



Mums, bubs & hepatitis B

**Gabrielle Bennett, Victorian Viral Hepatitis
Educator, St Vincent's**

Lets discuss....



- Who lives with HBV?
- Transmission of HBV
- Diagnosis & management.
- Pregnancy & post natal issues

- Communication & health literacy
- Where to get more information

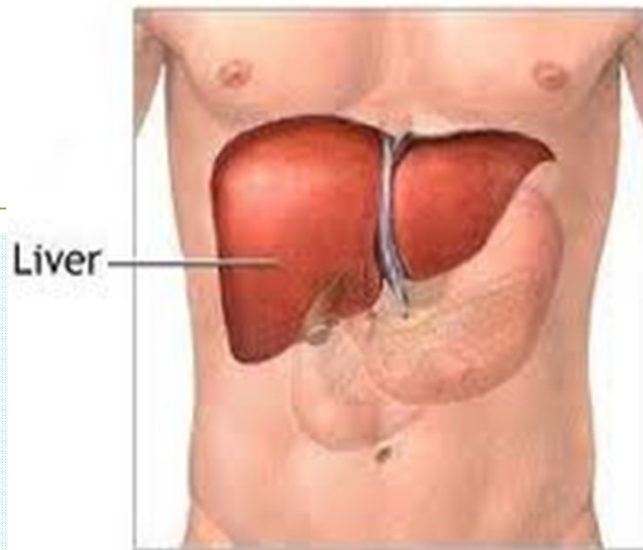
.....for hepatitis B

What is hepatitis B?

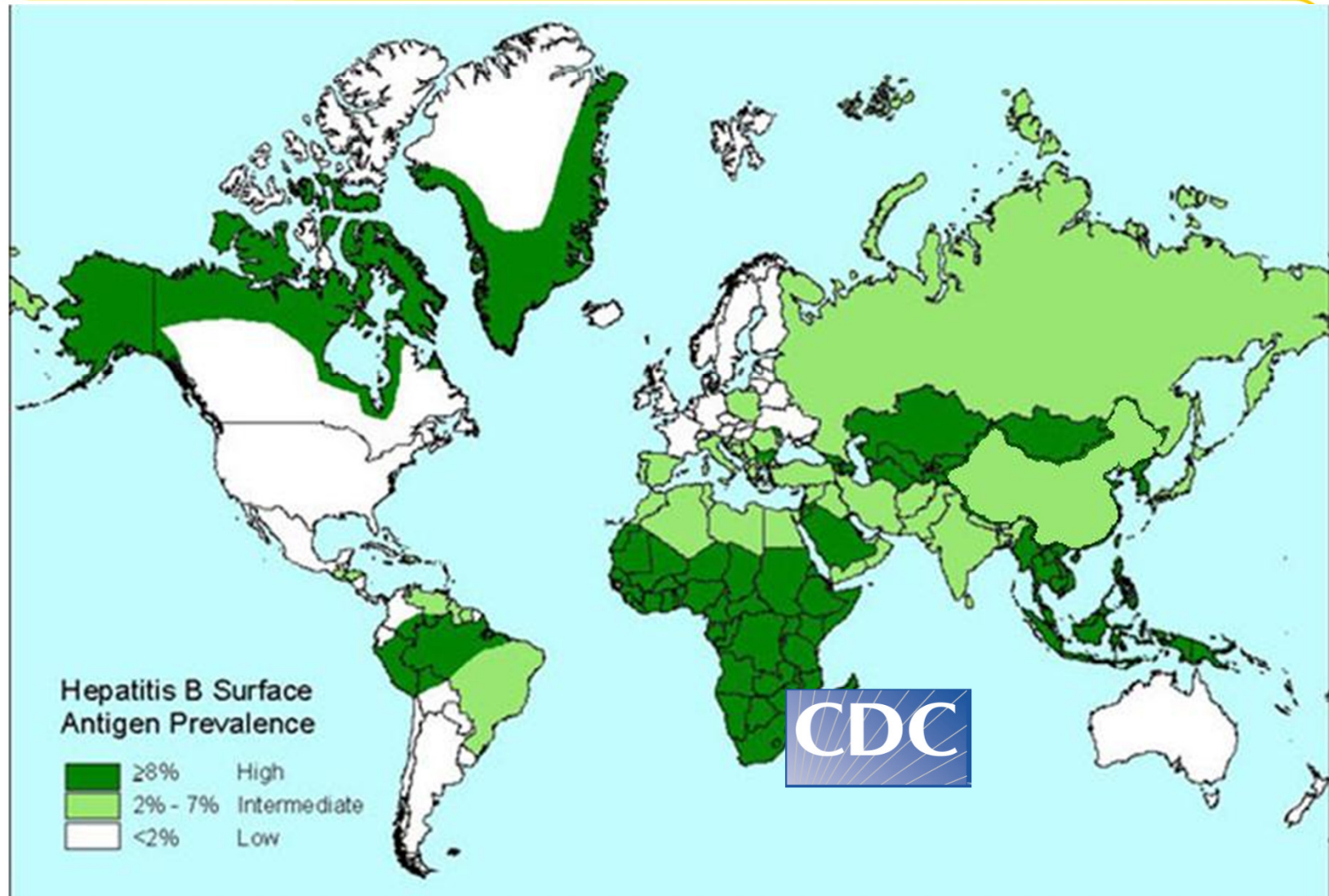
- Inflammation of the liver
- 5 types virus – A,B,C,D,E
- Scarring - fibrosis - cirrhosis

Hep B

- Often no symptoms
- Highly dynamic virus



Global prevalence of Chronic Hepatitis B in 2011

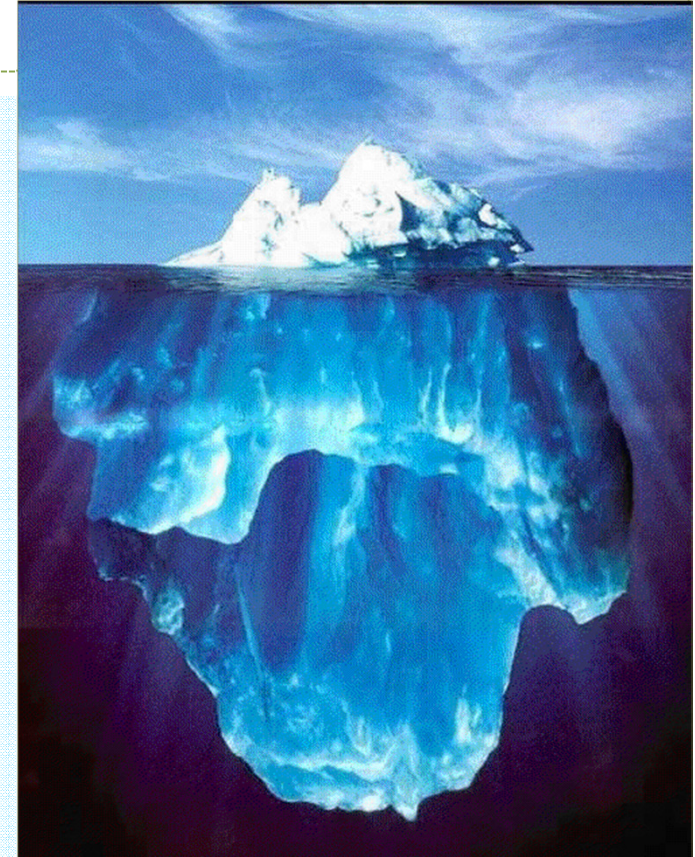


Chronic hepatitis B in Australia

- 218,000 people
- “Family business”?
- 50% HBV is undiagnosed
- Only 3% get treatment
- Require 6 mo. monitoring

Untreated chronic HBV

- 25% - mortality
- liver failure/cirrhosis/liver cancer



Who has HBV in Australia?



2/3 people with HBV are either:

- Born in endemic areas overseas.
- ATSI com.'y (mainly northern Aust)

Prevalence in Victoria

- Inner N & E & W Melb, SE Melb
- Goulburn V, Barwon, Gippsland
- Broader health inequities? Access?

Risk factors for hepatitis B tx.



1. Perinatal

- Mum with Chronic HBV to baby



2. Blood to blood contact

- Sharing injecting equipment
- Tattooing and body piercing
- Receipt of blood products, organs pre1985
- History of incarceration
- Overseas medical & dental procedures
- Household – eg. Sharing razors/toothbrushes

3. Sexual

- Hep B is an STI. Unsafe sex

4. Horizontal – skin/mucosal break. Toddlers, biting

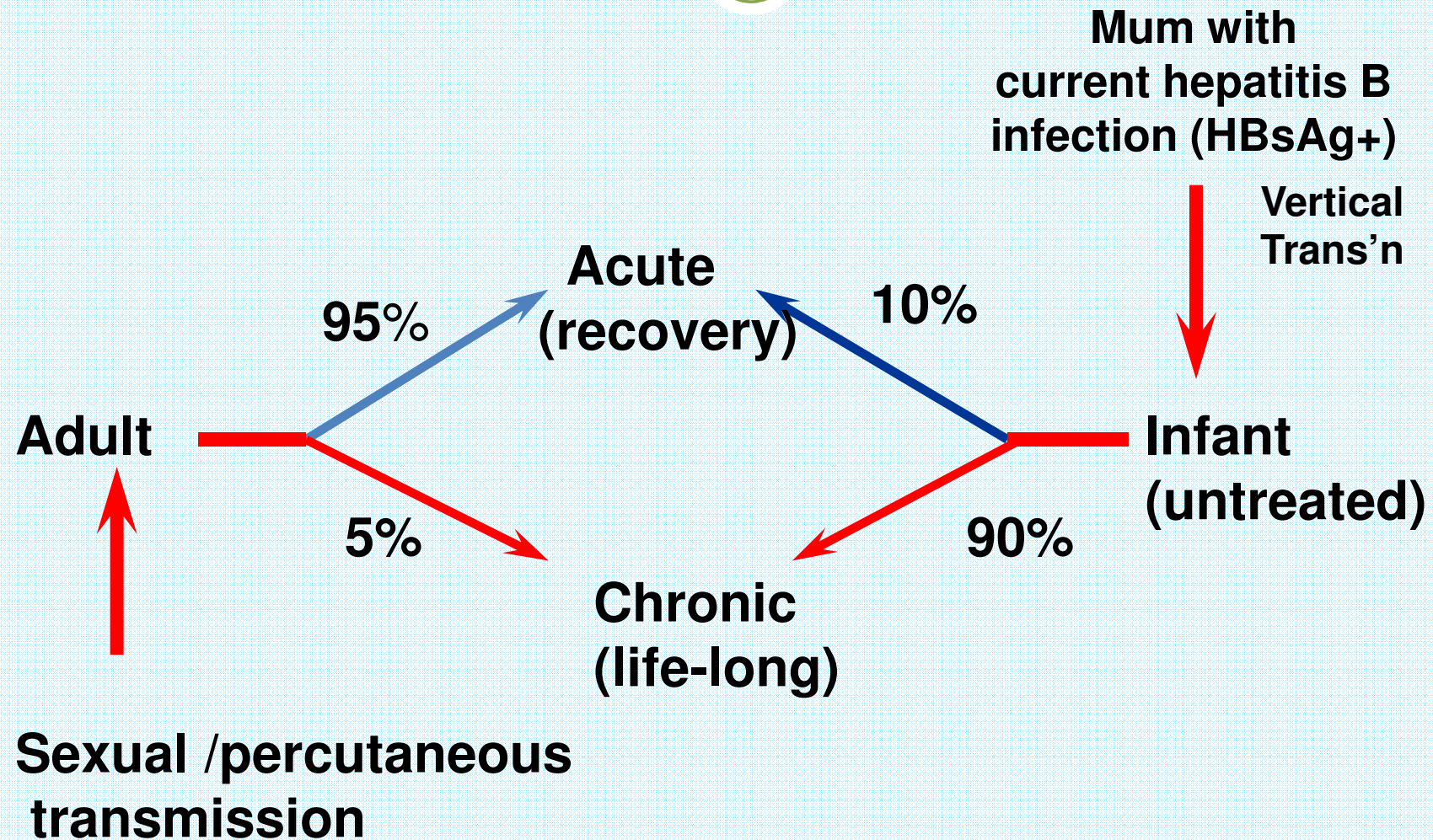
How you DON'T get Hep B



Toilets



Acute and Chronic Hepatitis B



Testing & treatment

- Voluntary & confidential
- 3 bld. tests to screen (Sag, Sab, C ab)
- Recommended for pregnant women & people/families from endemic regions & those at risk.

Treatment

- Well tolerated
- Usually 1 tablet /day for life



MCHN's – a vital link!



2 NSW hospitals - 2% pregnant women +ve hep b (1)

- 98% born OS
- 78% had previous documentation of infection.
- No doc'n re. receiving education regarding infectivity
- 93% no doc'n regarding referral/follow-up during/after delivery

3 Vic'n public hospitals (2)

- 87% HBV +ve mums born OS
- 18% women referred for special't care
- >90% babes received HBIG and vaccine



1. Guirgis, M, Zerky, A et al. 2009, Journal of Gastroenterology & Hepatology, 24,:998-1001

2. Giles, M, Grace, R et al. 2013, ANZJOG; 53: 231-235

Pregnancy & delivery



- Recommended all pregnant women offered testing at 1st ANC (RACOG)
 - High viral load - consider treatment .
 - Aim to reduce viral load in preparation for delivery
-
- Tx occurs during labour & birth mostly.
 - Minimize interventions that may break infant's skin (NVD, avoid electrodes/forceps/vontouse)

Hepatitis B: Postpartum



- Vaccine at birth – reduces tx. risk by 70%
- Vaccine + HBIG at birth – reduces tx. risk by 92%
- Encourage breastfeeding
- **Check mum has follow-up.**
- Infant testing? 3-12 mo. after final dose of HBV vaccine.
- If HBsAg +ve, referral to paed. Gastro't.



Vaccinate against Hep B



- 4 doses most newborns.
- Birth dose w/i 24 hrs.
- Then 2,4,6 mo.
- PLUS 12 mo. booster if
- < 32/40 or <2000g birth.
- What about you, the client & extended family??
- Adults 3 doses 0, 1, 6 mo

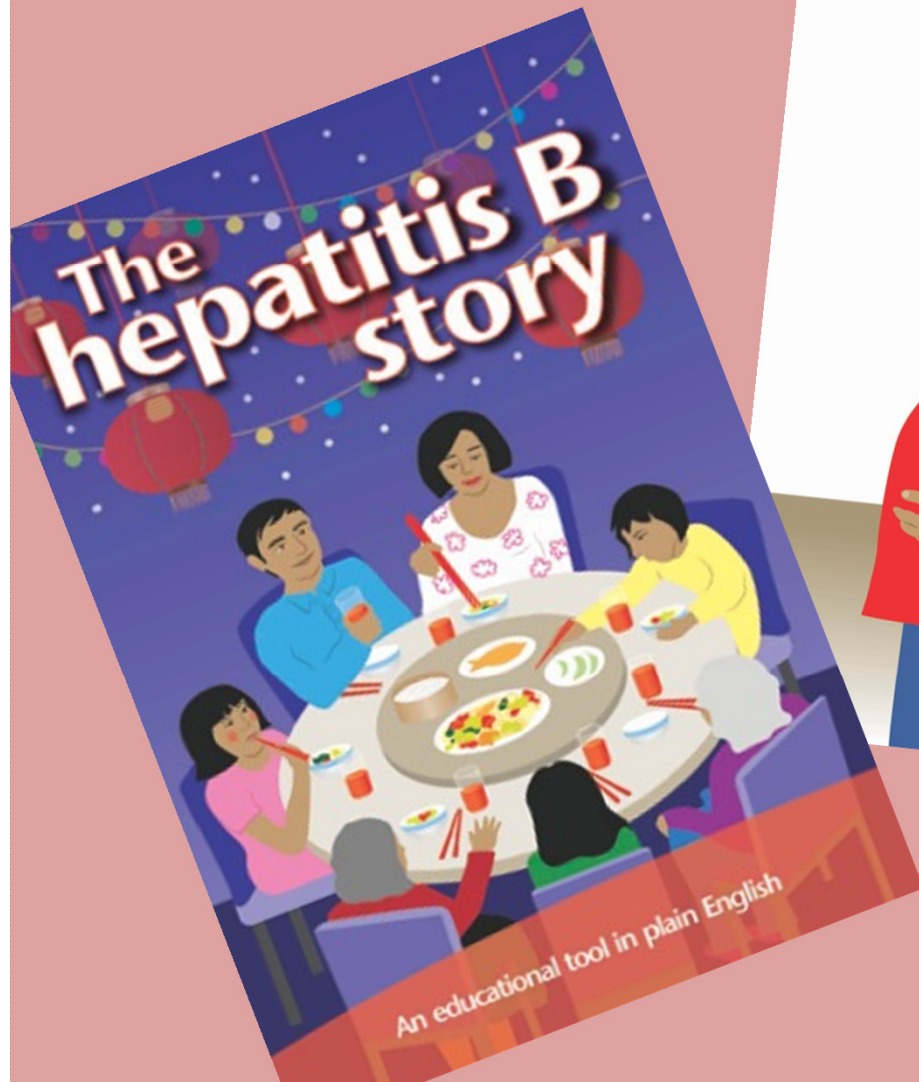


Preventing Transmission

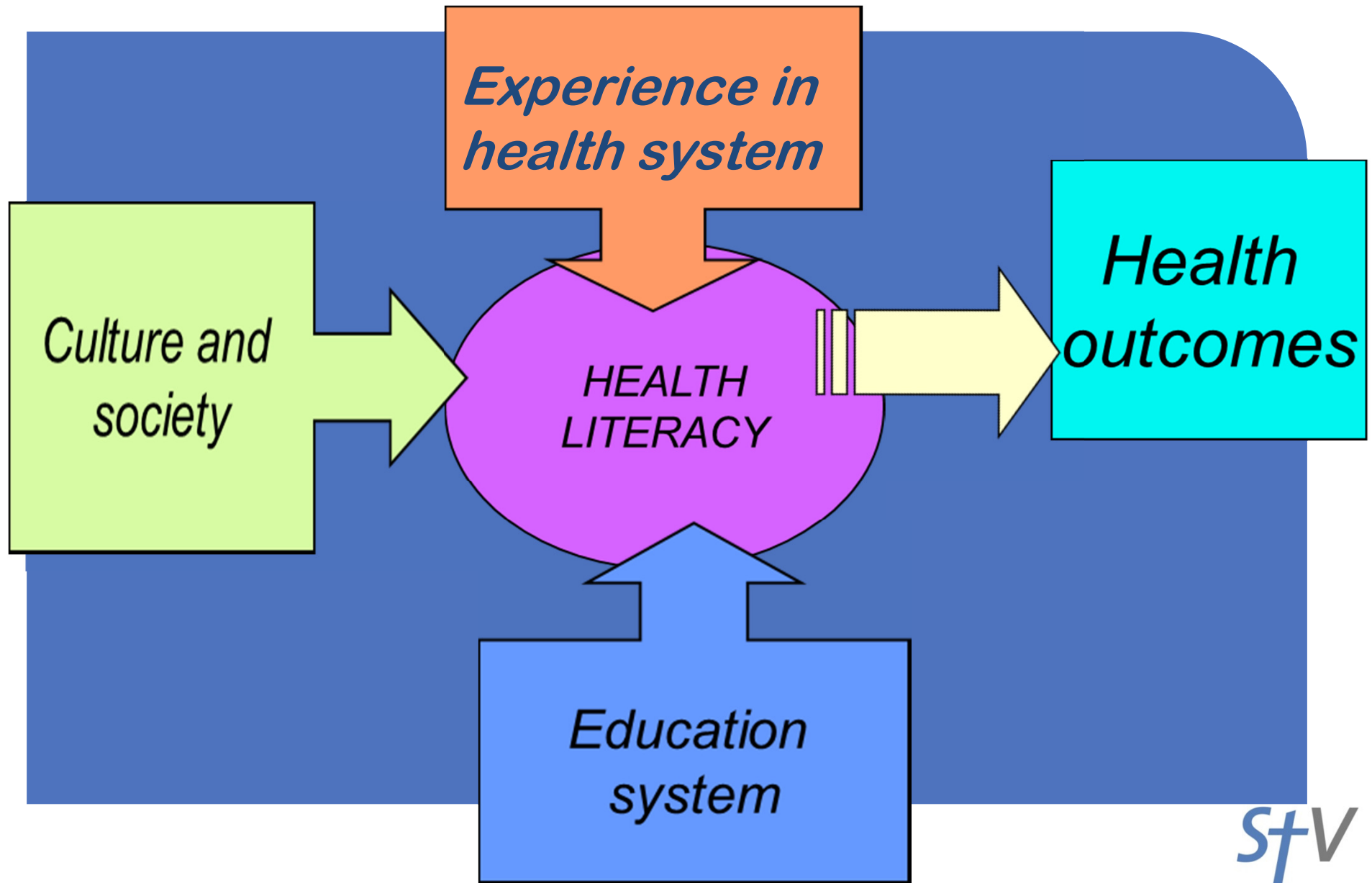
- Vaccination
- Standard precautions
- Suggest screening to communities at risk
- Safety with needles/sharps
- Improve health literacy x 2



The hepatitis B story



What is health literacy?



Inadequate health literacy

- About 60% Australians have inadequate health literacy (1)
- 74% LOTE background have inadequate HL
- Excess hospitalisations (2)
- Poor health outcomes & chronic illness (2)
- Decreased primary health service use
- More likely to present with advanced ca.(3)
- Mistakes
- Social disadvan'ge, eg. poverty, low ed'n (4)

(1) ABS, 2006; (2) Adams et al, 2009, MJA; (3) Donelle et al. 2008, *Ch Dis in Canada*, (4) Liechty, J, 2011, *Health & Social Work*

Hep B & health literacy



- 2/3 clients born in endemic areas or are from ATSI com'y
- CALD patients - language, discrimination cultural barriers (3)
- 2/3 GPs uncommon to use interpreter services (3)
- Are services culturally competent?

(3) M. Guirgis et al., 2011, Internal Medicine Journal

Tips for health workers

- Inside front cover
- References on health literacy
- Working with interpreters, health beliefs
- Developed a symbol to prompt health workers to use “teach back” .



What is “Teach- back”?

- Asking clients to repeat in their own words what they need to do or know in a non-shaming way.



- NOT a test of patient, but of how well YOU explained a concept.
- A chance to check for understanding and if necessary, re-teach the info.

New HBV diagnosis
- what now?

Interpreting
HBV serology

Hepatitis
Clinic finder

Which patients to
screen for HBV

Resources
for GPs

Resources
for Patients

Acknowledgements
Partners & Links

HBV diagnosis:
quick guide for GPs



How to interpret
HBV serology



Find your nearest
HepB Clinic



Resources for:

GPs

Patients



VIDRL

Victorian Infectious Diseases
Reference Laboratory

Welcome to HepBHelp

If you have diagnosed a patient with hepatitis B and need assistance with what to do next, [click here](#).

HepBHelp is an independent website which aims to assist Australian GPs in the further investigation and management of patients diagnosed with chronic hepatitis B virus (HBV) infection.

HepBHelp is an initiative of [VIDRL](#), a public health reference laboratory, supported by the [auDA Foundation](#) and [Cancer Council Australia](#).

Recent [evidence](#) suggests Australian GPs need more assistance and education about what to do for patients with HBV infection. HepBHelp aims to provide this assistance in as concise and time-efficient way as possible.

If you have any queries about the site, or have any suggestions for how we could improve it, please e-mail us at HepBHelp@mh.org.au

HepBHelp is designed to assist Australian GPs in the care of their patients living with HBV infection. If you are not a medical practitioner or other health care worker and are seeking more information about hepatitis B, links to some useful Australian resources can be found [here](#).

If as a community member you have seen something on this site that concerns you or you would like to discuss further, the best person to talk with is your GP. If your GP is unsure about your question or concern, ask them to visit www.HepBHelp.org.au to assist with your discussion.

Summary

- Burden of HBV & liver cancer/failure are growing rapidly. 50% undiagnosed.
- HBV can be treated.
- Birth dose HBV vaccine vital.
- Check mums understanding of hep B & encourage 6-12 mo. checks for +ve mum.
- Check-ups & vaccine for family?
- How can you support families w. health literacy?
- Chronic HBV needs regular monitoring

Acknowledgements

- Jen McLachlan, Ben Cowie at VIDRL
- Cancer Council Victoria

Thank you!!

Gabrielle Bennett

Victorian Viral Hepatitis Educator

St Vincent's Hospital

gabrielle.bennett@svhm.org.au

Ph: 9288 3586

Mob: 0447 865 140

