



Current Hepatitis B and C Screening Practices for First Generation Migrants and Barriers to Screening: Results from an online questionnaire survey of experts in Germany, The Netherlands, Hungary, Italy, UK and Spain

A. Ahmad¹, A. Falla², I. Veldhuijzen³, M. Levi³, Ralf Reintjes¹

¹Department of Health Sciences, Hamburg University of Applied Sciences, Hamburg, Germany; ² Department of Public Health, Erasmus MC, University Medical Center Rotterdam, Rotterdam, The Netherlands; ³Division of Infectious Disease Control, Municipal Public Health Service Rotterdam-Rijnmond, Rotterdam, The Netherlands; ⁴Department of Public Health, University of Florence, Florence, Italy

Background

- First generation migrants from just five countries, all with intermediate or high Hepatitis B endemicity, already contribute an estimated 10%-45% of the total Chronic Hepatitis B burden in the six study countries.
- Epidemiologic studies also estimate a high burden of Chronic Hepatitis C among migrants residing in the study countries.
- Highly effective antivirals are available, however early detection through screening is crucial.

Methods

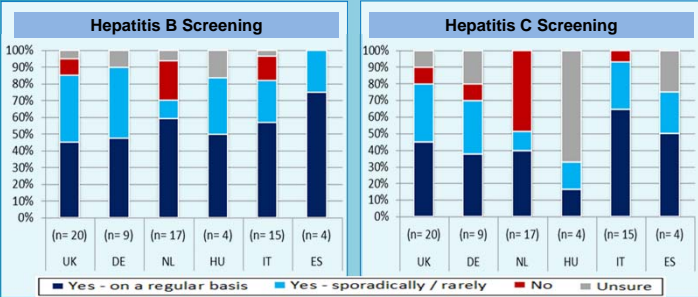
- A semi-quantitative online survey questionnaire was sent to expert health care professionals in Germany, The Netherlands, Hungary, Italy, UK and Spain
- We investigated how common it is to screen migrants from endemic countries for Hepatitis B and C
- We explored on a five-point Likert scale to what extent the stated barriers could be explanations for the limited uptake/existence of migrant screening

Aim

To explore the Hepatitis B and C screening practices for first generation migrants as well as perceived barriers to screening, among health professionals in 6 European countries.

Screening practices among General Practitioners & Sexual Health Services

How often do you screen migrants from endemic countries for Hepatitis B / C?



Results – Screening practices

- Responses to current Hepatitis B/C screening practices were highly divergent and show that, in most cases, screening of migrants is not commonly practiced in the six countries
- Screening migrants for Hepatitis B/C is practiced among ~ 40% – 50% of GPs and Sexual Health Services, which is more common than thought by public health experts
- Overall screening for Hepatitis C is less common than for Hepatitis B
- There is a clear lack of uniform screening practices for migrants from endemic areas – it is subjective and dependent on the health professionals judgment

Results – Barriers to Screening

Barriers related to the low uptake of screening among migrants / limited offer of screening to migrants, as mentioned by > 70% of expert respondents

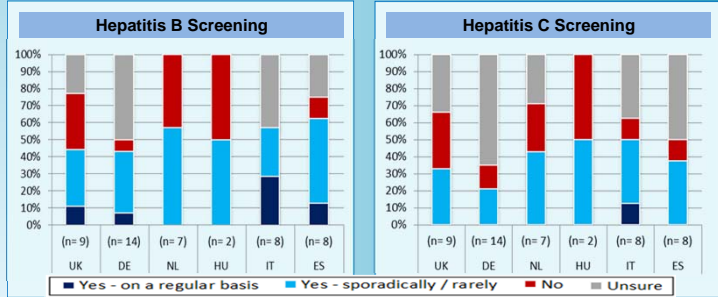
- Limited awareness among migrants about hepatitis B and C in general and about the availability of screening and effective treatment options was mentioned as a hindrance by expert respondents in all six countries
- The higher risk of being infected if originating from an endemic region and the subjective feeling of being healthy was considered as a barrier in all six countries
- Survey respondents from DE, HU and IT considered the lack of translated materials about hepatitis B/C or interpreter services as an explanation for why migrants are not being screened/tested at the point of first contact with primary health care services/GPs
- None of the other statements pertaining to unawareness among primary health care providers, lack of financial reimbursement or refusal on behalf of migrants were considered as major barriers

Conclusion

- Sporadic screening among migrants both explains and maintains the large undetected burden of chronic hepatitis B and C
- This further exacerbates health inequalities between migrants and non-migrants
- Urgent political commitment backed by resources are required if the predicted hepatitis-related mortality peak in the EU is to be prevented
- Standardized and effective screening protocols for different professional groups are required to improve screening practices

Screening practices according to Public Health Experts

Is Hepatitis B / C screening offered to migrants from endemic regions in your country?



Barriers to Screening

Do you agree with the following statements as explanations of the current low uptake of hepatitis B and C screening among migrants in your country?

Barriers towards uptake of Hep. B/C screening among migrants	UK (39) (Agree)	DE (31) (Agree)	NL (49) (Agree)	HU (17) (Agree)	IT (35) (Agree)	ES (15) (Agree)
Limited awareness about the disease	87%	94%	94%	65%	71%	80%
Feeling of being healthy	82%	94%	88%	71%	74%	80%
First generation migrants - unaware of higher risk of being infected	89%	87%	82%	88%	83%	93%
Limited awareness about treatment options and benefits	87%	90%	86%	82%	94%	80%
Fear of social stigma	69%	58%	41%	82%	37%	60%
Lack of info. about where to go for testing	74%	84%	41%	65%	60%	67%
Lack of access to affordable/free care	21%	29%	23%	12%	17%	13%
Language barriers / limited availability of translated materials	62%	65%	45%	35%	49%	40%

Do you agree with the following statements as explanations of why migrants are not being screened/tested for hepatitis B/C at the point of first contact with primary health care services/GPs in your country?

Screening barriers at the primary health care level	UK (39) (Agree)	DE (31) (Agree)	NL (49) (Agree)	HU (17) (Agree)	IT (35) (Agree)	ES (15) (Agree)
Unable to identify migrants with specific risk factors (country of birth data not collected)	41%	42%	41%	35%	26%	20%
Unawareness among primary health care providers about at risk migrant groups	51%	29%	61%	29%	34%	33%
Patients/Migrants refuse getting tested	26%	16%	10%	12%	11%	20%
Unawareness among primary health care providers about improved treatments	62%	35%	61%	53%	52%	27%
Lack of translated materials about Hep. B/C, Interpreters	51%	77%	41%	76%	80%	60%
Screening asymptomatic patients is not covered	23%	36%	18%	53%	29%	13%
Limited guidance for primary health care providers on screening of viral hepatitis among risk groups	46%	36%	16%	41%	46%	53%
Lack of time to offer screening	31%	16%	6%	41%	9%	40%