

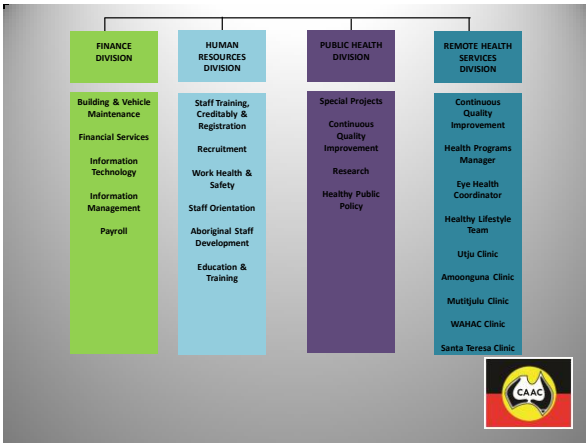
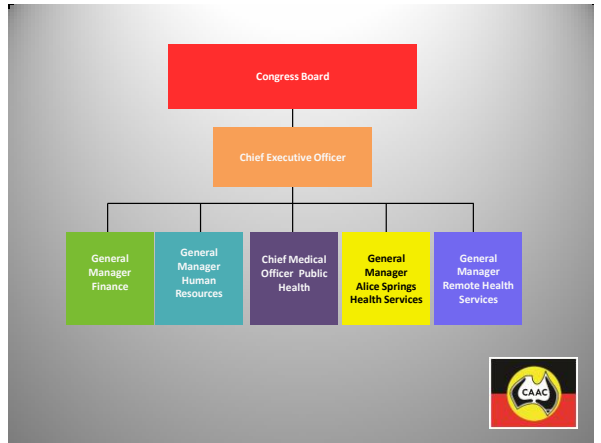


## The outcome of a Hepatitis B audit at the Central Australian Aboriginal Congress

**Presentation to the World Indigenous Peoples Conference on Viral Hepatitis  
Alice Springs  
October 2014**


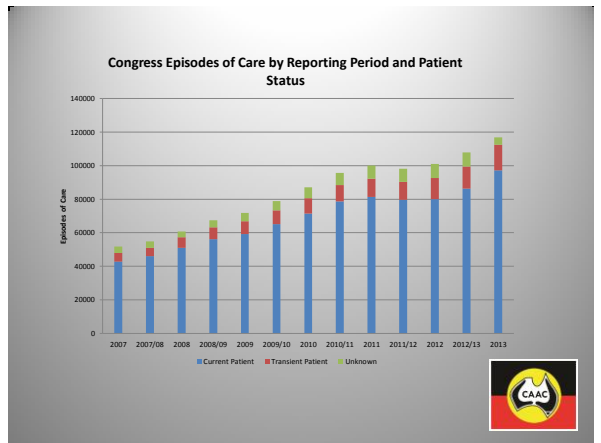
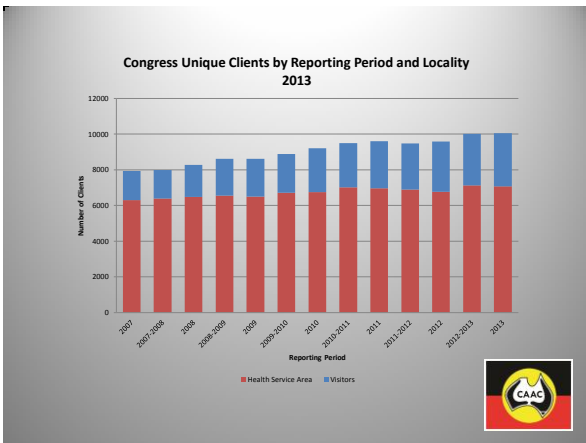
**John Boffa, Chief Medical Officer Public Health  
Warwick Beever, Sexual Health Coordinator  
(Acknowledge Nam-PSU, Dr Nathan Hyder  
from the NT SHBBV program)**

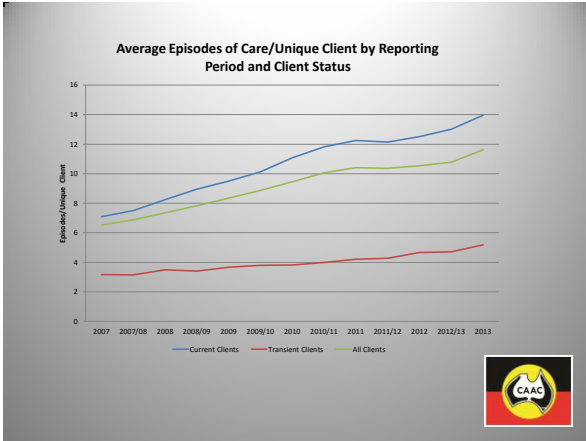
**Congress**  
Central Australian Aboriginal Congress Inc  
Aboriginal Health in Aboriginal Hands

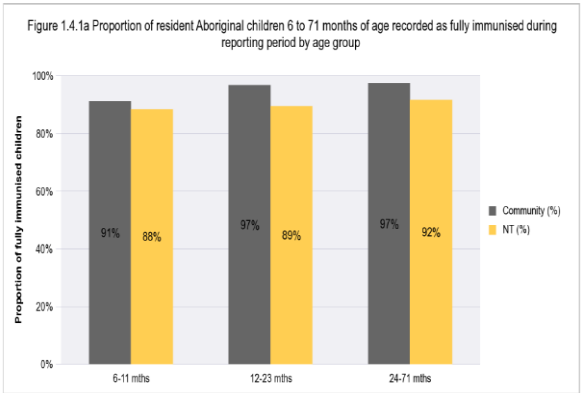
### ALICE SPRINGS HEALTH SERVICES DIVISION

MAIN CLINIC	ALLURUNA	INGENITA	CHILDRENS SERVICES	SEWB
<ul style="list-style-type: none"> <li>Resal Program</li> <li>Hearing Program</li> <li>Chronic Disease Program</li> <li>Dentist</li> <li>Transport</li> <li>Communicable Disease</li> <li>Allied Health Acute Care</li> <li>Frail Aged and Disabled Program</li> </ul>	<ul style="list-style-type: none"> <li>Maternity Care</li> <li>Women's Health</li> <li>Family Partnership Program</li> <li>Congress Community Health Education Program</li> <li>Transport</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Services</li> <li>Men's Shed</li> <li>Violence Intervention Program</li> </ul>	<ul style="list-style-type: none"> <li>Child Care</li> <li>Healthy Kids Clinic</li> <li>Child Health Services</li> <li>Preschool Ready Program</li> </ul>	<ul style="list-style-type: none"> <li>Community Wellbeing Program</li> <li>Youth Outreach Program</li> <li>Safe &amp; Sober Support Service</li> <li>Targeted Family Support Service</li> <li>Intensive Family Support Service</li> <li>Headspace (Youth Services)</li> </ul>



Alice Springs Urban HSDA - for period 01 July 2013 to 30 June 2014



## The Audit Sample

- Data extraction 2010
- All Congress current de-identified clients pulled and randomised to 10% sample
- Cut of date 01/07/2010
- 28 individual fields of information looked at (including biographic)
- 724 individuals from 0 years to 99 years

## The Audit Questions?

- Prevalence Rates of Hepatitis B
- Immunity status and by method
- Number of clients that had Hep B status recorded on summary sheet in notes
- Number of "carriers"
- Number with active liver disease (did those with active liver disease have ETHOL recorded as a clinical item?)

## The random sample (10%)

Age group	F	M	Total	%
0-14	88	106	194	26.8%
15-24	76	52	128	17.7%
25-54	169	146	315	43.5%
55+	48	39	87	12.0%
<b>Total</b>	<b>381</b>	<b>343</b>	<b>724</b>	
<b>%</b>	<b>52.6%</b>	<b>47.4%</b>		

## 22% of sample tested overall

### Number tested for all HBsAg, HBsAb, HBcAb.

Age group	F	M	Total
0-14	0	0	0
15-24	31	8	39
25-55	63	48	111
56+	4	6	10
<b>Total</b>	<b>98</b>	<b>62</b>	<b>160</b>

## Hepatitis B Prevalence

- Children (0 – 14 yrs): 0.0%
- Adults (15 – 55): 1.1%
- Adults (56 + ): 4.6%
- All Ages 1.2%



## Immunity Status

Immunity status	Age group				Total
	0-14	15-24	25-55	56+	
First check by serology					
Unknown	30	56	182	68	336
Infected	0	1	4	4	9
Naturally acquired	0	5	36	4	45
Naturally acquired (anti-HBs neg)	0	0	13	5	18
Susceptible	0	21	41	2	64
vaccination	0	15	32	1	48
Checking the rest by immunisation records					
full adult vaccination*	0	1	6	3	10
full paed vaccination*	164	29	1	0	194
<b>Total</b>	<b>194</b>	<b>128</b>	<b>315</b>	<b>87</b>	<b>724</b>
Prevalence of Hep B infection	0.0%	0.8%	1.3%	4.6%	1.2%



## Conclusion

- High quality, accessible Aboriginal community controlled comprehensive primary health care is achieving very high immunisation coverage in children and is preventing Hepatitis B infection in Aboriginal people in Alice Springs
- Hepatitis B, as with other communicable diseases, is probably declining as a cause of serious illness amongst Aboriginal people



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