Community case-finding strategies for viral hepatitis in UK migrants: the South-East Coast England experience

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Background:
- Migrants are the 5th largest killer in the UK, with rising mortality and morbidity related to chronic hepatitis C (HCV).
- Marked geographic variation exists in the prevalence rates of HCV and HCC worldwide.
- The current UK National Hepatitis Strategy 2020-2030 aims to identify an additional 100,000 cases of HCV and HCV related complications.
- The South-East Coast of England (SECE), including Kent and Medway, is one of the highest HCV prevalence areas in the UK. The area has the highest number of failed asylum seekers and refugees in the UK, which might be linked to the high HCV prevalence rates.

Methods:
- Local ethnic leaders approval obtained for both studies.
- A community advisory group (CAG) established with local leaders to devise appropriate testing strategies.
- Local government offices and local Primary Care services informed of testing plans.
- Test kit distribution: three groups were held with members of the local Nepali population:
  - 1. Mosques
  - 2. Community centres
  - 3. Publicised by religious leaders

Results:
- The Nepali population is a “new” and “unique” community to the UK.
- The Nepali population has a high rate of previous antibody positivity, following settlement rights granted to ex-service personnel and their dependents in 2009, a policy that has now expanded with the 2013 census.
- The current UK Nepali population is 66,000, a growth of over 800% since the 2001 census.
- The UK community originates from geographically diverse areas in Nepal, which is a country with extremely high hepatitis prevalence.

Conclusion:
- The attributes and perception to liver disease in this community is unknown.
- Further designing case-finding studies, focus group sessions, were conducted to investigate the understanding and perception of liver disease.

Key points:
- Nepal is a “new” and “unique” community to the UK.
- The Nepali population has a high rate of previous antibody positivity, following settlement rights granted to ex-service personnel and their dependents in 2009, a policy that has now expanded with the 2013 census.
- The current UK Nepali population is 66,000, a growth of over 800% since the 2001 census.
- The UK community originates from geographically diverse areas in Nepal, which is a country with extremely high hepatitis prevalence.

Nepal Group results – Nepali community
- 22 Nepali members took part in focus group sessions – divided by sex and age
- Cases of liver disease: ‘strong externalising factors from “magic” and “food/water pollution” were expressed by all groups’

- ‘It concerns our family… we also hear that which person can give this disease’
- ‘It is not that terrible medicine at all, but does not cure disease completely’

- ‘We have a centre where当中 doctor treated properly. Modern medicine and medicines are truly bad for you’

- Younger groups identified greater stigmatisation with the label of hepatitis – linking this to alcohol and talking about the importance of hepatitis to both Nepal and England was expressed as concern by both older and younger Nepali groups – there was evidence from our own studies, focusing on word-of-mouth and radio advertising, that hepatitis was seen as a dangerous disease.

- All were keen to learn more about liver disease, and to engage in testing services in the community.

Discussion:
- We have successfully engaged with testing in two geographically close but very different contexts.
- We showed evidence in support for the role of religious leaders and settings for health promotion and testing.
- Rates of HCV infection are higher in the Pakistani population than the baseline UK rates (26% vs 0.7%), and are even higher in immediate family cases.
- The UK Hepatitis population is a unique community with unknown health needs, and without a single case diagnosis, that recommended screening.
- We are encouraged by the findings that there are existing clusters of people with hepatitis, which may be linked to their cultural and religious beliefs.

- A targeted strategy is needed to identify the need and benefit of testing all migrant communities, or a targeted strategy is more appropriate.