

Tracking the Progress 2023:

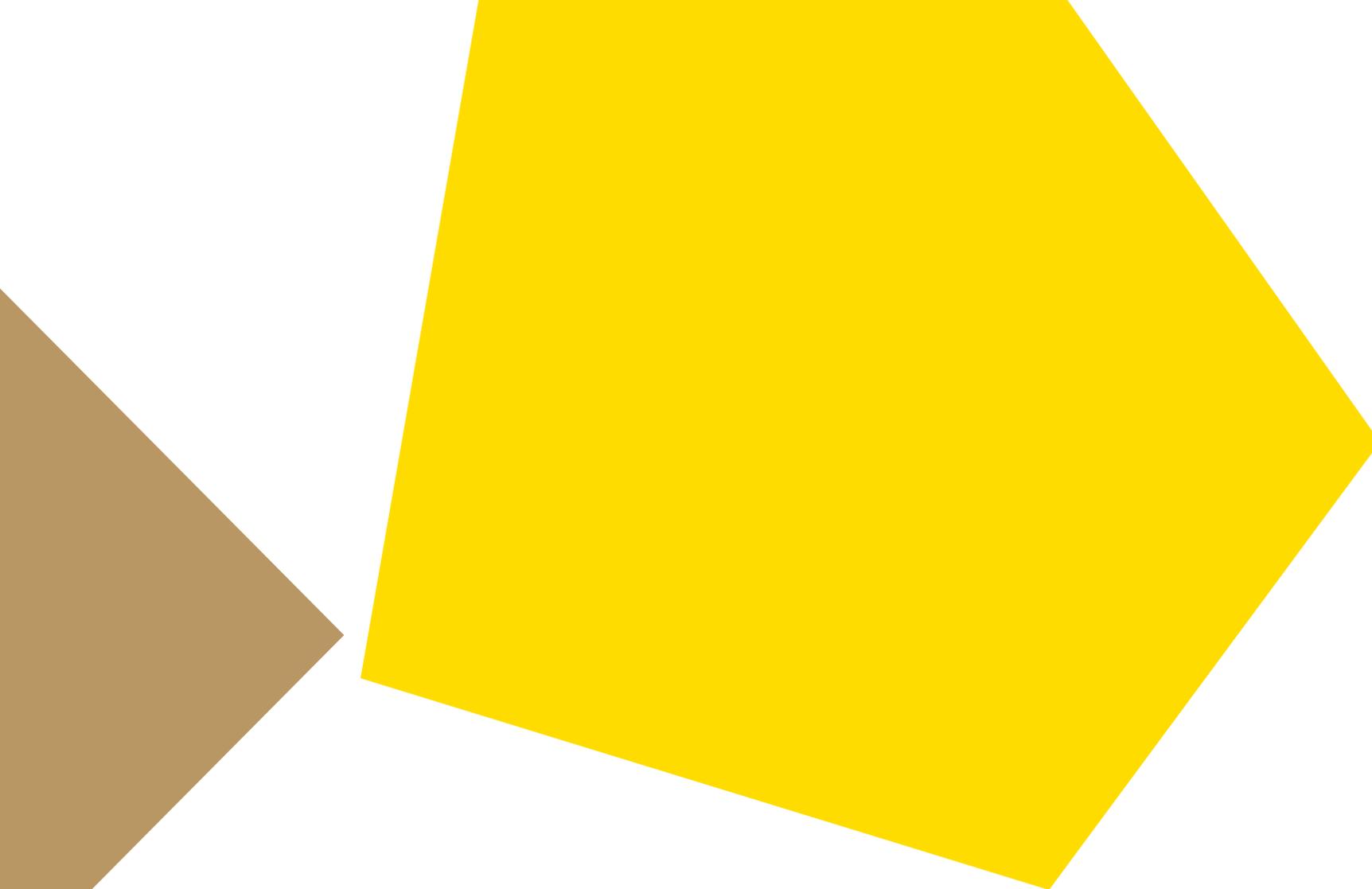
National Hepatitis B Strategy



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Tracking the Progress 2023: 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 the end of 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.

Preface

This is the final report describing progress against indicators in the National Blood-borne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Plan 2018-2022. In this report, the years of reporting cover the lifetime of the strategies described in the Plan, from the end of 2017 to the end of 2022. During this period, the COVID-19 pandemic resulted in restrictions of access to healthcare, including testing and treatment. These restrictions impacted progress against many indicators. For this reason and where appropriate, the years for comparison are also from the end of 2017 to the end of 2019 and from the end of 2019 to the end of 2022.

- 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](#).
- Decisions on whether the target has been met are based on:
 - a) Meeting the target when the target is specific (e.g. increase to 80% the proportion with hepatitis B who are diagnosed);
 - b) Based on previous year's modelling estimates;
 - c) A percentage absolute change of $\geq 2\%$ for proportions when the target is not specific (e.g. increase treatment uptake or increase vaccination coverage); or
 - d) A relative change of $\geq 5\%$ for number/notifications when the target is not specific (e.g. reduce incidence).

Target 1

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data here



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

- Across the lifetime of the strategy, the 95% coverage target was met in 2017, 2018, and 2020 but was not met in 2019, 2021 or 2022. According to the Australian Immunisation Register, between 2017 and 2022, among children aged 12 months, vaccine coverage fluctuated between 93.8% (in 2022) and 95.5% (in 2018).
- For children aged 24 months, vaccine coverage ranged between 95.5% (in 2017 and 2018) and 96.4% (in 2020) with the 95% coverage target met every year from 2017 to 2022. In 2022 the vaccine coverage rate was 95.9%.

Target 2

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

Data for this indicator were not available over the lifetime of the strategy.

Target 3

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

- This target was not met over the lifetime of the strategy. The [WHO Collaborating Centre for Viral Hepatitis at the Doherty Institute](#) combines modelled estimates with hepatitis B notifications data to estimate the proportion of people living and diagnosed with hepatitis B. Of those living with chronic hepatitis B, the estimated proportion who were diagnosed increased from 67.8% in 2017 to 72.1% in 2022.
- Tracking notification rates (the number of new diagnoses of hepatitis B per 100 000 population) over time can provide further insight into progress against the target. Between 2017 and 2022, the hepatitis B notification rate decreased by 21% from 24.4 to 19.3 per 100 000. Data breakdowns by sex are available on the Kirby 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 were unavailable over the lifetime of the strategy.*

Target 4

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

- Best practice indicates that all people diagnosed with chronic hepatitis B require regular monitoring to assess the stage and progression of their liver disease and to facilitate the commencement of treatment as needed. The target of 50% of people living with chronic hepatitis B being in care was not reached over the lifetime of the strategy.
- According to Medicare service data combined with modelled estimates from the [WHO Collaborating Centre for Viral Hepatitis](#), between 2017 and 2019 the proportion of people living with chronic hepatitis B who were receiving regular clinical care increased from 24.2% to 25.3%. Between 2019 and 2022, this proportion remained stable and was 25.5% in 2022.
- The estimated proportion of people with chronic hepatitis B not on treatment who had a viral load test in the past 12 months was 12.7% in 2022, down from 14.3% in 2017. The estimated proportion of people with chronic hepatitis B not on treatment who had a viral load test in the past 24 months was 21.3% in 2022, down from 24.3% in 2017.
- The estimated proportion of people living with hepatitis B who had a viral load test in the previous six years was 48.7% in 2022. The estimated proportion of people living with hepatitis B not on treatment who had a viral load test in the previous six years was 37.0% in 2022. *Data relating to the indicator, of the proportion who ever had a viral load test and were not on treatment was not available at the time of reporting.*

Target 5

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

- The proportion of people receiving antiviral treatment did not reach 20% over the lifetime of the strategy. According to Pharmaceutical Benefits Scheme data combined with modelled estimates from the [WHO Collaborating Centre for Viral Hepatitis](#), between 2017 and 2022, the proportion of people living with chronic hepatitis B receiving antiviral treatment steadily increased from 9.9% to 12.9%.

Target 6

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Reduce hepatitis B attributable
mortality by 30%

- Hepatitis B attributable mortality did not reduce by 30% over the lifetime of the strategy. According to modelled estimates produced by the [WHO Collaborating Centre for Viral Hepatitis](#), between 2017 and 2022, the number of deaths due to chronic hepatitis B increased by 7% from 436 to 466. Of these deaths, in 2022, 391 were attributed to hepatocellular carcinoma while 75 were attributed to decompensated cirrhosis.
- Between 2017 and 2019 the proportion of liver transplant recipients with hepatitis B fluctuated between 6.7% and 5.3%. Between 2019 and 2022, this number declined from 5.3% to 3.9% and may have been influenced by the COVID-19 pandemic.

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 *Stigma snapshot: General Public 2021*:
 - Among members of the general public surveyed in 2021, 51% reported they would never behave negatively towards other people because of their hepatitis B status, down from 71% in 2020, but similar to 50% reported in 2018.
- As reported in the *Stigma snapshot: Health Care Workers 2022*:
 - Among health care worker participants surveyed in 2022, 72% reported they would never behave negatively towards other people because of their hepatitis B status up from 66% in 2021, but down from 81% in 2018. Conversely, 28% of respondents reported they would rarely, sometimes, often or always behave negatively towards other people because of their hepatitis B status, down from 34% in 2021, but up from 19% in 2018.
- As reported in the *Stigma snapshot: Health Care Workers 2018*:
 - 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.
- *Data relating to Indicator 7a: Proportion of people who report that they experienced stigma or discrimination as a result of their hepatitis B were unavailable over the lifetime of the strategy.*

Appendix

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 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)
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
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.	Australia and New Zealand Liver and Intestinal 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