

Refugee Health Factsheet: Hepatitis B screening



victorian refugee
health network

A factsheet for primary care providers working with patients from refugee backgrounds

Hepatitis B virus (HBV) is one of the world's most common infectious diseases. Unfortunately, HBV often goes undetected in the Victorian population. Studies show that people from refugee backgrounds (and all overseas-born Australians) are at high risk of under-detected HBV infection in Australia and are a Priority Population for HBV screening, immunisation and health education. GPs, nurses and primary care providers are well positioned to address health inequality by identifying patients of refugee background (asylum seekers, humanitarian arrivals and their families) and offering the investigations needed to detect, prevent and manage HBV.

This factsheet provides key points only. Comprehensive information on HBV management and resources for appropriate patient education can be found elsewhere. Some links are provided at the end of this factsheet.

Key points

Steps	Details
Screen all overseas-born patients Use three tests (sAg, sAb, cAb)	<ul style="list-style-type: none"> All patients of refugee background should be screened for active or resolved infection prior to immunisation, as immunisation is not beneficial to anyone already exposed to HBV Offer screening to clients who have initiated immunisation but were never tested for HBV prior to immunisation Screen for HBV using THREE tests (sAg, sAb, cAb). Indicate '? Chronic hepatitis B infection' to gain Medicare rebate
Immunise anyone who is non-immune, only after testing for active or resolved infection Take broad definition of 'contacts'	<ul style="list-style-type: none"> Once pre-immunisation screening results are back, immunise all non-immune patients Screen and immunise contacts (take a broad definition of contacts, such as living with extended family, or community members)
Management and referral pathways need to be established for patients with HBV infection	<ul style="list-style-type: none"> Provide comprehensive counselling and education to patients who have HBV infection (use a qualified interpreter when working with people who have low English proficiency) Make a referral to a (refugee health specialised) specialist (see end of document) Establish a Team Care Plan with relevant specialist (MBS Item 721) Make notification to Department of Health even when client's infection was detected overseas or in another state

Benefits of screening

- Diagnose asymptomatic HBV and assess the need for treatment
- Reduce the risk of progression to cirrhosis and hepatocellular carcinoma through regular monitoring and early treatment
- Test and vaccinate contacts using government funded vaccines (including infants of HBsAg positive mothers)
- Provide information/counselling to client on reducing transmission
- Reduce the stigma attached to HBV by providing clear and appropriate information and patient education
- Address health inequality in the Victorian community

Checklist for working with patients from refugee backgrounds

- If a patient has low English language proficiency, identify and record the patient's preferred language.
- If indicated, book a credentialed interpreter using the (fee free) TIS Doctor's Priority Line - 1300 131 450.
- Ask patient what they know about Hepatitis B. Provide information about HBV, taking into account traditional health beliefs.
- Ask patient if they have been tested for HBV infection. If no records exist: gain informed consent & offer testing.
- Supporting materials may be available for patient history: ask patient if they have brought any medical documents with them to the appointment (e.g. immunisation records). For a patient who has recently been in an immigration detention facility, a Detention Health Summary may be available from the International Health and Medical Service CDAD telephone desk 1800 689 295.
- Check any detention summaries and other document for pre-immunisation HBV testing and results. If no testing was performed prior to immunisation, consider offered testing for HBV infection
- Request that pathology provide the THREE tests outlined in the table above (sAg, sAb, cAb)

There are THREE tests that you need to order to accurately screen for HBV

All overseas-born residents should be screened for HBV, including anyone who has been in Australia for years without ever having been offered screening or a comprehensive health assessment, and Australian-born children of overseas-born parents.

Ensure you provide pre-test and post-test discussion in the person's preferred language using a qualified interpreter. Accurate and clear communication is important when it comes to Hepatitis B. Allowing a family member or friend to interpret is problematic as it places unfair stress on people and is often in contravention of medical and ethical standards.

If there is no evidence that a person was screened for HBV prior to being given immunisation, then explain to your patient the need to test for infection. Your patient may believe that they are immune due to having had immunisation, when in reality they may need information on HBV management.

To order a Hepatitis B screen use the following tests:

- o sAg (infection status)
- o sAb (immunity)
- o cAb (to determine whether the immunity is from virus or vaccine)

In order for Medicare to rebate all three tests, you need to specify " ? chronic hep B infection" on the pathology request slip.

Priority Population group

Prevalence of HBV in overseas-born populations mirrors the prevalence and transmission patterns in a country of origin. Current humanitarian source countries all have intermediate or high prevalence of HBV, making all humanitarian arrivals Priority Population for screening. Transmission of HBV in many countries is most commonly through vertical transmission (mother to child at the time of birth or in the first few months of life), whereas in Australia transmission is most commonly horizontal. Given this, the Australian health system often presumes people do not have HBV or resolved infection, and immunisation is offered without pre-immunisation testing. This is an inadequate approach, as HBV contracted early in life (i.e. through vertical transmission) is likely to be asymptomatic and result in chronic carriage of the virus without an individual being aware of their status. For this reason, it is very important to accurately screen, diagnose, manage or vaccinate all overseas-born people for HBV.

Prevalence : studies show that prevalence of HBV in refugee background communities in Australia ranges from 2-38% (Victorian Foundation for Survivors of Torture (2012), *Promoting Refugee Health: A Guide for doctors, nurses and other health care providers caring for people from refugee backgrounds* (3rd ed), p. 205). This variation demonstrates a need for testing. Australian-born children of overseas-born parents are at higher risk of vertically contracting Hepatitis B due to undiagnosed Hepatitis B in their parents.

Immunisation, immunisation order forms and call back systems to ensure full course of vaccinations is received

Test for active or resolved infection prior to vaccination, as vaccination is not beneficial for people already exposed to Hepatitis B. Vaccination of all non-immune people is recommended. Household contacts should also be tested before immunisation. Specialist referral should be arranged for contacts with HBV (see below).

VACCINATION IS FREE: The Victorian Department of Health provides a free course of Hepatitis B vaccinations to any close contacts of a person with diagnosed Hepatitis B. The Department of Health does not have a prescriptive definition of 'contact' and recognises the treating doctor's discretion in this regard. The Victorian Department of Health 'Hepatitis B vaccine for special circumstances vaccine and resources order form' should be used to order vaccines. Asylum seekers are eligible for government adult and paediatric Hepatitis B vaccines if they have 'household contact' with an affected person (consider detention environments). For more information see: Victorian Department of Health website *Free vaccine Victoria - Criteria for Eligibility*.

Given that asylum seekers entitlements to housing and healthcare can change rapidly, resulting in rapid changes to housing and living arrangements, it is important to consider a call back system such as SMS or reminder calls, in the patient's preferred language, in order to assist in vaccination completion (i.e. three vaccinations over six months).

HBV management: share care plans and specialist referral

Adequate management of Hepatitis B assists in chronic disease prevention, reduces risk of progression to cirrhosis and hepatocellular carcinoma (liver cancer) and improves health equality. All individuals with Hepatitis B infection are to be referred to a clinician with specialised HBV knowledge for a management and treatment plan. General practitioners can develop a Chronic Disease Management Plan (MBS Item 721) to assist in management. Consider different health beliefs, and be sure to explain transmission and management clearly to all patients.

Clinical advice	Immunisation	Hepatitis B support and patient resources
<p>(1) Refugee Health Fellows at the Victorian Infectious Diseases Service are available for secondary consult and referral assistance. Contact: Adult Refugee Health Fellow (03 9342 7000), Paediatric Fellow (03 9345 5522).</p> <p>(2) Victorian Infectious Diseases Service, Royal Melbourne Hospital, Parkville. This is a State-wide Infectious Diseases Service with expertise in viral hepatitis. - http://www.vids.org.au</p> <p>(3) Hepatitis B and primary care providers, ASHM (2012): a pdf resource - http://www.ashm.org.au/members/DownloadPublication.asp?ResourceID=1976963395&ResourceDownloadLinksID=73</p> <p>(4) HepB Help website: http://www.hepbhelp.org.au.</p> <p>(5) Royal Children's Hospital Immigrant Health Service website: Hepatitis B screening information http://rch.org.au/immigranthealth/resources.cfm?doc_id=10812.</p> <p>(6) Decision making in HBV, ASHM (2010): http://www.ashm.org.au/images/publications/patient%20fact%20sheets/hbv/decision_making_hbv.pdf.</p>	<p>(1) Victorian Department of Health (2013), <i>Free Vaccine Victoria - Criteria for eligibility</i>: http://www.health.vic.gov.au/immunisation/free-vaccine.htm</p> <p>(2) Victorian Department of Health (2012), National Immunisation Program Schedule: http://health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm.</p>	<p>(1) Hep B Help – Resources for Patients: http://www.hepbhelp.org.au/index.asp?PageID=7</p> <p>(2) Centre for Culture, Ethnicity and Health (CEH) – Multicultural Health and Support Service http://www.ceh.org.au/our-programs/our_programs_mhss</p> <p>(3) EthnoMed: http://ethnomed.org/patient-education</p> <p>(4) Eastern Health patient factsheets: http://www.easternhealth.org.au/services/translation.aspx#factsheets</p> <p>(5) Hepatitis Infoline: 1800 703 003 (to use an interpreter for this service call 131450).</p>