# Supplement 3. Data collected in baseline and follow-up survey

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| **Part A: Demographics and practice** | |
| Gender, age, year of graduation, country of primary medical degree, average working hours, postcode, speaking a second language | |
| Patient profile: proportion of patients from CALD communities, top three origin countries of patients | |
| Frequency of using accredited interpreting services for standard consultations, antenatal screening tests, pre- and post-test counselling for HIV tests, pre- and post-test counselling for hepatitis B tests and discussing referrals with patients | |
| Frequency of providing health education and information translated to patients’ choice language | |
| **Part B: Knowledge about chronic hepatitis B** | |
| Questions | Correct answer(s) |
| What is the prevalence of chronic hepatitis B in Australia? | One in one hundred (1%) |
| Is treatment available for chronic hepatitis B? | Yes |
| Choose the population groups that have highest risk of developing chronic hepatitis B in Australia. | CALD communities |
| Choose the population groups that are priority populations that should be tested for hepatitis B (multiple choice question). | Aboriginal and Torres Strait Islander people; close contacts of people who have hepatitis B; CALD communities; MSM; people in custodial settings; people who inject drugs; people with HIV and/or hepatitis C; sex workers |
| Choose the serology results indicative of chronic hepatitis B infection. | HBsAg (positive), anti-HBc (positive), anti-HBs (negative) |
| **Part C: Viral hepatitis resources and support** | |
| Awareness or use of guidelines to determine who should be tested for hepatitis B: Guidelines for preventive activities in general practice (RACGP 2012); Clinical guideline for the management of sexually transmissible infections among priority populations (RACGP 2004); HIV, viral hepatitis and STIs: A guide for primary care (ASHM 2008); National hepatitis B testing strategy (ASHM 2012); National management guidelines for sexually transmissible infections (7th edition, Sexual Health Society of Victoria 2008); Sexually transmissible infection testing guidelines for MSM (STIs in Gay Men Action group 2010) | |
| Completion of any hepatitis B education activities in the previous five years | |
| Awareness of ‘hep B help’ website | |
| Enablers that support GPs diagnose chronic hepatitis B | |
| Preferred mode of receiving education and information about hepatitis B | |
| **Part D: Diagnosis and management** | |
| Number of hepatitis B tests requested in the previous week to assess a patient’s hepatitis B status | |
| Whether participant is currently monitoring any chronic hepatitis B patients in practice | |
| Whether participant is a trained s100 prescriber for hepatitis B maintenance prescribing | |
| Awareness and use of the hepatitis B management guidelines: B positive – all you wanted to know about hepatitis B: A guide for primary care providers (ASHM 2018); Hepatitis B and primary care providers (ASHM 2012); Decision making in hepatitis B virus (ASHM 2013); Australia and New Zealand Chronic Hepatitis B Recommendations: Summary and Algorithm (GSA) | |
| *anti-HBc, hepatitis B core antibody; anti-HBs, hepatitis B surface antibody; CALD, culturally and linguistically diverse; GP, general practitioner, HBsAg, hepatitis B surface antigen; HIV, human immunodeficiency virus; MSM, men who have sex with men; STI, sexually transmissible infection* | |