Mums, bubs & hepatitis B

Gabrielle Bennett, Victorian Viral Hepatitis Educator, St Vincent’s
Let's 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

Gabrielle Bennett Victorian Viral Hepatitis Educator
Global prevalence of Chronic Hepatitis B in 2011

[Map showing global prevalence of Chronic Hepatitis B with color-coded regions: High (≥8%), Intermediate (2% - 7%), Low (<2%)]
<table>
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<th>Chronic hepatitis B in Australia</th>
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<td>• 218,000 people</td>
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<td>• “Family business”?</td>
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<td>• 50% HBV is undiagnosed</td>
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<td>• Only 3% get treatment</td>
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<td>• Require 6 mo. monitoring</td>
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**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?

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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

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Acute and Chronic Hepatitis B

Mum with current hepatitis B infection (HBsAg+)

Vertical Trans’n

Infant (untreated)

Adult

Sexual /percutaneous transmission

Acute (recovery)

Chronic (life-long)

95%

90%

5%

10%
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


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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 O, 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

An educational tool in plain English

The hepatitis B story

The hepatitis B story
What is health literacy?

Experience in health system

Culture and society

Health outcomes

Education system

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)

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.
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
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