Hepatitis B - Migrant Health Perspective

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RECOMMENDATIONS FOR COMPREHENSIVE POST-ARRIVAL HEALTH ASSESSMENT FOR PEOPLE FROM REFUGEE-LIKE BACKGROUNDS

AUSTRALASIAN SOCIETY FOR INFECTIOUS DISEASES AND REFUGEE HEALTH NETWORK OF AUSTRALIA

2ND EDITION

http://www.asid.net.au/documents/item/1225
Hepatitis B and Migrant Health

- The majority of people with chronic Hepatitis B (HBV) in Australia were born overseas.
- Most acquired infection at birth or in early childhood.
- 90% of the world’s population live in areas where the prevalence of Hepatitis B is >2%.
- This includes most of the source countries for Australia’s Humanitarian (refugee) Program.
HBV and HCC

- HBV infection common amongst refugees settling in Australia (prevalence ~ 20%)
- People with chronic Hepatitis B are at risk of developing cirrhosis, liver failure and liver cancer
- HCC is the 5th most common cancer in the world
- Those with high viral load are at higher risk of developing cirrhosis and HCC
- Increasing numbers of people of African and Asian background projected to increase HBV-related HCC cases in WA.

Subramaniam, K. et al 2011
Screening of migrant and refugees

- Refugees do have a health screen during the application for a visa to enter Australia and this includes checking for HIV, HBV, Syphilis and active Tuberculosis.
- However, those with chronic HBV may not be aware of their diagnosis and there is no foolproof pathway for them to be followed up once they arrive in Australia.
- Many migrants and refugees may not know their HBV status.
- Many migrants with chronic HBV who arrived years ago are unaware of the need for regular testing or that there are now effective suppressive therapies available.
- Changed terminology/understanding of “Hepatitis B carrier”
Post-arrival Screening

- All migrants and refugees from high prevalence countries should be offered HBV screening after settlement in Australia.
- Request the three tests:
  - HBV surface antigen/antibody/core antibody
- “Query chronic hepatitis B infection” to satisfy MBS requirement for the three tests.
HBV Challenges in Migrant Health

- Language
- Culture
- Stigma
- Regular testing/screening
- Immunising contacts
- Visiting family overseas
Doctor do you speak my language?
Using Interpreters

An issue of quality patient care
Interpreters

- Despite being free and easy to access, TIS is underused and frequently misunderstood by GPs.
- Evidence suggests that patient satisfaction and quality of care is improved when interpreters are used for CALD patients.
- Failure to use an interpreter may constitute a breach of duty of care especially in where informed consent is required or there is an adverse outcome.
Adverse outcomes

- Evidence suggests that quality of care is compromised for CALD clients when untrained interpreters are used.

- Especially high risk of adverse consequence when children are used for interpreting (errors, embarrassment).

(Flores, G, Med Care Res Rev 2005;62; 255)
TIS

131 450

- GPs need to register with TIS to obtain a client code
- Practice nurse may use TIS under GP’s client code
Working with Interpreters

- Speak to the patient
- Use the first person when speaking to the patient
- Allow time for the interpreter to interpret
- Signpost elements of the consultation so the patient understands the direction of the consultation
Working with Interpreters

 Ensure you remain in charge of the consultation

 Speak slowly and clearly

 Ascertain literacy level in their own language and offer translated health information when needed

 WA Health translated information on HBV in Arabic, Burmese, Chinese, French, Indonesian, Thai & Vietnamese

Introducing Teach back

- An important communication tool in the transcultural consultation
- Can be used with interpreter or for client who speaks English as their second language

https://www.youtube.com/watch?v=x78Ulq-yNHY
(approx. 9mins)
Culture

- Culture consists of concepts, values and assumptions about life that guide behaviour and are widely shared by people… [These] are transmitted generation to generation, rarely with explicit instructions, by parents…and other respected others (Brislin & Yoshida)

- “A dynamic concept which identifies systems of rules, beliefs, attitudes, values and behaviours shared by a group, taught across generations, relatively stable but capable of change across time”

(Matsumoto and Juang, 2004 in Eckerman et al 2006)
Aspects of health and medicine influenced by culture (QTMHC, 2002)

- definitions of health and sickness
- definition of healing and cure
- the meaning of disability
- the meaning of rehabilitation
- appropriate behaviour for a sick person
- appropriate behaviour for a carer or health professional
Aspects of health and medicine influenced by culture

- who is responsible for an individual’s health
- practitioner gender
- attitudes to being examined and invasive procedures
- role of food in regaining health/wellness
- customs concerning dying, death, bereavement
Explanatory models of health

- Kleinman’s theory that individuals and groups can have vastly different explanations for health and illness

- Physicians use explanatory model which is biomedical

- Patients will have different explanatory models which are influenced by their culture and past experience

- Patients from non-western backgrounds may have a more holistic model which also incorporates their spiritual beliefs

- *It is not that CaLD clients don’t have an understanding of their bodies or why they are ill – they may have a different explanation to you.*
Cultural-based ‘script’ for the sick role

- How we choose to report our health problem
- What symptoms we highlight
- From whom we prefer to seek help first
- What we think needs to be done
- How long we believe it should take
- What we think is good quality care
Characteristics that underpin the Australian health system  

(QTMHC, 2002)

- Western biomedical model based on European medical traditions: scientific/research-based, technological (drugs, surgery, etc)
- Importance of hygiene (viruses and bacteria)
- Separation of psychological and physical
- Prevention-orientation
- Future-orientation
- Responsibility to the individual client (privacy)
Case

Elizabeth

- Elizabeth has been diagnosed with chronic Hepatitis B infection disorder
- She has never been to school
- After you have explained the diagnosis to her, she asks “Doctor, could this be the result of sorcery?”
How do we navigate these challenges?

Get to know your patient

- Where were you born and how long have you lived in Australia? How did you get here?
- What is your ethnic affiliation?
- Who are you major support people?
- What are your first & second languages? Literacy?
- What is your religion and how important is it to you?
- Is your income enough to meet the needs of you and your family?

(Adapted from Wright et al 2002)
Understanding patient’s perspective

1. What do you think caused your problem?

2. Why do you think it started when it did?

3. What do you think your illness does to you?

4. How severe is your illness? What do you fear most about it?

5. What kind of treatment do you think you should receive?
What are their expectations?

6. Within your own culture, how would this be treated?

7. How is your community helping you with your illness?

8. What have you been doing so far for your illness?

9. What are the most important result you hope to get from treatment?

(Adapted from Wright et al 2002)
Stigma

- Research suggests the people form migrant backgrounds experience more stigma when diagnosed with HBV infection as a result of attitudes and discrimination in their country of origin.
- Related to poor understanding of prevention and transmission of infection (Ellard & Wallace 2013).
- Often confused with Hepatitis A – people will refuse to eat together or insist on using separate plates etc.
- Sometimes confused with HIV – especially sexual transmission.
- Requires careful explanation with interpreter and ask for teachback!

Regular follow-up

- People with HBV require regular review for signs and symptoms of liver damage and screening for HCC
- Migrants often highly mobile population in first few years after arrival and may be lost to follow up
- Registered in multiple practices perhaps with slightly different spelling of name
- Settlement challenges override compliance with regular health screening
- Cost of testing regular blood tests and ultrasounds may be prohibitive
- Future-oriented health care
Family and Friends

- Remember that chronic HBV is usually acquired in early childhood from a family member.
- Therefore it is advisable to screen the parents, siblings, sexual partners and children born overseas of any person you diagnose with HBV.
  (Children born in Australia will be immunised at birth)
- Immunise household and sexual contacts.
- Immunise any non-immune migrant who is going “home” to visit family and friends.
Questions