Challenges in Hepatitis B Treatment and Management: The nursing perspective

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Overview

• Clinic context
• 3 cases
  – Priority attached to hospital-based care
  – Lack of priority given to hepatitis B
  – Disappearing act
Clinic context

• Community health centre situated in inner east of Melbourne
  – 10th highest CHB prevalence area in Australia

• Patient demographic data 2014 (n=4,500):
  – Country of birth – Australia, Greece, Ethiopia, China, Viet Nam, Somalia, Italy and Sudan
GS

• 43 year old, Ethiopian-born female
  – Migrated to Australia from Ethiopia in 2004

• Social history
  – Married
  – 4 children (19, 9, 6 and 3 years old)
    • 3 of 4 children born in Australia
  – Currently unemployed
GS

- Possible transmission routes
  - Born in Ethiopia
    - No family history of liver disease
  - Multiple vaccinations in Ethiopia
  - 1994 (age 21) episode of jaundice – no diagnosis

- 1st diagnosed with hepatitis B in 2007 during antenatal screening
  - Repeatedly “diagnosed” during pregnancy
  - Referred to tertiary hospital in 2010
GS

- At referral (2010):
  - HBsAg+, anti-HBc+, HBeAg-, anti-HBe+
  - ALT 21
  - HBV DNA 127
GS

- December 2012
  - HBV DNA 39 IU/ml
- May 2013
  - 98 IU/ml
- August 2013
  - HBV DNA 10,200 IU/ml; ALT 228-343 U/L
- September 2013
  - HBV DNA <20 IU/ml
GS

- Review 6-12 monthly review at hospital since
  - HBV DNA <20 IU/ml
- 12 monthly liver ultrasounds
  - Diagnosed with fatty liver
- FibroScan 3.8kPa
- ALT within normal range (<19U/L)
GS

• Appointment with GS in August 2015 (very worried about who was in the waiting room and might see her meet with me)
  – Explored her hepatitis B knowledge
    • Very low; unsure of how she contracted hep B; seems to be a “problem” when she gives birth
  – Regularly attends the hospital appointments
    • “Not sure why ... something in my tummy”
  – Considered enrolling her shared care program
    • “it must be important if I have to go to hospital”
GS

• Ongoing approach
  – Working with GS to improve her understanding of hepatitis B
  – Maintain the delivery of care through the tertiary hospital
    • Easy to get to by tram
    • Knows where to go in the hospital
    • Appointment day/time suits her
EF

- 28 year old Sudanese female
  - Arrived in Australia in 2007
- 4 children (12, 10, 8 and 3 years)
  - 2 of 4 children born in Australia
- Appointment in March 2016
  - EF wanted to learn more about hepatitis B
  - Pre-pregnancy testing – January 2016
    - HBsAg+, anti-HBc+, HBeAg negative, anti-Hbe+; HBV DNA <20; ALT 41
EF

• During the discussion:
  – Her new partner is very unwell in hospital
  – Diagnosed with AIDS
  – EF very distressed as she was not aware
  – Underwent HIV testing – subsequently negative

• Developed severe anxiety, depression
  – Presented to the clinic 5 times in 3 weeks
  – Collapsed in public setting due to exhaustion from stress
  – Mental Health Care plan developed
EF

• Hepatitis B is not a priority
  – In regular contact with health professionals BUT regular monitoring has not occurred
    • Working with the GPs to understand importance of monitoring
  – Talking about hepatitis B “stresses her out”, she prefers to avoid it
  – Expressed feeling stigmatised because of hepatitis B
    • Worried about who is in the waiting room
AD

• 22 year old Sudanese male
  – Recently migrated to Australia
  – No family in Melbourne

• Presented in October 2015 to GP for a health check (case worker request)
  – HBsAg+, anti-HBc+, ALT 32
    • Unaware of HBeAg/Ab status (GP did not order)
AD

• AD returned in November 2015 for results
  – GP and I had a discussion about results and developed a management plan

• GP appointment
  – AD not aware of any family history of hep B or liver disease
  – Currently drinking a lot of alcohol
  – Having unprotected sex with his girlfriend – unaware of her hep B status
  – GP explained the need for ongoing monitoring and HCC surveillance
AD

• In the last 10 months
  – Recall letters have been sent to his address
  – Phone calls and SMS reminders to make an appointment
  – Actions inserted into medical history