# Clinical characteristics of sex workers and men who have sex with men, living with CHB, attending a publicly funded sexual health service

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#### Background

Chronic hepatitis B (CHB) disproportionally affects people of culturally and linguistically diverse (CALD) backgrounds in Australia. Many clients living with CHB and attending Sydney Sexual Health Centre (SSHC) are sexually active, young, and in good health. These clients often face challenges when accessing routine healthcare due to low health literacy, no Medicare, and difficulty navigating the healthcare system. SSHC has enhanced its FibroScan clinic (FSC) to better meet the needs of this population by providing a holistic multidisciplinary model of care to enhance engagement and improve service quality.

#### Methods

We aimed to describe and characterise the unique cohort of clients with CHB attending SSHC. The demographic and clinical information extracted from the electronic medical record (EMR) for all clients living with CHB and attending the FSC between March 2021 and March 2022.

## Proportion of clients by gender

Client characteristics by gender



- Assigned Male at Birth (AMAB)
  Assigned Female at Birth (AFAB)
- Trans Female (TF)

| Total population $n = 37$ |                                 | AMAB        | AFAB        | TF        |
|---------------------------|---------------------------------|-------------|-------------|-----------|
|                           |                                 | n= 21 (57%) | n= 13 (35%) | n= 3 (8%) |
| Population                | Average age                     | 34yrs       | 37yrs       | 33yrs     |
|                           | Born                            |             |             |           |
|                           | China                           | 4 (19%)     | 7 (54%)     | -         |
|                           | Thailand                        | 4 (19%)     | 6 (46%)     | 3 (100%)  |
|                           | • Other                         | 13 (62%)    | -           | -         |
|                           | MSM                             | 17 (81%)    | -           | -         |
|                           | CSW                             | -           | 13 (100%)   | 3 (100%)  |
| Co-infection              | CHB + HIV                       | -           | -           | 1 (33%)   |
| Treatment                 | Treatment for CHB               |             |             |           |
|                           | • PrEP                          | 5 (24%)     | 1 (8%)      | 1 (33%)   |
|                           | • TDF                           | -           | 2 (15%)     | -         |
|                           | Incidental treatment (HIV risk) |             |             |           |
|                           | • PrEP                          | 8 (38%)     | -           | 1 (33%)   |
|                           | • HIV ART                       | -           | -           | 1 (33%)   |
| Liver health              | Elevated ALT                    | 12 (57%)    | 9 (69%)     | 1 (33%)   |
|                           | Average median stiffness        | 5.2 kPa     | 4.1 kPa     | 5.6 kPa   |
|                           | Immune clearance                | 4 (19%)     | 2 (15%)     | -         |
|                           | Immune control                  | 10 (48%)    | 10 (77%)    | 2 (66%)   |
|                           | Immune escape                   | 4 (19%)     | 1 (8%)      | -         |
|                           | Immune tolerance                | 2 (10%)     | -           | 1 (33%)   |
|                           | Cleared Hepatitis B             | 1 (5%)      | -           | -         |

## **Points of interest**

- All female clients were sex workers, and were born in either China or Thailand
- 3 (23%) cis females were on treatment, while all trans female clients were on treatment
- Of the cis men, 4 (15%) were heterosexual and of those 3 (75%) had Medicare and all were >35 years
- 21 (57%) accepted follow up health education session post FibroScan appointment

## Client Medicare Entitlement and Interpreter Use by gender

Interpreter use



**Results** Populations of people

Populations of people living with CHB attending the FSC comprise mainly of sexually-active MSM and SW from Asian countries. These clients are medically well with low rates of CHB-associated fibrosis.

#### Conclusion

A holistic model of care supports the unique requirements of this cohort, who may not otherwise access care, and a tailored model ensures engagement thereby reducing onward HBV transmission.





