Screening of migrants

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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
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
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
Explorative model

1. socio-cultural factors
2. behavioral factors
3. HBV screening behavior

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.
Next steps

▪ Develop culturally tailored internet intervention
▪ Implementation of intervention
▪ Evaluation of intervention
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
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
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
- Campaign during Chinese New Year (2 weeks)
- Offer HBV screening for at least 3 months
Test locations

- Chinese community center (Wah Fook Wui)
- Chinese churches, student club, sports club, schools, ...

- Mobile test location: ‘Eiland hopper’
Post campaign

- Analyse screening data (coverage, test result)
- Measure awareness post campaign
- Proces evaluation with partners
- Report
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
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!
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%
Cost-effectiveness in the Netherlands

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

- Participation
  - systematic screening: 30%
  - ≈ 40-50% referred to specialist (guideline)
  - ≈ 70% seen by specialist

- Eligible for treatment (all HBsAg+)
  - ≈ 37% high HBV DNA levels
  - ≈ 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