



Joining the Dots

for Successful Health Promotion

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hepatitis
australia

A highly effective and safe vaccine has been available for decades. Despite this progress, over one third of the estimated 70,000 Australians living with CHB remain undiagnosed and unaware of their chronic infection.

The lack of awareness facilitates poor outcomes for both the individuals and the community with the ongoing transmission of this vaccine-preventable disease. A concerted partnership approach is required to support Australian primary care providers servicing priority populations to provide best practice screening, diagnosis, and care of those diagnosed.

The Burnet Institute, Cancer Council Victoria, Victorian Infectious Diseases Reference Laboratory and the University of Melbourne Rural Health Academic Centre are conducting a pilot program that aims to increase hepatitis B vaccination in those at risk of HBV to reduce the number of people with undiagnosed CHB.

General Practitioners will be assisted in identifying patients living with, or 'at risk' of CHB infection. Using the practice clinical system, an automated computer program will identify patients attending the practice at high risk of hepatitis B infection with no evidence (from practices records) of being screened or vaccinated for hepatitis B. These patients will be offered hepatitis B testing. Based on the test results, those at risk of infection will be offered vaccination, and those with CHB will be given advice regarding management and treatment.

Feasibility of the program will be measured through pre- and post-program feedback from the practices, and the proportion of the target population tested, diagnosed with, and vaccinated against hepatitis B will be determined.

If successful in this pilot program, the collaborative testing and prevention program described has the capacity to profoundly reduce the proportion of people living with undiagnosed CHB in Australia, for the benefit of those affected, their families and the community as a whole.

Hepatitis B awareness: Addressing gaps and barriers in a high risk population with a focus on antenatal care.

Yvonne Drasic, Marie Caltabiano, A/Prof Alan Clough, James Cook University

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Research indicates that health-related quality of life (HRQoL) is impaired in people with chronic hepatitis C (CHC), whereas little is known about similar effects of chronic hepatitis B (CHB). A study was conducted to explore differences in HRQoL (including perceived stigma) between CHB and CHC participants. As expected, CHB participants scored substantially lower on perceived stigma. However, there was no difference in HRQoL between the two groups, indicating that other factors must impact negatively on people with CHB.

The current research aims to reduce unrecognized and untreated cases of CHB. Two priority populations and several priority action areas listed in the First

National Hepatitis B Strategy are being addressed. Migrant populations from endemic areas represent the majority of people with CHB in Australia. Studies in the U.S. show that Hmong people are worse affected than most. Therefore, the Hmong community living in the Cairns area (Far North Queensland) will likely benefit from – and has expressed interest in – participating in this research.

Routine antenatal screening offers great opportunities for increasing awareness about CHB, especially in people at increased risk. However, follow-up care for women who test positive during pregnancy is often neglected, partly due to a lack of CHB knowledge and awareness in primary health care providers.

Phase I of this project aims to assess current hepatitis B awareness and antenatal practice in order to identify gaps and barriers. This includes CHB-related information currently provided to pregnant women; barriers preventing health-seeking behaviours; and to what extent and through whom contact tracing (screening/immunization/monitoring) occurs. Considering that the majority of people with CHB were infected at birth or during early childhood, it is important to not only trace household contacts but also parents and siblings living elsewhere.

The objectives for Phase I are to survey local GPs, a high risk population (using psychosocial constructs based on behavioural theory), and new/expectant mothers from the general population, and to make comparisons where

appropriate. The results will form the basis for the development and evaluation of suitable interventions in Phase II. This presentation will cover the work that has been done so far.

EDUCATING AND SUPPORTING PRISONERS AROUND HEPATITIS C

South Australian Prisoner Peer Support Training Program.

Michelle Spudic, Hepatitis C Council of South Australia

Establishing a hepatitis C peer education program among prisoners is an activity in the first Priority Action Area: Prevention and Education in the SA Hepatitis C Action Plan 2009-2012 released in May 2009 to address the high rates of hepatitis C prevalence in prisons.

The Hepatitis C Council of SA (HCCSA) in partnership with the SA Department for Correctional Services (DCS) and Relationships Australia SA (RASA) developed the hepatitis C peer support training program. DCS developed formal guidelines for the program and recruited participants from prisoners who were serving more than one-year sentences. The training program was then provided at each site over a number of sessions. It consisted of nationally recognised training modules from Community Services Certificate III provided by RASA, followed by hepatitis C education sessions provided by a HCCSA educator and peer educator.