

PATHWAY TO PROGRESS

The health and economic gains
of 2030 viral hepatitis elimination

TECHNICAL APPENDIX

2026

HEPATITIS B

HEPATITIS B PROJECTED PROGRESS TO 2030 NATIONAL STRATEGY TARGETS

Target name	Outcomes from not reaching the target	Goal	Projected – 2030*
Childhood vaccination	Avoidable chronic hepatitis B infections	95% 3-dose childhood vaccination rate	95.7% 3-dose childhood vaccination rate at 24 months
Prevention of mother-to-child transmission	Avoidable chronic hepatitis B infections	95% receiving guideline-based care ≤1% mother to child transmission	41.4% receiving guideline-based care 3% mother to child transmission
Incidence reduction	Avoidable chronic hepatitis B infections	≤0.1% HBV surface antigen in under 5s	0.07% CHB prevalence in under 5s
Proportion diagnosed	Increased disease burden Lost opportunity to improve health literacy and greater healthcare utilisation Reduced productivity due to absenteeism, presenteeism, and lower workforce participation	90%	68.4%
Stigma reduction	Unable to be quantified	Reduce by 75%	A baseline stigma prevalence for all PLWHBV has not been established. In addition, there are significant limitations in the data available to measure progress in 2030.
Quality of life	Reduced quality of life, measured through value of a statistical life year adjusted for hepatitis B-related disability	95% report good quality of life	81% report good quality of life
Legal and Human Rights	Unable to be quantified	Reduce the negative impact on people's health and wellbeing	There are significant limitations in the data available to measure progress in 2030.
Proportion in care	Increased disease burden Reduced productivity	80%	31.1%
Proportion receiving treatment	Increased disease burden Reduced productivity	27%	16.1%
Attributable mortality	End of life costs for hepatitis C related deaths Value of a statistical life year lost through avoidable mortality	30% reduction in mortality	20% increase in mortality

Source: Department of Health and Aged Care [1]

* 2030 projections used where available. Where projections were not available the most recent data is used and assumes no change to 2030

HEPATITIS B CARE CASCADE

	AUS	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Source
Care cascade										
People living with HBV (2030)	243,445	3,568	83,348	4,925	41,213	12,753	2,213	68,848	26,577	Doherty Institute 2025 [2]
Proportion diagnosed with HBV (2030)	68%	68%	79%	69%	63%	65%	65%	65%	55%	Doherty Institute 2025. [2] Assume no change to 2030.
Projected number of HBV diagnoses in 2030	166,516	2,412	65,845	3,393	25,923	8,302	1,427	44,614	14,724	Calculated based on modelled estimate
Threshold number of HBV diagnoses required to met the target	219,101	3,211	75,013	4,433	37,092	11,478	1,992	61,963	23,919	Calculated based on proportion diagnosed target [1]
Proportion in care (2030)	31.1%	25.5%	29.8%	22.7%	17.9%	16.7%	12.4%	25.9%	19.9%	Doherty Institute 2025. [2] Assume no change to 2030.
People in care living with HBV in 2030	75,711	910	24,838	1,118	7,377	2,130	274	17,832	5,289	Calculated
Threshold number of people in care required to meet the target	194,756	2,854	66,678	3,940	32,970	10,202	1,770	55,078	21,262	Calculated based on proportion in care target [1]
Proportion on treatment (2030)	16.1%	21.5%	17.9%	22.6%	12.9%	14.6%	10.9%	17.3%	11.6%	Doherty Institute 2025. [2] Assume no change to 2030.
People on treatment in 2030	39,195	767	14,919	1,113	5,316	1,862	241	11,911	3,083	Calculated
Threshold number of people on treatment required to meet the target	65,730	963	22,504	1,330	11,128	3,443	598	18,589	7,176	Calculated based on proportion on treatment target [1]

	AUS	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Source
Incidence, deaths, transplants and HCC										
HBV case notifications (2023)	5,390	84	1,963	94	1,021	239	52	1,419	518	Kirby Institute 2024. [3] Assume no change to 2030 based on historical trend
Australian population (2030)	29,294,970	516,513	9,145,140	277,911	6,012,936	1,981,917	606,366	7,644,861	3,104,361	ABS 2023. Medium series 2030 projection [4]
HBV mortality rate (2023)	1.71	1.3	1.9	3.9	1.3	1.2	0.4	2	1.74	Doherty Institute 2025. [5]. Assume no change to 2030.
Deaths (projected 2030)	501	7	174	11	78	24	2	153	54	Calculated based on 2030 population and 2023 HBV mortality rate
Reported deaths 2017	416	6	147	12	63	20	2	122	45	Doherty Institute 2025. [5] Mortality by state estimated based on 2023 HBV mortality relative incidence to the national total.
Threshold deaths required to meet the targets	291	4	103	8	44	14	1	85	32	Calculated as 30% reduction from 2017 [1]
Liver transplants due to HBV (2024)	7	0	2	0	1	0	0	2	1	Updated from ADTAR 2024 [6] based on personal communication with Kirby Institute. Assumes no change in number of transplants or state distribution from current transplants.
HCC (2030)	3,194	47	1,094	65	541	167	29	903	349	AIHW 2025. [7] HCC by state estimated based on 2023 HBV prevalence
HBV related HCC (2030)	703	10	241	14	119	37	6	199	77	Hong 2018 [8]
HCC in PLWHBV based on 2030 population not expected to meet diagnosis, care and treat targets in 2030	379	5	126	7	84	25	5	112	554	Estimated based on the care cascade for each target. National does not equal sum of states due to variation in reporting by state.

	AUS	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Source
Mother to child transmission										
Estimated number of pregnant people living with hepatitis B	1,666	29	544	42	277	82	14	509	179	AIHW 2025 [9] He et al 2019 [10]
Pregnant women with HBV (DNA-positive) who do not receive guideline-based pregnancy care (2030)	608	13	181	7	123	38	11	171	63	Calculated as those above who are DNA-positive (68%) [11] Assumes no change in birth rate to 2030.
Mother-to-child transmission of hepatitis B (in 2030)	18	0	5	0	4	1	0	5	2	Calculated based on rate of 3% transmission [11]
Threshold mother-to-child transmission of hepatitis B required to meet the targets	6	0	2	0	1	0	0	2	1	Calculated based on overall mother-to-child transmission target of 1% [11]
Additional mother-to-child transmissions people who will develop chronic hepatitis B	10	0	3	0	2	1	0	3	1	Calculated as difference between projected and target in 2030 and assuming 90% will develop chronic HBV.

HEPATITIS C

HEPATITIS C PROJECTED PROGRESS TO 2030 NATIONAL STRATEGY TARGETS

Target name	Outcomes from not reaching the target	Goal	Projected
Incidence reduction	Increased diagnostic burden for new cases Increased DAA treatment costs Increased demand for specialist care Reduced productivity Increased disease management needs Costs linked to long-term liver damage	Reduce by 90% ≤ 2 cases per 100 people who inject drugs	Reduce by 90% 5 cases per 100 people
Proportion diagnosed	Increased disease burden Reduced productivity resulting from early workforce exit	90%	99%
Stigma reduction	Unable to be quantified	Reduce by 75%	A baseline stigma prevalence for all PLWHCV has not been established. In addition, there are significant limitations in the data available to measure progress in 2030.
Quality of life	Reduced quality of life, measured through value of a statistical life year adjusted for hepatitis C-related disability	95% report good quality of life	48% of PLWHCV reported good quality of life
Legal and Human Rights	Unable to be quantified	Reduce the negative impact on people affected by hepatitis C	There are significant limitations in the data available to measure progress in 2030.
Proportion cured	Increased disease burden Reduced productivity	85%	81%
Attributable mortality	End of life costs for hepatitis C related deaths Value of a statistical life year lost through avoidable mortality	65% reduction	17% reduction

Source: Department of Health and Aged Care [12]

HEPATITIS C CARE CASCADE

	AUS	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Source
Care cascade										
Number of people living with hepatitis C in 2030	30,271	1,048	12,897	1,587	4,664	3,583	296	8,806	2,061	King et al. 2025 [13] Updated from Kwon et al. 2019 [14]
Number of people diagnosed with hepatitis C in 2030	30,136	1,033	12,823	1,239	4,659	3,535	290	8,742	2,053	King et al. 2025 [13] Updated from Kwon et al. 2019 [14]
Target number of people diagnosed with hepatitis C in 2030	27,244	943	11,607	1,428	4,198	3,225	266	7,925	1,855	King et al. 2025 [13] Updated from Kwon et al. 2019 [14] Based on national target [12]
% of people with hepatitis C in 2030 who are diagnosed	99.6%	98.6%	99.4%	78.1%	99.9%	98.7%	98.0%	99.3%	99.6%	Calculated
Cumulative number of people living with hepatitis C from 2015 to 2030	165,035	2,782	60,513	2,662	35,473	10,842	3,415	37,777	15,434	King et al. 2025 [13] Updated from Kwon et al. 2019 [14]
Cumulative number of people cured up to 2030	134,010	1,729	47,338	1,070	30,713	7,244	3,119	28,864	13,352	King et al. 2025 [13] Updated from Kwon et al. 2019 [14]
Target number of people cured in 2030	140,280	2,365	51,436	2,263	30,152	9,216	2,903	32,110	13,119	King et al. 2025 [13] Updated from Kwon et al. 2019 [14] Based on national target [12]
Target number of people diagnosed with HCV in 2030 minus estimated number of people diagnosed with HCV in 2030	6,270	636	4,098	1,193	0	1,972	0	3,246	0	Calculated
% of people cured up to 2030	81%	62%	78%	40%	87%	67%	91%	76%	87%	Calculated

*Includes 162,590 PLWHCV at the end of 2015, approximately 4,000 additional PLWHCV in 2016 (estimated as approximate average of 2015 and 2017) and 10,080 additional PLWHCV (excluding reinfections) from 2017 to 2024.

† Cumulative number of people cured to end of 2023 (103,170) plus people cured in 2024 (4,920; data unpublished).

‡ Does not consider migration or spontaneous clearance

	AUS	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Source
Deaths, transplants and HCC										
Estimated deaths due to hepatitis C in 2030	607	10	307	12	80	34	6	104	20	King et al. 2025 [13] Updated from Kwon et al. 2019 [14]
Reported deaths due to hepatitis C in 2015	730	7	359	5	89	28	9	97	26	King et al. 2025 [13] Updated from Kwon et al. 2019 [14]
Target deaths due to hepatitis C in 2030	256	2	126	2	31	10	3	34	9	King et al. 2025 [13] Updated from Kwon et al. 2019 [14] Based on national target [12]
Liver transplants in PLWHCV (2024)	17	1	6	1	2	2	0	4	1	King et al. 2025 [13] Assumes no change in number of transplants or state distribution from current transplants
Estimated hepatitis C related HCC in 2030	947	10	407	7	135	38	13	138	54	King et al. 2025 [13] Updated from Kwon et al. 2019 [14]

*Assumption that no further progress will be made to the target. States that have already met the diagnosed target of 90% are assumed to meet the target in 2030. [14]

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

HEPATITIS B POPULATION

Outcome description	Value	Source	Notes
Number of PLWHBV in 2030	243,455	Nguyen, Romero [5]	
Proportion living with hepatitis B who are Aboriginal and/or Torres Strait Islander people	7%	Hepatitis Australia [15]	
Estimated number of Aboriginal and/or Torres Strait Islander peoples living with hepatitis B in 2030	17,041	Calculated	
Hepatitis B disease management burden			
Target proportion diagnosed in 2030	90%	Department of Health and Aged Care [1]	
Projected proportion diagnosed in 2030	68.4%	The Peter Doherty Institute for Infection and Immunity [2]	Assumes the proportion of Aboriginal and Torres Strait Islander peoples diagnosed is similar to the general population
Target number of Aboriginal and/or Torres Strait Islander peoples diagnosed in 2030	15,337	Calculated	
Projected number of Aboriginal and/or Torres Strait Islander peoples diagnosed in 2030	11,656	Calculated	
Projected number of Aboriginal and/or Torres Strait Islander peoples not diagnosed in 2030 as a result of failing to meet the 2030 targets	3,681	Calculated	Difference between target and projected diagnosed
Target proportion in care 2030	80%	Department of Health and Aged Care [1]	
Projected proportion in care 2030	31.1%	The Peter Doherty Institute for Infection and Immunity [2]	Assumes the proportion of Aboriginal and Torres Strait Islander peoples in care is similar to the general population
Target number of Aboriginal and/or Torres Strait Islander peoples in care in 2030	13,633	Calculated	
Projected number of Aboriginal and/or Torres Strait Islander peoples in care in 2030	5,300	Calculated	
Number of Aboriginal and/or Torres Strait Islander peoples not in care in 2030 as a result of failing to meet the 2030 targets	8,333	Calculated	Difference between target and projected people in care

Outcome description	Value	Source	Notes
Number of Aboriginal and/or Torres Strait Islander peoples who are undiagnosed, but who would benefit from being in care in 2030	1,145	Calculated	The impact of this population group is captured under the 'proportion diagnosed' target, so they are removed from population calculations here to avoid double counting.
Number of Aboriginal and/or Torres Strait Islander peoples who would benefit from being in care, who are diagnosed in 2030	7,188	Calculated	Number of people who should be in care to reach target minus those who are undiagnosed
Target proportion receiving treatment in 2030	27%	Department of Health and Aged Care [1]	
Projected proportion receiving treatment in 2030	16.1%	The Peter Doherty Institute for Infection and Immunity [2]	Assumes the proportion of Aboriginal and Torres Strait Islander peoples receiving treatment is similar to the general population
Target number of Aboriginal and/or Torres Strait Islander peoples receiving treatment in 2030	4,601	Calculated	
Projected number of Aboriginal and/or Torres Strait Islander peoples receiving treatment in 2030	2,744	Calculated	
Number of Aboriginal and/or Torres Strait Islander peoples not receiving treatment in 2030 as a result of failing to meet the 2030 targets	1,857	Calculated	Difference between target and projected people receiving treatment
Number of Aboriginal and/or Torres Strait Islander peoples who are not in care, but who would benefit from receiving treatment in 2030	1,342	Calculated	The impact of this population group is captured under the 'proportion diagnosed' target, so they are removed from population calculations here to avoid double counting.
Number of Aboriginal and/or Torres Strait Islander peoples who would benefit from receiving treatment, who are in care in 2030	516	Calculated	Number of people who should be receiving treatment to reach target minus those who are undiagnosed or not in care
Total number of Aboriginal and/or Torres Strait Islander peoples not diagnosed, are not in care, and have not received treatment in 2030 falling short of the 2030 targets	11,385	Calculated	

HEPATITIS C POPULATION

Outcome description	Value	Source	Notes
Number of people required to cure to meet the 2030 target	6,270	Calculated from King et al. 2025 [13] Updated from Kwon et al. 2019 [14]	Target number of people cured in 2030 minus cumulative number of people cured up to 2030
Proportion living with hepatitis C who are Aboriginal and/or Torres Strait Islander people	18%	Hepatitis Australia [15]	
Estimated number of Aboriginal and/or Torres Strait Islander peoples required to cure to meet 2030 target	1,129	Calculated	Assumes the proportion of Aboriginal and Torres Strait Islander peoples cured is consistent to the general population.

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

HEPATITIS B POPULATION

Outcome description	Value	Source	Notes
Number of PLWHBV in 2030	243,455	Nguyen, Romero [5]	
Proportion living with hepatitis B who belong to CALD communities	56%	Hepatitis Australia [15]	
Estimated number of people from CALD communities living with hepatitis B in 2030	136,329	Calculated	
Hepatitis B disease management burden			
Target proportion diagnosed in 2030	90%	Department of Health and Aged Care [1]	
Projected proportion diagnosed in 2030	68.4%	The Peter Doherty Institute for Infection and Immunity [2]	Assumes the proportion of people from CALD communities who are diagnosed is similar to the general population
Proportion living with hepatitis B who belong to CALD communities	56%	Hepatitis Australia [15]	
Target people from CALD communities diagnosed in 2030	122,696	Calculated	
Projected people from CALD communities diagnosed in 2030	93,249	Calculated	
Projected people from CALD communities not diagnosed in 2030 as a result of failing to meet the 2030 targets	29,447	Calculated	
Target proportion in care 2030	80%	Department of Health and Aged Care [1]	
Projected proportion in care 2030	31.1%	The Peter Doherty Institute for Infection and Immunity [2]	Assumes the proportion of people from CALD communities who are in care is similar to the general population
Target number of people from CALD communities in care in 2030	109,063	Calculated	
Projected number people from CALD communities in care in 2030	42,398	Calculated	
Number of people from CALD communities not in care who would should be in care to meet the 2030 target	66,665	Calculated	
Number people from CALD communities who are undiagnosed and who should be in care in 2030	9,158	Calculated	The impact of this population group is captured under the diagnosed target and excluded here to avoid double counting.

Outcome description	Value	Source	Notes
Number of people from CALD communities who are diagnosed but not receiving care in 2030	57,507	Calculated	
Target proportion receiving treatment in 2030	27%	Department of Health and Aged Care [1]	
Projected proportion receiving treatment in 2030	16.1%	The Peter Doherty Institute for Infection and Immunity [2]	Assumes the proportion of people from CALD communities who are receiving treatment is similar to the general population
Target number of people from CALD communities receiving treatment in 2030	36,809	Calculated	
Projected number of people from CALD communities receiving treatment in 2030	21,949	Calculated	
Number of people from CALD communities not receiving treatment in 2030 as a result of failing to meet the 2030 targets	14,860	Calculated	
Number of people from CALD communities who are not in care, but who would benefit from receiving treatment in 2030	10,733	Calculated	The impact of this population group is captured under the care target and excluded here to avoid double counting.
Number of people in 2030 from CALD communities who are in care and should be receiving treatment but are not	4,127	Calculated	
Total number of people from CALD communities not diagnosed, are not in care, and have not received treatment in 2030 as a result of failing to meet the 2030 targets	91,081	Calculated	

PEOPLE IN CORRECTIONAL SETTINGS

HEPATITIS C POPULATION

Outcome description	Value	Source	Notes
Number of people required to cure to meet the 2030 target	6,270	Calculated	Target number of people cured in 2030 minus cumulative number of people cured up to 2030
Proportion living with hepatitis C who are in correctional settings	8%	Bah, Sheehan [16]	Assumes no change in hepatitis C prevalence in prisons in 2030
Estimated number of people in correctional settings required to cure to meet 2030 target	502	Calculated	

PEOPLE WHO INJECT DRUGS

HEPATITIS C POPULATION

Outcome description	Value	Source	Notes
Number of people required to cure to meet the 2030 target	6,270	Calculated	Target number of people cured in 2030 minus cumulative number of people cured up to 2030
Proportion living with hepatitis C who are also people who inject drugs	16%	Hepatitis Australia [15]	
Estimated number of people who inject drugs living with hepatitis C required to cure to meet 2030 target	1,003	Calculated	
Diagnosis and treatment of new hepatitis C cases in 2030			
Number of incident cases projected in 2030 (all)	210	Updated from Kwon et al. 2019 [14]	Includes reinfections
Estimated proportion of new hepatitis C cases that occur in people who inject drugs	90%	Estimate	Assumption
Number of incident hepatitis C cases among people who inject drugs	189	Calculated	
Projected incidence in people who inject drugs in 2030	5%	Estimate	Assumption
Target incidence in people who inject drugs in 2030	2%	Department of Health and Aged Care [12]	
Difference between the target incidence of hepatitis C in people who inject drugs in 2030 and the target incidence in 2030	3%	Calculated	
Proportion of total incident hepatitis C cases occurring in people who inject drugs as a result of failing to meet the 2030 targets	60%	Calculated	Percent difference between the projected incidence (5%) and the target incidence (2%), assuming 5% equals 189 cases.
Number of hepatitis C incident cases as a result of failing to meet the 2030 targets	113	Calculated	

SEX WORKERS

HEPATITIS C POPULATION

Outcome description	Value	Source	Notes
Number of people required to cure to meet the 2030 target	6,270	Calculated	Target number of people cured in 2030 minus cumulative number of people cured up to 2030
Proportion living with hepatitis C who are also sex workers	1.93%	Ogilvie [17]	
Estimated number of sex workers living with hepatitis C in 2030 required to cure to meet 2030 target	121	Calculated	

COSTS

HEPATITIS C POPULATION

Outcome description	Value	Source
Hepatitis C test cost	\$92.20	MBS item 69499
Average DAA cost per patient	\$9,595	Moon [18]
Specialist appointment cost	\$101.30	MBS item 104
Compensated cirrhosis cost	\$1,234	Kwon [19] (inflated to 2025 AUD)
Decompensated cirrhosis cost	\$32,976	Kwon [19] (inflated to 2025 AUD)
Liver cancer cost	\$85,411	Nguyen [20] (inflated to 2025 AUD)
Liver transplant cost	\$284,221	IHACPA AR-DRG H09Z
Value of a statistical life year	\$245,000	Office of impact analysis [21]
Hepatitis C disability weight	0.06	Average utility of hepatitis C (0.805) Kwon [26] minus Australian population norm utility (0.86) Redwood [22]
Average weekly earnings	\$1,511	ABS [23]
End of life cost	\$34,407	AIHW [24] (inflated to 2025 AUD)
Value of premature mortality (statistical life years lost)	\$3,587,543	Office of impact analysis [21]. Median age of death of 56 (Tillakeratne [25]). relative to average life expectancy of 83 (ABS [26])

HEPATITIS B POPULATION

Outcome description	Value	Source
Hepatitis B monitoring blood test	\$152.10	MBS item 69482
General practitioner visit	\$34.90	MBS item 23
Chronic hepatitis B monitoring annual cost	\$754	Xiao 2023 [27] (inflated to 2025 AUD)
Chronic hepatitis B treatment (excluding monitoring) annual cost	\$2,551	Xiao 2023 [27] (inflated to 2025 AUD)
Compensated cirrhosis in care and on treatment annual cost	\$3,527	Xiao 2023 [27] (inflated to 2025 AUD)
Decompensated cirrhosis in care and on treatment annual cost	\$62,415	Xiao 2023 [27] (inflated to 2025 AUD)
Liver cancer annual cost	\$85,411	Nguyen 2022 [20] (inflated to 2025 AUD)
Value of a statistical life year	\$245,000	Office of impact analysis [21]
Hepatitis B disability weight	0.05	Xiao 2020 [28] (compensated cirrhosis used as an average for all hepatitis B)
Average weekly earnings	\$1,511	ABS [23]
End of life cost	\$34,407	AIHW [24] (inflated to 2025 AUD)
Value of premature mortality (statistical life years lost)	\$2,543,016	Office of impact analysis [21]. Median age of death of 68 (Tillakeratne [25]). relative to average life expectancy of 83 (ABS [26])

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ABBREVIATIONS

ABS

Australian Bureau of Statistics

AIHW

Australian Institute of Health and Welfare

CALD

Culturally and linguistically diverse

CHB

Chronic hepatitis B

DAA

Direct-acting antiviral

HBV

Hepatitis B Virus

HCC

Hepatocellular Carcinoma

HCV

Hepatitis C Virus

PLWHBV

People living with hepatitis B virus

PLWHCV

People living with hepatitis C virus