



position statement

Viral hepatitis (hepatitis B & C)

Viral hepatitis is transmitted through blood to blood contact. Over 450,000 people are living with viral hepatitis in Australia.¹

With the right care and support, complications arising from viral hepatitis are preventable. People living with viral hepatitis are often marginalised, and are best supported by services that are delivered locally and in community health settings.

We support national efforts to address viral hepatitis, and recommend specific, targeted initiatives to ensure accessible, responsive health care services for people living with viral hepatitis.

Access to health care services for people living with viral hepatitis is critical. For hepatitis B, this involves life long monitoring, whether treatment has been started or not, (+/- treatment) to prevent liver damage and liver cancer. For hepatitis C, this involves accessing treatment that can cure the body of this condition, and maximise the health of the liver.

We recommend the following:

- Resource consumer and community organisations so people living with viral hepatitis are involved in the design and delivery of health care services.
- Increase availability of FibroScans in community health settings to enable health care workers to monitor liver damage resulting from viral hepatitis.
- Resource the availability of clinical nurses with expertise in viral hepatitis in community health settings to provide comprehensive care.
- Resource placement of medical specialists with expertise in viral hepatitis in community health settings to support doctors and nurses to provide care and support for people who live with, or have had the condition.



- Increase the skills of the health care workforce (doctors and nurses) to improve the quality of viral hepatitis care through increase screening monitoring, appropriate advice to consumers and referral if required.
- Resource community health organisations to conduct health promotion amongst viral hepatitis priority populations to prevent transmission and increase access to support and care.
- Fund a peer to peer program to support health promotion to reach viral hepatitis key population groups.

cohealth aims to support the national effort to:

- **Eliminate** hepatitis C in Australia;
- Reduce the proportion of people who are **unaware** that they are living with hepatitis B to zero; and
- Ensure that all people have **access** to health care services to **know their status** and to have **lifelong** support.

Hepatitis B

Hepatitis B is a condition that changes over time and requires routine monitoring to see if liver damage is occurring. It is recommended that people have six monthly monitoring including liver function tests, and hepatitis B viral load screening. Some people also should have six-monthly ultrasounds to detect liver cancer. Treatment is undertaken to stop and reverse liver damage and prevent liver cancer.

Forty three percent of people with hepatitis B in Australia are unaware that they are living with the condition. And two thirds of the people with hepatitis B in need of treatment are not on treatment.² Without treatment, 1 in 4 of these people will die.

Hepatitis B can be prevented by being vaccinated. For people at risk of hepatitis B in Australia the vaccination is free.

Hepatitis C

Hepatitis C can cause long term complications of the liver that can lead to cirrhosis and liver cancer. There are now very effective treatments that can be successfully delivered in primary care that can cure hepatitis C in 8 -24 weeks. Health care for those identified as having liver damage needs to continue after an individual has been cured of the condition. All people with chronic hepatitis C should have access to good health care and the opportunity to access medication to cure themselves of the condition.



The profile of viral hepatitis in Australia

The key population groups living with viral hepatitis are:

- people born in the Asia Pacific and other areas where hepatitis B is common; and
- Aboriginal and Torres Strait Islanders.³

Many people who inject drugs do so safely and therefore the risk of acquiring viral hepatitis is greatly reduced. Within the population of people who inject drugs, females, people with prison experience, and Aboriginal and Torres Strait Islander people are at increased risk of hepatitis C.³

Most people living with chronic hepatitis B acquired the condition at birth, or early into their childhood. Over two thirds of the people living with hepatitis B were born in high prevalence areas of the world.

The people and communities most affected by viral hepatitis often experience compound disadvantage associated with multiple factors including homelessness, trauma, stigma, discrimination, cultural dislocation associated with moving to Australia or being dispossessed of traditional lands and a lack of access to health and social services. The added complication of dealing with viral hepatitis leads to even poorer health outcomes and life opportunities for these communities and people.

References

1. HIV, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2015 https://kirby.unsw.edu.au/sites/default/files/hiv/resources/ASR2015_v4.pdf Kirby Institute, UNSW, page 12, accessed on 9 March
2. Nicole Allard et al, 'The cascade of care for Australians living with chronic hepatitis B: measuring access to diagnosis, management and treatment' (2015) 39 Australian and New Zealand Journal of Public Health, 255-259, 256
3. Fourth National Hepatitis C Strategy 2014-2017 [http://www.health.gov.au/internet/main/publishing.nsf/Content/A68444CDED77B3A9CA257BF0001CFD80/\\$File/Hep-C-Strategy2014-v3.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/A68444CDED77B3A9CA257BF0001CFD80/$File/Hep-C-Strategy2014-v3.pdf) accessed on 18 March

Version: 1.1 Approved: [Month] 2016

Scheduled review: [Month] 2018