Hepatitis B: report of prevalence and access to healthcare among Chinese residents in Sheffield UK

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Aims

To improve access to and acceptance of Hepatitis B virus [HBV] testing among Chinese residents in Sheffield and estimate the rate of undiagnosed infection.

Methodology

A local authority funded Chinese community centre in Sheffield was recruited to facilitate with the organisation of sessions and testing events. Information about the sessions was also published in local press, community locations, and GPs were

informed of the initiative.

The sample was self-selected [that is, those residents who volunteered for testing]. A total of 229 people volunteered [102 males and 127 females] with a median age of 47. The ages of volunteers ranged from 15 to 86. As well as HBV testing, educational materials were provided containing information on transmission, prevention, treatment, and alcohol advice. Epidemiological and demographic information, which included knowledge of prior HBV status, immunisation, and family history, was collected via registration forms. Participants were also requested to provide feedback on the experience.

Those found to be positive for HBV were comprehensively assessed.

While all information provided was translated in order to reach the study’s target group, the reliance on a volunteer sample means that potentially hard to reach residents may not have had contact with the initiative, possibly introducing a bias in the results towards those who already were likely to engage with community services.

Key issues

Ten men and 10 women were diagnosed with HBV, a prevalence of 8.7%. 13 men and 15 women were identified as having had a past infection, a prevalence of 12.2%. Women were 5 times more likely to self report past infection. Based on time of residence in the UK, the research team concluded that undiagnosed or untreated HBV can be present in both recent arrivals from China and long-term residents. However, it is acknowledged that volunteers were not asked about return visits to China, which may have been important to further understanding the prevalence in the UK Chinese population.

The research team noted that none of the female volunteers previously diagnosed with HBV had been referred to specialist services, suggesting a gap in knowledge in primary care services.

In terms of the services offered, the volunteers appeared to report positive experiences, with some specifically requesting that more screening be made available.

Recommendations

A number of recommendations are outlined relating to policy and practice, and the planning of outreach testing. These recommendations include the maintenance of confidentiality,

translation difficulties, and tracing contacts. In addition, the authors suggest patient centred screening in local venues, and awareness of cultural factors which may act as barriers to accessing such services may assist better outcomes. Such an approach can also assist the distribution of health messages via friends and family networks.

The authors also recommend that their model be extended to Somali, Bangladeshi, Pakistani, and Eastern European populations, and the development of improved training and evaluation tools for healthcare and community workers.

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