Providing care for patients living with Hepatitis B in General Practice

Dr Leela Arthur

FRACGP

Disclosures

- Nil

Acknowledgement of Country

- I live and work on Jagera country in Meanjin Brisbane
- I work in Inala (which is a word meaning “resting time” – reflecting the suburb’s past as a resting point for Aboriginal people travelling to Moreton Bay).
- I recognise the Whadjuk Noongar people as the owners of Walyalup, the land we are on today, as well as the Jagera people from my home, and pay my respect to their elders, past, present, and emerging, as well as any Aboriginal and Torres Straight Islander people here today.
- Hepatitis B is a condition that disproportionally affects Aboriginal and Torres Straight Islander people, and is a gap we need to close.

Inala

Why Hep B?

Toxic phrase:

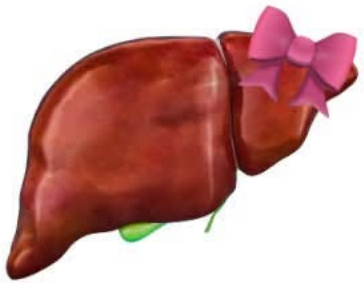
"What am I, chopped liver?"

Why it's cancelled:

Why is being a liver SO 'bad'? It's literally the largest organ in your body. And if you chop it, it can regenerate itself. Are you embarrassed now?

What to say instead:

"I feel frustrated, indignant and overlooked but I don't harbour any ill feelings towards livers"



(stolen from the Qld Health Facebook page)

How did I start?

- Recognising the problem - audit
- ASHM s100 training
- Making local connections - HepReach clinic (Mater Hospital Outreach)

Challenges

- Gaining experience to start
- Getting the team on board - screening
- Patients lost to follow-up
- Money

Things I have found helpful – gaining experience to start…

Hepatitis B Management
Use in conjunction with ASHM's Decision-Making in HBV guideline

Date	20/2/2018	10/8/18	DNA 8/2/19	17/9/2019 (hepreach)	March 2020
HBV DNA level (<2000IU/mL = low) (once yearly check is medicare rebateable)	40 000	23	≤10	UD	UD
ALT (elevated levels are >30 U/L for men And ≥19 U/L for women) Check at least 6 monthly	105	40	24	24	25
HBeAg/anti-HBe Check 6 monthly if HBe Ag pos, no need to check further if known HbeAg neg	eAg neg				
Phase of chronic Hep B treatment consideration needed for Immune clearance phase and Immune escape phase	immune escape – tenofovir commenced				
Assess for cirrhosis/fibrosis (at diagnosis and ? about yearly if in immune tolerance or control more often if in clearance or escape)	Fibroscan 5.2kPa				Fibroscan 5.6kPa
– Examination					
– AST/ALT	49/105	23/40	16/24	20/24	
– Platelets	355	31/5/18 -	374	339	
– INR	1.1	1.0	1.0	1.0	
– Albumin	41	42	38	39	
– Bilirubin	9	8	4	10	
Assess adherence to medication if on treatment for Hep B	Tenofovir started			on tenofovir – adherence good Vit D low - often forgets - will remember to take with tenofovir	
Assess need for HCC screening (Doctor) If yes, needs 6 monthly USS and AFP level	yes - UTD	AFP nad in May 18, USS Feb		afp 3.6 uss - S3 tiny bright lesion as before otherwise normal	normal uss other than nafld
Hep A serology ?immune, Vaccination needed if not immune (check once)	immune				
Check HCV/HDV/HIV serology at least once and more often if ongoing risk factors	HIV neg/Hep C / Hep D neg Feb 2018				
Screening +/- vaccination of household contacts and first degree relatives.	children screened on arrival to Australia, 2 children also with hep B Parents passed away and sibling in Africa unable to be screened.	-			
? plans for pregnancy/contraception if female and child bearing age	on depo for contraception.				
Alcohol use	none				
?risk of fatty liver/metabolic syndrome – Nutrition		discussed		mild-mod fatty infiltration on uss (exact) nafld score - 3.16 points (low risk)	
– Exercise		Minimal due to pain			
– Ht/wt		160.5 80.8			
– BMI		31.4		31.2	
– Waist Circumference		95			
– Blood pressure					
– Consider HbA1c if at risk		not done		5.2	
– Fasting lipids		no recent path		acceptable	
– Smoking		Never			
Education – Understanding of hep B and need for lifelong monitoring		aware needs regular checks & that			
– Understanding of transmission risks – Co-factors than worsen risk such as alcohol, other viruses and fatty liver HepBHelp.org.au has links to patient handouts in multiple languages		medication is lifelong			

Patients in Immune tolerance phase and Immune control phase can be monitored in General Practice.
Those in Immune Escape can be managed in GP under S100 prescriber (LA)
Consider specialist referral/advice:

- Pts in immune clearance phase (decision to treat is more complex)
- Pts with cirrhosis
- Pts with uncertainty in diagnosis re cirrhosis or not (?consideration of liver biopsy)
- Identification of possibly HCC (urgent referral)
- Severe flares of Hep B (urgent referral)
- Pregnancy
- Immunosuppression
- Co-infection with HDV/HCV/HIV
- New diagnosis in a health care worker

Championing Viral Hep …

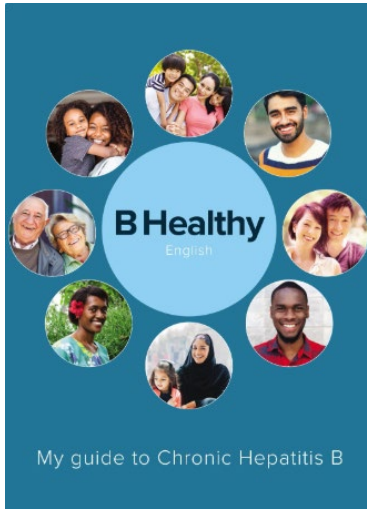
Screening.

Condition	*Personal or family history*	*Last screen*	*Next Due*
Colorectal cancer	^No	^	^
Cervical cancer	^No	^	^
Breast cancer	^No	^	^
Prostate cancer	^No	^	^
Lung cancer	^	^	^
Skin cancer	^No	^	^
Osteoporosis	^No	^	^
Health aging check		^	^
Other Health Assessment (40-49, 45-49, intellectual disability, 715 if relevant)			^
Previous viral hepatitis screening		^	
Spirometry if history of asthma or smoking			

- Presentations at grand rounds
- Registrar teaching
- Prompt in care plan template
- Teams reminders and QI challenges
- Facebook posts
- Beyond the C project + QI audits
- Writing cases for Susan Wearne GP registrar textbook
- Saying yes to ASHM..
- Advisory committee membership

Keeping patients engaged in management

- Education is key
- Using local supports
- Reminders, booking ahead
- Hep B register



D	E	F	G	H	I	J	K	L	M
ge	Diagnosis	Last fibroscan	GP	Jun-25	Dec-25	Jun-26	Dec-26	Columr	
68	cirrhosis, HCC screening		LA	seen	yes	seen			
68	HBV, HCC screening, ETC		LA (CV GP)		yes	yes			
54	HBV, HCC screening, ETC		LA	seen	seen	yes			
52	HBV, HCC screening, ETC		LA	yes	seen	seen			
50	HBV		LA	seen 17.6	seen	lx complete			
73	cirrhosis (treated Hep C), HCC screening		LA (CV GP)	17/6/25 - utd	seen	seen			
77	cirrhosis (treated Hep C), HCC screening		LA - Dr Tram allcare	yes	yes	seen			
57	HBV, HCC screening, not on treatment		LA		yes	seen			
	HBV/HDV		LA/allcare Dr Doan, referred mater hep again 2/12		seen, given forms no results				
68	hcc screening - advanced fibrosis (treated Hep C)		LA (SW GP)	seen	seen	seen			

Money..

- HepReach was a challenge
- Care plan billing helps (and is useful for the patient – don't forget re managing metabolic risk!!!)
- It does get quicker..
- It can help to have a cohort of patients you know well, with a disease you know well, and who often do not have too much other co-morbidity and complexity..

Please Contact!

Leela.buhmann@gmail.com