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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INTRODUCTION

The cascade of hepatitis B care in Australia is poor. To achieve 2030 targets, there needs to be more management in primary care.[1] Thus, to achieve hepatitis B elimination in Australia, a shift from hospital to community-based hepatitis B care is needed.

AIM

To describe the prevalence and cascade of care in primary care patients with chronic hepatitis B in Victoria.

METHOD

- **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**
- **Extracted data included anonymised socio-demographic information, clinical history, laboratory results (including HBsAg, HBV DNA, and ALT), imaging (liver ultrasound), prescriptions, and documentation of specialist referrals.**
- **Descriptive analysis of the cohort with hepatitis B was performed, including uptake of the hepatitis B care cascade**

RESULTS

During the 3 year study period:

- **There were a total of 346,927 patients across all 76 clinics**
- **20,056(5.8%) had a HBsAG test**
- **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.**
- **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 record of being reviewed by a liver specialist;**
- **Only 14(3%) of patients with chronic hepatitis B had record of being reviewed specifically for hepatitis B management by their 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**

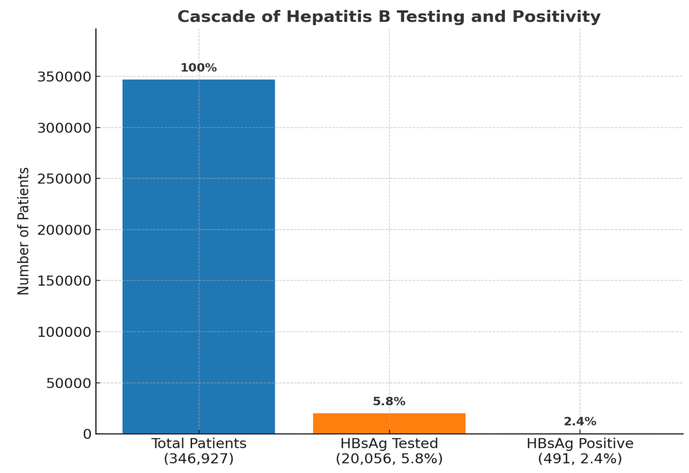

Figure 1. Cascade of Hepatitis B

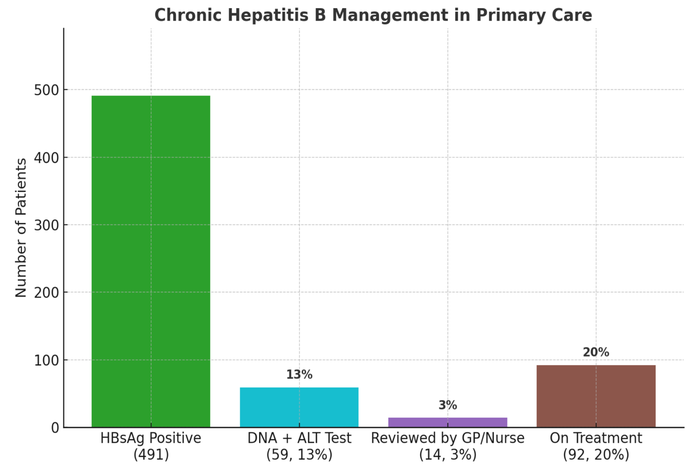

Figure 2. Chronic Hepatitis B Management in Primary Care

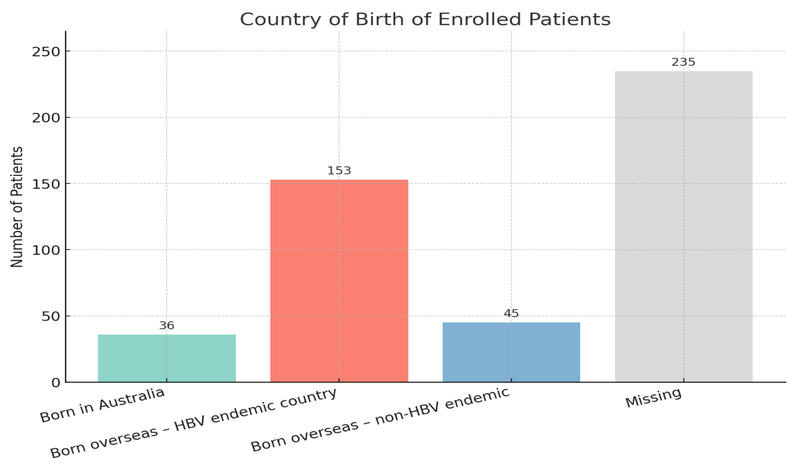

Figure 4. Country of birth of enrolled patients

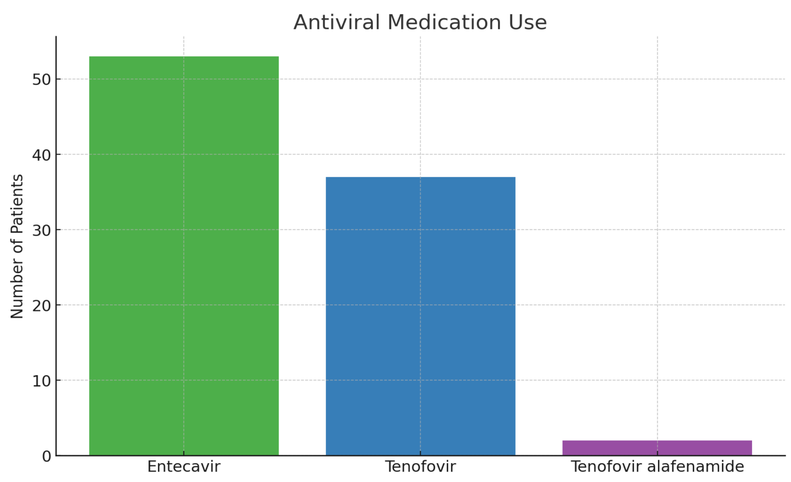

Figure 5. Medication of enrolled patients

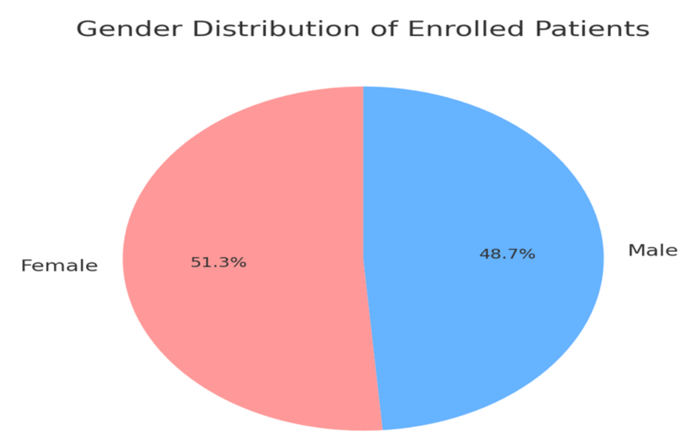

Figure 3. Gender at birth of enrolled patients

CONCLUSION

A major limitation of these data is that only data from the primary practice was available, so patients having all their care in specialist health services may be receiving guideline based monitoring and surveillance but these data are not being shared with GP practice. However, our data still highlight that only a small proportion of people with hepatitis B are receiving hepatitis B care from their GP in primary care. 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.

REFERENCES

1.*MacLachlan JH, Romero N, Purcell I, Cowie BC. Viral Hepatitis Mapping Project: Hepatitis B National Report 2022. Darlinghurst, NSW, Australia: ASHM; 2024. https://ashm.org.au/vh-mapping-project/*

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