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Screening of migrants

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CEPHIR is the academic partnership of the department of Public Health of Erasmus MC and the Municipal Public Health Service Rotterdam-Rijnmond. Other CEPHIR participants are the MPHS Zuid Holland Zuid, MPHS Zuid Hollandse Eilanden, STI AIDS Netherlands and the Netherlands Nutrition Centre.



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Outline

- Background
- Project : Promotion of HBV screening in the Turkish population in Rotterdam
- Project: HBV screening of the Chinese population in Rotterdam
- Systematic screening of migrants in The Netherlands



Background

- People born in HBV endemic countries are a risk group for HBV related liver disease
- Due to new treatment possibilities health outcomes of HBV patients can be improved
- Chronic HBV is mostly asymptomatic
→ need for screening to detect chronic HBV



Screening

- Since 1989 screening of pregnant women
- Screening as part of vaccination programme for risk groups (MSM, drug users)
- Screening of contacts of HBV patients
- No screening for HBV in the specific risk group of migrants



Project: HBV screening in the Turkish population*

- Aim: to detect and prevent Hepatitis B by means of the promotion of screening in the Turkish-Dutch population in Rotterdam (16-40 year)

*Y.van der Veen, Erasmus MC

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Turkish population

- 20% of HBV notifications Turkish background
- Total population: 45,000
- 16-40 year: 21,000 (50% first generation)
- Aim: screen 10% of target population (2,000)
- First step: to identify behavioural and socio-cultural determinants of screening-behaviour



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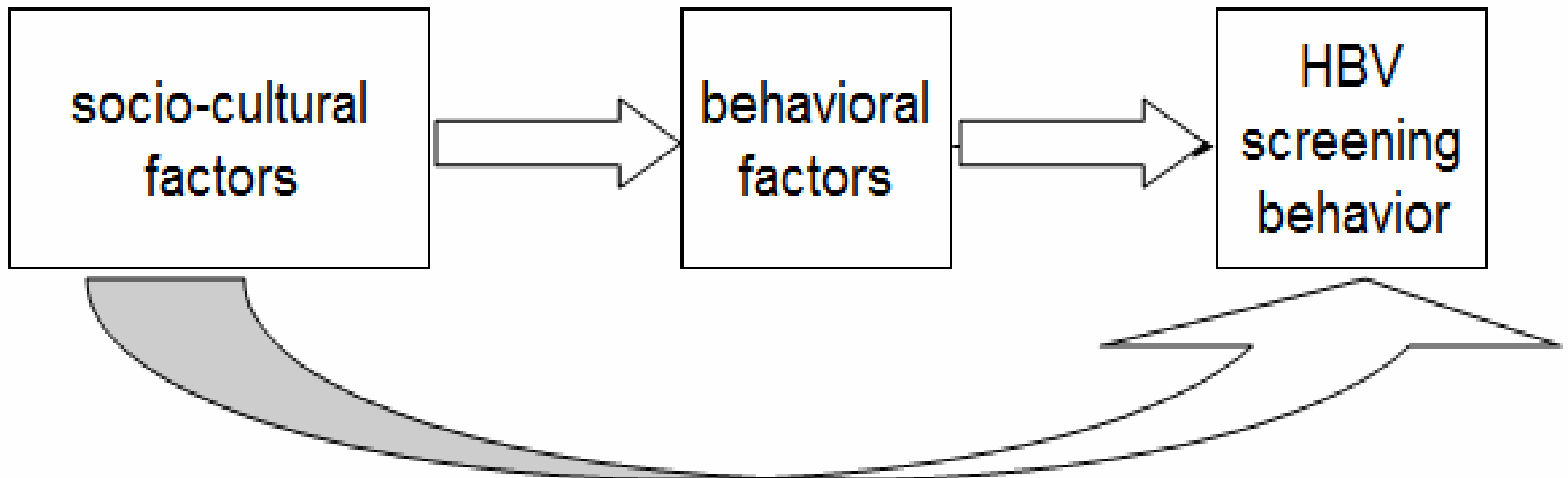
Survey

- Postal questionnaire
- First and second generation migrants
- Bilingual questionnaire for first generation
- Demographics, screening status, behavioral and socio-cultural determinants
- Outcome measure: intention to be screened



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Explorative model



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Next steps

- Develop culturally tailored internet intervention
- Implementation of intervention
- Evaluation of intervention

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Intervention

- Invitation by mail → visit website
- 3 study arms:
 - Generic information
 - Tailored information
 - Cultural tailored information
- Offer to go for HBV testing at local laboratory
- Follow up according to current practice



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Project: HBV screening of the Chinese population in Rotterdam

- Pilot project started end 2008
- Inform and stimulate HBV testing and treatment or vaccination (if indicated)
- Aim to test 500-1000 Chinese migrants

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Planning

- Develop information materials, partly based on existing materials from the US and China
- Base measurement of awareness etc.
- Inform key persons Chinese community
 - Kick off beginning of December
- Campaign alert in Chinese media
 - Start 1 week before Chinese New Year



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- Campaign during Chinese New Year (2 weeks)
- Offer HBV screening for at least 3 months





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Test locations

- Chinese community center (Wah Fook Wui)
- Chinese churches, student club, sports club, schools, ...
- Mobile test location: 'Eiland hopper'





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Post campaign

- Analyse screening data (coverage, test result)
- Measure awareness post campaign
- Proces evaluation with partners
- Report



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Screening of migrants in other countries

- Different programs in the US for Asian population
 - San Francisco, New York, Baltimore, Seattle
- Also in New Zealand, Canada





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Screening of migrants

- Proactive approach
 - out-reach
 - systematic
- Opportunistic approach
 - offer screening when people present at GP



Coverage of different strategies

- Out-reach: labor intensive
 - SF project: screening 2 Saturdays a month for 1 year → 1,200 adults screened
Target pop 250,000 → coverage 0.5%
- Systematic: no data!



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Cost-effectiveness

- Study by Hutton et al. in Ann Int Med, 2007
CE of screening and vaccinating Asian and Pacific Islander adults for hepatitis B
- Scenario's:
 - screen-treat: \$36000 per QALY gained
 - screen-treat-ring vaccinate: \$39900 pQ gained
- Cost-effective if prevalence is only 1%



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Cost-effectiveness in the Netherlands

- Pilot study using mathematical model
- Screen, treat, vaccination of at risk contacts
- Scenario's:
 - systematic
 - opportunistic



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Assumptions

- Participation
 - systematic screening: 30%
 - \approx 40-50% referred to specialist (guideline)
 - \approx 70% seen by specialist
- Eligible for treatment (all HBsAg+)
 - \approx 37% high HBV DNA levels
 - \approx 10% high HBV DNA and ALT $>$ 2ULN
- 80% (?) of eligible pt starts treatment



Discussion

- Work in progress
- Which scenario's are feasible nationwide?
 - systematic
 - opportunistic
- Assumptions