

China on the Scheldt

Belgium Hepatitis screening project
to reach Asian migrants

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- Key Characteristics and Aims
- Initial outreach
- Screening
 - Organisation
 - Results
- Linkage to care
- Challenges
- Conclusions

China on the Scheldt: Key characteristics

- Chinese community in Antwerp/ Belgium
- Outreach
- Free
- Serology:
 - HBV (HBsAg, anti-HBcAb)
 - HCV (anti-HCV)



Primary aim:

Epidemiology and linkage to care of HBV and HCV in Chinese community
Increase awareness

Secondary aim:

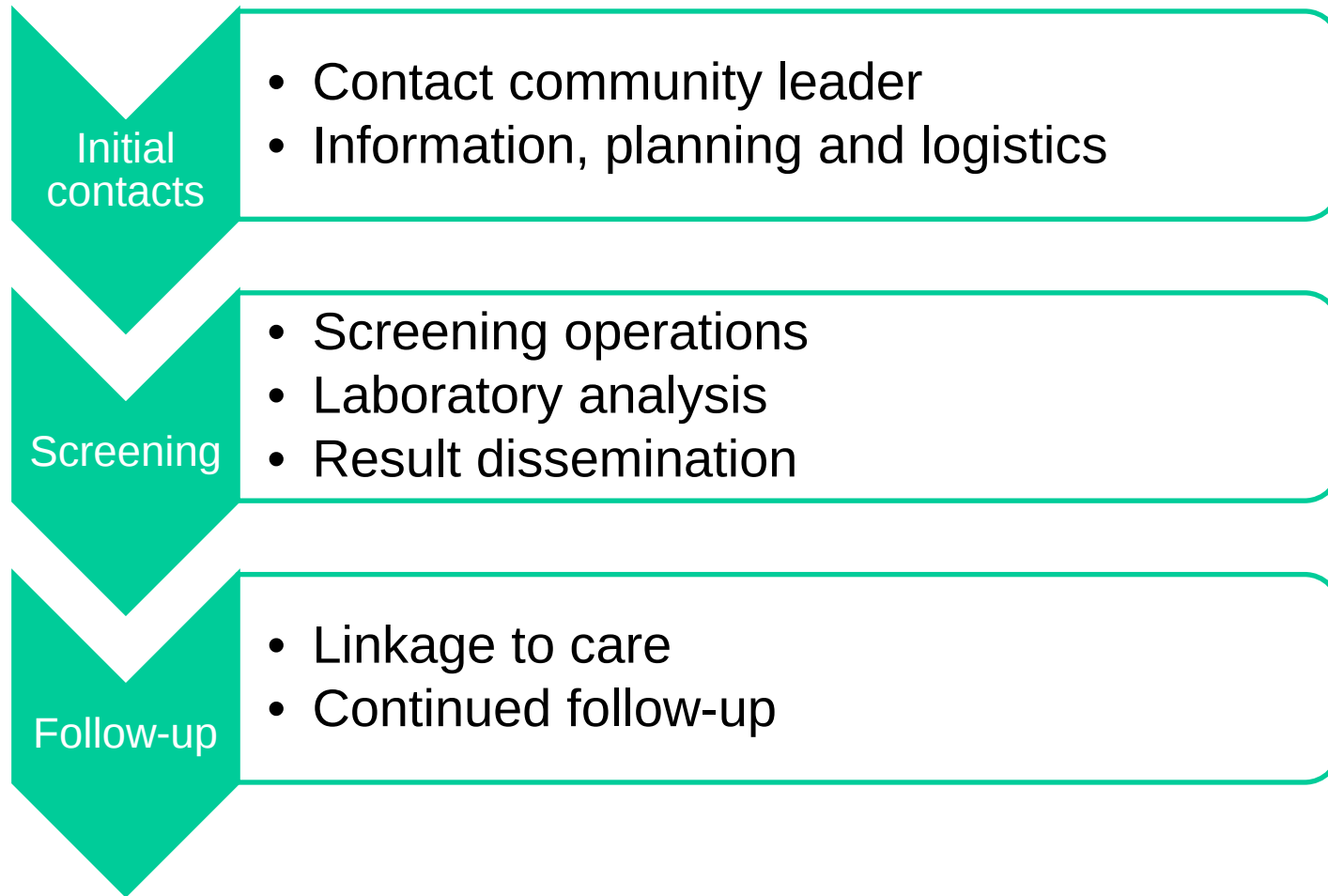
Comparison of screening methods

- Serum (gold standard)
- Saliva (via OraSure Intercept 2)
- Dried blood (via Whatman Protein Saver 903)

Tertiary aim:

Biobanking of PBMC, DNA and mRNA for virus-host interaction studies

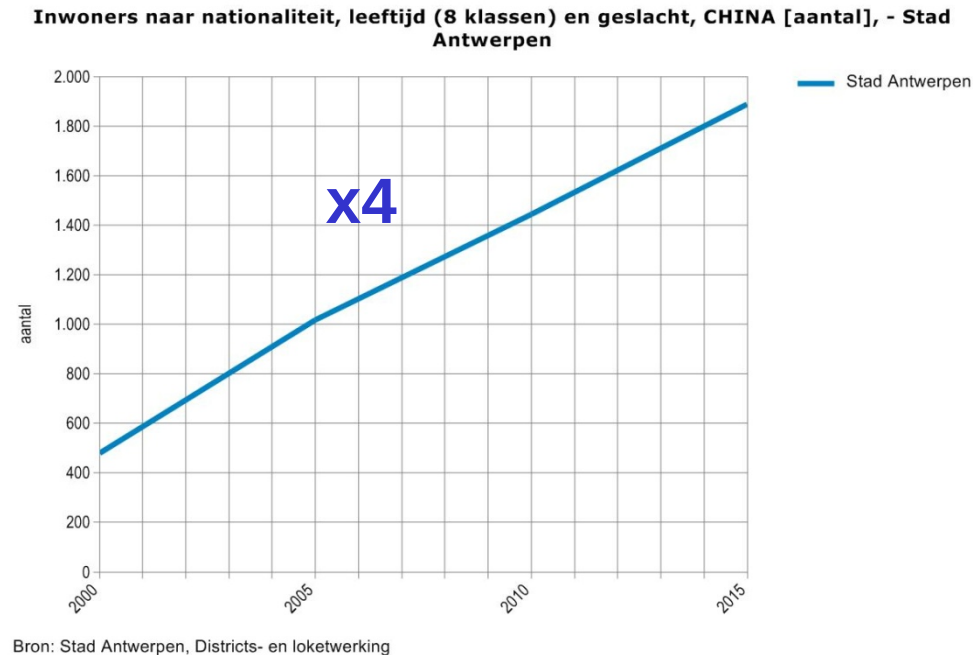
China on the Scheldt: organisational approach



Belgian Chinese community

- Geographically clustered
 - Antwerp, Brussels
- Heterogeneous
 - ~ geographic origin, religion...
 - ~ migration era:
 - Elderly: World War 1-2
 - Baby boomers: South-Eastern China
 - Young persons/families: Mainland China

 Insular groups



Initial outreach (6 months)

- Key opinion leaders
 - Crucial
 - Central figure and dynamic in each community
 - Openness and motivation towards health projects
 - Available volunteers and amenities
 - Word-to-mouth between communities
- Initial information round
 - 4 Health information sessions
 - Feasibility questionnaire
 - Kick-of meeting

《安特衛普華人社區病毒性肝炎篩查 - 可行性研究》

Viral Hepatitis screening bij de Chinese Gemeenschap in Antwerpen – Feasibility studie

Feasibility questionnaire

- In Local Chinese Language Newspaper
- Flyer distributed and collected by KOL
- 140 questionnaires completed
- 118/140 1st generation migrants (born in China)
- Preferences in terms of location, date and time for screening

Additional recruitment material

- Website, Twitter, Facebook and QQ accounts
- Chinese language flyers
- Ad in Chinese local newspaper



Stop Hepatitis! - 齊心制止肝炎蔓延!

Laat u nu gratis testen! 請前來接受免費檢驗!

Hepatitis B en C zijn overdraagbare leverziekten die ernstige gevolgen kunnen hebben voor uw gezondheid. Meestal merkt u niet dat u drager van het virus bent.

乙型和丙型肝炎均由病毒引起。帶菌者通常不大察覺已受感染。到惡化成嚴重肝病時為時已晚。為保健康請前來接受免費檢驗。

第一輪檢驗
日期: 25/10/14 (星期六)
地點: Antwerp Truth Church
安城真道教會
Lange Beeldkensstraat 24,
2060 Antwerpen
時間: 11:30 - 18:30

Start: 25/10/2014
Antwerp Truth Church
Lange Beeldkensstraat 24
Antwerpen
Begin: 11:30 - 18:30



WWW.S...

為保你及家人健康 請前來接受免費肝炎檢驗

慢性乙型肝炎的危險在於其傳染和發展均毫無症狀，許多乙型肝炎帶菌者感到自己完全健康，其驗血檢查結果也可能顯示肝酵素正常，部份患者由於病徵輕微，自己成為帶菌者也不自知，因此也會在不自覺下，把病毒傳播給伴侶及下一代。部分帶菌者雖然身體表面上全無病徵，但病毒已然潛留體內，並透過血液和體液，將病毒傳播給他人。如果到了症狀如腹痛和黃膽出現的時候，現有的治療方式可能就不太有效了。因此，你和你的家人都應該接受乙肝檢查。雖然乙型肝炎是一種嚴重的疾病，但幸好現在已經有安全又有效的疫苗來預防，另外還有其他治療方法可以用來控制慢性乙肝以及避免惡化成為肝癌。

《對抗肝炎小組-China aan de Schelde》

命名為《對抗肝炎小組-China aan de Schelde》是由安特衛普大學醫院的肝臟專科教授 Thomas Vanwolleghem 和微生物學專科醫生 Erwin Ho 發起的病毒性肝炎檢查項目，已分別於 2014 年 10 月 25 日在安城真道教會；11 月 19 日在比利時佛光山；2015 年 1 月 14 日在安特衛普唐人街尾的 Permeke 市立圖書館等為華人檢驗乙型肝炎及丙型肝炎，共 243 位華人已接受檢驗。

再度免費為華人檢驗乙型及丙型肝炎

《對抗肝炎小組-China aan de Schelde》再接再厲，將於 2015 年 4 月 15 日(星期三)早上 9 時至下午 5 時在安特衛普唐人街尾小廣場側(De Coninckplein 25-26, 2060 Antwerpen)的 Permeke 圖書館的 Consul 及 Sierra 廳(入口在 Muizenstraat 3)提供免費為華人檢驗乙型肝炎及丙型肝炎。

當天有普通話和粵語翻譯在場，協助閣下填寫臨床資料和記錄，及與醫生和護士溝通。

免費為華人檢驗乙型和丙型肝炎

日期: 2015 年 4 月 15 日(星期三)
時間: 早上 9 時至下午 5 時

地點: 安特衛普唐人街尾小廣場側(De Coninckplein 25-26, 2060 Antwerpen) Permeke 圖書館的 Consul 及 Sierra 廳(入口在 Muizenstraat)

即日到場報名或預先報名均可

查詢詳情: 手機: 0473-299 788 電郵: van.elainevan@gmail.com
微訊 ID: Elaine-Yan-Elaine

備註欄:

普通身體檢查是不會驗出乙肝和丙肝的。
知是否乙肝或丙肝帶菌者。
體檢請叫醫生加上血清檢測
語 Serologie 法語 Sérologie)
有乙肝或丙肝病在體內。
meke 圖書館的 Consul 及 Sierra
貴病毒性肝炎檢查
大家保重

第 192 期

13

旅比要文

歐華商

齊心制止肝炎蔓延 請前來接受

乙型和丙型肝炎是受乙型肝炎或丙型肝炎病毒感染而引起的肝臟炎癰，帶菌者通常不大察覺已受感染，病患假若不及時治療，容易惡化成為肝癌，因此，及早偵測出體內這些病毒至為重要，為保健康請前來接受免費檢驗。

《對抗肝炎小組-China aan de Schelde》

~抗丙型肝炎抗體(抗HCV抗體): 已患上丙型肝炎或曾受型肝炎病毒感染的標誌。

~血液中的白血細胞用作免疫系統醫學研究。

~血液中的RNA(遺傳物質)用作深入研究，並永久保留記錄，若閣下再遇相關醫療情況，便有跡可尋。

法居留的患者沿用至今的「顧」這條法規

患者先在醫生手上取著這文件去(福利局)申請

Initial outreach/Screening roll out

Kick-off meeting

- Antwerp University Hospital team
 - Physicians
 - (Study) Nurses
 - Administrative staff
- KOL(s)
- Volunteers of the Chinese community

Logistics/Location/Material/Personnel



Pre-Registration

10-15 minute Time Slots

Screening Outreach

- 7 sessions
- Antwerp Truth Church 25/10/2014
- Fo Guang Shang Buddhist Temple 19/11/2014
- Permeke City Library 14/1/2015, 15/4/2015
- Eglise Chinoise en Belgique 27/6/2015, 23/9/2015
- International Church of Evangelical in Leuven 12/12/2015



Kennis / Ervaring / Zorg

Screenings-Organisation

- Complex logistics and organisation, cooperation with lab, hospital, community
- Informed consent, Information on viral hepatitis
- Questionnaire (demographics, viral hepatitis history)
- Screening: saliva, DBS, venipuncture



Screenings – Organisation

3 physicians, 1 nursing post, 1 administration desk,
chinese volunteers and translators



Performance of non-invasive tests

- Not yet standardized
- Oral fluid: lower concentrations of IgG and viral proteins
- Long term storage?

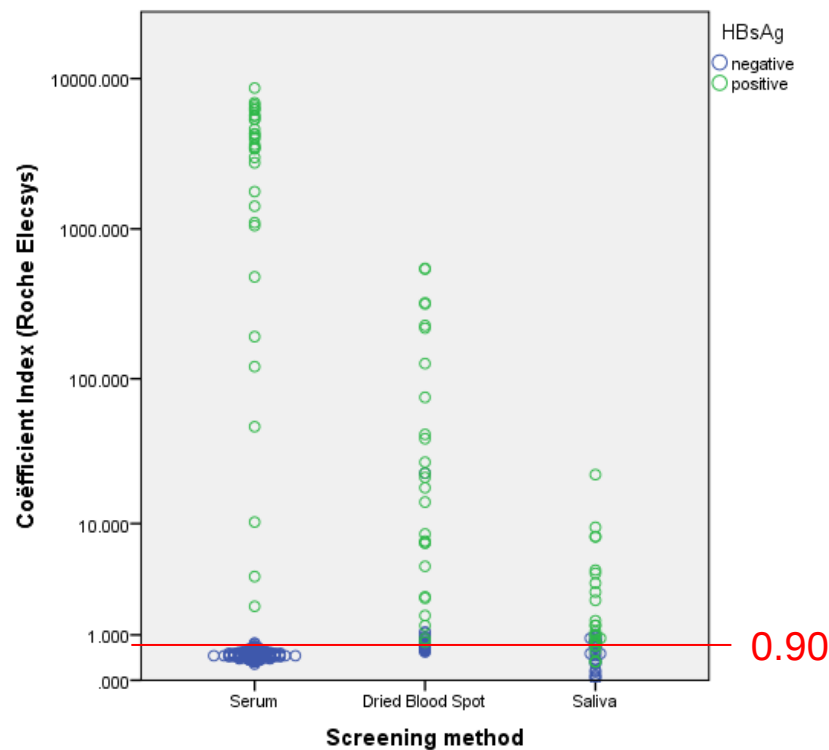
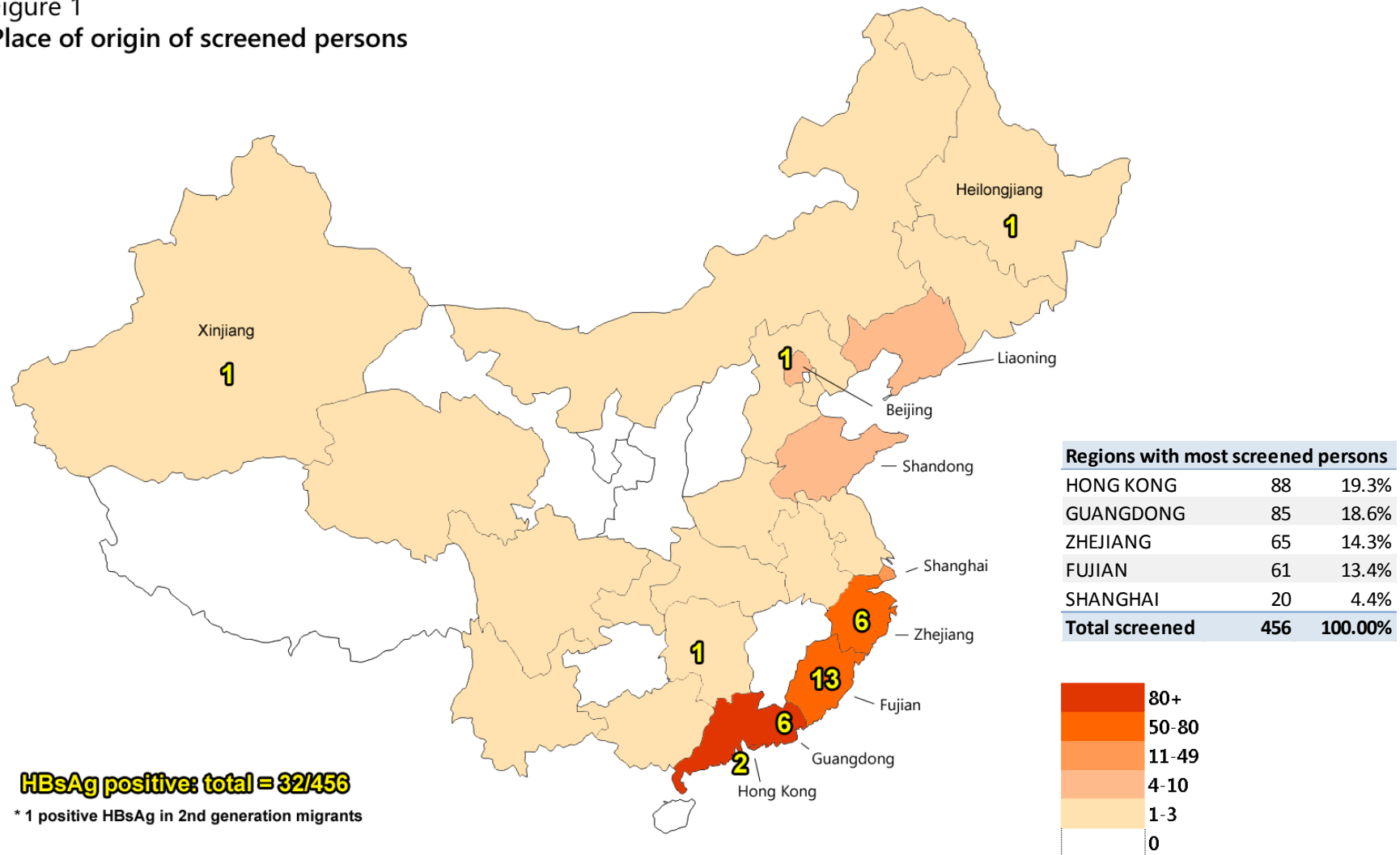


Table 1. Mean immunoglobulin concentrations (mg/L) in plasma and salivary components.

Specimen	IgG	IgM	IgA*
Plasma	14730	1280	2860
Parotid saliva	0.36	0.43	39.5
Crevicular fluid	3500	250	1110
Whole saliva	14.4	2.1	19.4

Screenings – Results

Figure 1
Place of origin of screened persons



Other countries (India, Cambodia, Vietnam, Malaysia, Singapore, Indonesia, Laos, Suriname, Tahiti, Taiwan) 32

2nd generation migrants (Belgium, Germany, United States, United Kingdom, Netherlands) 31

- 50% unaware
- 16/32 in clinical FU
 - Translator (Mandarin/Cantonese)
 - Reimbursed Belgian Social Security or Public Centre of Social Welfare (OCMW)
 - Free screening of family members
 - Vaccination reimbursed for 1st degree family members (“under same roof”)

Linkage to care: Clinical characteristics

	IC (n=14)	IA (n=2)	p-value
HBeAg+ (n/total)	0/14	2/2	
HBV DNA, (IU/mL)	756 (263.3)	7.94 E6 (5.01E6)	0.017*
ALT, (U/L)	29.3 (1.4)	92.6 (9.4)	0.03**
Elastography, (kPa)	4.9 (0.3)	20.5 (14.4)	0.002**
Treatment	0/14	1/2	

median or mean (SD)

- 1 ♂ 49 yr old with cirrhosis and portal hypertension (moderate ascites, splenomegaly, varices I, MELD 10)
Currently treated with Tenofovir

Challenges to outreach screening

- Availability of personnel and volunteers
- Logistics of materials
- Coordination with labs
- Additional questions addressed to Community leader, not UZA team
 - Screening results (serology interpretation)
 - Vaccination
 - Financing
 - Follow-up

- HBsAg+ persons contacted by letter and phone for clinical follow-up
 - Only half present for follow-up
- Self-reported/observed issues:
 - Financial impact of follow-up
 - Cultural apprehension/language barrier
 - Expectation of immediate medicinal therapy
 - Health self-perception

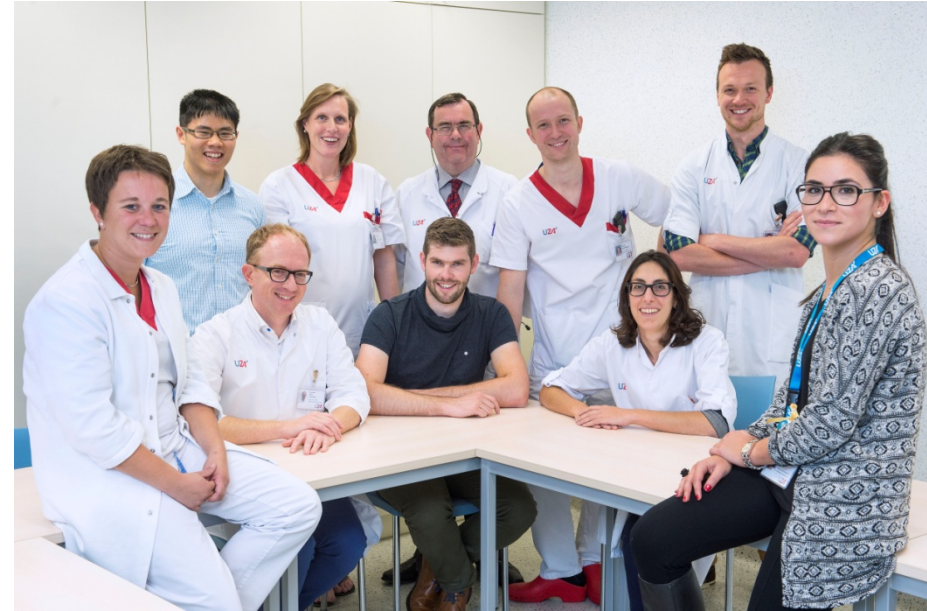
Conclusions

- HBV is prevalent among Chinese 1st generation immigrants
- 50% are unaware of their infection status
- Non-invasive tests promising, but further validation needed
- Linkage to care difficult
- Cultural barrier remains high, despite multilevel efforts

Acknowledgements

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Met steun van de
Vlaamse overheid

