HEPscreen Toolkit Case Study

Screening in the workplace:

working with large employers to offer screening for viral hepatitis

HEPscreen
SCREENING FOR HEPATITIS B AND C AMONG MIGRANTS IN THE EUROPEAN UNION

Who are you?

My name is Maria Rossi and I am a medical doctor and Consultant in Public Health Medicine with the Health Protection Team in NHS Grampian. I was the coordinator of the HEPscreen pilot study in collaboration with a Liver Nurse Specialist (Rachel Thomson), a Health Protection Nurse Specialist (Helen Corrigan), a Project Manager (Laura Kluzniak) and our administrative team.

NHS Grampian

Where are you based?

Grampian is a semi-rural region of the north-east of Scotland with a population of just under 570,000 over an area of nearly 9,000km^2. It has important international population links, most prominently related to the oil industry and two internationally renowned universities. Both attract significant numbers of foreign students and skilled workers from Africa and Asia. More recently there has been a large increase in the arrival of migrants of young adult age from Eastern Europe, often finding work in the hospitality industry, food processing and agriculture.

Which population did you hope to reach? Why was this group targeted?

In Grampian, the primary risk factor for chronic hepatitis B infection (CHB) is birth abroad, most likely from vertical transmission in medium to high prevalence countries. Hepatitis C infection is found in countries where infection control practices can be of uncertain quality. We knew that employers in the hospitality industry, food processing and agricultural sector in Grampian are increasing reliant on migrant workers, often from countries with a medium to high hepatitis B/C prevalence. We piloted offering screening to these populations, in these settings to see if it was a feasible, acceptable and effective means to identify chronic viral hepatitis infections.

What did you do?

Using local knowledge, we drew up a list of local businesses in industries where a large proportion of the workforce was expected to be migrant workers. We invited 20 employers to participate in offering free, confidential on-site viral hepatitis screening for their workforce. The initiative was described as a free benefit to workers; employers would simply be facilitating screening on their premises. We emphasised that results wouldn't be shared with employers, as there was no need for this from an infection control point of view. Of the 20 invites, nine opted out due to logistical issues or a lack of relevancy (i.e. few migrant workers). Among the remaining 11, six businesses agreed to participate, all of which operate in the food processing industry and have a significant proportion of migrant workers (ranging between 32-84%). We set up meetings to discuss logistical requirements (time, dates, rooms etc) and to determine how to raise awareness of on-site screening in a way that would maintain employees' confidentially while avoiding unnecessary disruption to the workplace. One of three models was used to raise awareness among employees about the offer of screening. In all three models, posters and other written information materials were placed in visible areas to employees. These were available in Polish, Latvian, Lithuanian, Russian Portuguese, Bulgarian and English. In the first model, only these printed materials were used. In

the second, I gave verbal briefings (15-30 minutes) to employees. In the third model, I gave this briefing talk to managers who then cascaded it to their staff. We offered screening either via a drop-in model (with the screening team present throughout the day and workers released by managers during the course of it) or via an appointment system.

Did you provide language support to people offered screening? Either translated materials or interpreters?

Employers provided details of numbers of staff and their language needs. All written materials were available in a range of languages. An (telephone-based and face to face?) interpreter was also present during screening.

What training did you offer to workers involved in raising awareness or offering testing?

The staff involved in discussing screening was already experienced in viral hepatitis screening. NHS Grampian also provides Equality and Diversity awareness training to staff, useful when working in culturally diverse populations. I also attended managerial briefing sessions, to give team leaders information about the initiative to cascade to their staff.

When did this intervention take place?

The initiative took place from August to early November 2013. We held nine briefing sessions at three businesses and ten screening sessions at seven sites, covering all six businesses.

What was the uptake? How many people benefited from the intervention?

Over ten screening sessions, 362 workers were screened (25% the total of 1,465 in all six business). Most (64% overall) were females of middle working age (mid 30s).

Nearly all (97%) of those screened were from eastern European countries, specifically Poland, Latvia and Lithuania. Other countries of origin include Portugal, Czech Republic, Slovakia, Estonia, Brazil, Bulgaria, Ireland, the Philippines, Switzerland and Ukraine. Four new cases of CHB were identified and five cases of chronic hepatitis C, corresponding to prevalence rates of 1.3% (CHB) and 1.6% (chronic hepatitis C). All five were referred within six weeks to specialist care for further diagnostics and treatment.

What are the key lessons learnt? If another service were to replicate your model, what advice would you give? What would you do differently if you were to repeat the intervention? What would you repeat?

Both drop-in and appointment systems worked well for the screening team but an appointment system was probably more suitable for larger workforces, as it allowed for less disruption to work tasks. In one company a combination of both drop-in and appointments were used but this seemed to work less smoothly. The need for good logistic arrangements should not be underestimated, especially identifying suitably private areas in which to conduct the pre-test discussion and take blood samples.

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