

HEPATITIS B AND THE CASCADE OF CARE: TESTING VS SCREENING VS DIAGNOSIS VS CHRONIC INFECTION VS INFECTIOUS VS LIVER DISEASE

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Hepatitis B in Australia, unlike HIV or hepatitis C, not only affects individuals but given its transmission route, affects families. Rather than an infectious or liver disease, hepatitis B is often experienced as an inter-generational, chronic, asymptomatic infection sometimes resulting in death and where there are often-devastating social implications resulting from the infection such as stigmatisation and marginalisation.

The “cascade of care” is used to determine gaps in the public health response. Within this model, people are diagnosed within health services, with information provided to allow a person to reduce the physical individual impact of the infection. This diagnosis is then followed by a person understanding that their infection needs to be monitored for the rest of their life. Pharmaceutical treatment is then provided when necessary, and the person with hepatitis B is assumed to have the knowledge, skills and resources available to access this treatment.

The realities for a person with hepatitis B are often different. The cascade of care reinforces a biomedical perspective, silencing the experience of the person with hepatitis B. This includes people being tested within educational or work place settings, without any discussion about the impact of the infection including the natural history or being provided with accurate information on how to ameliorate the impact of the infection. The cascade disregards the person’s interpretation of the illness, their health literacy, cultural and religious beliefs and/or language barriers. Within this context, this presentation will highlight the current gaps in the ‘cascade of care’ concept for hepatitis B.