

PC Update August 2009

Refugee Health

ANSWERS

Refugee Health Quiz – Hepatitis B

August 2009

Give me 5!



You may find this information useful for practice visits and/or for use in small group learning sessions conducted for GPs and PNs who see patients of refugee background.

JULY Recap: Source Countries, Settlement Areas, Clinics, Resources and Health Issues

In July, we identified 5 of the primary source countries for Victoria's refugee and humanitarian program entrants - Myanmar, Iraq, Sri Lanka, Afghanistan and Sudan - and found these communities were settled in at least 5 local government areas: Greater Dandenong, Maroondah, Wyndham, Brimbank and Hume. Readers were also directed to the GPV website to access 5 key downloadable refugee health and immunisation resources including the refugee health assessment template; Victorian adult refugee vaccine order form; Foundation House refugee health desktop guide and handbook, and guidelines produced by the Australasian Society of Infectious Diseases.

AUGUST: Overseas-born residents and Hepatitis B

In last month's quiz, 5 key health issues for which refugee patients should be screened on arrival were identified as immunisation, tuberculosis, schistosomiasis, malaria and a range of infections. Hepatitis B infection is the focus of this month's quiz, with questions drawn in part from the 2008 HBV guide for primary care providers, produced by the Australasian Society for HIV Medicine:

[B positive - All you wanted to know about hepatitis B: A guide for primary care providers¹](http://www.ashm.org.au/images/publications/monographs/b%20positive/b_positive-all_you_wanted_to_know.pdf)

¹ http://www.ashm.org.au/images/publications/monographs/b%20positive/b_positive-all_you_wanted_to_know.pdf

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1. Immigrants from which 5 regions are at higher risk for HBV infection than the general Australian population?

Asia	Pacific	Middle-East	Mediterranean	Africa
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2. What are 5 of the barriers experienced by CALD communities which can affect primary prevention of HBV?

Low levels of HBV screening by primary carers	Low levels of HBV immunisation	Low levels of HBV knowledge and awareness	Low levels of English language proficiency	Culturally-based practices including eye-brow tattooing and suction cup therapy
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3. What has been the major contributor to the increasing prevalence of chronic HBV infection in Australia?

Immigration from highly-endemic countries

4. What percentage of chronic HBV infection cases in Australia have been estimated to occur in Asian immigrants?

20-35%	35-50%	<input checked="" type="checkbox"/> 50-65% (O'Sullivan et al, 2004; Bell et al, 2005)
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5. What is the estimated likelihood of Asian-born residents developing HBV-related hepatocellular carcinoma (HCC) compared to Australian-born residents?

Asian-born immigrants are estimated to be <i>twice as likely</i> to develop HBV-related liver cancer as Australian-born residents	Asian-born immigrants are estimated to be <i>four times more likely</i> to develop HBV-related liver cancer as Australian-born residents	<input checked="" type="checkbox"/> Asian-born immigrants are estimated to be <i>six times more likely</i> to develop HBV-related liver cancer as Australian-born residents (Amin et al, 2007)
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FIVE POINTS FOR PRACTICE VISITS

- Newly-arrived and better-established immigrants need to be tested for chronic hepatitis B
- Candidates for vaccination need to be offered age-appropriate catch-up immunisation
- Children and adults living with confirmed HBV+ household contacts are eligible for free HBV vaccination
- Immigrant patients from a range of age-groups may present to general practice and require screening, liver clinic referral and/or catch-up immunisation
- Refugees often lack immunisation records, while limited English, low health literacy, cultural differences, school/residential mobility and the competing priorities of new settlement can all be barriers to seeking or completing catch-up immunisation courses

FIVE REFERENCES FOR SMALL GROUP LEARNING

- Carey, W. D. (2009). The prevalence and natural history of hepatitis B in the 21st century. *Cleve Clin J Med*, 76 Suppl 3, S2-5
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- Robotin, M. C., George, J., Supramaniam, R., Sitas, F., & Penman, A. G. (2008). Preventing primary liver cancer: how well are we faring towards a national hepatitis B strategy? *Med J Aust*, 188(6), 363-365.
- Tawk, H. M., Vickery, K., Bisset, L., Selby, W., & Cossart, Y. E. (2006). The impact of hepatitis B vaccination in a Western country: recall of vaccination and serological status in Australian adults. *Vaccine*, 24(8), 1095-1106.
- Ma, G. X., Fang, C. Y., Shive, S. E., Toubbeh, J., Tan, Y., & Siu, P. (2007). Risk perceptions and barriers to Hepatitis B screening and vaccination among Vietnamese immigrants. *J Immigr Minor Health*, 9(3), 213-220.

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