

Tracking the Progress 2019:  
**National Hepatitis C  
Strategy**



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Due to the widespread availability of direct acting antiviral drugs for the treatment of hepatitis C from March 2016, the comparison years for this summary are 2015 to 2018

Sources of data are provided in the appendix and in the data dashboard on the Kirby data site.

Acknowledgement would like to be 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.

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# Tracking the Progress: 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 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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## Reduce the number of newly acquired hepatitis C infections, with a focus on priority populations by 60%

### Part A – Notifications

- Between 2015 and 2018, the newly acquired hepatitis C notification rate declined by 29% from 3.5 to 2.5 notifications per 100 000 population. In the same time period, the notification rate among females declined by 40% and was 1.2 notifications per 100 000 in 2018. Among males, the notification rate declined by 25% and was 3.8 notifications per 100 000 in 2018.
- The newly acquired hepatitis C notification rate among those aged under 25 years declined by 37% from 9.1 notifications per 100 000 in 2015 to 5.7 notifications per 100 000 in 2018. In the same period and by sex, the notification rate declined by 55% among females (2.0 notifications per 100 000 females in 2018) and by 33% among males (9.1 notifications per 100 000 males in 2018). Some effort is required to further reduce newly acquired hepatitis C notification rates.
- *Readers should note that the number of newly acquired infections may be under-reported and newly acquired hepatitis C notification rates may be higher than those given here.*

### 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 by 12% between 2015 and 2018, from 57.1% to 45.0%, respectively. Further, the proportion of participants who had virological evidence of current infection declined by 30% from 50.7% in 2015 to 20.3% in 2018.
- According to the ANSPS, the proportion of people who inject drugs and reported using a new needle and syringe for all injections in the previous month remained stable between 2015 and 2018 and was 73.2% in 2018. In the same period, the proportion of people who inject drugs reporting using another person's used needle and syringe in the previous month remained stable and was 18.3% in 2018.
- Between 2015 and 2018, needle and syringe coverage, or the number of needles and syringes distributed by Australian Needle and Syringe Programs increased by 8% from 616.2 to 665.8 needles and syringes per person.
- Coverage of greater than 100% is required to accommodate needles and syringes utilised by people who inject drugs occasionally and needles and syringes may not be used for injection, for example, wastage or failed injection attempts. The proportion of injections covered by sterile needles and syringes remained stable between 2015 and 2018 and was 106.4% in 2018.
- *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 at the time of reporting. Future reporting will include data relating to this indicator.*

# Target 2

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

- Between 2015 and 2018, the estimated proportion of people living with hepatitis C who were diagnosed remained stable and was 78% in 2018. Increased testing, in particular targeting priority populations, is required to increase the proportion diagnosed to the 90% target.
- Between 2015 and 2018, the hepatitis C notification rate (newly acquired and unspecified) declined by 8% from 43.9 notifications per 100 000 to 40.4 notifications per 100 000. In the same period and by sex, the notification rate declined by 15% among females and 4% among males and was in 2018 25.0 and 55.9 notifications per 100 000, respectively.
- Among participants in the ANSPS, the proportion of people who inject drugs who reported testing for hepatitis C in the previous 12 months remained stable between 2015 and 2018 and was 53.1% in 2018. In the same period the proportion of people who reported having ever testing for hepatitis C declined by 7% from 87.5% in 2015 to 80.3% in 2018.
- Among people who inject drugs attending health services participating in ACCESS, the proportion who were tested for hepatitis C in the previous 12 months also increased by 2%, from 43.3% in 2015 to 45.1% in 2018.
- The proportion of gay and bisexual men, attending health services participating in ACCESS, who were tested for hepatitis C in the previous 12 months increased by 8%, from 27.8% in 2015 to 36.1% in 2018.
- The proportion of hepatitis C antibody positive people attending health services participating in the ACCESS project who had a hepatitis C RNA test (to obtain evidence of current hepatitis C infection) fluctuated from 38.2% in 2015 to 51.0% in 2016 and then to 37.0% in 2018. 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.
- *Data relating to **Indicator 2b: Number of detections of new hepatitis C infections** were not available at the time of reporting. Future reporting will include data relating to this indicator.*

# 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 2018 the estimated cumulative proportion of people initiating direct-acting antiviral hepatitis C treatment increased by 23% from 19% to 42%. Greater efforts to increase treatment uptake are required to increase the cumulative proportion initiating treatment to meet the 65% target. The estimated proportion of people with chronic hepatitis C who were dispensed antiviral drugs in the previous year was 13% in 2018, down from 17% in 2017. Future reporting will include a greater range of years from which to infer trends in antiviral drug dispensing.
- Between 2015 and 2018 the proportion of participants in the ANSPS who reported ever having hepatitis C antiviral treatment increased five-fold from 11.1% in 2015 to 55.4% in 2018 with a strong increase in 2016 relating to the introduction of DAA treatment from March 2016. Similarly, the proportion of ANSPS participants who reported having hepatitis C antiviral treatment in the last 12 months increased substantially from 2.0% in 2015 to 39.1% in 2018 with a large increase in the proportion reporting having had treatment in the last 12 months from 2016.
- Following the introduction of DAA treatment, the estimated proportion of people living and diagnosed with hepatitis C who achieved a treatment-induced cure declined from 19% in 2016 to 13% in 2018. The large initial DAA uptake in 2016 likely reflected a 'warehouse' effect, as many patients had been awaiting DAA treatment access.
- *Data relating to **Indicator 3e: Proportion of people entering custodial settings who reported having any hepatitis C antiviral treatment** were not available at the time of reporting. Future reporting will include data relating to this indicator.*

# Target 4

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## Reduce hepatitis C attributable mortality overall by 65%

- Between 2015 and 2018, the estimated number of deaths attributable to chronic hepatitis C infection (those with previous or current hepatitis C infection) declined by 42% from 744 deaths to 430 deaths. Similarly, the number of deaths attributable to hepatitis C among those with current hepatitis infection declined by 51% from 737 deaths in 2015 to 363 deaths in 2018. Despite the encouraging trend, more work is required to reduce hepatitis C attributable mortality by 65% by the year 2022.
- In the same period, the combined number of people with decompensated cirrhosis and/or hepatocellular carcinoma and liver related deaths (viraemic and cured), declined by 14% from 2791 in 2015 to 2412 in 2018. The combined number of people with decompensated cirrhosis and/or hepatocellular carcinoma and liver related deaths (viraemic only) declined by 47% from 2723 in 2015 to 1440 in 2018.
- Between 2015 and 2018 the proportion of liver transplant recipients with chronic hepatitis C declined by 7% from 34.1% in 2015 to 26.8% 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 **Annual Report of Trends in Behaviour 2019: Viral Hepatitis in Australia:**
  - Nearly half of people (47%) living with hepatitis C reported in 2018 that they had not experienced stigma or discrimination because of their hepatitis C status in the previous 12 months and 22% of respondents said they would rarely experience stigma or discrimination. Almost a third (31%) of respondents living with hepatitis C reported in 2018 they had sometimes, often, or always experienced stigma or discrimination because of their hepatitis C status.
  - Among health care workers, 80% reported never engaging in or witnessing negative behaviour towards people with hepatitis C in 2018. Conversely, 20% of respondents reported they would rarely, sometimes or often engage in or witness negative behaviour towards people living with hepatitis C.
  - Among health workers surveyed in 2018, 44% reported never engaging in negative behaviour towards people who inject drugs while 30% reported never witnessing negative behaviour towards people who inject drugs. One in five (21%) respondents reported often or sometimes engaging in negative behaviour towards people who inject drugs while around half (51%) reported always, often or sometimes witnessing negative behaviour. Further, nearly two thirds (35%) of health care workers reported rarely engaging in negative behaviour towards people who inject drugs and 19% reported witnessing negative behaviour.
  - Among members of the general public surveyed in 2017, half (50%) reported that they would never behave negatively towards people because of their hepatitis C status. One of five (21%) of respondents reported they would sometimes, often, or always behave negatively towards other people because of their hepatitis C status while 29% reported that they would do so rarely.
  - Also, among members of the general public surveyed in 2017, only 14% of people reported that they would never behave negatively towards people because of their use of drugs for injecting. Almost two-thirds (62%) of respondents reported they would sometimes, often, or always behave negatively towards other people because of their use of drugs for injecting while around a quarter (23%) reported that they would do so rarely.

# Appendix i

## National Hepatitis C Strategy

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

## National Hepatitis C Strategy

Indicator	Data source
<b>Target 3 Increase the cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral treatment to 65%.</b>	
<b>3a</b> Cumulative proportion of people initiating direct-acting antiviral treatment since March 2016.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
<b>3b</b> 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)
<b>3c</b> Proportion of people who inject drugs who reported having had any hepatitis C antiviral treatment.	Kirby Institute, UNSW Sydney
<b>3d</b> Proportion of people who inject drugs who reported having had hepatitis C antiviral treatment in the last 12 months.	Australian Needle and Syringe Program Survey
<b>3e</b> Proportion of people entering custodial settings who reported having any hepatitis C antiviral treatment.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)
<b>3f</b> Number of people who have achieved treatment-induced hepatitis C cure.	Kirby Institute, UNSW Sydney
<b>Target 4 Reduce hepatitis C attributable mortality overall by 65%.</b>	
<b>4a</b> Estimated number of people with decompensated cirrhosis, hepatocellular carcinoma and liver related deaths.	Kirby Institute, UNSW Sydney
<b>4b</b> Estimated number of deaths attributable to chronic hepatitis C.	Kirby Institute, UNSW Sydney
<b>4c</b> Proportion of liver transplant recipients with hepatitis C.	The Australian and New Zealand Liver Transplant Registry
<b>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.</b>	
<b>5a</b> 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
<b>5b</b> 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
<b>5c</b> 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
<b>5d</b> Proportion of health care workers reporting or witnessing negative behaviour towards people with hepatitis C.	Annual Report of Trends in Behaviour
<b>5e</b> Proportion of health care workers reporting or witnessing negative behaviour towards people who inject drugs.	Annual Report of Trends in Behaviour
<b>5f</b> 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
<b>5g</b> Proportion of the Australian public who report they would express stigma or discrimination towards people who inject drugs.	Annual Report of Trends in Behaviour