



World Hepatitis Day 2026: Take the Next Step

In 2026, the national theme for World Hepatitis Day in Australia is “Take the Next Step”, encouraging people to take the next step for their health, no matter where they are in their hepatitis journey.

Hepatitis B and hepatitis C are blood-borne viruses that affect the liver. Over time, they can lead to serious health issues, including liver damage, cirrhosis, and liver cancer.



In Australia, an estimated **300,000** people are living with **hepatitis B** or **hepatitis C**, and many remain undiagnosed or are not currently engaged in care.

Many people with hepatitis B or hepatitis C may not experience symptoms, which means they can live with the virus for years without knowing. Testing is the only way to know if you have hepatitis B or hepatitis C. Taking this step can help prevent serious liver disease or cancer through early treatment, monitoring, and care.

- **Hepatitis B** has a vaccine and can be managed with regular liver checks and treatment as needed.
- **Hepatitis C** is preventable and can be cured with a short course of tablets.

Australia can save more than \$2.6 billion in healthcare costs by 2030 if it meets national hepatitis B and hepatitis C elimination targets.¹

Find out more about World Hepatitis Day at www.worldhepatitisday.org.au



HEPATITIS B

There is a safe and effective vaccine to prevent hepatitis B and effective treatments to manage the condition for those affected.



Nearly **230,000 people in Australia** are living with hepatitis B.²
In 2024, **432 people in Australia died as a result** of hepatitis B complications.³



Around 1 in 20 babies born to mothers with hepatitis B aren't receiving the birth dose vaccine on time* and hepatitis B immunisation coverage across all populations is declining.⁴ This matters because timely vaccination is our most effective tool for preventing hepatitis B transmission and protecting children from lifelong infection and serious liver disease.



1 in 3 people living with chronic hepatitis B have **not been diagnosed**.⁵



People living with chronic **hepatitis B** who are not receiving appropriate care are at risk of developing **serious liver disease and liver cancer**.



More than half of all people living with hepatitis B speak a language other than English at home.⁶

Many need access to support that is culturally sensitive and available in their preferred language.



7% of people living with hepatitis B in Australia are Aboriginal and/or Torres Strait Islander. Community-led and culturally safe care boosts participation in hepatitis screening and treatment.⁷



3/4 of all people living with chronic hepatitis B did not receive guideline-based care in the last year.



Australia can take the next step by:



Expanding access to culturally safe, person-centred care and support by strengthening the role of primary care and community-based services.



Increasing access to regular monitoring and treatment to prevent serious liver disease and liver cancer.



Improving hepatitis B vaccination coverage, including timely birth dose vaccination.



Investing in the implementation of the National Hepatitis B Strategy to achieve hepatitis B elimination by 2030.



Expanding testing to ensure everyone living with hepatitis B in Australia knows their status.



* Hepatitis B birth dose vaccination is recommended to be given within 24 hours of birth.



HEPATITIS C

There are effective prevention strategies for hepatitis C and curative treatments.



Around 66% of people living with hepatitis C in Australia since 2016 have **received the hepatitis C cure**, and 94% of them have been cured.⁸ However, there remain nearly **63,000 people** still living with hepatitis C.⁹



More than half of people acquiring hepatitis C have been **cured** and **reinfected**.¹²



8% of people in prisons are living with hepatitis C.¹³

In 2023 **people in prisons** accounted for **42% of all people treated** for hepatitis C.



18% of people living with hepatitis C in Australia are Aboriginal and/or Torres Strait Islander. Community-led and culturally safe care boosts participation in hepatitis screening and treatment.¹⁴



In 2024, an estimated **570 people** **died** as a result of **hepatitis C** complications.¹⁰



At the end of 2024 an estimated **88% of people living with hepatitis C have been diagnosed**. However, 1 in 4 of these need confirmatory testing for chronic hepatitis C and many people diagnosed in the past are disengaged from care and/or lost to follow up.¹¹



The population of people living with hepatitis C in Australia is changing.

An estimated 84% of people with hepatitis C no longer inject drugs or contracted hepatitis C in other ways.^{15 16 17}



Needle and syringe programs and linkage to treatment in high-prevalence settings are **highly effective** and must continue.



We also need to **find ways** to reach people living with hepatitis C who are **not engaged in services** where hepatitis C is core business.



Australia can take the next step by:



Re-engaging people who have been diagnosed **with hepatitis C** but have not accessed treatment by implementing innovative and community-led approaches to reach people outside traditional hepatitis services.



Strengthening needle and syringe programs and other prevention measures to reduce new infections and reinfections.



Expanding access to evidence-based harm reduction measures alongside hepatitis C testing and treatment in prisons to reduce transmission, prevent reinfection, and support continuity of care after release.



Expanding access to hepatitis C testing and treatment through primary care, community-based services and other settings that reach priority populations.



Investing in the implementation of the National Hepatitis C Strategy to achieve hepatitis C elimination by 2030.



Communities can take the next step:

- **Get a hepatitis test** – they aren't part of routine blood tests.
- **Ask your doctor** about the hepatitis B vaccine if you are pregnant or don't know your vaccine status.
- **If you are living with hepatitis B**, see your doctor for a **liver check every 6-12 months** even if you don't feel sick.
- **If you have hepatitis C, get cured** – it's just daily tablets for up to 12 weeks.
- **Contact HepLink** to get information, support or referral for hepatitis B or hepatitis C.

Healthcare workers can take the next step:

- **Include hepatitis B and hepatitis C tests** for anyone with signs of liver disease, anyone with risk factors, or anyone who asks to be tested.
- **Support patients with hepatitis B** to get a liver check every 6-12 months.
- **Support patients with hepatitis C** to get cured – in most cases GPs can prescribe DAAs.
- **Contact HepLink** for guidance from a Nurse Navigator.



HepLink is Australia's national viral hepatitis information, support and navigation service

HepLink Hepatitis C Telehealth offers free remote prescribing – no referral needed!

Call 1800 437 222 or visit www.heplink.au

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