SIMPLY-B pilot study: epidemiology and cascade of care in patients with chronic hepatitis B in primary care clinics in Victoria

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Background: To achieve hepatitis B elimination in Australia, a shift from hospital to community-based hepatitis B care is needed. In this study, we aimed to describe the prevalence and cascade of care in primary care patients with chronic hepatitis B in Victoria.

Methods: This prospective cohort study was conducted in 76 urban and regional primary care clinics across Victoria participating in the PATRON surveillance system between 1/7/2020 to 30/6/2023. Anonymised socio-demographic, clinical and laboratory data were extracted from GP clinic practice software using GHRANITE®. Descriptive analysis of the cohort with hepatitis B was performed, including uptake of the hepatitis B care cascade.

Results: 491 individuals were hepatitis B surface antigen positive, of whom 469 were active clinic patients during the study period. 239(51%) were female and 227(48%) were male. Of these, 59(13%) had evidence of at least one HBV DNA test and at least one ALT test ordered in primary care during the three years of follow up. 78(17%) had evidence of being reviewed by a liver specialist. Only 14(3%) of patients with chronic hepatitis B had record of being reviewed for hepatitis B management by clinic nurse or GP. 92(20%) were on treatment for hepatitis B; 53(58%) were on entecavir, 37(40%) were on tenofovir and 2(2%) were on tenofovir alafenamide. Of these, 23(25%) had record of linkage to specialist care. 55(12%) of all eligible patients had received at least one liver US for HCC surveillance in primary care; 13(24%) of whom were co-managed by a liver specialist.

Conclusion: Our data suggest while hepatitis B screening was high, gaps in the cascade of care still remain for people with chronic hepatitis B in primary care, with a minority of patients receiving hepatitis B care by GPs.

Disclosure of Interest Statement: None to declare