



Government of Western Australia  
East Metropolitan Health Service



Government of Western Australia  
Department of Health



Royal Perth  
Hospital

*An East Metropolitan Health Service and WA Department of Health Partnership*

# »» Hepatitis B: Care in the Community

## Empowering and Supporting Primary Care Clinicians

Presented by:

**Adam Gregson, Nurse Practitioner - Hep B Hub WA**

**[HepBHubWA@health.wa.gov.au](mailto:HepBHubWA@health.wa.gov.au)**



# Acknowledgement of Country

I wish to acknowledge the traditional custodians of the land that we are meeting on today, the Whadjuk people of the proud Noongar nation.

We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

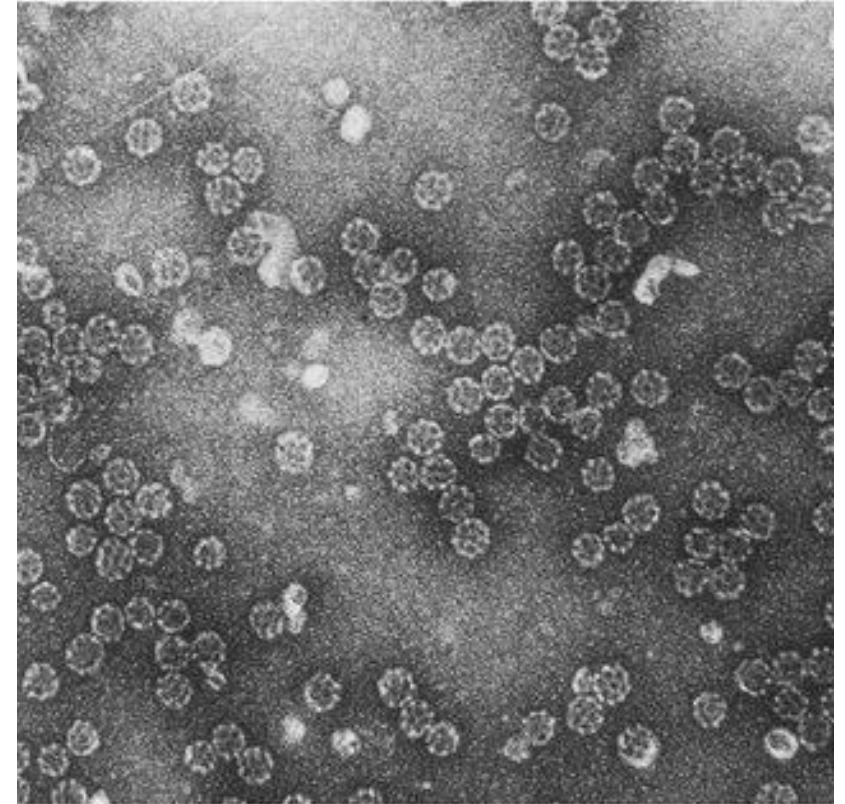
And we recognise the strength, resilience and capacity of the Noongar people in this land.





# Session Summary

- › The current hepatitis B situation in WA
- › Why change is needed and the benefits
- › The Hepatitis B Project – Hep B Hub WA
- › The Hepatitis B Project – Outreach Clinics
- › ASHM HBV s100 prescriber course



[HepBHubWA@health.wa.gov.au](mailto:HepBHubWA@health.wa.gov.au)

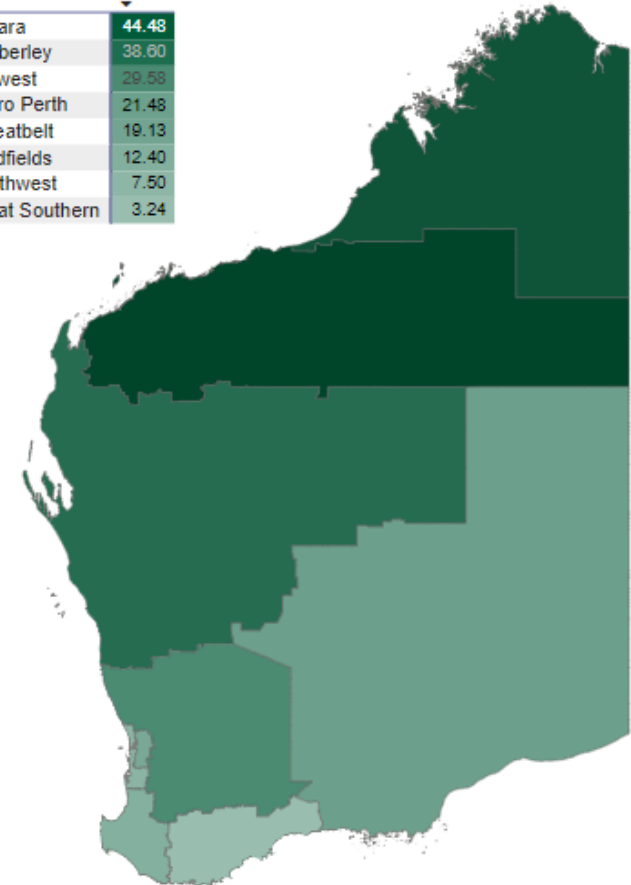


# Hepatitis B (HBV) - The Case for Change

- › There is an estimated 205,549 people living with chronic HBV in Australia in 2022.
- › Around 10% are living in Western Australia (21,445).
- › 25% of people living with HBV (PLHBV) will die from complications of the disease.

Hepatitis B Notifications rate (per 100,000 population) by region 2024

Region	Rate
Pilbara	44.48
Kimberley	38.60
Midwest	29.58
Metro Perth	21.48
Wheatbelt	19.13
Goldfields	12.40
Southwest	7.50
Great Southern	3.24



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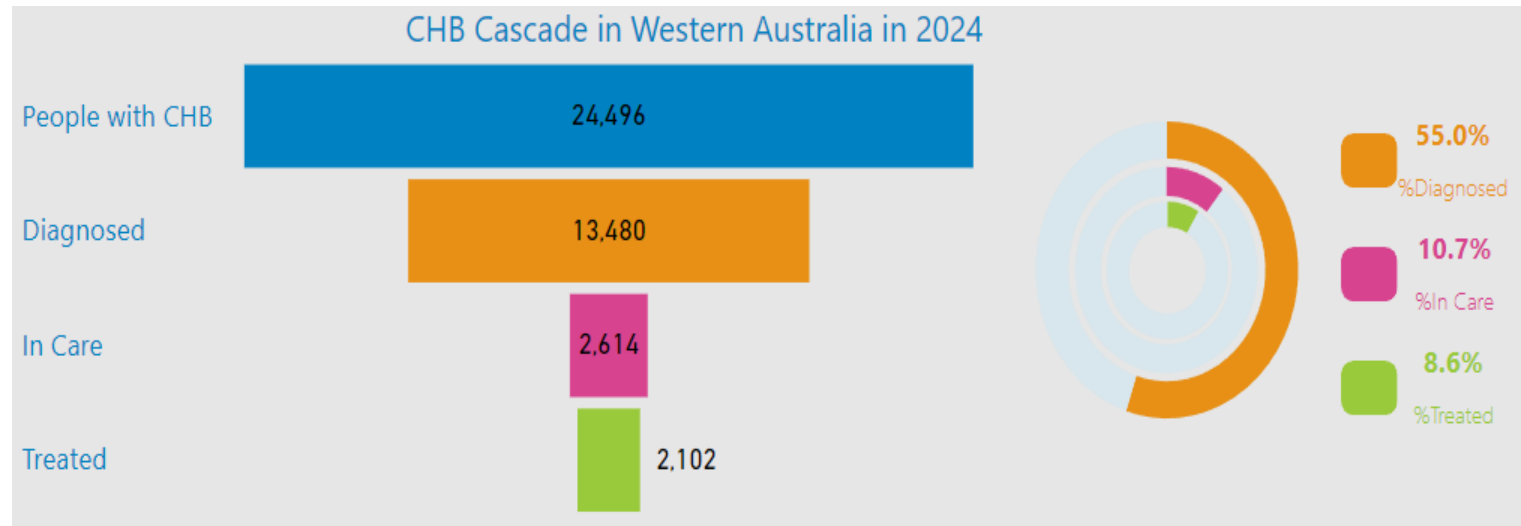
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# Hepatitis B (HBV) - The Case for Change

- › The HBV prevalence outside of the metro area is the same as the prevalence within Perth (0.80% vs 0.76%).
- › However, the proportion of PLHBV on treatment is much lower outside of Perth than within (3.7% vs 9.9%).
- › Country WA has the lowest proportion of PLHBV on treatment in Australia, despite having the second highest proportion of GPs involved, either directly or indirectly, in HBV prescribing (49.3%).

- › In adults over 20 years of age:
  - › More than 84% do not have vaccinations against HBV recorded in the AIR.





# People Living with Chronic Hepatitis B (PLHBV) – Who Are They?

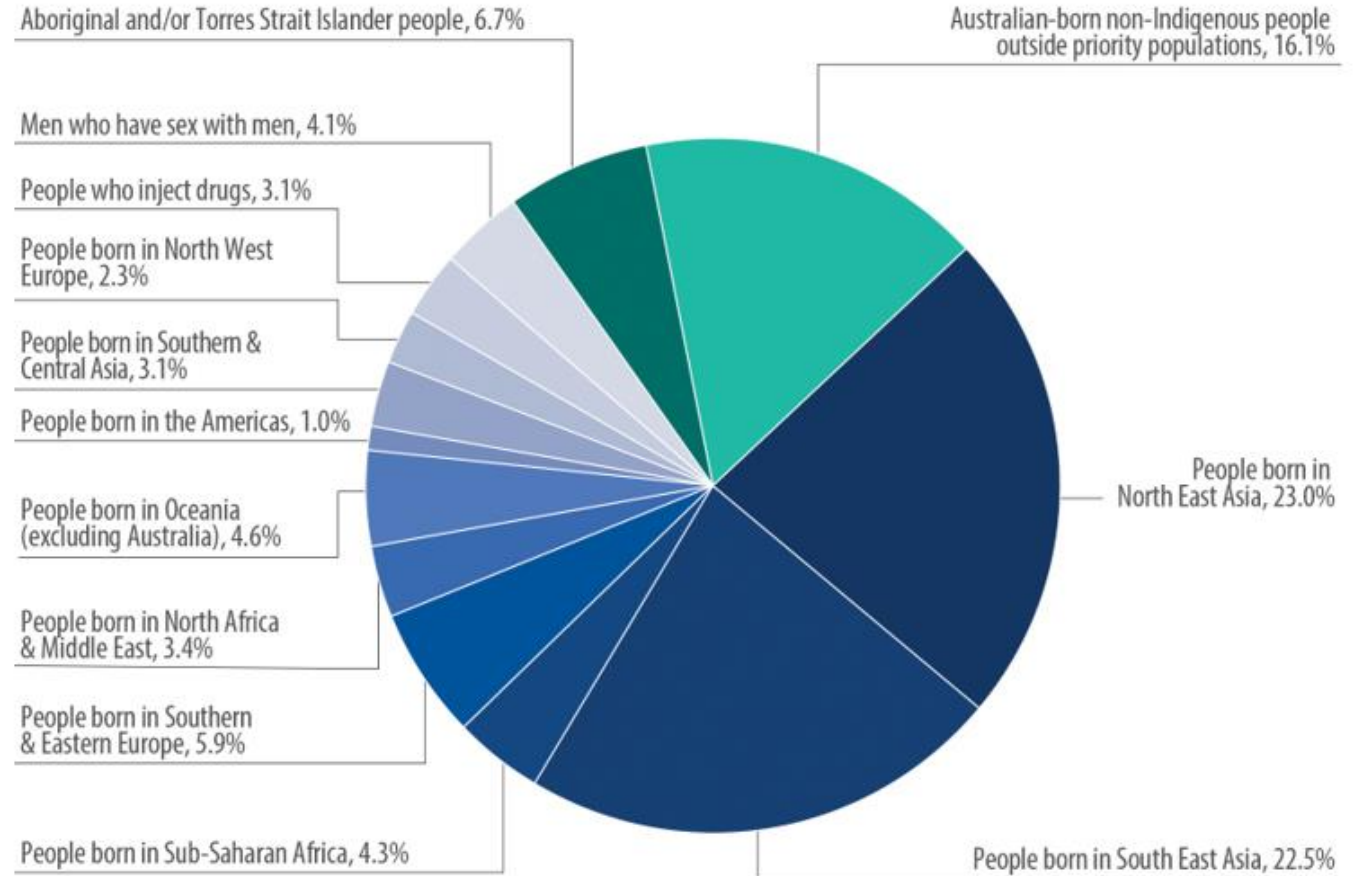
## › Country WA:

75% Indigenous,  
25% Born Overseas

## › Perth Metropolitan:

92% Born Overseas  
7% Indigenous

**Statewide Aboriginal to  
Non-Aboriginal Rate Ratio (2024)**  
**1.9 : 1**  
Rate per 100,000 population



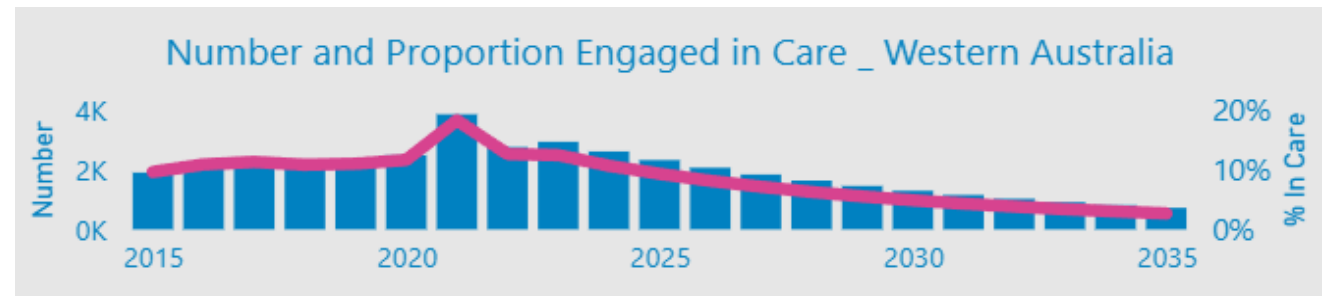


# Managing a Chronic Disease In The Community

Care, monitoring, surveillance and treatment of patients living with chronic HBV (PLHBV) in the community, and away from tertiary specialist centres:

- › **Better for the patient** – closer to home, more accessible, less impact on work, familiar clinician, continuity of care, culturally sensitive care, less waiting time without treatment while on waitlist.
- › **Better for the GP** – practicing within full scope, expanding knowledge, less referrals, continuity of care, improved communication, eliminates waitlists and associated clinical risk, continued support from specialists as required, better coordination of care.
- › **Better for the hospitals** – improved capacity to manage more complex hepatology patients, significantly increased capacity of nurse-led clinics, reduced waitlists, can continue to provide support to GPs as required.

1. Diagnose and Educate
2. Engage and Monitor
3. Treat

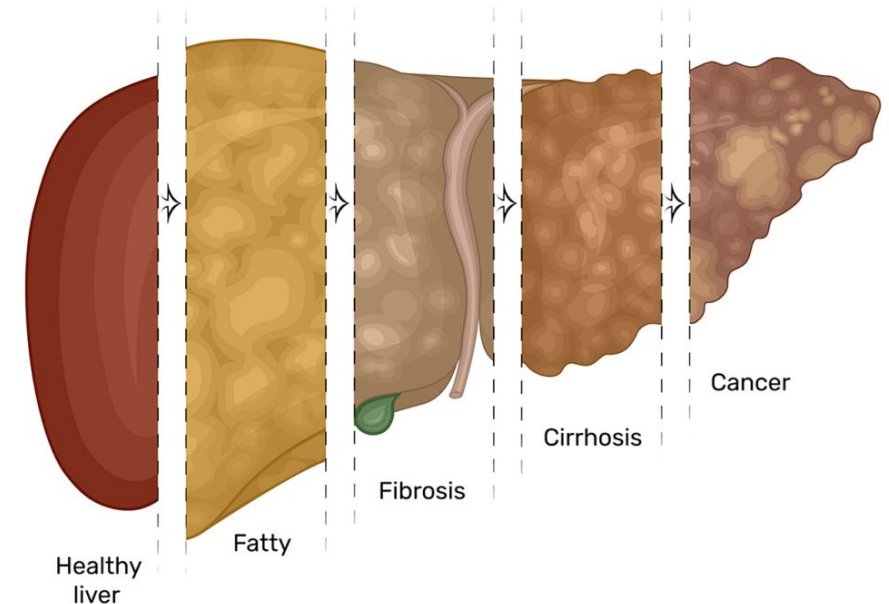




## Benefits of Treatment

- › Normalisation of ALT – limit liver damage due to immune-mediated inflammation and fibrosis.
- › Sustained suppression of viral replication.
- › HBeAg seroconversion (10-20% per year).
- › Reduce risk of progression to **cirrhosis and liver cancer**.

## Stages of liver damage







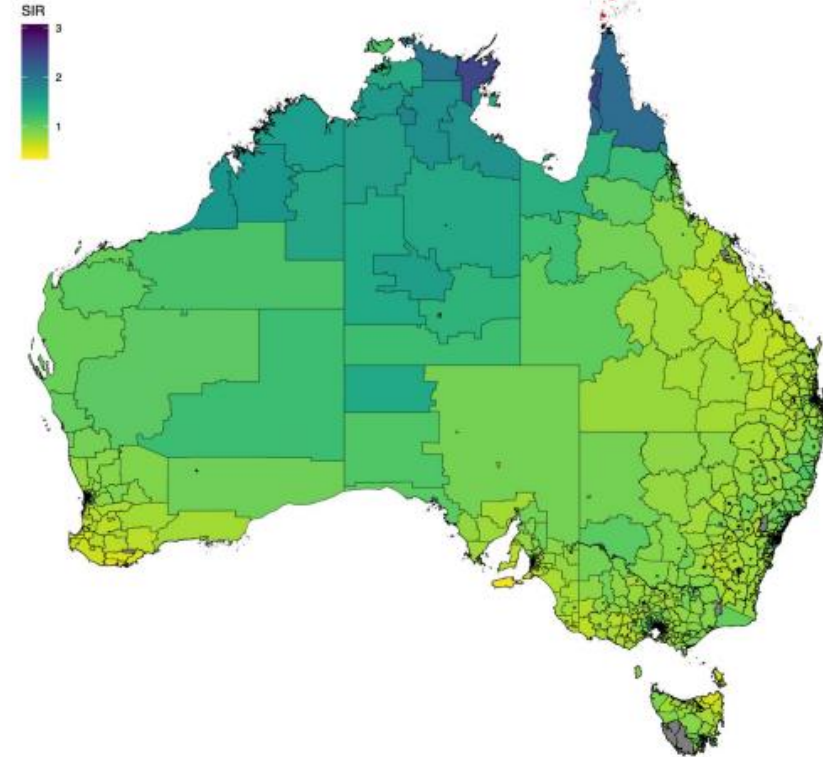
# Hepatocellular Carcinoma (HCC) Surveillance

- › 2% - 7% of patients with cirrhosis develop HCC annually
- › 0.5% - 1% of patients annually with Chronic HBV from an at-risk group develop HCC
- › Ideally, your patients should have the following 6-monthly:
  - › **Abdominal ultrasound** (mostly bulk-billed at private providers if stated for HCC surveillance)
  - › **Alpha Fetoprotein (AFP)** (less specific in isolation)
- › Adherence to the program is often challenging

**HepBHubWA@health.wa.gov.au**



Standardised incidence of HCC in Australia, 2005–2014



Australian Cancer Atlas (<https://atlas.cancer.org.au>). Cancer Council Queensland, Queensland University of Technology, Cooperative Research Centre for Spatial Information. Version 09-2018

## HEPATOCELLULAR CARCINOMA SURVEILLANCE \*

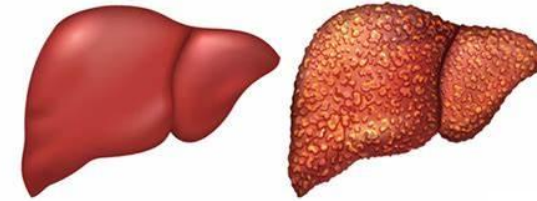
6-monthly ultrasound with or without AFP is recommended for patients with CHB in these groups:

- People with cirrhosis
- Anyone aged  $\geq 40$  years with a family history of HCC (first-degree relative). Consider offering surveillance 10 years prior to earliest case in a family
- Sub-Saharan African people  $\geq 20$  years
- Aboriginal and Torres Strait Islander people  $\geq 50$  years
- Aboriginal and Torres Strait Islander people with high risk features  $\geq 40$  years ^
- Asian-Pacific males  $\geq 40$  years
- Asian-Pacific females  $\geq 50$  years



# Hep B Project - Hep B Hub WA

- › A statewide clinical advice service, based at RPH, but covering all tertiary catchments
- › Provides GPs/NPs/Community Health Clinicians with online and in-person support, education, and advice to manage HBV.
- › This includes diagnostics, therapeutics, referrals, and hepatocellular carcinoma (HCC) surveillance. No question is too small.
- › **More accessible than other services:**
  - › WA-based
  - › Easy to submit a question by email
  - › Two business day response time
  - › Feedback, advice and education can be provided by email, phone, videocall or even in person if needed!

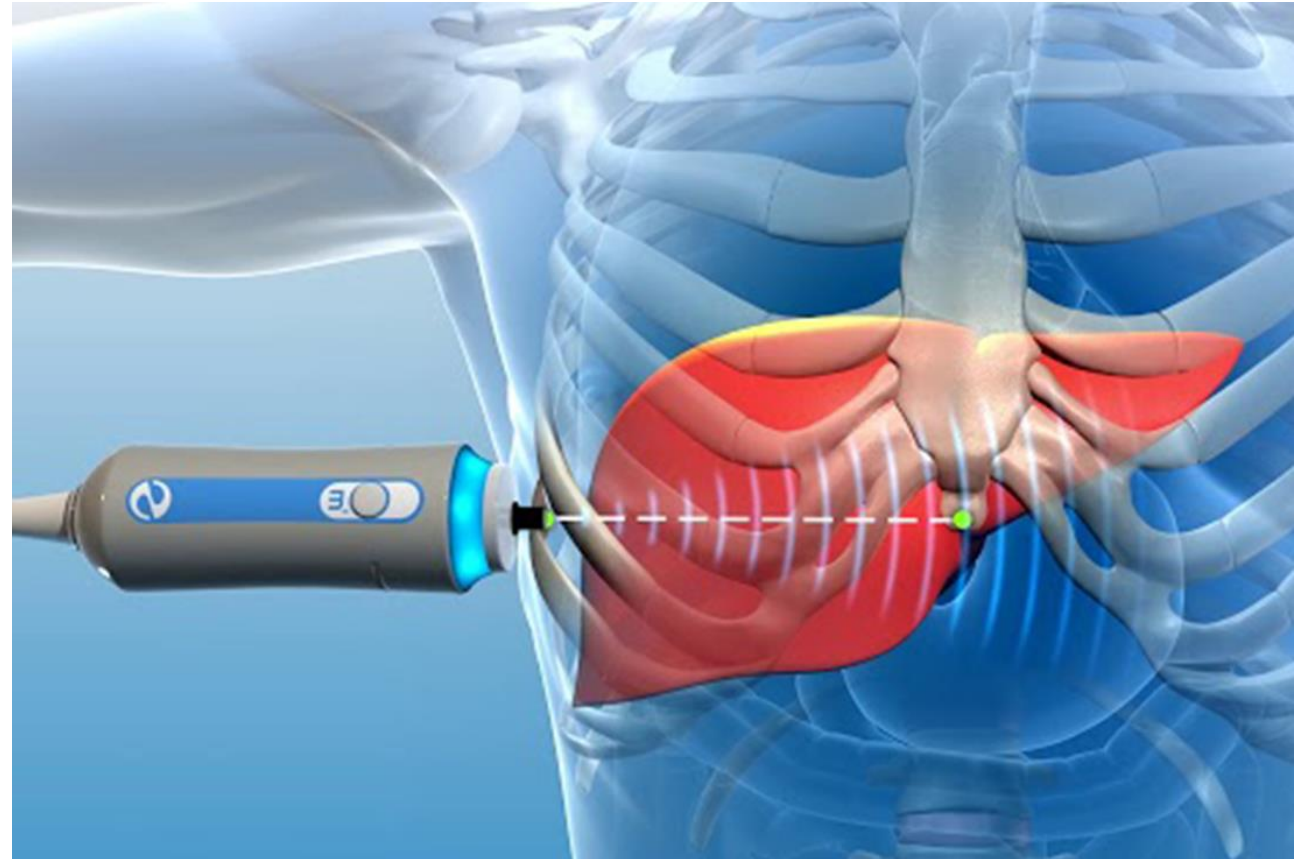


[HepBHubWA@health.wa.gov.au](mailto:HepBHubWA@health.wa.gov.au)



# Hep B Project – Outreach Clinics

- › Available to metropolitan general practices and primary care health services
- › The clinics provide on-site support to manage and treat your HBV patients, including access to a mobile liver-scan (Fibroscan®) on site to guide treatment.
- › So far, 57 individual practices have been contacted, made up of:
  - › The biggest referrers to RPH for HBV
  - › The highest notifiers of HBV in WA
  - › HBV s100 prescribers



[HepBHubWA@health.wa.gov.au](mailto:HepBHubWA@health.wa.gov.au)



# Specialist Referrals



- › Referral and Access Criteria (RAC) are not currently mandated by the Department of Health for Gastroenterology and Hepatology, but will commence in early to mid 2025.
- › **Main indicators for referral (not exhaustive):**
  - › Pregnancy
  - › Previous treatment failure
  - › Cirrhosis and/or signs of decompensation
  - › Co-Infections
- › **Main exclusion criteria:**
  - › HBsAg negative unless currently or will be immunosuppressed.
  - › HBV but not meeting the criteria for treatment and no evidence of fibrosis.
- › **If in doubt, seek advice from Hep B Hub WA!**



RACGP



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# HBV s100 Prescribing

- › Hepatitis B medicines may be prescribed, dispensed, and accessed under the Australian Government Department of Health's Highly Specialised Drugs (HSD) Program, which has its legislative basis in section 100 (s100) of the National Health Act 1953.
- › Next WA course is in **June 2025** via MS Teams – 3 x 2-hour sessions.
- › You will be accredited to initiate and continue HBV treatment in the community.
- › To maintain your accreditation as a HBV s100 prescriber, you must:
  1. Accrue a total of 3 HBV continuing professional development (CPD) points during each calendar year.
  2. Maintain a link with an HBV specialist who you can contact for advice and support.
  3. Complete the Annual Prescriber Program Survey.

For more information on s100 accreditation please contact: [HBVprescriber@ashm.org.au](mailto:HBVprescriber@ashm.org.au)  
or register online for the EOI for the June 2025 course:

<https://ashm.org.au/training/hepatitis-b-prescriber-course-expression-of-interest/>



## Hepatitis B s100 Prescriber Program

A guide for general practitioners,  
other community-based  
medical practitioners  
and nurse practitioners

TRAINING | ACCREDITATION | PRESCRIBING | MAINTENANCE





# Questions?

## Key Take Aways

- There is a long way to go to identify everyone living with HBV in WA.
- **Untreated HBV leads to cirrhosis and liver cancer** - diagnoses, engagement, monitoring and treatment is vital.
- Vaccinating those that are non-immune, once identified, will break the cycle of infection.
- HBV is a chronic illness, like diabetes and asthma. A large majority of PLHBV can be managed by community GPs and NPs, including HCC surveillance.
- Support is available state-wide via the Hep B Hub WA!

[HepBHubWA@health.wa.gov.au](mailto:HepBHubWA@health.wa.gov.au)



## Get In Touch

For general queries relating to the project, or if you are interested in setting up an outreach HBV clinic:

- Email: [Adam.gregson@health.wa.gov.au](mailto:Adam.gregson@health.wa.gov.au)

For clinical advice, support and education (state-wide):

- Email: [HepBHubWA@health.wa.gov.au](mailto:HepBHubWA@health.wa.gov.au) and receive a response within 2 business days.
- Support is available via email, phone/video call, or in-person visits.