

Tracking the Progress 2023:
**National Hepatitis C
Strategy**



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Tracking the Progress 2023: National Hepatitis C Strategy

The goals of the Fifth National Hepatitis C Strategy are to:

1. **Make significant progress towards eliminating hepatitis C as a public health threat;**
2. **Reduce mortality and morbidity related to hepatitis C;**
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 C.**

The National Hepatitis C Strategy has five 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. This report presents data describing the impact of curative DAA therapies, subsidised by the Pharmaceutical Benefits Scheme since 2015. The years for reporting are from the end of 2015 to the end of 2022. During this period, the COVID-19 pandemic resulted in restrictions of access to interventions, support, and 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 2015 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 C 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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Reduce the number of newly acquired hepatitis C infections, with a focus on priority populations by 60%

Part A: Notifications

Due to data availability, indicators relating to newly acquired hepatitis C notifications data were not available over the lifetime of the strategy.

Part B: Exposure and risk behaviours

- Among participants of the Australian Needle and Syringe Program Survey (ANSPS), the proportion who had serological evidence of past or current hepatitis C infection declined between 2015 and 2022, from 57.1% to 32.1%. Further, the proportion of participants who had virological evidence of current infection declined from 50.7% in 2015 to 12.1% in 2022.
- According to the ANSPS, the proportion of participants who reported using a new needle and syringe for all injections in the previous month remained stable between 2015 and 2022 and was 74.6% in 2022. In the same period, the proportion of participants who reported using another person's used needle and syringe in the previous month remained stable and was 19.3% in 2022.
- Between 2015 and 2022, needle and syringe coverage, or the number of needles and syringes distributed to people who inject drugs annually by Australian Needle and Syringe Programs fluctuated and was 680 needles and syringes per person in 2022.
- Needle and syringe coverage of greater than 100% is required to accommodate people who inject drugs occasionally, and needles and syringes that may not be used for injection, for example, as wastage or failed injection attempts. The estimated proportion of injections covered by sterile needles and syringes also fluctuated and was 111% in 2022.
- *Data relating to **Indicator 1c: Incidence of hepatitis C in people who inject drugs attending health services and Indicator 1f: Proportion of people entering custodial settings with evidence of past or current hepatitis C infection** were not available over the lifetime of the strategy.*

Target 2

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Increase the proportion of people living with hepatitis C who are diagnosed to 90%

- The estimated proportion of people living with hepatitis C who have been diagnosed was 81% in 2022, similar to the proportion in 2015 (80%). This target was not met over the lifetime of the strategy.
- The number of new detections of hepatitis C is measured by the number of Medicare eligible people receiving a hepatitis C RNA test. The number of hepatitis C detections increased from 17 443 in 2015 to 25 404 in 2016 and then declined to 11 674 in 2022.
- Between 2015 and 2019, the hepatitis C notification rate (newly acquired and unspecified) declined by 17% from 43.6 notifications per 100 000 to 36.4 notifications per 100 000. Between 2019 and 2022, the hepatitis C notification rate declined by 29% from 36.4 to 25.8 per 100 000. Similar trends were seen among males and females and in 2022 the notification rate was 36.2 and 15.5 per 100 000, respectively.
- Among participants in the ANSPS, the proportion who reported testing for hepatitis C in the previous 12 months remained stable between 2015 and 2019 but declined from 54.0% to 49.1% between 2019 and 2022. The proportion who reported ever being tested for hepatitis C declined from 87.5% in 2015 to 79.6% in 2022.
- Among people who inject drugs attending health services participating in the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmissible Infections and Blood Borne Viruses (ACCESS), the proportion tested for hepatitis C in the previous 12 months fluctuated between 2015 and 2022 and was 54.1% in 2022.
- Among gay and bisexual men attending health services participating in ACCESS, the proportion tested for hepatitis C in the previous 12 months increased from 24.8% in 2015 to 36.5% in 2022.
- The proportion of hepatitis C antibody positive people attending health services participating in ACCESS who had a hepatitis C RNA test (to obtain evidence of current hepatitis C infection) increased from 35.6% in 2015 to 50.1% in 2016 and declined to 19.6% in 2022. The spike in testing in 2016 related to the introduction of direct acting antiviral (DAA) drugs for the treatment of hepatitis C from March 2016.

Target 3

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Increase the cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral treatment to 65%

- Between 2016 and 2022, the estimated cumulative proportion of people initiating DAA hepatitis C treatment increased from 20% to 60%. This target was not met over the lifetime of the strategy.
- The estimated proportion of people with chronic hepatitis C who were dispensed antiviral drugs in the previous year was 8% at the end 2022, down from 20% at the end of 2016.
- Following the introduction of DAA treatment, the estimated proportion of people living with hepatitis C each year who achieved a treatment-induced cure declined steadily from 19% in 2016 to 6% in 2022. The large initial DAA uptake in 2016 likely reflected a 'warehouse' effect, as many patients had been awaiting DAA treatment access.
- The proportion of hepatitis C antibody-positive ANSPS participants who reported ever having hepatitis C antiviral treatment increased more than six-fold from 11.1% in 2015 to 67.7% in 2022.
- The proportion of ANSPS participants who did not report spontaneous, or treatment induced viral clearance, and who reported having hepatitis C antiviral treatment in the last 12 months increased substantially from 2.0% in 2015 to 34.2% in 2022. There was a large increase in the proportion who reported having treatment in the last 12 months from 2016 relating to the availability of DAA treatment from March 2016.
- *Data relating to Indicator 3e: **Proportion of people entering custodial settings who reported having any hepatitis C antiviral treatment** were not available over the lifetime of the strategy.*

Target 4

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Reduce hepatitis C attributable mortality overall by 65%

- Between 2015 and 2022, the estimated number of deaths attributable to chronic hepatitis C infection (those with previous or current hepatitis C infection) declined by 29% from 715 to 505 deaths. Similarly, the number of deaths attributable to hepatitis C (only among those with current hepatitis infection) declined by 38% from 711 deaths in 2015 to 439 deaths in 2022. Despite the encouraging trend, this target was not met over the lifetime of the strategy.
- In the same period, the combined number of people with decompensated cirrhosis, hepatocellular carcinoma, or liver related deaths (viraemic and cured) attributable to hepatitis C, declined by 11% from 2845 in 2015 to 2533 in 2022. The combined number of people with decompensated cirrhosis and/or hepatocellular carcinoma and liver related deaths (viraemic only) declined by 37% from 2809 in 2015 to 1770 in 2022.
- Between 2015 and 2022 the proportion of liver transplant recipients with chronic hepatitis C (viraemic only) declined from 32.7% in 2015 to 8.8% in 2022.

Target 5

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Reduce by 50% the reported experience of stigma among people living with hepatitis C, and the expression of stigma, in respect to hepatitis C status

- As reported in the **Annual Report of Trends in Behaviour 2022 Viral Hepatitis in Australia:**
 - Nearly half of people (46%) living with hepatitis C reported in 2021 that they had not experienced stigma or discrimination because of their hepatitis C status in the previous 12 months, up from 33% in 2016. Further, 23% of respondents said they would rarely experience stigma or discrimination, down from 24% in 2016. Almost a third (31%) of respondents living with hepatitis C reported in 2021 they had sometimes, often, or always experienced stigma or discrimination because of their hepatitis C status, similar to 31% reporting the same in 2016.
 - Among health care workers, 70% of respondents reported they would never engage in negative behaviour towards people with hepatitis C in 2022, down from 80% in 2018. Conversely, 30% of respondents reported in 2022 they would rarely, sometimes, often, or always engage in negative behaviour towards people living with hepatitis C, up from 21% in 2018.
 - Among health workers surveyed in 2021, 62% reported never witnessing other health care workers behaving negatively because of their hepatitis C (up from 56% in 2018) while 38% said they had rarely, sometimes, often, or always witnessed negative behaviour (down from 44% in 2018).
 - Among health workers surveyed in 2022, 30% reported they would never engage in negative behaviour towards people who inject drugs (down from 44% in 2018) while 70% said they had rarely, sometimes, often, or always engage in negative behaviour towards people who inject drugs (up from 56% in 2018).
 - Among members of the general public surveyed in 2021, 22% reported they would never behave negatively towards people who inject drugs (up from 14% in 2018) while 78% said they had rarely, sometimes, often, or always witnessed negative behaviour (down from 86% in 2018).

Target 5

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Reduce by 50% the reported experience of stigma among people living with hepatitis C, and the expression of stigma, in respect to hepatitis C status

- As reported in the **Stigma Snapshot General public 2021 report**:
 - Among members of the general public surveyed in 2021, 50% reported that they would never behave negatively towards people because of their hepatitis C status, unchanged from 50% in 2017. In 2021, a quarter (25%) of respondents reported they would sometimes, often, or always behave negatively towards other people because of their hepatitis C status while another quarter (25%) reported that they would do so rarely.
 - Also, among members of the general public surveyed in 2021, 22% of people reported that they would never behave negatively towards people because of their use of drugs for injecting, up from 14% in 2017. In 2021, 63% of respondents reported they would sometimes, often, or always behave negatively towards other people because of their use of drugs for injecting while 16% reported that they would do so rarely.

Appendix

National Hepatitis C Strategy

Indicator	Data source
Target 1 Reduce the number of newly acquired hepatitis C infections, with a focus on priority populations, by 60%.	
1b Annual rate of newly acquired hepatitis C notifications in people aged <25 years.	National Notifiable Diseases Surveillance System (NNDSS)
1d Proportion of people who inject drugs with evidence of past or current hepatitis C infection (HCV antibody).	Australian Needle Syringe Program Survey
1e Proportion of people who inject drugs with evidence of a current hepatitis C infection (HCV RNA).	Australian Needle Syringe Program Survey
1f Proportion of people entering custodial settings with evidence of past or current hepatitis C infection.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)
1g Needles and syringes distributed per person who injects drugs in the previous calendar year.	Needle Syringe Program National Minimum Data Collection (NSP NMDC)
1h Proportion of injections covered by sterile syringe in the previous calendar year.	Needle Syringe Program National Minimum Data Collection (NSP NMDC)
1i Proportion of people who inject drugs who used a new needle and syringe for all injections in the previous month.	Australian Needle Syringe Program Survey
1j Proportion of people who inject drugs reporting re-using another person's used needle and syringe in the previous month.	Australian Needle Syringe Program Survey
Target 2 Increase the proportion of people living with hepatitis C who are diagnosed to 90%.	
2a Estimated proportion of people with chronic hepatitis C who have been diagnosed.	Kirby Institute, UNSW Sydney
2b Number of detections of new hepatitis C infections.	Medicare Benefits Schedule
2c Annual rate of hepatitis C notifications (newly acquired and unspecified).	National Notifiable Diseases Surveillance System (NNDSS)
2d Proportion of people who inject drugs who have been tested for hepatitis C in the previous 12 months.	Australian Needle Syringe Program Survey
2e Proportion of people who inject drugs who have ever been tested for hepatitis C.	Australian Needle Syringe Program Survey
2f Proportion of people who inject drugs attending a health service who have been tested for hepatitis C in the previous 12 months.	Australian Needle Syringe Program Survey
2g Proportion of gay and bisexual men attending a health service who have been tested for hepatitis C in the previous 12 months.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
2h Proportion of people hepatitis C antibody positive who have had a hepatitis C RNA test attending a health service.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)

Appendix

National Hepatitis C Strategy		
Indicator		Data source
Target 3	Increase the cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral treatment to 65%.	
3a	Cumulative proportion of people initiating direct-acting antiviral treatment since March 2016.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
3b	Proportion of people with chronic hepatitis C dispensed drugs for their infection in the previous calendar year.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
3c	Proportion of people who inject drugs who reported having had any hepatitis C antiviral treatment.	Kirby Institute, UNSW Sydney
3d	Proportion of people who inject drugs who reported having had hepatitis C antiviral treatment in the last 12 months.	Australian Needle Syringe Program Survey
3f	Number of people who have achieved treatment-induced hepatitis C cure.	Kirby Institute, UNSW Sydney
Target 4	Reduce hepatitis C attributable mortality overall by 65%.	
4a	Estimated number of people with decompensated cirrhosis, hepatocellular carcinoma and liver related deaths.	Kirby Institute, UNSW Sydney
4b	Estimated number of deaths attributable to chronic hepatitis C.	Kirby Institute, UNSW Sydney
4c	Proportion of liver transplant recipients with hepatitis C.	Australia and New Zealand Liver and Intestinal Transplant Registry
Target 5	Reduce by 50 % the reported experience of stigma among people living with hepatitis C, and the expression of stigma, in respect to hepatitis C status.	
5a	Proportion of people who report that they experienced stigma or discrimination as a result of their hepatitis C status.	Annual Report of Trends in Behaviour
5b	Proportion of people who inject drugs who report experiencing any stigma or discrimination as a result of their hepatitis C status in the last 12 months.	Annual Report of Trends in Behaviour
5c	Proportion of people who inject drugs who report experiencing any stigma or discrimination in relation to their use of drugs for injecting in the last 12 months.	Annual Report of Trends in Behaviour
5d	Proportion of health care workers reporting or witnessing negative behaviour towards people with hepatitis C.	Annual Report of Trends in Behaviour
5e	Proportion of health care workers reporting or witnessing negative behaviour towards people who inject drugs.	Annual Report of Trends in Behaviour
5f	Proportion of the Australian public who report they would express stigma or discrimination towards people living with hepatitis C.	Annual Report of Trends in Behaviour
5g	Proportion of the Australian public who report they would express stigma or discrimination towards people who inject drugs.	Annual Report of Trends in Behaviour