

## DOMAIN 1

# THE NURSE'S ROLE IN CARING FOR PEOPLE WITH, OR AT RISK OF, HEPATITIS B

### ALL NURSES

#### HAVE A ROLE AND RESPONSIBILITY TO IDENTIFY PEOPLE WITH, OR AT RISK OF, HEPATITIS B

and to provide culturally appropriate, person-centred testing, education and monitoring-related care.

### » IDENTIFY PEOPLE AT RISK<sup>1,2</sup>

Considering hepatitis B virus is transmitted through contact with infected blood and body fluids, identify priority populations including:

- Children born to mothers in high prevalence countries or where hepatitis B vaccination is inaccessible
- People migrating from a country of high prevalence and/or where hepatitis B vaccine is inaccessible
- Aboriginal and Torres Strait Islander people
- Unsafe sexual contact
- People who inject drugs
- People who are not vaccinated or received incomplete vaccination
- People living with a person with hepatitis B
- Children born to women with hepatitis B.

### » MONITORING-RELATED NURSING CARE

Encourage and support adherence to ongoing monitoring:

- Assess and address adherence to life-long hepatitis B monitoring and HCC surveillance
- Assess and address adherence to antiviral treatment during the antenatal and postnatal periods, and following cessation of antiviral treatment
- Educate about the risk of hepatitis B reactivation in the setting of immunosuppression
- Explore options for shared management with nurse-led or General Practitioner (GP) care and implement the best model.

### » TREATMENT-RELATED CARE<sup>6,7</sup>

The nurse has an important role in providing treatment-related care, including:

- Monitoring associated with life-long antiviral treatment
- Monitoring adherence
- Management of potential side effects.

#### ADDITIONAL RESOURCES

Australasian Hepatology Association (AHA)  
[www.hepatologyassociation.com.au](http://www.hepatologyassociation.com.au)

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)  
[www.ashm.org.au](http://www.ashm.org.au)

Commonwealth of Australia. Third National Hepatitis B Strategy 2018-2022. 2018. Canberra: Commonwealth of Australia.

Hepatitis Australia  
[www.hepatitisaustralia.com](http://www.hepatitisaustralia.com)

HepBHelp  
[www.hepbhelp.org.au](http://www.hepbhelp.org.au)

### » TEST PEOPLE AT RISK<sup>1,3,4</sup>

Increase opportunities for priority populations to access testing by:

- Engaging affected communities in designing and implementing testing strategies
- Offering flexible and person-centred testing in community settings.

Testing:

- Does the individual need an interpreter?
- Does the individual understand that hepatitis B is a notifiable disease?
- Refer to the Testing Policy regarding gaining informed consent
- Does the individual understand the information that has been provided?

After test:

- Refer to the Testing Policy for guidance on conveying a test result
- Recommend vaccination for unvaccinated, susceptible people
- Discuss safe injecting practices, safe sex and blood awareness as ways to prevent hepatitis B transmission.

### » SUPPORT ADHERENCE<sup>8,9</sup>

Explore potential competing priorities and establish systems to promote complete adherence to antiviral treatment by:

- Acknowledging potential for treatment fatigue for long term antiviral treatment
- Understand and discuss potential barriers for maintaining complete adherence
- Addressing barriers to accessing repeat prescriptions of antiviral treatment.

\* If your patient has another cause of liver disease please refer to the HCC Guidelines to determine surveillance criteria.<sup>8,9</sup>

### » SUPPORT HCC SURVEILLANCE<sup>10-12</sup>

Identify individuals at risk of HCC and enrol in surveillance.

Priority groups include:

- Aboriginal and Torres Strait Islander people with chronic hepatitis B (CHB) over the age of 50 years
- Asian males with CHB over the age of 40 years
- Asian females with CHB over the age of 50 years
- African males and females with CHB over the age of 20 years
- People with CHB-related cirrhosis (irrespective of age)
- People with CHB and family history of HCC.

Support adherence to surveillance:

- Support individual to understand and self-manage adherence to the HCC surveillance plan
- Implement a recall system to support the individual to participate in regular HCC surveillance.

### » ADVOCATE

- Empower the individual by coaching and supporting their self-management strategies
- Identify any barriers to accessing and receiving care and facilitate flexible approaches to care delivery, including collaborative models between primary and hospital care
- Refer and/or initiate case discussion with paediatric hepatologist for children with, or at risk of, hepatitis B.

### » ASSESS<sup>5</sup>

Identify and document the following, to inform the nursing management plan:

- Individual's ability to navigate the health system
- Individual's medical and social history, including diagnosis date, monitoring and treatment history
- Family history of hepatitis B and hepatocellular carcinoma (HCC)
- Physical assessment for liver disease including fibrosis assessment
- Risk of co-infection with HIV, hepatitis C and hepatitis delta
- Risk of hepatitis A infection and vaccinate if susceptible
- Concurrent medications, including prescribed and traditional medicine
- Comorbidities, such as diabetes
- Alcohol and other drug use.

#### REFERENCES

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