Viral Hepatitis prevention and management

Policy Position Statement

Key messages: Effective national responses to hepatitis B and C include meaningful involvement of priority populations, human rights, access and equality, health promotion, prevention, quality health services, harm reduction, shared responsibility, commitment to evidence-based policy and partnership.

Key policy positions:
1. Support full implementation of the Third National Hepatitis B Strategy and Fifth National Hepatitis C Strategy.
2. Adequate resourcing for implementation to achieve the full range of objectives and targets.

Audience: Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility: PHAA Health Promotion Special Interest Group

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Viral Hepatitis prevention and management

Policy position statement

PHAA affirms the following principles:

1. Effective national responses to hepatitis B and C include meaningful involvement of priority populations, human rights, access and equality, health promotion, prevention, quality health services, harm reduction, shared responsibility, commitment to evidence-based policy and partnership.1, 2

2. Chronic hepatitis B and hepatitis C should be recognised as public health issues.

3. Improved knowledge and awareness of viral hepatitis in the general community, health professionals and priority populations, creates a supportive environment for increased uptake of testing, prevention, treatment and care by people at risk of or living with viral hepatitis.

4. Legal, regulatory and policy barriers affect priority populations at risk of viral hepatitis, influencing their health-seeking behaviours, and should be addressed through collaboration with governments and non-government organisations to change the policy focus of drug use and addiction from a law enforcement issue to a health issue.

5. Policies for hepatitis B and C should be integrated with other public health policies, including prison health reform.

PHAA notes the following evidence:

Hepatitis B

6. Hepatitis B is a vaccine-preventable blood borne virus and sexually transmissible infection that can cause liver inflammation and liver disease.1

7. In Australia, an estimated 233,497 people were living with chronic hepatitis B in 2017, with an estimated 36% of those being undiagnosed, and only 20% engaged in guideline based care.3

8. Hepatitis B disproportionately impacts on a number of key populations, and priority groups and settings are outlined in the Third National Hepatitis B Strategy 2018-2022.

9. More than three-quarters (76%) of people living with chronic hepatitis B in Australia were either born overseas (69% - including North-East Asia (23% of total), and South-East Asia (18%)) or are Aboriginal and Torres Strait Islander people (6%), and likely acquired hepatitis B infection at birth or in early childhood.3

10. Other population groups with high prevalence are people who inject drugs (6% of total), and men who have sex with men (5%).3

11. The risk of developing a chronic infection is very high for children who are infected with hepatitis B perinatally (90%), or during infancy (30-50%), whereas the majority of people infected during adulthood will clear the virus (>90%).1
12. Advanced liver disease will be developed by 20-30% of people with untreated chronic hepatitis B, which can lead to complications including liver failure, liver cancer and death. In 2016 there were an estimated 412 hepatitis B related deaths in Australia.\(^1\)

13. People living with hepatitis B require lifelong management, involving 6-monthly clinical assessments (including blood and liver function tests), plus tests every 2-3 years to detect liver scarring, and liver ultrasounds where clinically indicated. Antiviral treatment (potentially lifelong) should be used to treat advancing chronic hepatitis B where clinically indicated.\(^4\)

14. Early detection and prolonged, adequate suppression of viral replication should be the practical goal for the management of chronic hepatitis B.\(^4\)

**Hepatitis C**

15. Hepatitis C is a blood borne virus that can cause liver inflammation and liver disease, and there is no vaccination available.\(^2\)

16. An estimated 227,310 people were living with chronic hepatitis C in 2015 in Australia.\(^3\)

17. Hepatitis C disproportionately impacts and number of key populations, and priority groups and settings for hepatitis C are outlined in the *Fifth National Hepatitis C Strategy 2018-2022*.

18. Approximately 90% of newly acquired hepatitis C infections reported in Australia are attributed to unsafe injecting drug use practices.\(^5\) There is a significant and multifactorial association between injecting drug use, hepatitis C infection and imprisonment, so people who have been incarcerated represent a key population for scale-up of testing and treatment. In Australian prisons, the prevalence of chronic hepatitis C has been estimated at 25-30%, and annually more than 20,000 people living with chronic hepatitis C will spend time in prisons.\(^3\)

19. In 2016, age standardised rates of hepatitis C notifications were four times greater for Aboriginal and Torres Strait Islanders than non-Indigenous people.\(^2\)

20. Hepatitis C causes both acute and chronic infection, with acute hepatitis C being usually asymptomatic and very rarely associated with life-threatening disease. Untreated hepatitis C progresses to chronic infection in 70-80% of cases, with a 15-30% risk of cirrhosis of the liver within 20 years. People with cirrhosis are at increased risk of developing liver cancer, and in 2016 there were an estimated 621 hepatitis C related deaths in Australia.\(^1\)

21. People with chronic hepatitis C require treatment.\(^6\) Following Pharmaceutical Benefits Scheme listing of highly effective, tolerable direct acting antiviral (DAA) treatments in 2016, there has been a significant increase in treatment uptake. An estimated 74,600 people (33% of the estimated 2015 prevalence) initiated DAA treatment between 2014 and December 2018,\(^7\) compared with less than 2% annually in the earlier interferon treatment era.\(^2\)

*Sustainable Development*

22. Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goals 3 – Good Health and Wellbeing](https://www.un.org/sustainabledevelopment/home/).
PHAA seeks the following actions:

23. Full implementation and appropriate resourcing of the Third National Hepatitis B Strategy\(^1\) and Fifth National Hepatitis C Strategy\(^2\) to achieve the full range of objectives and targets.

24. Integration of hepatitis B and C policies with other public health policies including prison health reform.

PHAA resolves to:

25. Advocate for the above steps to be taken based on the principles in this position statement.

ADOPTED September 2019

References


