

CULTURAL AND LINGUISTIC DIVERSITY OF PEOPLE LIVING WITH CHRONIC HEPATITIS B, 2011-2016: CHANGING MIGRATION, SHIFTING EPIDEMIOLOGY

Authors:

MacLachlan JH^{1,2}, Cowie BC^{1,2,3}

¹WHO Collaborating Centre for Viral Hepatitis, The Doherty Institute

²Department of Medicine, University of Melbourne

³Victorian Infectious Diseases Service, Royal Melbourne Hospital

Introduction:

The majority of people living with chronic hepatitis B (CHB) in Australia were born overseas, and interventions to improve health and outcomes for those affected must be tailored to the cultural and linguistic characteristics of communities. Changes in migration can lead to shifts in the populations predominantly affected and in priority groups for action. We aimed to estimate the current epidemiology of the population of Australians living with CHB, and to identify trends over time, to guide public health initiatives.

Methods:

Estimates were generated by combining Census information for the Australian population with seroprevalence data generated from antenatal testing linked with notifications, as well as other published sources. The number of people living with CHB was assessed according to country of birth and other population groups within those born in Australia, using the 2011 and 2016 Censuses.

Results:

The total number of people living with CHB in Australia increased by 20% between 2011 and 2016, outpacing population growth overall. There was also an increase in the Aboriginal and Torres Strait Islander population living with CHB. The most common country of birth continued to be China, which experienced a 60% increase in the number living with CHB, and other countries with disproportionate increases included Taiwan, Myanmar, and Afghanistan. Decreases occurred in those born in countries in the European region.

Conclusions:

The epidemiology of chronic hepatitis B in Australia has shifted over time in response to changing migration patterns, with increases in many countries in the Asia-Pacific, African, and Middle Eastern regions. Interventions to improve the health of people living with CHB are imperative, and continuing to monitor these trends will be essential to identify priority affected populations and to reach emerging populations affected by CHB.

Disclosure of Interest Statement:

The authors have no relevant interests to disclose.