Victorian hepatitis B strategy
2016–2020
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It is with great pleasure that I release the *Victorian Hepatitis B Strategy 2016–2020*. This strategy, the first of its kind, establishes a bold vision of hope, with the goal of eliminating hepatitis B as a public health concern by 2030.

There are an estimated 57,000 Victorians currently living with hepatitis B. Almost half of these Victorians do not know they have the disease, and of those who do, only a small number are in treatment. Early detection and treatment are vital: once hepatitis B develops into a chronic condition it cannot be cured, and can lead to liver damage and liver cancer.

Yet, because of the vaccine and treatments available today, hepatitis B is now a preventable disease. No one needs to contract or die from the disease. With the prevention and treatment tools available to us, we can fundamentally change the course of this disease in Victoria.

Some communities are disproportionately affected by hepatitis B, and need more support to access the care and treatment they need. These differences are unfair, and can lead to long term adverse outcomes for those communities. They must be turned around.

Hepatitis B can be devastating for people diagnosed, their families, friends and community. Often, this is because it is a disease that brings with it myths and untruths that are at the heart of the stigma and discrimination associated with this condition.

The Andrews Labor Government’s position on discrimination is clear: any level of stigmatisation is completely unacceptable. All Victorians with hepatitis B deserve to live longer, healthier lives, free from stigma and discrimination.

Stigma is also a very real obstacle to prevention, testing and treatment. People must be able to feel safe and supported in getting tested, receiving treatment and accessing the care they need.
I am proud that Victoria’s first ever hepatitis B strategy is ambitious, and exceeds national and international elimination targets. Our vision requires affected communities, clinicians, researchers, community and peer workers to come together to make these targets achievable to end new transmissions and unnecessary deaths from chronic hepatitis B.

This strategy is built around four key pillars: elimination of stigma and discrimination; prevention; testing; and treatment.

By 2030 we aim to:

♦ reduce to zero the reported levels of stigma and discrimination experienced by people living with hepatitis B
♦ reduce the number of new domestic transmissions of hepatitis B by 90 per cent
♦ increase to 90 per cent the proportion of people living with chronic hepatitis B who are diagnosed
♦ increase to 90 per cent the proportion of people living with chronic hepatitis B who are accessing appropriate treatment and care.

I would like to thank everyone who participated in the consultation forums and in the development of the priorities and targets for this strategy. The insights, expert knowledge and lived experience from within affected communities have created a truly landmark strategy.

Together we have created a bold vision of hope. To realise the vision, that joint ownership must continue in the delivery of this strategy. I invite you to join me in embracing this brave and exciting future as we work together to make the elimination of hepatitis B in Victoria a reality.

The Hon Jill Hennessy MP
Minister for Health
Our vision

By 2030 Victoria will eliminate hepatitis B as a public health concern and eliminate stigma and discrimination associated with the disease.

With this strategy Victoria will set bold targets to increase prevention, testing and treatment, and to reduce stigma and discrimination.

Our objectives

- Victorians and affected communities are free from hepatitis-B-related stigma and discrimination.
- Victorians are supported to reduce their risk of contracting hepatitis B.
- Victorians with hepatitis B know their status.
- Victorians with hepatitis B have access to best practice treatment and care.

We will reduce the burden of hepatitis B on Victorians and will reduce the rising rate of liver cancer.
Introduction

What is hepatitis B?
Hepatitis B is a viral infection that causes liver inflammation. It is transmitted through contaminated blood or body fluids.
Hepatitis may be spread through unsafe sex or sharing injecting equipment. Transmission can also occur between a mother and child or between children and other members of households.
Untreated chronic hepatitis B can lead to advanced liver disease, cirrhosis, liver cancer and death.

This strategy is the first of its kind for Victoria.
Hepatitis B is a recognised and growing challenge for the Victorian community and the health system and requires a new approach and bold objectives.

Eliminating hepatitis B as a public health concern
The Victorian hepatitis B strategy reinforces our commitment to eliminating hepatitis B as a public health concern by 2030.
Of the estimated 57,000 Victorians living with hepatitis B, only about half are aware of their condition and only five per cent are in treatment.
We need to focus on increasing prevention efforts in order to support Victorians to reduce their risk of contracting hepatitis B, increasing testing so that Victorians with hepatitis B know their status, and increasing treatment to ensure Victorians have access to best practice evidence-based treatment and care.
Improving awareness about hepatitis B among those communities most affected and most at risk will be an essential part of Victoria’s actions to reduce the burden of the disease. This will include information on prevention, vaccination and chronic disease management, and support to address stigma and discrimination.
Eliminating stigma and discrimination associated with the disease

People living with hepatitis B can experience high levels of stigma and discrimination. This may be in the home, with family, in their workplace or in their community. Stigma and discrimination can lead to people feeling isolated and afraid of disclosing their viral status, for fear of reprisal. This fear can act as a barrier to engaging in effective prevention strategies and, as a result, can lead to avoidable transmission.

Stigma and discrimination can also be experienced in the health system. The anticipation of stigma and discrimination within the treatment system may mean that people living with chronic hepatitis B are not receiving the necessary monitoring, care and support they require to lead healthy and fulfilling lives.

This strategy reinforces our commitment to eliminate the stigma and discrimination experienced by people living with hepatitis B in Victoria.

Victoria will achieve these objectives by taking a person-centred approach, focusing on priority populations including rural and regional Victorians. Place-based approaches to localise delivery of care will be emphasised to serve those most at risk and most affected and improve the health and wellbeing of people living with hepatitis B.
Hepatitis B in Victoria

In 2011 the number of people living with chronic hepatitis B in Victoria was estimated at 57,000. However, nearly half of those living with hepatitis B are undiagnosed.

There is a concentration of hepatitis B among the following populations: people born in high-prevalence countries, men who have sex with men, Aboriginal people and people who inject drugs.

Chronic hepatitis B infection is a major contributor to rapidly rising liver cancer incidence and mortality rates – now the fastest increasing cause of cancer death.

Increasing health literacy, improving harm reduction support, and reducing the stigma and discrimination that can act as a barrier to prevention and care will be required if we are to reduce transmission and untreated chronic hepatitis B in Victoria.
Prevention
Hepatitis B is a vaccine-preventable infection.
Victoria provides immunoglobulin and vaccination within 12 hours of birth to babies born to women living with hepatitis B, which is 95 per cent effective in the prevention of perinatal transmission.

Victoria has been highly successful in achieving and maintaining a 96 per cent hepatitis B vaccination coverage rate for children.

Vaccination against hepatitis B for people who live with or have sexual or other intimate contact with people living with hepatitis B is important to prevent infection. This poses an important opportunity to reduce new cases of the infection among vulnerable Victorians and across the whole community. In people most at risk, the level of vaccination to prevent hepatitis B is currently between 20 and 50 per cent; Victoria aims to increase this level significantly. Health literacy to promote safe sexual practice is also important.

Sharing used drug-injecting equipment is a risk factor for acquiring hepatitis B in Victoria. Minimising the risk of transmission that comes from unsafe injecting drug use requires effective strategies for access to clean injecting equipment, as well as improved health literacy regarding safe injecting practices and access to the hepatitis B vaccine.
57,000 Victorians are living with hepatitis B

- 57 per cent have been diagnosed
- 13 per cent being monitored
- 5 per cent on antiviral treatment
This first ever hepatitis B strategy for Victoria is a tremendous milestone in the public health response to a very serious but entirely preventable condition. Combatting the stigma and discrimination associated with hepatitis is a cornerstone of all of this work. Together we can save lives and maximise the wellbeing of tens of thousands of Victorians.

Melanie Eagle, CEO, Hepatitis Victoria
Testing
Victoria has shown a marked increase in testing over recent years. However, some of the populations most at risk of either contracting hepatitis B, or developing hepatitis B-related liver cancer, are not being screened. By targeting efforts to populations at risk and in areas of high prevalence, including rural and regional Victoria, we can reduce underscreening and improve health outcomes for these groups.
Treatment

In 2015 new prescriber rules enabled accredited general practitioners to initiate and maintain hepatitis B treatment using drugs listed on the Highly Specialised Drugs Program, known as ‘s100 drugs’.

This new regulation is driving change in both service delivery models and associated supports (such as workforce training) as Victoria and other jurisdictions move to capitalise on the benefits these rule changes can deliver for people needing treatment.

In addition, contemporary technologies are now available that may support community-based screening programs to detect levels of liver fibrosis or liver disease. This type of technology has the potential to improve the flexibility and reach of services to priority populations and rural and regional areas.

More broadly, health systems are evolving to better respond to people’s preference to be treated in the community, as close to home and their local supports as possible. Improving the integration of primary care and community health services will serve to promote this community-based response and facilitate access to approaches that prevent or intervene earlier in the course of a condition.

Like many parts of the health system, services for people with hepatitis B will need to adapt and evolve over time to meet these expectations with innovative and integrated approaches to prevention, testing and treatment. Patient-centred models are important for people with chronic hepatitis B as they need ongoing management, monitoring, treatment, care and support. Equally, we will need to ensure that vulnerable groups who are at greater risk of contracting or being diagnosed with hepatitis B are supported to receive timely and culturally appropriate services, and that embedded stigma and discrimination within the health system is addressed.

Because of the damage that long-term infection from hepatitis B can do to the liver, it may be important to continue monitoring liver health to prevent avoidable further liver damage or liver cancer.
Victoria’s priority populations

The prevalence of hepatitis B in people born in Australia remains relatively low, with chronic infection at around one per cent. However, there are specific populations that remain at risk of infection through contact with people living with hepatitis B.

Hepatitis B predominantly affects:

- people born in high-prevalence countries, particularly Southeast Asian and sub-Saharan African countries and parts of the Middle East
- Aboriginal Victorians
- children born to mothers with chronic hepatitis B
- unvaccinated adults at higher risk of infection including:
  - people living with, or in intimate contact with, people who have an acute or chronic hepatitis B infection
  - people who inject drugs
  - men who have sex with men
  - people in prison
  - sex workers
  - people with HIV or hepatitis C or both
  - refugees and asylum seekers.
Victorians need to feel confident that they can access respectful and culturally safe services for testing, treatment and support, regardless of their gender, cultural identity, ethnicity, age, sexual orientation, disability or place of residence.
Highlight: Immunisation – achievements and opportunities

The Victorian Government provides free hepatitis B vaccinations to vulnerable populations to prevent the transmission of hepatitis B. This initiative means fewer Victorians will become infected with hepatitis B. Eligible populations include men who have sex with men, people living with HIV or hepatitis C, people who inject drugs, prisoners and the household and sexual contacts of people living with hepatitis B.

Victoria has achieved a substantial decline in new hepatitis B infections since 2001. In particular, there has been a highly successful implementation of the free hepatitis B vaccination for all newborns as part of the National Immunisation Program. By the age of two, 96 per cent of Victorian children have been vaccinated for hepatitis B.

There is a significant opportunity to further reduce hepatitis B transmission by continuing to improve vaccination rates among those most at risk.
This first Victorian hepatitis B strategy outlines fundamental principles behind scaling up access to diagnosis, monitoring and treatment. In partnership with affected communities, we must now translate these principles into action.

Associate Professor Benjamin Cowie
Director, WHO Collaborating Centre for Viral Hepatitis
Victorian Infectious Diseases Reference Laboratory, Doherty Institute for Infection and Immunity
What you told us

In developing this strategy, the Victorian Government consulted with a wide range of people affected by hepatitis B, as well as health professionals and the wider community. This process has helped inform Victoria's strategic response to viral hepatitis and identified the following principles and considerations:

- There is a need for models of care to be designed around individuals and specific priority populations to deliver the best possible health outcomes.
- There is value in services being collaborative, integrated, coordinated and linked up to other services and supports across all levels of care and at all stages of the care pathway.
- It is important to target and tailor activities and services to populations across all priority areas, including rural and regional Victoria.
- Building community health literacy, sexuality education in schools, and primary care clinical education presents opportunities to make real gains across all objectives.
- There is a need to continually address the real, often devastating impacts of stigma, discrimination and racism by creating inclusive care settings and building workforce capacity to respond appropriately.
- The work must always be done in multisector partnership that fosters community collaboration and peer leadership.

Hepatitis B is a leading cause of liver cancer, the fastest increasing cause of cancer deaths in Victorians. Access to appropriate treatment and care is highly effective at preventing illness and death due to hepatitis B, but currently only one in five Victorians living with hepatitis B are receiving such care. This must be addressed as a matter of public health urgency.

Associate Professor Benjamin Cowie
Director, WHO Collaborating Centre for Viral Hepatitis
Victorian Infectious Diseases Reference Laboratory, Doherty Institute for Infection and Immunity
The Hon. Jill Hennessy, Minister for Health, convened the Viral Hepatitis Roundtable in 2015 to consult with a range of people including academics, clinicians, people with lived experience of viral hepatitis and Hepatitis Victoria.

This consultation highlighted the following:

- Treatment rates and vaccination for hepatitis B must increase significantly if Victoria is to reverse the increasing rate of morbidity and mortality associated with hepatitis B.
- Raising awareness in priority populations is necessary to increase prevention, vaccination and treatment rates. Such programs must also address the stigma and discrimination that can be experienced by people living with hepatitis B, including in the health system. These experiences act as barriers to treatment and care and unless they are reduced, appropriate levels of community engagement and mobilisation will not occur.
- To increase treatment rates for hepatitis, it will be necessary for Victoria to increase the number of general practitioners who can prescribe ‘highly specialised drugs’ for hepatitis B. This means care and support can be delivered in the community, close to where people live and work.
- Community engagement on hepatitis B is still underdeveloped in Victoria. Real change in prevention, care and support will require the greater involvement of affected communities. This includes developing peer-based approaches and involving affected communities in all aspects of service design and delivery.
- New models of care are required that are patient-centred and offer real choice for people seeking care in the community, when and where they need it.
- The response to viral hepatitis will require targeted and tailored approaches specific to priority populations, as well as broader population-based approaches.

Primary care physicians can play a vital role in improving health outcomes for people living with hepatitis B.

Professor Alexander Thompson
Director, Department of Gastroenterology, St Vincent’s Hospital Melbourne
Professorial Fellow, and NHMRC Research Fellow, The University of Melbourne
The strategy

The Victorian hepatitis B strategy aims to eliminate hepatitis B as a public health concern and the stigma and discrimination associated with the disease. It seeks to improve service system integration and ensure that the best approaches are used to respond to the needs of priority populations affected by hepatitis B.

The strategy focuses on seven priority focus areas, four of which focus on affected people and communities, and three on system-wide changes required to achieve the strategy’s goals.

For each, a range of outcomes and priority actions have been developed.
Victorian hepatitis B strategy

By 2030 we aim to:
• eliminate hepatitis B as a public health concern
• eliminate stigma and discrimination associated with the disease.

Priority objectives

Victoria will achieve these objectives through action on priority areas focusing on people, communities and the health system.

Strengthening the Victorian health system will:
• ensure the Victorian workforce has the skills, knowledge and attitudes needed to deliver best practice hepatitis B prevention, testing, treatment and care
• integrate systems and settings to meet the needs of people affected by hepatitis B
• improve the quality and completeness of hepatitis B data collection and support research.

Action will focus on priority populations, through place-based approaches, serving those most at risk and most affected.

Priority outcomes for 2030

This strategy will reduce the burden of hepatitis B on Victorians and will reduce the rising rates of liver cancer.
Priority focus area 1:

Victorians and affected communities are empowered to speak up about stigma and discrimination

What will be different:

- Victorians feel confident about accessing respectful and culturally safe services for hepatitis B testing, vaccination, treatment and support, regardless of their gender identity, cultural identity, ethnicity, age, sexual orientation, disability or residential location.
- No one living with hepatitis B experiences stigma and discrimination when seeking or using Victorian health and community services.
- No one with hepatitis B experiences stigma and discrimination from their families, communities and employers, and people feel safe to disclose their viral status.
- Affected communities are engaged in all aspects of the response to hepatitis B.
Priority actions:

- Identify individual, community, system and policy enablers and barriers for priority populations in accessing hepatitis B vaccination, treatment, testing and care and, in collaboration with people living with hepatitis B, develop evidence-based strategies to address barriers.
- Support affected communities to address stigma and discrimination, including the use of community champions and peer-based approaches.
- Address embedded stigma and discrimination in the health system towards people living with hepatitis B by developing and implementing specific stigma and discrimination training modules for community and health workers with a focus on understanding hepatitis and how to appropriately communicate with people living with hepatitis.
- Promote the use of complaint systems within community and healthcare settings and proactively work to remove barriers to accessing these mechanisms for priority populations.
- Identify and make effective use of channels of communication across and between sectors (for example, health, housing, education, legal) to promote better understanding of the impact of stigma and discrimination, and discuss the impacts of wider decisions on the health of people living with hepatitis.

Prevention is absolutely crucial to the eradication of hepatitis B. This means not only vaccinating those who are at risk of hep B but also raising awareness in a culturally appropriate and culturally sensitive manner so affected communities are able to make informed decisions.

Nafisa, community advocate
Priority focus area 2:
Victorians are supported to reduce their risk of contracting hepatitis B

What will be different:
- Victorians know what to do to prevent hepatitis B and are supported to do so.
- There is an overall and ongoing reduction in new cases of hepatitis B.
- Vaccination coverage among Victorian children is as high as possible.
- People in priority populations are vaccinated against hepatitis B.
- Safe sexual and injecting practices are practised among priority populations.

Priority actions:
- Advocate to the Commonwealth to expand free hepatitis B vaccinations to priority populations.
- Continue to deliver and monitor hepatitis B vaccinations to infants under the National Immunisation Program, with particular attention to timely vaccination for Aboriginal and Torres Strait Islander children.
- Develop opportunities and pathways to increase vaccination in priority populations, including through primary and community health settings and community education.
- Increase awareness among people living with hepatitis B and their families about how to prevent transmission to household contacts and partners.
- Develop easily understood and culturally appropriate information about prevention and risk factors for priority populations.
- Implement proven and effective prevention strategies to encourage safe sexual and injecting practices for priority populations including community education.

Vaccination is the best way to prevent hepatitis B and it could save your soul, too. My mom tried but failed to get me vaccinated against hepatitis B when I was a child. Then I was diagnosed with hep B many years later and she blamed herself. She is now relieved because she knows hep B can be well managed and I am ok.

Lien, community member, Hepatitis Victoria
Associate Professor Benjamin Cowie  
Director, WHO Collaborating Centre for Viral Hepatitis  
Victorian Infectious Diseases Reference Laboratory, Doherty Institute for Infection and Immunity
The most important issue is identification of people living with hepatitis B, and linkage to care.

Professor Alexander Thompson
Director, Department of Gastroenterology, St Vincent’s Hospital Melbourne
Professorial Fellow, and NHMRC Research Fellow, The University of Melbourne
Priority focus area 3:

Victorians with hepatitis B know their status

What will be different:
- People infected with hepatitis B know they have the infection and are diagnosed early.
- Opportunistic testing takes place for priority populations across community and primary care settings, particularly in areas of high need.
- Victorians understand the need to be tested for hepatitis B if they are not vaccinated.
- Testing services are targeted to meet the needs of people at risk of contracting the disease.
- The myth of the ‘healthy carrier’ for hepatitis B is eliminated.

Priority actions:
- Work with providers to increase opportunistic testing across primary and community care, allied health and antenatal care settings.
- Ensure maternity services provide hepatitis B testing to pregnant women in priority populations as part of usual antenatal care.
- Ensure clinicians and people living with hepatitis B are aware that there is no such thing as a ‘healthy carrier’ for hepatitis B and that all people living with hepatitis B must be in either a viral and liver monitoring phase or be receiving antiviral treatment.
- Use data to inform service system refinement to increase testing in areas of high prevalence and among priority populations.
- Develop easily understood and culturally appropriate information to ensure people at risk of hepatitis B know that they should get tested and how to do so.
It was so easy getting my hepatitis B checked out at the health service alongside my other health issues – I don’t need to see a specialist this time which is good.

Graham, community member, Victorian Aboriginal Health Service
Priority focus area 4:
Victorians with hepatitis B have access to best practice evidence-based treatment and care

What will be different:
- People affected by hepatitis B receive the treatment and care they need (including monitoring, viral load testing or antiviral treatment).
- People living with hepatitis B access medications in local primary and community care health settings.
- Treatment services meet the needs of affected communities through a process of co-design with communities and integrated pathways between community, primary and specialist care services.
- Victorians are aware of the long-term consequences of untreated chronic hepatitis B infection (including liver cancer) and know how to access appropriate treatment and support.
- Few people with chronic hepatitis B die thanks to improved screening and chronic disease management models.

Priority actions:
- Engage with priority populations in the design and development of population-specific models of care for hepatitis B and evaluate these services to ensure they remain appropriate and effective.
- Promote and encourage s100 prescriber training and accreditation, particularly in areas of high need and for health professionals working with priority populations.
- Develop integrated pathways between specialist services and primary care for people who are newly diagnosed, and build the capacity of existing clinical services to deliver care and support.
- Provide a systematic response to all notifications of hepatitis B including advice and information to diagnosing doctors on:
  - assessment, ongoing monitoring and clinical treatment, in accordance with national guidelines
  - available support for the testing and vaccination of household and sexual contacts
  - connections to specialist support for ongoing care and treatment.
- Support primary and community care to access and utilise non-invasive measures of liver fibrosis.
- Develop easily understood and culturally appropriate information for people with hepatitis B about how and where they can access appropriate treatment and support, and about the liver health risks of hepatitis B infection.
- Explore models of care for vaccination, testing and treatment that are informed by people with lived experience of hepatitis B.
- Evaluate and review models of care, with the involvement of service users, to ensure they remain appropriate and effective.
Priority focus area 5:

The Victorian workforce has the skills, knowledge and attitudes needed to deliver best practice hepatitis B prevention, testing, treatment and care

What will be different:

- Knowledge of hepatitis B diagnosis and management among primary healthcare professionals is high.
- The number of s100 prescribers is high and aligned to areas of particular need.
- Healthcare professionals have the knowledge to deliver appropriate and evidence-based care and to meet the needs of priority populations.
- Health professionals understand the impact of stigma and discrimination on people living with hepatitis B and eliminate it in their practice.
Priority actions:

- Train primary care clinicians (medical and nursing) to identify, test and vaccinate people at risk of hepatitis B, with a focus on cultural competence and diversity and the importance of contact tracing.
- Engage with relevant professional bodies and organisations to promote the use of the *National hepatitis B testing policy* and emphasise the importance of accurate and complete notification forms.
- Train staff in antenatal and child and maternal health services to undertake appropriate hepatitis B screening and prevention for mothers and their newborns, and strengthen antenatal and postnatal follow-up.
- Develop the skills of the workforce to reduce stigma and discrimination in the health system and to provide culturally inclusive and appropriate services.
- Use patient experience and satisfaction surveys to monitor and improve the quality of care and support for people receiving treatment for hepatitis B, with a particular focus on stigma and discrimination.
- Train and provide ongoing support to primary care clinicians (medical and nursing) on how to monitor and manage people living with hepatitis B in primary care settings.
- Work with community and peer-based organisations to build their capacity to support people at risk of, or living with, hepatitis B.

Prevention means our healthcare professionals are fully trained in hepatitis B to provide accurate information, promote the hepatitis B vaccination, support and care for their patients. If we can prevent the total of new hep B infections, we have done half the job.

Nafisa, community advocate
Priority focus area 6:

Systems and settings are integrated to meet the needs of people affected by hepatitis B

What will be different:

- Care and referral pathways are clear and implemented across community, primary and tertiary care settings, and by multidisciplinary teams.
- Health promotion messages are integrated across diseases and settings.
- Victorians who are newly arrived in Australia are asked their vaccination status, tested, vaccinated and linked into care where required.
- Access to services is high and the health costs and personal consequences of unmanaged hepatitis B infection are low.
Priority actions:

- Link tertiary healthcare, primary care and community-based services so that people have ready access to appropriate services where they live.
- Engage Commonwealth migration and resettlement services to ensure hepatitis-B-related information on screening, vaccination and chronic disease management for refugees and asylum seekers is provided consistently.
- Work with the Refugee Health Program to facilitate linking and care coordination.
- Work with general practice to improve hepatitis chronic disease management.
- Use innovative service models, including telehealth, to expand services into rural and regional Victoria.
- Work in partnership across the blood-borne virus and sexually transmissible infection sectors on common priority areas and identify opportunities to reduce duplication, plan services according to areas and populations of high need and ensure a coordinated, consistent approach.
- Identify and engage with relevant community-based networks including multicultural health agencies and interpreters to collaborate in the design and planning of hepatitis B service models.

Integrated care between GPs and specialist centres promotes patient engagement and compliance, and increases system capacity, meaning more people can access appropriate care for hepatitis B. All GPs can play a role in the shared care of people living with hepatitis B, monitoring virological activity and supervising screening for liver cancer. Interested GPs can now become community prescribers of medicines for HBV.

Professor Alexander Thompson
Director, Department of Gastroenterology, St Vincent’s Hospital Melbourne
Professorial Fellow, and NHMRC Research Fellow, The University of Melbourne
There is no such thing as a ‘healthy carrier’ of hepatitis B – long-term infection carries the real and serious risk of liver disease and liver cancer. We know that we can eradicate hep B in Victoria – but to do this we need to make sure all GPs are aware of the need to test and treat hepatitis B. Let’s work together to make this a reality.

Jack Wallace, Research Fellow, Australian Research Centre in Sex, Health and Society
Priority focus area 7:

Hepatitis B services and outcomes are improved in Victoria by increasing the quality and completeness of data and supporting research

What will be different:

- Complete and accurate data is recorded on every notification for hepatitis B and collected across the continuum of the hepatitis B pathway to measure outcomes and improve service delivery.
- Demographic data is complete on all notifications, including Aboriginal and Torres Strait Islander status and country of birth.
- Priority social, public health and implementation research is identified and coordinated to guide development of public health and clinical responses to hepatitis B.

Priority actions:

- Identify and respond to opportunities to develop burden of disease indicators for hepatitis B at the state and national levels.
- Train health professionals about the need and appropriate way to collect country of birth data.
- Encourage Victorians to identify their cultural status when using hepatitis B services.
- Assess gaps in data reporting across the continuum of the hepatitis B pathway and identify opportunities to address these.
- Identify data linkage opportunities that can inform and improve hepatitis B service planning and evaluation of impacts and outcomes.
- Ensure robust monitoring and evaluation processes are included in the development and delivery of programs and activities.
- Use national cascade of care data to inform service improvements.
Next steps: Towards 2030

There is much that can, and will, be done to improve the experience of people living with hepatitis B and to eradicate its transmission into the future.

This strategy outlines key directions for progressing this work. The next steps involve mapping out how we get there, looking at how we best use the resources available, and ensuring that as our systems and practice evolve, we are evaluating the impacts of those changes and monitoring the overall outcomes achieved.

Four-yearly outcome measures will be developed to guide and support effective implementation of the actions identified in this strategy. This will include the use of surveillance data to monitor performance against national indicators.

The Department of Health and Human Services Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections will provide ongoing oversight of the strategy and its implementation, with time-limited working groups and other mechanisms established as necessary to advise and progress work on specific priority initiatives.