Implementation and outcomes of a remote hepatitis B screening program designed to overcome disruptions to community-based screenings for Asians and Asian Americans caused by the COVID-19 pandemic

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OBJECTIVES

To describe the implementation of a remote hepatitis B screening program designed to overcome disruptions to community-based screenings for Asians and Asian Americans (AAAs) caused by the COVID-19 pandemic.

To describe the outcomes of the remote hepatitis B screening program.

INTRODUCTION

The prevalence of hepatitis B in AAAs in Philadelphia, Pennsylvania, is 4% in the Korean and Indonesian communities, 6% in the Vietnamese and other Southeast Asian communities, and 17% in the Chinese community.[1] Despite these high prevalence rates, only 8-10% of AAAs in the city have been screened for hepatitis B.[1]

With more than 200,000 people of Asian descent living in Philadelphia and over 80% of this population being born abroad, hepatitis B screening remains essential to reducing existing health disparities.[1]

Historically, APAMSA chapters in Philadelphia have partnered with the Hepatitis B Foundation (HBF) and local community organizations to provide hepatitis B screenings to AAAs at community health fairs and other outreach events. However, restrictions on in-person gatherings during the COVID-19 pandemic led to many of these events being postponed indefinitely or canceled.

Reference 1: Hepatitis B Foundation internal reporting.

METHODS

Partnerships with community organizations and outreach

We partnered with the Northeast Philadelphia Chinese Association (NEPCA) and VietLead, which are community organizations that serve the Chinese and Vietnamese communities, respectively, in Philadelphia.

We hosted webinars about hepatitis B in Mandarin and Vietnamese and encouraged attendees to sign up for screening at the end of the information sessions.

We disseminated facts about hepatitis B in Chinese and the registration form link in two NEPCA-run WeChat groups on a peri-weekly basis. VietLead promoted the screening program through its networks.

METHODS (CONTINUED)

Screening

Individuals who were interested in screening could complete an online registration form. They were then mailed a voucher they could take to a local LabCorp to receive a free screening.

Screening results

All participants who completed screening were mailed their printed results, an explanation of the results, and $5 to cover public transportation costs within 7 days.

Counseling and linkage to care

For individuals requiring referrals for additional care (e.g., vaccinations, linkage to a health care provider due to a positive result), APAMSA members and HBF representatives contacted them via phone to provide counseling in their preferred language and connect them to local health care providers who could offer culturally and linguistically competent care. We also helped individuals without a primary care provider or health insurance schedule an appointment at a Federally Qualified Health Center (FQHC) or other local clinic as appropriate.

RESULTS

Between August 2020-September 2021, 60 individuals completed the online registration form. Of these, 4 (6%) individuals were ineligible as they resided outside the U.S. Among those eligible, 28 (50%) completed screening. Participant demographics, screening results, and referrals are summarized in Tables 1-3.

CONCLUSION AND IMPLICATIONS

A remote hepatitis B screening program overcame disruptions to community-based screenings for AAAs caused by the COVID-19 pandemic. The program also addressed cultural, linguistic, financial, and scheduling barriers that contribute to health disparities.

This program has the potential to expand access to screening nationwide.

Future work may seek to establish partnerships with additional community organizations, promote screenings in groups not reached during the initial 14 months of the program, and improve follow through with screening.

TABLE 1. PARTICIPANT DEMOGRAPHICS

Demographic characteristic	Registered for screening N = 56	Completed screening N = 28
Sex, n (%)		
Male	34 (60.7)	--
Female	22 (39.3)	--
Ethnicity, n (%)		
Chinese	33 (58.9)	16 (57.1)
Vietnamese	23 (41.1)	12 (42.9)

TABLE 2. PARTICIPANT SCREENING RESULTS

Screening result	N = 28
Surface antigen (HBsAg), n (%)	
Positive	7 (25.0)
Negative	21 (75.0)
Surface antibody (HBsAb), n (%)	
Positive	17 (60.7)
Negative	11 (39.3)

TABLE 3. PARTICIPANT REFERRALS

Referral type	N = 28
Results by mail, n (%)	28 (100.0)
Vaccination, n (%)	4 (14.3)
Primary care provider, n (%)	5 (17.9)
Specialist provider (i.e., hepatologist), n (%)	1 (3.6)
FQHC or local clinic, n (%)	1 (3.6)

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