

Tracking the Progress 2020:

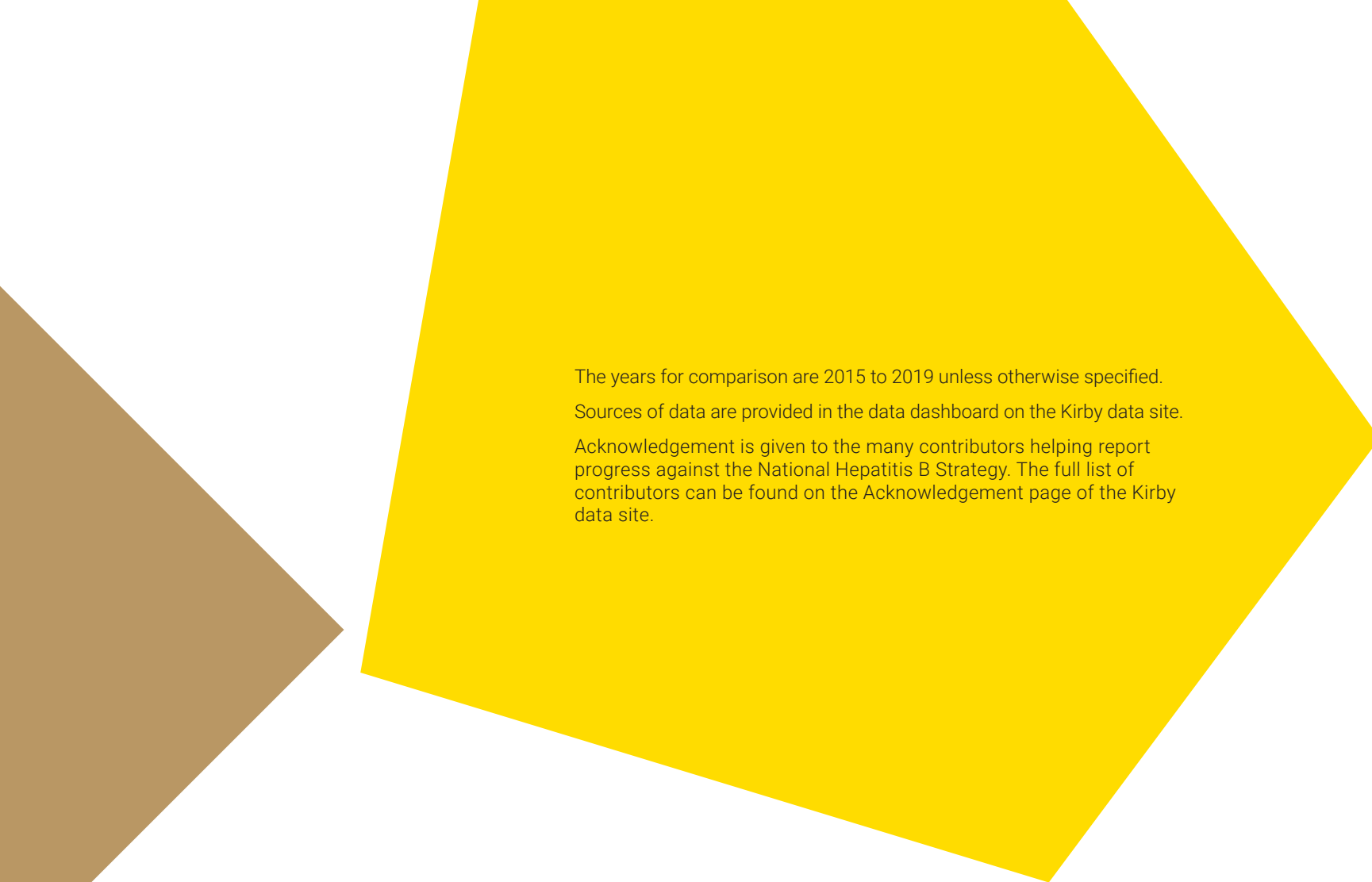
National Hepatitis B Strategy



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The years for comparison are 2015 to 2019 unless otherwise specified.
Sources of data are provided in the data dashboard on the Kirby data site.
Acknowledgement is given to the many contributors helping report progress against the National Hepatitis B Strategy. The full list of contributors can be found on the Acknowledgement page of the Kirby data site.

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Tracking the Progress 2020: National Hepatitis B Strategy

The goals of the Third National Hepatitis B Strategy are to:

1. Make significant progress towards eliminating hepatitis B as a public health threat
2. Reduce mortality and morbidity related to hepatitis B
3. Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health
4. Minimise the personal and social impact of hepatitis B

The National Hepatitis B Strategy has seven targets that provide specific focus for the efforts made towards achieving the goals of this Strategy by 2022. Each target has corresponding indicators that measure progress towards attaining the target. The full list of the targets and their indicators are listed in Appendix i.

Target 1

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Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months of age

- According to the Australian Immunisation Register, between 2015 and 2019, among children aged 12 months, vaccine coverage fluctuated between 93.4% and 95.5%. The 95% coverage target was met in 2017 and 2018 but was not met in 2019 when the coverage rate was 94.8%.
- For children aged 24 months, vaccine coverage ranged between 95.0% in 2015 and 95.9% in 2019 with the 95% coverage target met every year from 2016 to 2019.

Target 2

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Reduce the number of newly acquired hepatitis B infections across all age groups by 50 %, with a focus on priority populations

- Between 2015 and 2019, the newly acquired hepatitis B notification rate was steady between 0.7 to 0.6 per 100 000 population. More work is required to meet the target of a 50% reduction. In the same period, the notification rate among both males and females was steady and was 0.8 and 0.4 in 2019 respectively.
- *Notification rates are a proxy for the modelled number of newly acquired hepatitis B infections. For a newly acquired hepatitis B infection to be notified, a person must be tested for hepatitis B while their hepatitis B infection is still classified as newly acquired. This means that not all cases of newly acquired hepatitis B are represented in notification rates. Also, due to small numbers of newly acquired hepatitis B notifications, these trends should be interpreted with caution.*

Target 3

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Increase the proportion of people living with chronic hepatitis B who are diagnosed to 80%

- Of those living with chronic hepatitis B, the estimated proportion who were diagnosed increased from 69.4% in 2015 to 71.3% in 2019. Greater levels of testing are required to reach the target of 80% of those living with chronic hepatitis B being diagnosed by 2022.
- When combined with modelled data, hepatitis B notifications are used to estimate the proportion of people living and diagnosed with hepatitis B, and tracking rates (the number of new diagnoses of hepatitis B per 100 000 population) over time can provide insight into progress against the target. In 2019, the hepatitis B notification rate was 23.2 per 100 000, down 14% from 26.9 in 2015. Data and further breakdowns by sex are available on the [Kirby Institute data site](#).
- *Data relating to **Indicator 3c: Proportion of people entering custodial settings with evidence of past or current hepatitis B infection** are currently in development and will be presented in future reporting.*

Target 4

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Increase the total proportion of people living with chronic hepatitis B receiving care to 50%

- According to modelled estimates combined with Medicare service data, between 2015 and 2019 the proportion of people living with chronic hepatitis B who were in care increased from 20.3% to 23.2%, showing only minor improvement relative to the target. More work is required to reach the target of 50% of people living with chronic hepatitis B being in care.
- In 2019, the estimated proportion of people with chronic hepatitis B not on treatment who had a viral load test in the past 12 months and past 24 months was 13.0% and 21.1% respectively.
- The estimated proportion of people living with hepatitis B who ever had a viral load test was 45.2% in 2018. The proportion ever had a viral load test and were not on treatment was not available at the time of reporting. More recent data will be provided in future reporting.

Target 5

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For people living with chronic hepatitis B,
increase the proportion of people
receiving antiviral treatment to 20%

- According to modelled estimates combined with data from the Pharmaceutical Benefits Scheme, between 2015 and 2019 the proportion of people living with chronic hepatitis B receiving antiviral treatment steadily increased from 7.9% to 10.2%. More work is required to increase the proportion of people receiving antiviral treatment to 20%.

Target 6

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Reduce hepatitis B attributable
mortality by 30%

- According to modelled estimates, between 2015 and 2019, the number of deaths due to chronic hepatitis B declined by 11% from 408 to 363. Of the deaths occurring in 2019, 270 were attributed to hepatocellular carcinoma while 93 were attributed to decompensated cirrhosis. Despite the encouraging trend, more work is required to reduced hepatitis B attributable mortality by 30%
- Between 2015 and 2019 the proportion of liver transplant recipients with hepatitis B fluctuated between 3.4% and 8.6% and was 6.5% in 2019.

Target 7

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Minimise the reported experience of stigma among people living with hepatitis B, and the expression of stigma, in respect to hepatitis B status

- As reported in the **Annual Report of Trends in Behaviour 2019**:
 - Among health care worker participants, 81% reported they would never behave negatively towards other people because of their hepatitis B status in 2018. Conversely, 19% of respondents reported they would rarely, sometimes, often or always behave negatively towards other people because of their hepatitis B status.
 - Also, among health care worker participants, 62% reported never witnessing negative behaviour towards people with hepatitis B in 2018. Conversely, 38% of participants reported they would rarely, sometimes or often witness negative behaviour towards people living with hepatitis B.
 - Among members of the general public surveyed in 2017, (50%) reported they would never behave negatively towards other people because of their hepatitis B status, while 28% reported that they would do so rarely. Conversely, 22% of participants reported they would sometimes, often or always behave negatively towards other people because of their hepatitis B status.
- Data relating to **Indicator 7a: Proportion of people who report that they experienced stigma or discrimination as a result of their hepatitis B** are currently in development and will be presented in future reporting.

Appendix i

National Hepatitis B Strategy		
Indicator		Data source
Target 1	Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months.	
1a	Coverage of hepatitis B vaccination of children at 12 and 24 months of age.	Australian Immunisation Register (AIR)
Target 2	Reduce the number of newly acquired hepatitis B infections across all age groups by 50% with a focus on priority populations.	
2a	Annual rate of newly acquired hepatitis B notifications.	National Notifiable Diseases Surveillance System (NNDSS)
Target 3	Increase the proportion of people living with chronic hepatitis B who are diagnosed to 80%.	
3a	Estimated proportion of people with chronic hepatitis B who have been diagnosed.	WHO Collaborating Centre for Viral Hepatitis, Doherty Institute,
3b	Annual rate of hepatitis B notifications (unspecified and newly acquired).	National Notifiable Diseases Surveillance System (NNDSS)
3c	Proportion of people entering custodial settings with evidence of past or current hepatitis B infection.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)
Target 4	For people living with chronic hepatitis B, increase the proportion receiving antiviral treatment to 20%.	
4a	Proportion of people with chronic hepatitis B who were in care.	WHO Collaborating Centre for Viral Hepatitis, Doherty Institute,
4b	Proportion of people with chronic hepatitis B not on treatment who had ever had a viral load test	WHO Collaborating Centre for Viral Hepatitis, Doherty Institute,
4c	Proportion of people with chronic hepatitis B not on treatment who had a viral load test in the previous 12 months	WHO Collaborating Centre for Viral Hepatitis, Doherty Institute,
4d	Proportion of people with chronic hepatitis B not on treatment who had a viral load test in the previous 24 months.	WHO Collaborating Centre for Viral Hepatitis, Doherty Institute,
Target 5	Increase the total proportion of people living with chronic hepatitis B receiving care to 50%.	
5a	Proportion of people with chronic hepatitis B dispensed drugs for chronic hepatitis B infection.	Not yet reported

Appendix i

National Hepatitis B Strategy		
Indicator		Data source
Target 6	Reduce hepatitis B attributable mortality by 30%.	
6a	Estimated number of deaths due to chronic hepatitis B related to decompensated cirrhosis and hepatocellular carcinoma.	WHO Collaborating Centre for Viral Hepatitis, Doherty Institute,
6b	Proportion of liver transplant recipients with hepatitis B.	The Australian and New Zealand Liver Transplant Registry
Target 7	Minimise the reported experience of stigma among people living with hepatitis B, and the expression of stigma, in respect to hepatitis B status.	
7a	Proportion of people who report that they experienced stigma or discrimination as a result of their hepatitis B.	Annual Report of Trends in Behaviour
7b	Proportion of health care workers reporting or witnessing negative behaviour towards people with hepatitis B.	Annual Report of Trends in Behaviour
7c	Proportion of the Australian public who report they would express stigma or discrimination towards people living with hepatitis B.	Annual Report of Trends in Behaviour