

Victorian hepatitis B and C strategies

Frequently asked questions

What are the Victorian hepatitis B and C strategies?

The *Victorian hepatitis B strategy and Victorian hepatitis C strategy 2016-20* address the significant public health burden from hepatitis B and hepatitis C (viral hepatitis).

The Victorian Government has set a bold goal of eliminating hepatitis B and C by 2030 with ambitious targets that exceed those set by the World Health Organization.

The strategies reflect the Government's commitment to decreasing the public health burden in Victoria; increasing testing and treatment rates for the conditions; and eliminating the stigma and discrimination that can be experienced by people living with viral hepatitis.

The Victorian hepatitis B strategy is a first for Victoria, while the hepatitis C strategy is the first since 2009, and since the introduction of revolutionary new treatments for hepatitis C.

What will be the outcomes of the Victorian hepatitis strategies?

The two landmark strategies are a roadmap for eliminating the burden of viral hepatitis in Victoria between 2016 and 2030 through prevention initiatives, more testing and treatment and reducing stigma and discrimination of the disease. It sets four ambitious targets including:

- Reducing to zero levels of stigma and discrimination experienced by people living with viral hepatitis.
- Reducing by 90 per cent the number of new hepatitis cases
- Diagnosing 90 per cent of all people living with chronic hepatitis B or C
- Providing care and treatment to 90 per cent of all people living with chronic hepatitis B or C

Why are these strategies important?

These strategies will guide our efforts to eliminate stigma and discrimination associated with viral hepatitis, and improve our prevention, testing and treatment rates for both hepatitis B and C.

Hepatitis B and C are largely preventable conditions and new transmissions can and should be reduced. Untreated viral hepatitis is a major risk factor for liver disease and is a leading cause of rapidly rising rates of liver cancer. For those already living with the virus, simple chronic disease management (hepatitis B) or cure therapies (hepatitis C) mean no one needs to develop complications, or die from, viral hepatitis in Victoria.

Viral hepatitis is also still a largely misunderstood condition. There is a low rate of awareness among certain groups affected by viral hepatitis of how to prevent transmission, or the importance of treatment.

In key workforces, such as general practice, we must increase understanding of who is at risk of being infected, and the importance of screening and treating viral hepatitis.

People living with viral hepatitis can also be subjected to stigma and discrimination because of their condition. This includes within communities as well as within the health system. These experiences can discourage people from engaging in prevention strategies, or seeking appropriate care, treatment and support for their condition.

What will be the outcomes for people at risk of or living with hepatitis B?

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

The vision underpinning Victoria's first ever hepatitis B strategy requires affected communities, clinicians, researchers, community and peer workers to come together to make the reduction and treatment targets achievable if we are to end new transmissions and unnecessary deaths from chronic hepatitis B.

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.

Hepatitis B is now a preventable disease. With the prevention and treatment tools available to us, we can fundamentally change the course of this disease in Victoria.

The *Victorian hepatitis B strategy 2016-2020* will ensure efforts are focussed to improve adult vaccine and treatment uptake so no one needs to contract or die from the disease.

What will be the outcomes for people at risk of or living with hepatitis C?

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

Since the expiry of our last strategy in 2009, there have been exceptional advances in the prevention and treatment of hepatitis C which are giving new hope to people affected by the disease. In fact the treatments are so effective that they are known as the cure drugs.

The *Victorian hepatitis C strategy 2016-2020* will work to ensure people living with hepatitis C receive cure treatments, as quickly as possible and that those with complex needs are accessing treatment at the same rate – so no one is left behind. At the same time the strategy will guide efforts to limit new infections in those who have completed treatment.

The *Victorian hepatitis C strategy 2016-2020* will ensure that primary prevention is strengthened in at risk communities, including continuing harm reduction activities and access to clean injecting equipment.

What will be the outcomes for the Victorian health workforce?

The *Victorian hepatitis B and C strategies 2016-2020* will ensure that knowledge of viral hepatitis diagnosis, treatment and management among primary healthcare professionals is high.

The Victorian Government will work to build the capacity of healthcare professionals to deliver appropriate and evidence-based care and to meet the needs of priority populations to achieve the bold targets in the strategies.

The strategies will guide workforce efforts to assist health professionals to understand the impact of stigma and discrimination on people living with hepatitis B and C and eliminate it in their practice.

The Victorian Government aims to increase training and clinical support for primary care clinicians to test, treat, monitor and manage the health and care needs of people living with hepatitis B and C.

The strategies will work to ensure that community and primary health workforces and settings are accessible and inclusive of people with viral hepatitis.

What will the strategies do to address stigma and discrimination?

The Victorian Government's position on discrimination is clear: any level of stigmatisation is completely unacceptable. All Victorians with hepatitis B and C 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.

These strategies reinforce our commitment to eliminate the stigma and discrimination experienced by people living with hepatitis B in Victoria.

The Government will tackle stigma and discrimination by ensuring the participation, engagement and experiences of affected individuals and communities are core to our prevention, treatment and care approaches.

The voices of people living with and affected by viral hepatitis have been central to the development of these strategies.

How were the strategies developed?

In 2014 and 2015, the Department of Health and Human Services hosted sector-wide consultations to identify key priorities for viral hepatitis in Victoria. Representation at these consultations included people living with viral hepatitis, clinicians, researchers, policy makers and community organisations.

Organisations that contributed to the development of the strategies include Hepatitis Victoria, Harm Reduction Victoria, the Multicultural Health and Support Service, Living Positive Victoria, the Victorian AIDS Council, the Doherty Institute, cohealth, Cancer Council Victoria, the Victorian Aboriginal Community Controlled Health Organisation, the Victorian Aboriginal Health Service, the Burnet Institute, St. Vincent's Hospital Melbourne, the University of Melbourne and La Trobe University.

Who are the strategies for?

The Victorian hepatitis B and C strategies set out our shared commitment to supporting Victorians with viral hepatitis to live longer, healthier lives and signals a renewed approach to eliminating viral hepatitis as a public health concern.

The Victorian hepatitis B and C strategies are aimed at people living with, or affected by viral hepatitis, their families and communities.

These populations include Aboriginal Victorians, gay and bisexual men, people who inject drugs, children born to mothers with hepatitis B, partners or household contacts of people living with hepatitis B, people from culturally and linguistically diverse backgrounds, particularly people with an Asia-Pacific or sub-Saharan African background, sex workers, prisoners, people living with HIV, and people who are immunosuppressed.

The strategies are also aimed at people who deliver services and support for people living with, or at risk of contracting, viral hepatitis. This includes general practitioners; practice nurses; allied health providers; immunisation services; Aboriginal health services; multicultural health services; workers in the Alcohol and Other Drugs sector; prison services; community organisations; and, tertiary hospital providers, including hepatology, infectious diseases and gastroenterology services.

How will we know if the Victorian hepatitis strategies are working?

Four-yearly outcome measures will be developed to guide and support effective implementation of the actions identified in these strategies. 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 these strategies and their implementation, with time-limited working groups and other mechanisms established as necessary to advise and progress work on specific priority initiatives.

Where can I see the strategies?

The strategies are available at <http://www.health.vic.gov.au/sexualhealth>