Community-based findings for viral hepatitis in UK migrants: the South-East Coast England experience

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Background:
• User disease is the 5th biggest killer in the UK, with rising morbidity and mortality related to chronic hepatitis C (HCV)
• Marked geographic variation exists in the prevalence rates of HCV and HCC worldwide
• Consecutively migrants in the UK are disproportionately affected by HCV and HCC [Chronic Viral Hepatitis, CHV]:

1. Stratified by select health conditions

- Prevalence rates of HCV are higher in migrant groups, particularly the South Asia Community
- Prevalence rates of 2.7-4.0% (Pakistan population)

- National and international guideline advocates case-finding in these at risk for HCC & HCV, including migrant groups
- The National health and Care Excellence (NICE) guidance on hepatitis B and C testing in 2012

- Recommendations include offering testing to Afghan or brought up in countries in

Africa
Asia
Central & Southern America
Eastern & Southern Europe
Middle East
Pacific islands

Methods:
• Local ethical board approval obtained for both studies
• A community advisory group (CAG) established with local leaders to devise
• Appropriate appropriate testing strategies
• Local Government offices and liason Primary Care services informed of testing plans
• Given CHV results, Health and Social Care Groups were notified of members of the local Nepali population
• A National hepatology community centre determined with help of the CAG:

- 1: Hepatitis Nurses (Shah and colleagues)
- 2: target South Asian community
- 3: community centre is achi in 2001
- 4: Church Hall

• There is however marked variation in the prevalence rates of HCV and HCC within countries and communities
• Migrant groups are often considered "at-risk" to "high-risk" populations, with differences in health-seeking behaviour and engagement with medical services – community testing is widely recommended, but there is no standardized approach to reach multiple diverse at risk migrant groups

- Finchley Park Hospital, Surrey (South East Coast) serves a diverse population, with a large South Asian community (principally from Pakistan) and the 2nd largest Nepali community in the UK; a new and unique migrant community to the UK

- Reaching out to these groups is a priority, to identify and manage CHV before complications arise

- Since we describe our experiences in offering Community based HCV and HCC testing to these neighboring, but very different communities.

Results & Aims:
• MHCC: outreach

- Flexibility & publicity on local BBC services
- Improved publicity in community centres
- Emails
- Published by religious leaders

• The Blood spot (BSB) testing offered to volunteers

- Blood samples

- HCV and HBS (Ab)

- HCV and HBC (Ab)

- HCV and anti-HCV

- HBsAg and anti-HBs

- Resulted gained in 2 weeks

The local South Asian and Nepali community served by Finchley Park Hospital

- The HCV population is a "new" and "unique" community to the UK
- The UK HCV population has grown significantly over the past 10 years, following sentencing rights granted to ex-services personnel and their dependants in 2004, a policy that was expanded with repay in 2008.
- The current UK HCV population is 60,000; a growth of over 800% since the 2003 census.
- The UK community originates from geographically select areas in Nepal, which is a country with known hepatitis in few immigration recruitment programs.
- Health status is sparse in Nepal, and extremely limited in this unique community.

- Recommendations for growing testing strategies in the community

- The attitudes and perceptions to liver disease in this community is unknown
- Therefore before designing testing strategies, focus-group sessions, were conducted to investigate the understanding and perception of liver disease

Table 1: 219 members of the South Asian Muslim community tested from 2011 to 2012

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>National prevalence (UK)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>211</td>
<td>8</td>
<td>219</td>
<td>45 (18-80)</td>
</tr>
<tr>
<td>Age (male)</td>
<td>80</td>
<td>131</td>
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1. None of the people had been previously tested for CHV.
2. Testing rate was 62%.
3. 55% of the people were 50 or older.

£204 / 73.99

Table 2: Study Sample between 2011 to 2012

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Table 3: The Blood-spot (BSB) testing offered to volunteers

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Discussion:
- We have successfully engaged with testing in two geographically close but very different environments.
- We have shown forward evidence for the role of religious leaders and settings for health promotion and testing.

- Rates of CHV are 5% higher in the Pakistani population than the baseline UK rates (3.6 to 0.7 %), and are higher in male cases were older ≥ 50 years.
- The UK HCV population is a unique community with unknown health needs, and without a single gold standard with dementia (3% of the BSB sample). 5
- All the elderly ODI (the majority group) are functionally illiterate to English and Nepali
- We experienced considerable difficulties in designing and testing strategies by the perceptions of heightened anti-communicative sentiment
- Nonetheless, we have developed outreach systems in reaching out to this new group through peer
- Mentor support, and word-of-mouth promotion through motivated community leaders.
- Rates of CHV to the HCV population seems to be the UK averages, but few sample includes many other individuals.
- A multidisciplinary approach to identify the need and benefit of testing all migrant communities, or a targeted strategy is more appropriate.