

Impact of policy change to risk-based hepatitis B pre-migration screening on hepatitis B health undertakings in NSW

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Background: Hepatitis B undertakings link visa applicants to medical care after arrival in Australia. Previously, hepatitis B screening was limited to healthcare workers, pregnant people and applicants with clinical indicators or known history.

On 1 July 2024, screening expanded to testing permanent visa applicants and child adoptees aged ≥ 15 years from countries with hepatitis B prevalence $\geq 2\%$. Based on immigration numbers, we estimated the change in policy would result in a four-fold rise in undertakings (~1,000). In preparation, NSW updated and translated patient and clinician undertaking letters and enhanced visibility of interpreter services.

This study assessed the impact of the policy change on undertaking referrals.

Analysis: We reviewed undertakings between 1 January 2023 and 31 December 2025 in 18-month pre- and post-policy periods (P1 vs P2). Undertaking numbers, demographics, spatial distribution and compliance method were summarised.

Results: Undertakings increased 67% from P1 (n=227) to P2 (n=378). Sex distribution and median age remained stable (50% male; median age 45 years).

Missing country of birth (COB) declined from 63% to 32%; most common COBs were China (19%), Vietnam (6%), the Philippines (3%) in P1 and China (31%), Vietnam (11%), Afghanistan (3%) in P2. Interpreter use was high (74%), covering 24 languages in P1 (notably Mandarin 48%, Vietnamese 11%, Dari 8%) and expanding to 29 languages in P2 (notably Mandarin 46%, Vietnamese 14%, Arabic 10%).

Compliance was high (90% vs 91%), primarily via return of the medical review form (57%) in P1 and laboratory notification (53%) in P2. Undertakings clustered in metropolitan Sydney (NS 20%, SWS 18%, WS 20%) in both periods.

Conclusion: The increase in undertakings after the policy change was less than expected, possibly reflecting the healthy migrant effect. Translated materials did not increase return of medical review forms, although overall compliance remained high. Referral documentation should be improved.

Disclosure of Interest Statement: Nothing to disclose.