

Nurse-led FibroScan clinic for priority population living with hepatitis B at a Metropolitan publicly funded sexual health service

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Background:

Sydney Sexual Health Centre (SSHC) established a nurse-led FibroScan clinic (with medical officer support for prescribing) to meet the needs of culturally and linguistically diverse men who have sex with men (MSM) and sex workers diagnosed with chronic hepatitis B (CHB), often diagnosed while attending for sexual health screening or HIV prevention. Many are Medicare-ineligible and face barriers including language and limited health literacy. The clinic aims to provide culturally responsive CHB care within a publicly funded sexual health service.

Analysis:

A retrospective review was conducted of 71 clients with CHB attending SSHC between January and December 2024. Records were reviewed to extract demographic data, , FibroScan assessment quality, and CHB monitoring practices. Descriptive analyses were performed.

Results:

All clients (n = 71) were overseas born, with the largest proportions originating from China (38%) and Thailand (27%) (median age 38 years). 91% clients were MSM and/or sex workers, and 50% were Medicare-eligible. Attendance for monitoring was high 94% (n = 69), with 62% (n = 44) having a hepatitis B viral load test within 18 months of the previous test. Thirty-seven clients (52%) underwent FibroScan assessment. Key health assessment domains—including family history, smoking status, alcohol use, diet, and sexual or household contact—were documented in 82% of consultations. Monitoring reminders and documented care plans were present for 35 of 37 clients (95%). FibroScan results indicating minimal fibrosis (F0–F1) were concordant with AST-to-Platelet Ratio Index scores <0.5 in 33 cases (89%), with four discordant readings (11%). Eight clients (22%) met criteria for Hepatocellular Carcinoma surveillance, all of whom received alpha-fetoprotein testing and liver ultrasound.

Conclusion:

A competency-based nurse-led FibroScan model can effectively deliver culturally aware CHB care within a sexual health service, achieving high engagement and adherence to monitoring guidelines, and identifying those with significant fibrosis requiring tertiary referral.

Disclosure of Interest Statement:

We acknowledge the important role of industry partnerships in advancing clinical care and research. In the interest of transparency, the author confirms there are no relevant conflicts of interest to disclose for this work.