

Tracking the Progress 2019:

# **National Hepatitis B Strategy**



**UNSW**  
SYDNEY



**UNSW**  
Kirby Institute

The years for comparison are 2014 to 2018 unless otherwise specified.

Sources of data are provided in the appendix and 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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The Kirby Institute for infection and immunity in society.  
UNSW Sydney, Sydney NSW 2052

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Telephone: 02 9385 0900 Facsimile: 02 6100 2860 International prefix: 61 2  
Email: [info@kirby.unsw.edu.au](mailto:info@kirby.unsw.edu.au)

## Tracking the Progress: 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 2014 and 2018, among children aged 12 months, vaccine coverage increased steadily from 92.3% in 2014 to 95.5% in 2018. The 95% coverage target was met in 2017 and 2018.
- For children aged 24 months, vaccine coverage ranged between 94.1% and 95.9% in 2018 with the 95% coverage target met every year from 2015 to 2018.

# 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 2014 and 2018, the newly acquired hepatitis B notification rate fell steadily from 0.8 to 0.6 per 100 000 population, a decline of 25%. Despite the encouraging trend, more work is required to meet the target of a 50% reduction. In the same period and by sex, the notification rate declined among males by 33% from 1.2 to 0.8 while among females, the notification rate remained steady and was 0.3 in 2014 and 2018. Due to small numbers of newly acquired hepatitis B notifications leading to fluctuations in rates, 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 66.1% in 2014 to 68.1% in 2018. Greater levels of testing are required to reach the target of 80% of those living with chronic hepatitis B being diagnosed.
- 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 2018, the hepatitis B notification rate was 24.2 per 100 000, down 14% from 28.0 in 2014. Data and further 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 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 2014 and 2015 the proportion of people living with chronic hepatitis B who were in care increased from 19.6% to 22.1%, 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.
- 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 14.0% and 22.2% respectively.
- The estimated proportion of people who ever had a viral load test was 45.2% in 2018. The proportion of people 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%

- According to modelled estimates combined with data from the Pharmaceutical Benefits Scheme, between 2014 and 2018 the proportion of people living with chronic hepatitis B receiving antiviral treatment steadily increased from 7.3% to 9.3%. Despite the encouraging trend, 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 2014 and 2018, the number of deaths due to chronic hepatitis B declined by 14% from 515 in to 435. Of these deaths, in 2018, 322 were attributed to hepatocellular carcinoma while 113 were attributed to decompensated cirrhosis. Despite the encouraging trend, more work is required to reduced hepatitis B attributable mortality by 30%
- Between 2014 and 2018 the proportion of liver transplant recipients with hepatitis B fluctuated between 3.4% and 8.6% and was 6.6% in 2018.

# 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 Viral Hepatitis in Australia:***
  - 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 participating members of the general public in 2017, half of the surveyed general public (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
<b>Target 1</b>	<b>Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months.</b>	
1a	Coverage of hepatitis B vaccination of children at 12 and 24 months of age.	Australian Immunisation Register (AIR)
<b>Target 2</b>	<b>Reduce the number of newly acquired hepatitis B infections across all age groups by 50% with a focus on priority populations.</b>	
2a	Annual rate of newly acquired hepatitis B notifications.	National Notifiable Diseases Surveillance System (NNDSS)
<b>Target 3</b>	<b>Increase the proportion of people living with chronic hepatitis B who are diagnosed to 80%.</b>	
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)
<b>Target 4</b>	<b>For people living with chronic hepatitis B, increase the proportion receiving antiviral treatment to 20%.</b>	
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,
<b>Target 5</b>	<b>Increase the total proportion of people living with chronic hepatitis B receiving care to 50%.</b>	
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
<b>Target 6</b>	<b>Reduce hepatitis B attributable mortality by 30%.</b>	
<b>6a</b>	Estimated number of deaths due to chronic hepatitis B related to decompensated cirrhosis and hepatocellular carcinoma.	WHO Collaborating Centre for Viral Hepatitis, Doherty Institute,
<b>6b</b>	Proportion of liver transplant recipients with hepatitis B.	The Australian and New Zealand Liver Transplant Registry
<b>Target 7</b>	<b>Minimise the reported experience of stigma among people living with hepatitis B, and the expression of stigma, in respect to hepatitis B status.</b>	
<b>7a</b>	Proportion of people who report that they experienced stigma or discrimination as a result of their hepatitis B.	Annual Report of Trends in Behaviour
<b>7b</b>	Proportion of health care workers reporting or witnessing negative behaviour towards people with hepatitis B.	Annual Report of Trends in Behaviour
<b>7c</b>	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