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Authors

Kong, Shana Tak, Hannah Lau, Alvin et al.

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Impact of a Student-Run Free Clinic on Hepatitis B in the Asian-Underserved

Shana Kong¹, Hannah Tak¹, Alvin Lau¹, Katherine Sayaseng², Anna Yan², Guoshuai Huangfu², Mary P. Pauly, Ronald Jan

¹University of California, Davis School of Medicine, 4610 X Street, Sacramento, CA 95817 ²University of California, Davis, 1 Shields Avenue, Davis, California, 95616

Introduction

Asian Americans make up 6% of the total United States population but account for up to 58% of individuals with Chronic Hepatitis B(CHB)¹. While guidelines are given for disease screening and management, there remains a gap between screening and linkage to care for those with limited resources or language barriers.

Purpose

The purpose of this study was to describe Paul Hom Asian Clinic's protocol for Hepatitis B (HBV) screening and follow-up, characterize the population screened, and analyze clinical outcomes of the affected population.

Methods

A retrospective analysis of 180 new patients from September 2019-October 2021 at Paul Hom Asian Clinic (PHAC). Demographics (gender, age, primary language, insurance status) were obtained for all patients. Data analyzed includes percentage of patients screened, diagnosed with HBV, with a history of past HBV infection, naïve to HBV, and vaccinated against HBV. The financial burden of medications was considered, and we identified patients who received medications through insurance vs. self-payment.

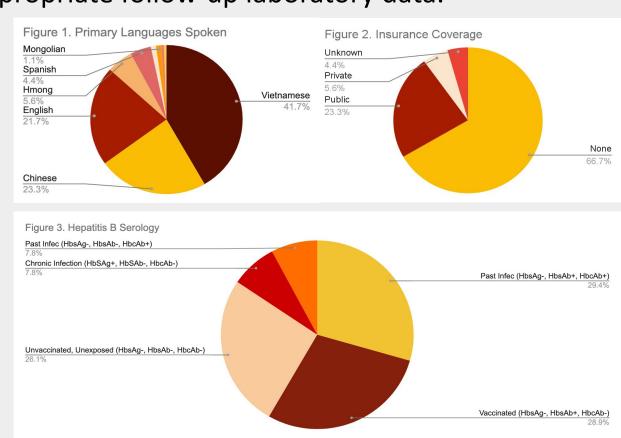
Ongoing screening for HBV in the underserved Asian community is worthwhile, and further research should explore financial burdens of HBV treatment and quality of life for CHB patients from underserved backgrounds.

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Results

100% of the 180 new patients seen were screened for Hepatitis B. Of those screened, 51.7% were female with an average age of 49 (range=13-81 years old). Majority of our patients primary languages are shown in Fig 1. 66.7% of patients were uninsured, 23.3% reported public insurance coverage and 10% reported private/combined coverage (Fig 2). Of those screened, 14 (7.8%) patients tested positive for CHB, and the remaining are shown in Fig 3. Among the 14 new patients with CHB, 4 met AASLD criteria for treatment and are currently on antiviral therapy. All CHB patients were followed longitudinally with 100% receiving appropriate follow-up laboratory data.



Discussion

Screening for Chronic Hepatitis B in our student run clinic identified a higher prevalence of HBV than in the underserved Asian American within Sacramento. Furthermore, PHAC serves a largely uninsured population who lack fluency in English. Follow-up with in-clinic treatment was excellent, however follow-up elsewhere, such as vaccinations/liver ultrasound, was not as robust. There were limited opportunities for vaccination during the COVID-19 pandemic and documentation of those who were vaccinated elsewhere is incomplete. Vaccination status needs to be further addressed going forward.