

hepatitis australia



Almost 300,000 people in Australia currently live with hepatitis B and hepatitis C.

These viruses affect the liver, increasing the risk of liver disease and liver cancer. Nearly 1,000 Australians die each year because of hepatitis B and hepatitis C.^{1,2}

If hepatitis was 100 people

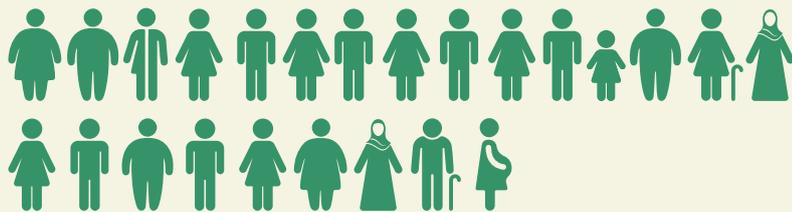
If hepatitis affected 100 people, who are they? The makeup of Australia's hepatitis population is changing, so too must our hepatitis response. This resource helps visualise and better understand the diversity and distribution of hepatitis B and hepatitis C in Australia, the extent of hepatitis D, and where gaps and opportunities present in Australia's response to viral hepatitis.

This resource has been endorsed by Australia's leading research institutes

If viral hepatitis was 100 people



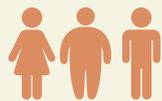
69
are living with
hepatitis B³



24
are living with
hepatitis C⁴



4
are living with both
hepatitis B and
hepatitis D⁵



3
are living with both
hepatitis B and
hepatitis C⁶





Hepatitis B is not curable but has effective treatments and is vaccine preventable.

B

Hepatitis B is overwhelmingly the most prevalent blood-borne virus in Australia.

Hepatitis C is curable and preventable by practicing blood safety but there is no vaccine.

C

The number of people living with hepatitis C has reduced by more than half since 2016 when unrestricted access to direct-acting antiviral cures became available.⁷ Uptake of direct-acting antiviral hepatitis C treatments declined significantly from high levels in 2016 and has plateaued in recent years. A slight increase in 2023, whilst welcome, has resulted from an increase in retreatments.

D

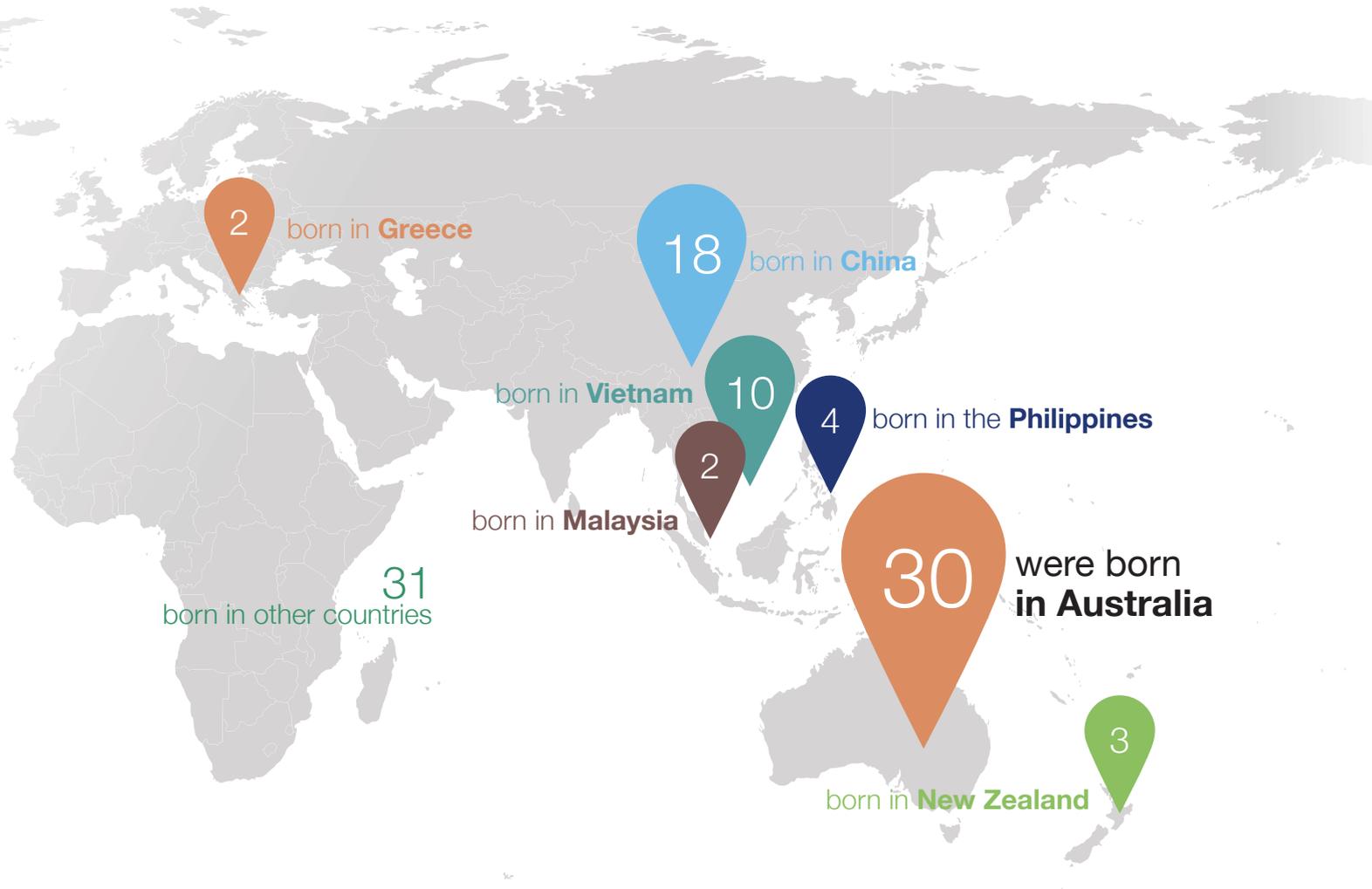
Hepatitis D is a satellite virus. You can only contract hepatitis D if you already have hepatitis B or if you contract hepatitis B and hepatitis D at the same time. Chronic hepatitis D is associated with faster progression to cirrhosis and liver cancer. People with chronic hepatitis D are at three-times greater risk of liver cancer and twice the risk of liver-related death, compared with people living with chronic hepatitis B mono-infection.⁸

BC

Although the proportion of people coinfecting with viral hepatitis (e.g. with both hepatitis B and hepatitis C; or with both hepatitis B and hepatitis D) is relatively small, coinfection is significant because it can advance the risk and speed of liver disease progression and increase the risk of developing liver cancer.⁹

If hepatitis B was 100 people

Country of birth

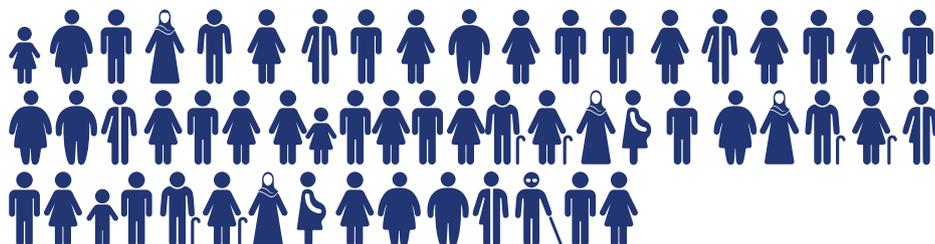


70 were born overseas
30 were born in Australia¹⁰

For most people, having hepatitis B should not affect their visa application. However, in the past having hepatitis B could be a disqualifying factor. Because of this, some people remain hesitant to get tested or disclose their hepatitis B status.¹¹

People born in Australia are less likely to have hepatitis B than people born in higher prevalence countries (e.g. Vietnam, China and the Philippines). However, the total number of people born in Australia living with hepatitis B outnumbers those with hepatitis B born in any other individual country.

Languages other than English



56

speak a **language other than English** at home¹²

Many people need access to hepatitis B information and support in culturally sensitive ways and in languages other than English.



Of the 30 Australian-born people living with hepatitis B

7

are **Aboriginal and/or Torres Strait Islander** people

4

are **men who have sex with men**

3

are people who **inject drugs**

16

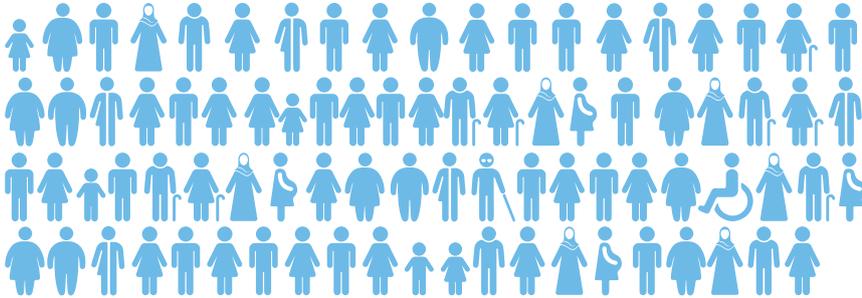
are **non-Indigenous** and from outside these specific priority populations¹³

Hepatitis B is an ancient virus. Aboriginal and Torres Strait Islander peoples have experienced hepatitis B for a long time, since before colonisation.¹⁴

The 16 Australian-born non-Indigenous people from outside other priority populations acquired hepatitis B through various modes of transmission, including mother-to-child transmission from an overseas born parent, particularly before universal infant hepatitis B vaccination in Australia commenced in 2000.¹⁵

If hepatitis B was 100 people

Rural, regional, remote



84
are living in
major cities



8
are living in **inner regional areas**



5
are living in **outer regional areas**



1.5
are living in **remote areas**



1.5
are living in **very remote areas**

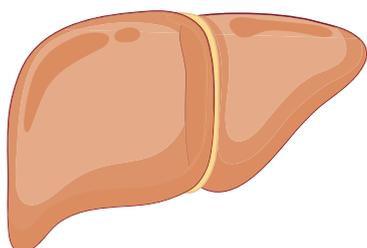
Whilst fewer people living with hepatitis B reside in remote and very remote areas, in those areas the proportion of the population living with hepatitis B ('prevalence') is greatest.¹⁶

Providing health services for people living with hepatitis B in rural and remote areas can be a significant challenge in Australia and requires adequate resourcing and innovative solutions.

Treatment and monitoring in the past 10 years



More than half of all people living with hepatitis B in Australia are not receiving the care they need to appropriately monitor their liver health and viral load, and determine if and when antiviral treatment should commence.



Not all people living with hepatitis B are eligible for treatment. Only 44% of those estimated to be eligible for treatment are receiving it.¹⁸ For people who are not monitored, the development of serious liver disease including cirrhosis and liver cancer can go unnoticed. Every person living with hepatitis B should be engaged in ongoing care and receiving antiviral treatment when required.

If hepatitis C was 100 people

Not everyone has been diagnosed



76
are **fully diagnosed**



8
are **partially diagnosed**



16
are **undiagnosed**¹⁹

Hepatitis C testing is a two-step process. The first test is an antibody test, which shows if a person has ever been exposed to the virus. The second test is an RNA test which shows if the person has hepatitis C now.

People who are partially diagnosed have not received RNA testing to confirm active hepatitis C infection. Their cases were 'diagnosed' and notified based on antibody positivity, indicating either current or past infection. Those who remain partially diagnosed and those who were fully diagnosed but not treated or linked to care are more likely to be disengaged from care for their hepatitis C, including people now lost to follow-up.²⁰

Disease progression



8
were **cured** in
the last year



3
were **infected**
(or reinfected) in
the last year



1
is living with **decompensated
cirrhosis** or **hepatocellular
carcinoma**



1
died in the
last year from
hepatitis C²¹

The overall number of people living with hepatitis C has declined year on year since the introduction of direct-acting antiviral therapies in 2016.²² Curing hepatitis C does not prevent reinfection or the health risks associated with advanced liver disease.

Hepatitis C and drug use



16

are people who **inject drugs**



84

are people who **no longer inject drugs** or who **contracted hepatitis C in other ways**.^{23,24, 25}

People who inject drugs remain the priority population at greatest risk of transmission, critical to the success of the national response to hepatitis C.

Whilst treatment uptake amongst people who inject drugs is a major success story in the national response, people who inject drugs remain at greatest risk of new hepatitis C infections. Strengthening community-led action for this priority population will be key to sustained elimination.

Stigma and discrimination associated with injecting drug use can create a barrier for all people living with hepatitis C in accessing treatment.²⁶ People who inject drugs report there has been little change over time in reported recent experience of stigma relating to hepatitis C and injecting drug use.^{27,28}

Some other ways that people contracted hepatitis C include blood transfusions in Australia before 1990; tattooing or body piercing with unsterile equipment; medical care in a place where blood safety is poorly regulated; sharing razors, toothbrushes or other personal effects.

People who don't currently inject drugs are less likely to be engaged in services where hepatitis C is core business and are therefore less likely to access information about hepatitis C testing and antiviral cures.

An estimated 63% of people in Australia living with hepatitis C received hepatitis C cures since 2016. Of people currently living with hepatitis C, an estimated 76% are considered fully diagnosed yet have not been treated. Many are disengaged from care for their hepatitis C. All people living with hepatitis C need to be linked to care and treated.

If hepatitis C was 100 people

Hepatitis C in Aboriginal and Torres Strait Islander peoples



18 are **Aboriginal** and **Torres Strait Islander** people²⁹

Aboriginal and Torres Strait Islander peoples are disproportionately affected by hepatitis C and by any measure have not experienced equitable benefit from the national response.³⁰ In hepatitis C outcomes, the Gap is widening.

The proportion of Australians living with hepatitis C who identify as Aboriginal and/or Torres Strait Islander is increasing and the diagnosis rate³¹ is more than six times higher than among non- Indigenous Australians.

The hyper-incarceration of Aboriginal and Torres Strait Islander people and challenges in accessing culturally appropriate services are barriers to prevention, testing, treatment and care.

Hepatitis C and prisons



5 are in **prisons** on any given day ^{32,33}

Australia is a world-leader in providing unrestricted access to direct-acting antiviral treatment, including in prisons. On any given day around 5% of people living with hepatitis C in Australia are in prison. In 2023 some 42% of all people treated for hepatitis C nationally were initiated on treatment in prisons.³⁴

While retreatment data are not available nationally, in NSW, 40% of all hepatitis C retreatments in 2023 were delivered in prisons.³⁵ These data highlight great inefficiencies and the disproportionate burden of infection and reinfection on people in prisons. This is in large part due to the unavailability of evidence-based harm reduction measures in prisons including access to sterile injecting equipment for people who inject drugs. Almost half of people in prisons report ever injecting drugs.³⁶

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Hepatitis Australia is the peak community organisation to progress national action on issues of importance to people affected by hepatitis B and hepatitis C. Our members are the eight state and territory hepatitis organisations.

Get information and support for viral hepatitis



HepLink Australia provides free and confidential viral hepatitis information, advice and support services to anyone, anywhere in Australia.

HepLink is delivered in partnership with the 8 state and territory community hepatitis organisations, providing information and advice, referral, collaborative support and linkage to resources and services ensuring that everyone in Australia has a pathway to essential viral hepatitis information and enabling a health journey free from confusion, frustration or failure.

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HepLink is funded by the Australian Government.

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