

## HEPATITIS B SCREENING IN GENERAL PRACTICE: INFORMATION SHEET FOR GENERAL PRACTITIONERS

<b>Title</b>	Improving Hepatitis B Virus screening in general practice in Victoria: Knowledge, attitudes and practices of HBV screening by GPs in Victoria, and an intervention to improve screening among priority populations
<b>Principal Investigator</b>	Professor Margaret Hellard, Head, Centre for Population Health, Burnet Institute
<b>Study Coordinator</b>	Ms Caroline van Gemert, Centre for Population Health, Burnet Institute
<b>Location</b>	Victoria, Australia

### STUDY INFORMATION

<b>Background</b>	<p>More than 350 million people are chronically infected with Hepatitis B Virus (HBV) globally, with HBV causing more than one million deaths each year<sup>1</sup>. Recent mathematical modelling in Australia estimates that approximately 218,000 people were living with chronic HBV in 2011, representing approximately 1% of the population<sup>2</sup>.</p> <p>Early diagnosis of HBV followed vaccination of contacts (where appropriate) and the education of those infected with HBV and their contacts can reduce transmission<sup>3,4</sup> however nearly half of people living with chronic HBV are estimated to be undiagnosed<sup>2</sup>.</p> <p>General practitioners (GPs) are the first point of contact with the health care system for the majority of people in Australia and thus they are ideally placed to screen people at increased risk of HBV. However, little is known about HBV screening in general practice.</p> <p>This study seeks to improve our understanding of HBV screening in general practice and develop tools to support GPs in HBV screening among priority populations.</p>
<b>Outline of the study design</b>	<p>This is a before-and-after study to pilot an intervention to support GPs in HBV screening among priority populations. Eligible GPs are Victorian GPs currently registered on the Australian Medical Publishing Company database. A random selection of 1000 GPs will be selected from this database. In addition, GPs working at clinics that currently participate in a sentinel surveillance system (The Australian Collaboration for Coordinated Enhanced Sentinel Surveillance: Primary Health Clinic Network – (“ACCESS”)) will be invited to participate.</p>
<b>What does participation involve?</b>	<p>GPs are asked to complete two surveys (baseline and follow-up) and pilot test a tool designed to support GPs to identify patients for HBV screening tests:</p> <ul style="list-style-type: none"> <li>• The baseline and follow-up surveys comprise of self-completed knowledge, attitude and practices survey that will take approximately 10-15 minutes to complete.</li> <li>• The intervention will be developed after results from the baseline survey are known, however it is anticipated that the intervention will be a visual aid for GPs to use in their treatment room to prompt screening among priority populations.</li> </ul> <p>Interested GPs will also be invited to participate in a short qualitative interview to gather additional information on the intervention tool.</p> <p>All information is entirely confidential, and your name will only be used to allocate CPD points. Study results may be published, but no individual or practice will be identified. Results from this study will also be used by the study investigator Caroline van Gemert to obtain a PHD degree.</p>
<b>How long will the pilot</b>	The pilot period for testing the HBV screening tool will be for two months.

period last?

**Benefits to participating** All GPs that complete both surveys will receive 40 CPD points in the RACGP 2014-2016 triennium.

**Do I have to participate?** Participation in this study is entirely voluntary.  
For GPs recruited via the Australian Medical Publishing Company database, we will follow up all GPs who do not return a survey with two reminder letters followed by a reminder phone call. You may contact us if you do not wish to be sent a reminder letter (see below for contact details).

**How will my data be used?** All data collected from the surveys will be confidential, and will be stored in a secure database. Your name, practice name and provider number will be collected for the purposes of allocating CPD points, however they will not be linked to survey data. Survey data will be kept for a maximum of seven years. All data collected will be available only to study researchers at the Burnet Institute. Study results will be available on the Burnet Institute website.

#### ADDITIONAL INFORMATION

**Study Investigators** Professor Margaret Hellard, Head of the Centre for Population Health, Burnet Institute  
Associate Professor Mark Stooze, Head of HIV/STI Research, Burnet Institute  
Ms Caroline van Gemert, Research Coordinator/PHD Student, Burnet Institute  
Dr Benjamin Cowie, Epidemiology Unit, Doherty Institute, University of Melbourne

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**Ethical approval** Ethical approval has been granted from the Alfred Hospital Ethics Committee (Project Number 198/14). If you have any ethical concerns relating to this study, please contact:  
Ms Emily Bingle, Ethics & Research Governance. Phone: 9076 3619 Email: [research@alfred.org.au](mailto:research@alfred.org.au)

**References**

- <sup>1</sup> Lavanchy D. Hepatitis B virus epidemiology, disease burden, treatment, and current and emerging prevention and control measures. *Journal of Viral Hepatitis*. 2004;11(2):97-107
- <sup>2</sup> MacLachlan JH, Allard N, Towell V, Cowie BC. The burden of chronic hepatitis B virus infection in Australia, 2011. *Aust N Z J Public Health*. 2013 Oct;37(5):416-22. PubMed PMID: 24090323.
- <sup>3</sup> National Health and Medical Research Council. National Hepatitis C Testing Policy. Hepatitis C Subcommittee of the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis and the Blood Borne Virus and STIs Subcommittee of the Australian Population Health Development Principal Committee, May 2007.
- <sup>4</sup> National Hepatitis B Virus (HBV) Testing Policy Expert Reference Committee. National Hepatitis B Testing Policy. 2012.