Collected: 10/02/2026

Reported: 10/02/2026

15:55

EXAMINATION:

US Liver HCC Screening

Clinical Indications:

Recent diagnosis of hepatitis-B. Liver ultrasound for query Cirrhosis.
Query HCC.

Findings:

No prior imaging available comparison.

Normal hepatic echogenicity smooth liver contour.

No discrete hepatic lesion.

Normal appearance of the gallbladder. No biliary tree dilatation.

Hepatopetal flow in the main, right and left portal vein.

No recanalisation of the ligamentum teres.

Normal-sized spleen to 9.7 cm.

Opinion:

No hepatosteatorosis or sonographic evidence of cirrhosis.

No discrete hepatic lesion.

Case study – Fibroscan

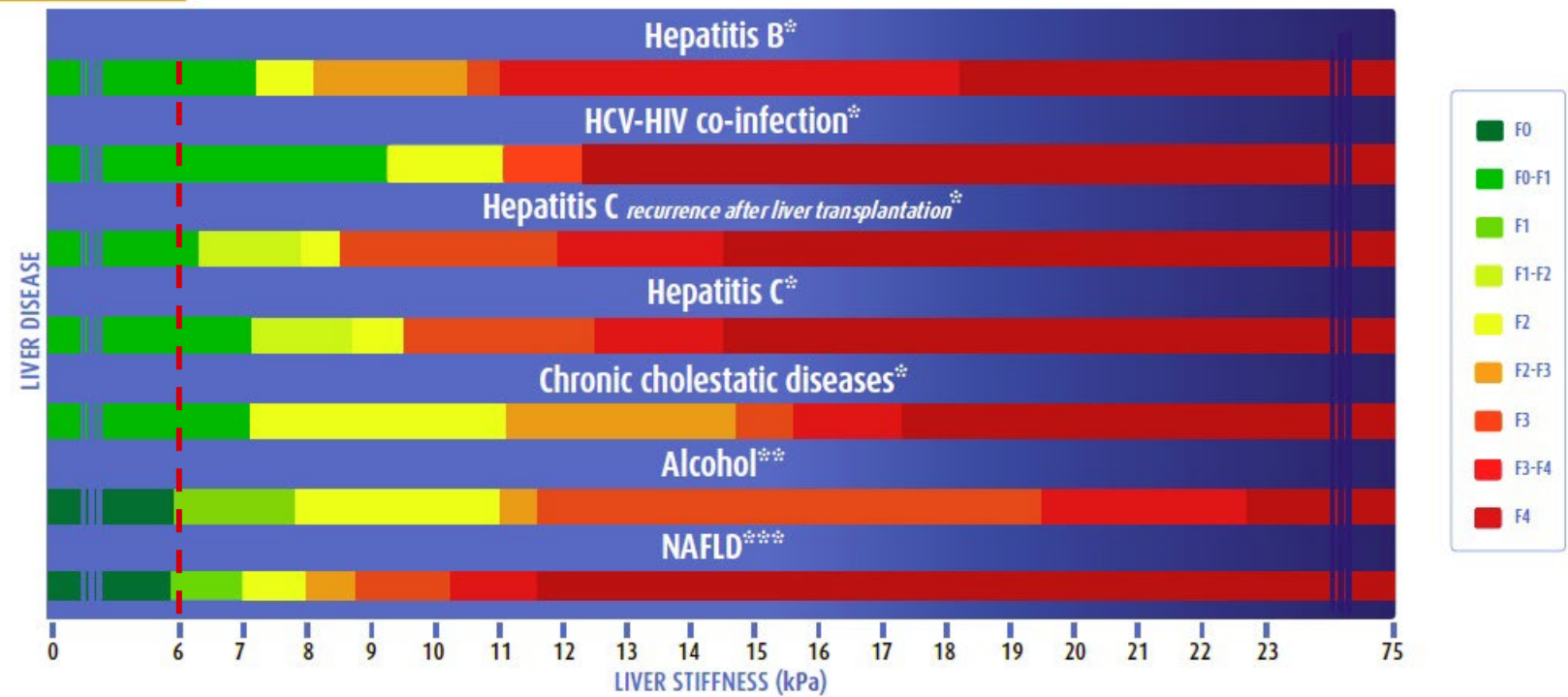
Median 6.0 kPa (F0-F1)

IQR/median 3%



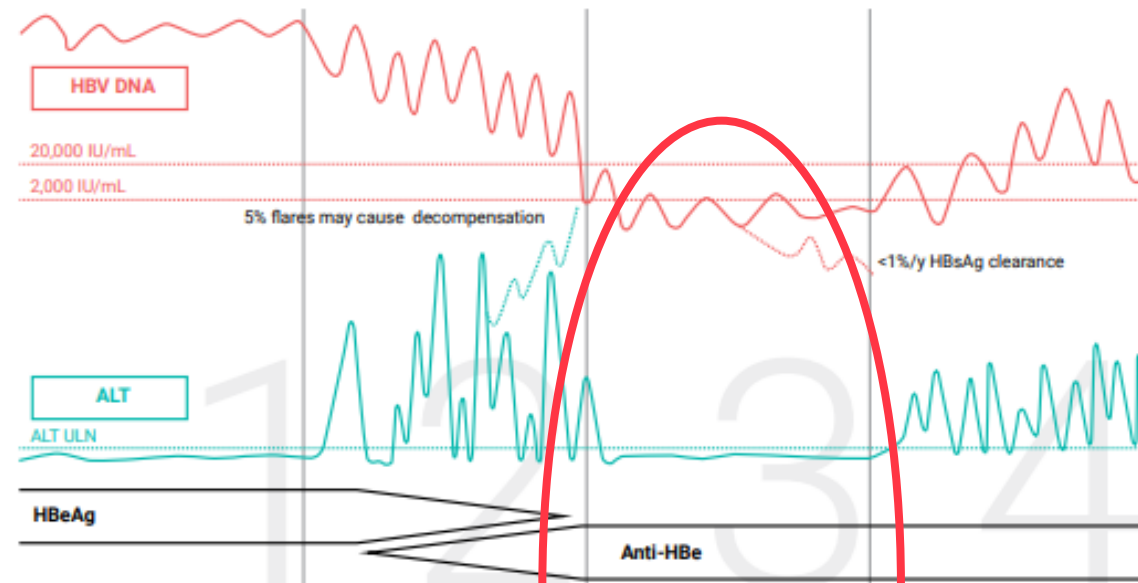
SCORING CARD

CORRELATION BETWEEN LIVER STIFFNESS (kPa) & FIBROSIS STAGE



Case study – Stage of CHB

Patients with CHB must be **regularly re-evaluated** to determine which phase they are in and managed accordingly.



HBeAg-positive chronic infection (Immune tolerance)	HBeAg-positive chronic hepatitis (Immune clearance)	HBeAg-negative chronic infection (Immune control)	HBeAg-negative chronic hepatitis (Immune escape)
- HBV DNA: high[†] >10⁷ IU/mL - ALT: normal - HBeAg positive	- HBV DNA: high[†] >20 000 IU/mL - ALT: elevated Elevated is >30 IU/L men; >19 IU/L women - HBeAg positive	- HBV DNA: low[†] <2000 IU/mL - ALT: normal - HBeAg negative - anti-HBe positive	- HBV DNA high[†] >2000 IU/mL - ALT: elevated Elevated is >30 IU/L men; >19 IU/L women - HBeAg negative - anti-HBe positive
Treatment not required	Refer to s100 community prescriber or specialist for consideration of treatment Risk of progression to cirrhosis and HCC	Treatment not required	Refer to s100 community prescriber or specialist for consideration of treatment Risk of progression to cirrhosis and HCC

Case study – Giving the diagnosis

Chronic condition, low rates of cure/clearance

Lifelong monitoring needed

Treatment sometimes needed

Risk of transmission, disclosure

Contact tracing

Promoting liver health

Vaccinations

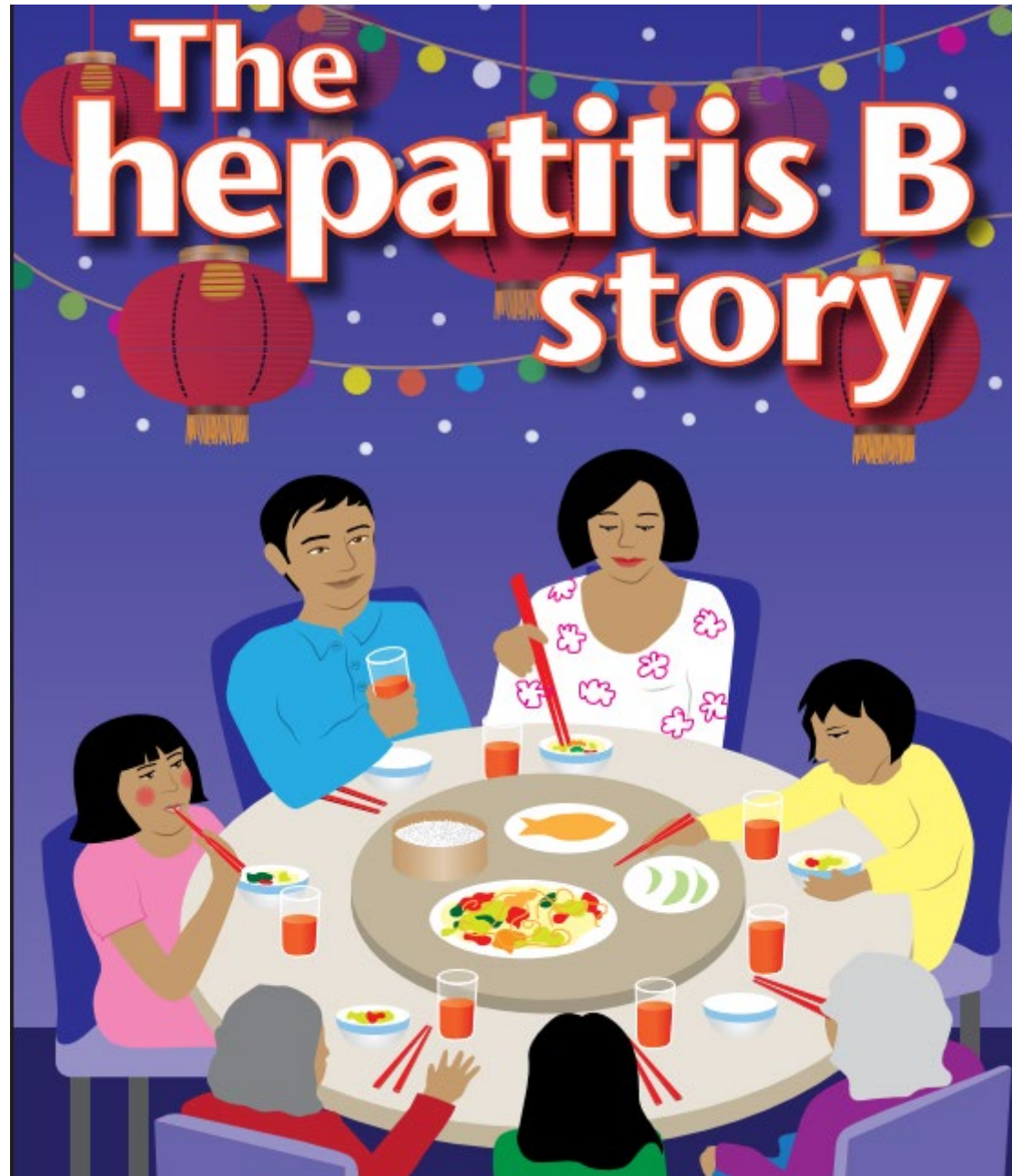
Case study – Overcoming barriers

Challenges/barriers:

- Language barrier
- Health literacy
- Stigma
- Misinformation (eg: on transmission)
- Engaging in long-term care/monitoring when patient feels completely well
- Lack of GP time (15 min appts)
- Competing patient priorities

Overcoming barriers:

- USE INTERPRETERS
- Education, including multi-lingual and culturally-appropriate resources
- Practice systems
- Multidisciplinary care teams (and MBS items 965/967)
- Wraparound services



Case study – Follow up after diagnosis

Diagnosis given in initial GP consult

Follow up refugee health nurse long visit

Follow up GP consult

Referrals:

- Physiotherapy/exercise physiology for exercise program
- Group exercise program
- Dietician
- Counselling service for PTSD management

Case study – 6 months follow up

Patient has found out his mother has known CHB

Had conversations about disclosure to sexual partner

Reminder system in place for HCC screening, 6 monthly LFTs, 12 monthly VL

Patient engaged well with exercise program and dietician

Lost weight and improving LFTs

Date:	15/12/25	26/05/26		
Time:	16:40	13:35	Units	Ref Range
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GENERAL CHEMISTRY (serum/plasma)				
Na Conc'n		143	mmol/L	135-145
Potassium		4.1	mmol/L	3.5-5.2
Chloride		104	mmol/L	95-110
TCO2		24	mmol/L	22-32
Anion Gap		19H	mmol/L	5-15
Creatinine		96	umol/L	60-110
eGFR		86L	mL/min	>90
Urea		3.1	mmol/L	2.1-7.1
Protein Tot	76	81H	g/L	60-80
Albumin	44	48	g/L	35-50
ALP	84	80	U/L	30-110
GGT	40	35	U/L	5-50
ALT	46H	32	U/L	5-40
AST	29	34	U/L	5-35
Bili Total	6	14	umol/L	1-20

Summary

- Test for HBV in high prevalence communities
- A new/old hepatitis B diagnosis takes time
- Use interpreters for language barriers
- Use plain language written materials
- Use multidisciplinary teams
- For GPs: use care planning MBS items (965/967)
- Primary care is well placed to do this work

thank you

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