NACCHO
National Aboriginal Community Controlled Health Organisation

hepatitis australia

World Hepatitis Day 2025

Aboriginal and Torres Strait Islander Communities: Leading the Response to Hepatitis

World Hepatitis Day 28 July

Why Hepatitis Matters for Our Communities

Aboriginal and Torres Strait Islander peoples are at the forefront of Australia's efforts to eliminate hepatitis B and hepatitis C. Through the leadership of Aboriginal Community Controlled Health Organisations (ACCHOs) and partnerships with Community Hepatitis Organisations, we are achieving high vaccination rates, delivering prevention and treatment, and innovating for community health. Yet, challenges remain, and action is needed now to reach national goals by 2030.

Our Success: Strong Community Action

High Childhood Vaccination Rates
95% of Aboriginal and Torres Strait Islander children are fully vaccinated against hepatitis B by 24 months of age, on par with the national average[1].

Community-Led Care Delivers Results
Where communities have been adequately resourced to mobilise and act, outcomes improve. For example, the Hep B PAST partnership in the Northern Territory has achieved more than double the care and treatment uptake among Aboriginal and Torres Strait Islander communities compared to the national average[2].

Role of ACCHOs
ACCHOs provide culturally safe, comprehensive primary health care, including prevention, testing, and care for hepatitis B and C, with approximately 99% of patients' Indigenous status accurately captured in their records[3].

Role of Community Hepatitis Organisations

Community Hepatitis Organisations represent the interests of all people affected by hepatitis B and hepatitis C in Australia. They partner with ACCHOs and provide services to support people affected by hepatitis B and hepatitis C, including linking them to testing, treatment and care.

Where We Stand: Key Data Points

- **7%** of people living with hepatitis B in Australia are Aboriginal and/or Torres Strait Islander[4].
- **18%** of people living with hepatitis C in Australia are Aboriginal and/or Torres Strait Islander[5].
- The rate of hepatitis C diagnosis among Aboriginal and Torres Strait Islander people is more than six times that of the wider population[6].
- Aboriginal and Torres Strait Islander people are more likely to be reinfected with hepatitis C than other Australians[7].
- In 2023, 38% of hepatitis B and 30% of hepatitis C notifications did not record the person's Indigenous status[8].

Why Are These Gaps Still Here?

While Aboriginal and Torres Strait Islander communities have long demonstrated leadership in hepatitis prevention and care, systemic factors still create barriers:

- Limited access to health services, especially outside the ACCHO sector[9]
- Higher rates of incarceration, with inadequate hepatitis prevention and health care in prisons[10]
- Ongoing challenges in accessing culturally appropriate services in mainstream settings[11]
- Inconsistent access to funded hepatitis B vaccine for non-immune Aboriginal and Torres Strait Islander adults
- Data limitations including Indigenous status in notifications, hepatitis B birth dose recording in the AIR, and recording of hepatitis B immunoglobulin (HBIG) provision at birth for babies born to a mother known to be living with hepatitis B.
- The number of children receiving vaccines generally has been declining since the onset of the COVID-19 pandemic. This includes full vaccination coverage amongst Aboriginal and Torres Strait Islander children.[12]

What's Working – and What's Needed Next

Proven Solutions:

- Community-led programs like Hep B PAST deliver impressive results when given the right resources[13].
- ACCHOs capture Indigenous status in about 99% of records, compared to much lower rates in mainstream health settings[14].
- Culturally safe care boosts participation in screening and treatment[15].
- Partnerships between Community Hepatitis Organisations and ACCHOs combine topic expertise, peer insights and cultural knowledge to boost impact.
- ACCHO-delivered primary health care in prisons improves health outcomes.

Priority Actions[16]:

- **Resource and expand community-led programs** that deliver results.
- **Improve hepatitis prevention and care in prisons**, including needle and syringe programs to reduce transmission and meet human rights obligations.
- **Expand access to culturally safe and responsive prevention and treatment services** across all regions and settings.
- **Improve data collection on Indigenous status** in notifications, especially in mainstream health settings.
- **Continue to expand proven programs** like Hep B PAST in the ACCHO sector.

Taking Action: How You Can Help

For Community Members:

- Ask your ACCHO or local clinic about hepatitis B vaccination for your children and yourself.
- If you don't know your hepatitis B status or think you might be at risk for hepatitis C, ask for a test. It's free, quick, and confidential.
- Support family and friends to get tested and seek care if needed.
- If you're living with hepatitis B or hepatitis C, treatment can help you stay well, and hepatitis C can be cured.
- Call HepLink on 1800 437 222 to find local information and support.

For Health Workers & Partners:

- Keep your approach strengths-based, non-judgmental, and supportive.
- Make sure all clients have their hepatitis B status recorded and offer testing, vaccination, and connection to care as appropriate.
- Support clients to test and be cured for hepatitis C and consider how your service can better prevent transmission in the community you serve.
- Make sure you record Indigenous status for every patient tested or treated for hepatitis.

For Policymakers:

- Prioritise funding and support for ACCHOs.
- Ensure all hepatitis strategies are truly inclusive, with targets achieved for Aboriginal and Torres Strait Islander people in all regions ("equity threshold").
- Address the ongoing high rates of transmission occurring in Australia's prisons.

Support and More Information

HepLink Australia

- Free, confidential information, advice, and support on viral hepatitis
- Available for anyone in Australia, including people living with hepatitis and health professionals
- **Call:** 1800 437 222
- **Visit:** www.heplink.au

Find your nearest ACCHO:
www.naccho.org.au

Glossary & Technical Notes

- **Notification:** A report of a new diagnosis of hepatitis to health authorities[17].
- **Reinfection:** Becoming infected again after being cured of hepatitis C[18].

- **Equity threshold:** National targets are only considered "achieved" if reached for Aboriginal and Torres Strait Islander people and all priority populations, everywhere[19].

Working Together

Aboriginal and Torres Strait Islander leadership is key to eliminating hepatitis B and hepatitis C. Let's invest in community-led solutions, ensure everyone is counted in the data, and work together to close gaps delivering real and lasting change for our communities.

For support or to find out more, talk to your local ACCHO or contact HepLink.

Footnotes / References:

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[1] Hull B, Hendry A, Macartney K, Beard F. Annual Immunisation Report 2023. NCIRS 2024
[2] Hep B PAST partnership (2024). Evaluating a novel model of hepatitis B care, Hep B PAST, in the Northern Territory of Australia: Results from a prospective, population-based study. The Lancet Regional Health Western Pacific, 48, 1-11. Article 101116. https://doi.org/10.1016/j.lanwpc.2024.101116
[3] Data provided by The Burnet Institute 2024
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[5] Kirby Institute. Progress towards hepatitis C elimination among Aboriginal and Torres Strait Islander people in Australia. The Kirby Institute, UNSW Sydney
[6] King, J.,Kwon J., McManus, H., Gray, R., & McGregor, S., 2024, HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2024, The Kirby Institute, UNSW Sydney
[7] Ending hepatitis C transmission: Equity, human rights and implementing National Hepatitis C Strategy Priority Action 1, Hepatitis Australia paper tabled at 11 December 2023 BBVSS meeting. Data from attachment to paper: Data presented by NSW Government at the Health Care in Secure Settings Conference, 10-11 August 2023, Hepatitis C and harm reduction in NSW prisons, Tracey Brown, A/g Service Director, Population Health, Justice Health NSW.
[8] King, J.,Kwon J., McManus, H., Gray, R., & McGregor, S., 2024, HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2024, The Kirby Institute, UNSW Sydney
[9] Department of Health, Disability and Aging, 2023-2030, May 2023. Draft 6th National Hepatitis C Strategy.
[10] Ibid.
[11] Commonwealth of Australia as represented by the Department of Health, 2021,
[12] National Centre of Immunisation Research and Surveillance (NCIRS) 2025, Annual Immunisation Coverage Report 2024 – interim data release.
[13] Hep B PAST partnership (2024). Evaluating a novel model of hepatitis B care, Hep B PAST, in the Northern Territory of Australia: Results from a prospective, population-based study. The Lancet Regional Health Western Pacific, 48, 1-11. Article 101116. https://doi.org/10.1016/j.lanwpc.2024.101116
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[16] Actions align with the draft National Hepatitis Strategies. Department of Health, Disability and Aging, 2023-2030, May 2023. Draft 6th National Hepatitis C Strategy and Draft 4th National Hepatitis B Strategy.
[17] King, J.,Kwon J., McManus, H., Gray, R., & McGregor, S., 2024, HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2024, The Kirby Institute, UNSW Sydney
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[19] Department of Health, Disability and Aging, 2023-2030, May 2023. Draft 6th National Hepatitis C Strategy and Draft 4th National Hepatitis B Strategy.