2017
World Indigenous Peoples’ Conference on Viral Hepatitis

The Liver one stop shop

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Galiwin’ku
East Arnhem Land
Conflicts of Interest

• Nil
Background

- Galiwin’ku is ~600km east of Darwin (2 hour flight)
- Small island off the coast of East Arnhem Land
- Population 2500-3000
- Prevalence of chronic hepatitis B between 6% and 10%
- Clinic – one family doctor/general practitioner resident on the Island
- Bloods tests sent to Perth in WA to be processed take 5-14 days to get results
- No access to ultrasound or fibroscan on the Island
<table>
<thead>
<tr>
<th>Study &amp; Year</th>
<th>Population</th>
<th>HBsAg prevalence</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Barrett 1976</td>
<td>Indigenous communities in NT</td>
<td>8.4%</td>
<td>Higher in males and &lt;30’s</td>
</tr>
<tr>
<td>2 Gardner 1992</td>
<td>NT school children (439)</td>
<td>8.2%</td>
<td>14.2% in rural schools</td>
</tr>
<tr>
<td>3 Wood 2008</td>
<td>Pregnant women in NT (n=522)</td>
<td>5.5%</td>
<td></td>
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<tr>
<td>4 Schultz 2008</td>
<td>Antenatal women in NT (n=973)</td>
<td>3.7%</td>
<td>All Indigenous</td>
</tr>
<tr>
<td>5 Carroll 2010</td>
<td>Convenience sample, East Arnhem NT (n=112)</td>
<td>12%</td>
<td>63% anti-HBc positive</td>
</tr>
<tr>
<td>6 Dent 2010</td>
<td>Adolescents in a community in NT (n=37)</td>
<td>11%</td>
<td>19% past infection</td>
</tr>
<tr>
<td>7 Liu 2012</td>
<td>Antenatal women in NT Pre vaccine</td>
<td>3.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post vaccine</td>
<td>0.8%</td>
<td></td>
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<tr>
<td>8 Davies (submitted)</td>
<td>Indigenous people in the NT (n=14,025)</td>
<td>6.08%</td>
<td>(3.4% overall n=35,603 Indigenous and non-Indigenous)</td>
</tr>
</tbody>
</table>
Cascade of care for the NT

- 4315 people living with chronic hepatitis B in the Northern Territory (2014)
- 2635 (61%) notifications received “diagnosed” (2012)
- 1680 (39%) undiagnosed (2012)
- 799 (18.5%) engaged in care (2014)
- Not in care 3516 (81.5%) (2014)
- 134 (3.1%) receiving treatment
- An additional 516 (11.9%) estimated to need treatment
Australian 2\textsuperscript{nd} National strategy targets (2014-2017)

• Diagnosed – 80%
• Engaged in care no target – aiming for 100% of those identified (our operational target 80%)
• On treatment – 15%
Problems with going to Darwin for tests

• Fear
• Disruption to work/life
• Temptation – alcohol
• Inconvenience
What we have developed

• Systematically looking for people living with CHB through electronic records system
• Ensure have appropriate care plan and recalls added
• Invited for baseline review with specialist outreach team
• Specialist doctor
• Portable ultrasound machine and ultrasonographer
• Portable fibroscan machine and specialist nurse
• Dedicated Aboriginal health Practitioner
• Use of bilingual educational app about chronic hepatitis B
What we have developed

• 4 visits per year for 2 days
• Between visits:
  • Bloods – timing important
  • Medication – make sure taking it and have a supply
• Vaccinate household contacts
• Education using app
• Drop cards prior to visits
If you have Hep B for a long time your chance of getting a cancer of the liver is higher than if you don't have Hep B. This is why when you reach the age of 50 your doctor will ask you to have blood tests and ultrasound scans of the liver every 6 months. If a liver cancer is growing in your liver and it is found before it gets too big there are good treatments for it. If it is very big when it is found it is hard to treat.
Women’s Business
Treatment Paths

If you have a low level of virus in your blood it is important your baby is protected as soon as they are born to stop the Hep B passing on to them. They need to have 2 needles as soon as they are born and then one at 2 months, 4 months and 6 months.

If you have a high level of virus in your blood your baby should have all the needles as described above. You also need to talk to a doctor about having a tablet medicine from week 28 of your pregnancy. This medicine brings the virus level in your blood down by the time you have your baby. This means you are much less likely to pass the Hep B onto your baby.
Results

Cascade of care for one remote community created using data from\textsuperscript{1,2}.

169 people living with chronic hepatitis B one specific community of 2124 people (2012)

103 (61\%) notifications received "diagnosed" (2012)

66 (39\%) undiagnosed (2012)

engaged in care

84\% of those diagnosed

16\% of those diagnosed

receiving treatment

11\% of those diagnosed

An additional 12 of total (8\%) estimated to need treatment


\textsuperscript{2} Personal communication - clinical audit data Dr Jane Davies & Sarah Bukulatji AHP
Conclusions

• The liver one stop shop works
• People come for their reviews
• People take their treatment
• People tell us that having an AHP really helps them
• People tell us that consistency is really important
Any Questions?
Acknowledgements

• Miwatj Aboriginal Health Corporation
• Marthakal Homelands Health Service
• Menzies Hep B Research Team
• Royal Darwin Hospital Liver Clinic and Ultrasonographers