Hepatitis B screening and linkage to care in African immigrants in New York

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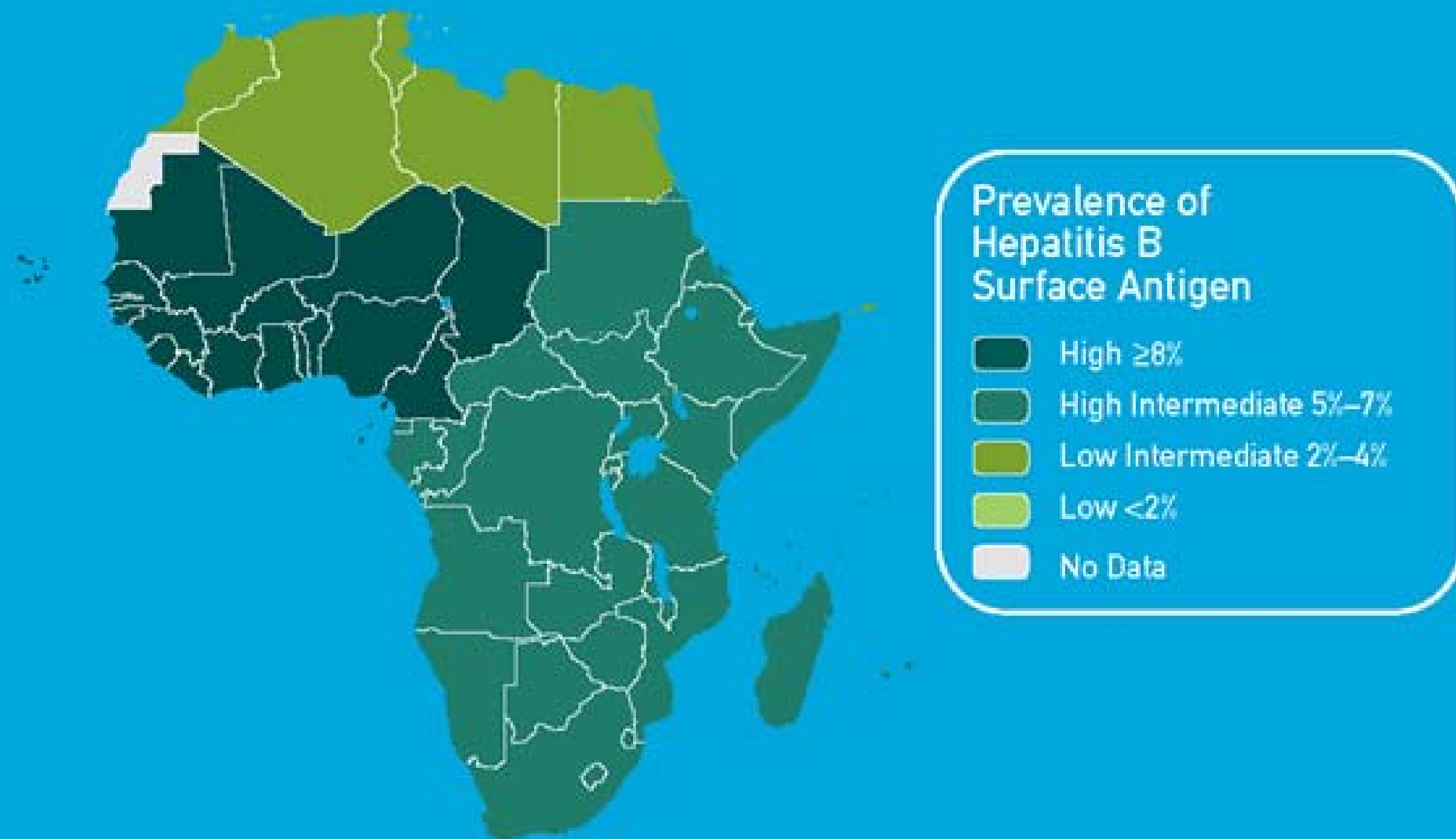
Worldwide prevalence of chronic hepatitis B virus infection among adults aged 19-49 years

Ott JJ, Stevens GA, Groeger J, Wiersma ST. Global epidemiology of hepatitis B virus infection: new estimates of age-specific seroprevalence and endemicity. Vaccine. 2012.30(12):2212–9.

Prevalence of chronic hepatitis B virus infection among African adults aged 19-49 years



Adapted from: Ott JJ, Stevens GA, Groeger J, Wiersma ST. Global epidemiology of hepatitis B virus infection: new estimates of age-specific seroprevalence and endemicity. Vaccine. 2012.30(12):2212–9.

Who are we?

- Partnership of two organizations:
  - African Services Committee
  - Hepatitis Outreach Network (HONE)

What do we do?

- Hepatitis B and C
  - Prevention
  - Screening
  - Linkage to care

We focus on adult, foreign-born communities with unmet medical needs in the New York City area who are at intermediate-to-high risk for viral hepatitis B and C.

Aims

- Estimate HBV prevalence among African-born persons residing in NYC
- Test the effectiveness of a community-based screening and link-to-care program
  - Relies on a culturally-targeted patient navigator

Goals

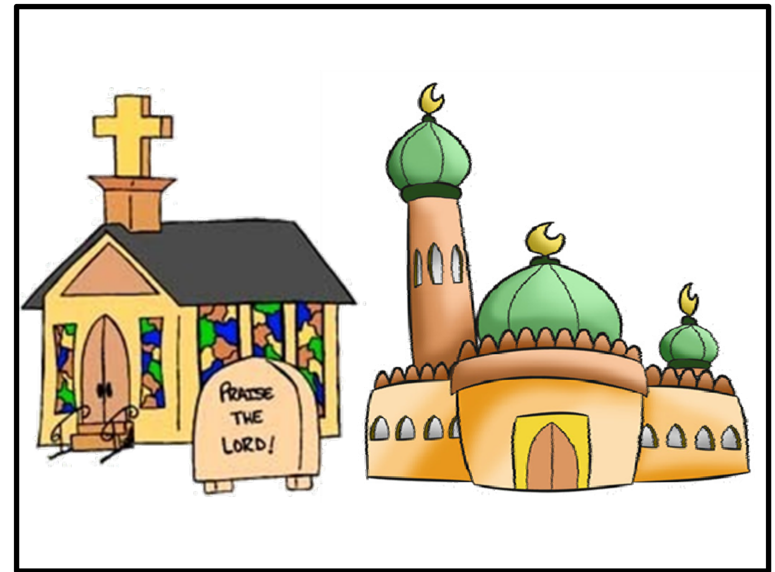
- Identify positive persons unaware of infection
  - Navigate into care
- Identify persons susceptible to HBV
  - Vaccinate against HBV
- Educate foreign-born communities
  - What is hepatitis?
  - How can you get it?
  - How can you protect yourself and others?

Screening

On-Site

African Services Committee
Monday through Friday
9 AM to 4 PM

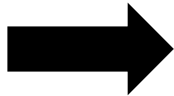
Mobile Unit



Faith-based organizations, community-based organizations, community health expos, other community events, etc.

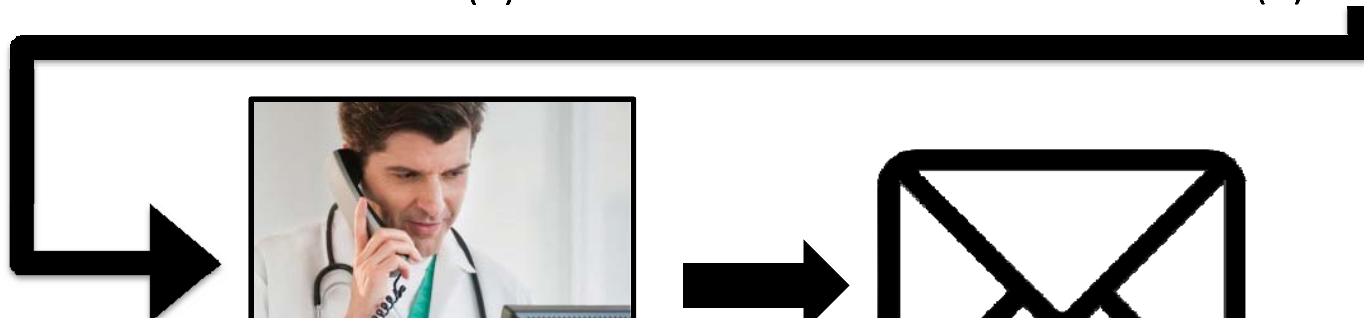
Screening (cont'd)

(1) Intake



(2) Blood draw

(3) Laboratory



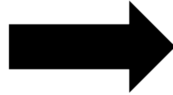
(4) Phone call
with results
and counseling

(5) Paper results
in the mail

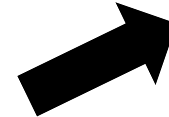
Follow-Up

Mount
Sinai

(1) History, physical, blood work, ultrasound, and FibroScan®

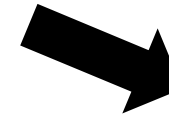


(2) Phone call with recommendation* of whether to treat



(3a) Treatment required, referred to liver or infectious disease clinic

Bellevue or Harlem Hospital



(3b) No immediate treatment required, follow-up with physician in six months

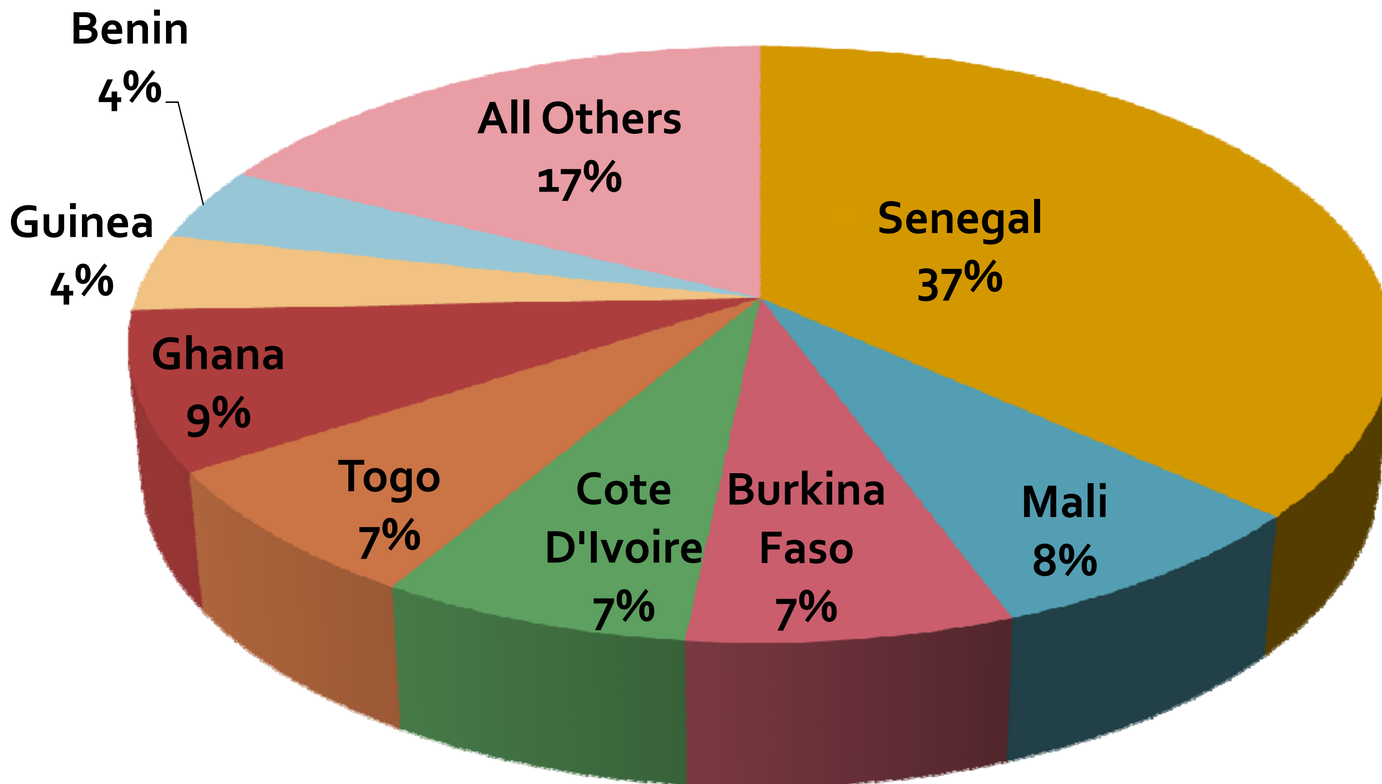
**Treatment recommendations made according to AASLD treatment guidelines.*

Demographics (n = 955)

Characteristic		N (%)	National average
Median age in years (IQR)		45 (26, 64)	37.2
Mean Years lived in U.S.		13	
Male		721 (75.5)	49.4%
Insured		209 (21.9)	83.3%
Has PCP		228 (23.9)	82.6%
Employed		461 (52.6)	92.7%
Annual household income	<25k	445 (46.6)	$49, 777 median
	25-50k	40 (4.2)	
	Above 50K	11 (1.2)	
Educational	High school or less	591 (67.2)	86% high school grad
	College	209 (21.9)	
	Post-graduate	80 (8.4)	

October 2011 — May 2013

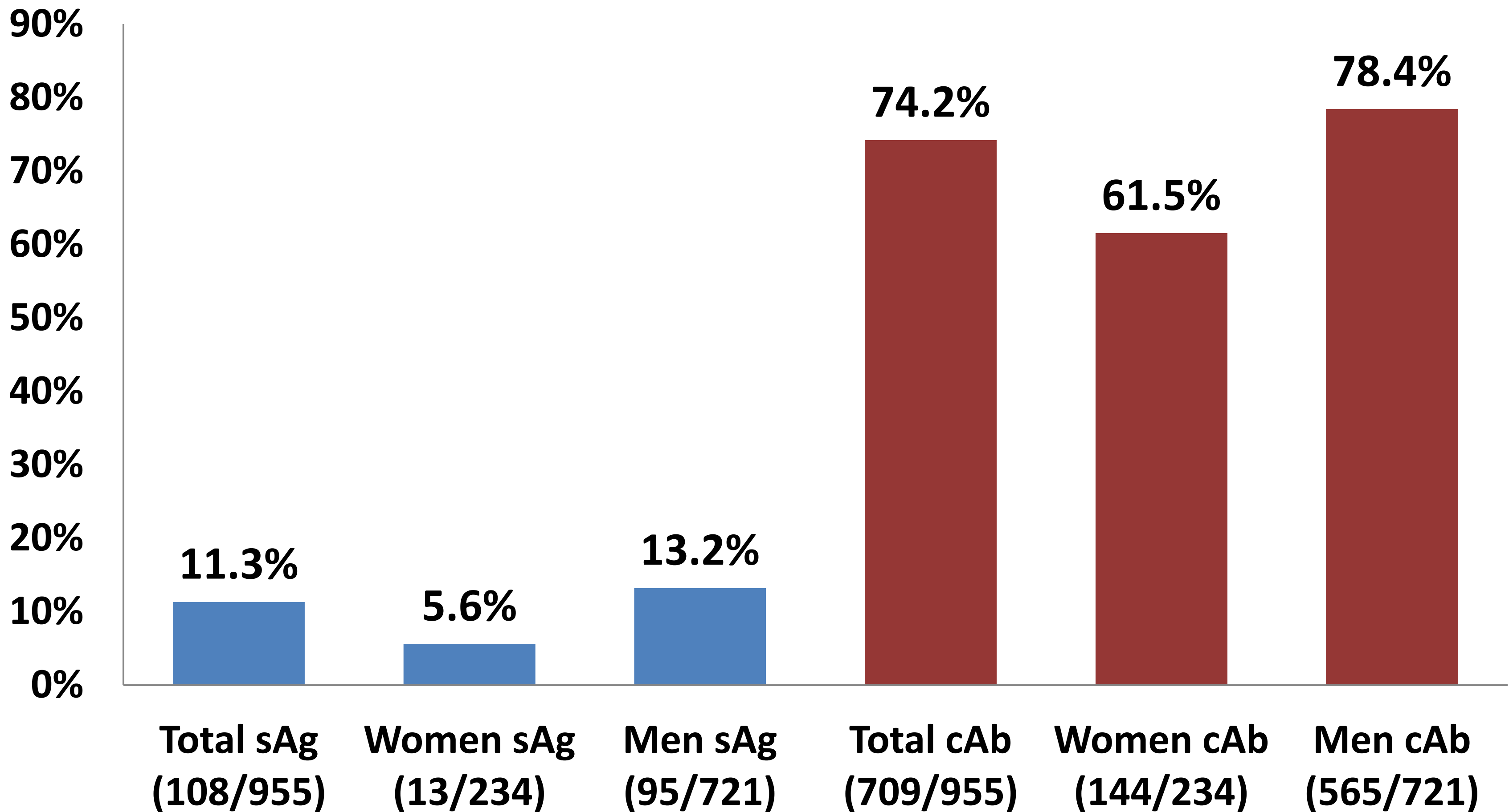
Countries of Origin (n = 955)



Other countries:

Botswana
Cameroun
CAR
Chad
DRC
Eritrea
Ethiopia
Gabon
Gambia
Guinea-Bissau
Kenya
Lesotho
Liberia
Mauritania
Niger
Nigeria
Sierra Leone
Somalia
South Africa
Sudan
Tanzania
Uganda
Zambia

HBsAg and HBcAb seroprevalence



- 15.1% (n=144) were eligible for HBV vaccination (negative for sAg, sAb, cAb)
- 10.5% (n=101) had evidence of prior HBV vaccination (positive for sAb only)
- 14.1% (n=135) had HBcAb positive alone

Linkage to Care

- 100/108 participants (92.5%) were successfully notified of their results by a patient navigator
- 90/108 participants (83.3%) attended a follow-up visit with a hepatologist
- Out of 8 patients recommended to begin treatment, 6 have begun

Socio-cultural factors influencing HBV screening among Africans living in NYC

Sriphanlop P, Jandorf L, Vanderhoff A, Thelemaque L, Perumalswami P. Socio-cultural factors that influence hepatitis B screening among African immigrants in New York City. Poster presentation at Society of Behavioral Medicine Annual Meeting, April 2014. Philadelphia, PA.

Cultural understanding of medical care

Unscreened woman:

“If they don’t get sick they are not going to go to the hospital to go check themselves.”

Screened men:

“The majority of [African] people they don't go to the doctor except if they are sick.”

“We go to hospital when we sick, we get tested when it’s too late.”

Faith community

Unscreened woman:

"That's one place that our community goes to like religious centers…especially the older group and the group that's mostly targeted and a lot of people from like Africa and it's not just people from one country."

Prioritization of other illnesses

Unscreened man:

“The only thing people talking about I know is HIV, HIV, HIV, HIV, and … everyone is talking about HIV, HIV, HIV, but nobody talk about hepatitis B”

Screened woman:

“They talk about TB. They talk about cancer, but they never talk about hepatitis.”

Direct or indirect disclosure

Unscreened man:

“To tell you the truth, in the African community we are not really open about diseases, I’m not going to come up to you and say that I have hepatitis B, I guess even here right, so I haven’t heard much about hepatitis B”

Time constraints

Screened woman:

"Yeah, it's really about time, because I can imagine an African woman who has a family here. She spends most of her day at work, comes back home, needs to take care of the kids, needs to make sure everything is running smoothly."

Unscreened woman:

"Most of them don't have time. Sometime because they are working a lot…unless they see themselves really sick."

Primacy of a higher spiritual power

Unscreened man:

“We tend to put everything in the hands of God as far as health, we tend to just wake up in the morning, we pray, we put everything in the hands of God, put it in the hands of God and we go and we don't really care much about, going to the doctors and doing screening and things like that, we leave everything in the hands of God.”

Screened woman:

“God helps those who help themselves so if you don’t take initiative towards your health God doesn’t care about someone who doesn’t care about themselves so you know that he put doctors on this earth to assist people with their medical needs.”

Stigma

Unscreened woman:

“Yes, well there is a lot of stigma surrounding certain illnesses and I guess essentially going to get tested for a disease means you’ve been partaking in activities that could have made you contract the disease or virus.”

Next Steps

- Positive factors to reinforce and negative factors to address through culturally targeted interventions
  - Emphasize the confidentiality of HBV screenings
  - Clarify misconceptions
  - Reinforce facilitators,
  - Inform participants about the treatability of chronic HBV infection and the benefits of early detection
  - Address barriers by providing resources and information on free or low-cost testing sites.
- Reframe HBV as a prevalent health problem that affects the community as a whole, is often acquired during childhood, and is treatable and controllable with early detection.

Acknowledgements

- Staff at ASC, Mount Sinai and community partners
  - NYC DOH
  - Bellevue Hospital
  - Harlem Hospital
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