

Tracking the Progress 2021:  
**National Hepatitis C  
Strategy**



**UNSW**  
SYDNEY



**UNSW**  
Kirby Institute

The years for comparison in this report are from the end of 2015 to the end of 2020 unless focus is given to the impact of the COVID-19 epidemic, where the years for comparison are 2015 to 2019, and 2019 to 2020.

Sources of data are provided in the data dashboard on the Kirby Institute 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 Institute 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 2021: 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.**

The COVID-19 pandemic has resulted in restrictions of access to healthcare, including testing and treatment. These restrictions likely impacted on progress against many indicators between 2019 and 2020. For this reason, the years for comparison in this report are from 2015 to 2019, and 2019 to 2020.

# 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 and then increased by 28% to 3.2 notifications per 100 000 in 2019. Between 2019 and 2020 the newly acquired hepatitis C notification rate declined by 16% from 3.2 to 2.7 per 100 000. The decline in the notification rate in 2020 is likely due to a decrease in testing rates related to the ongoing COVID-19 pandemic and may not be reflective of the trend in new hepatitis C infections. A similar trend was seen among both males and females, with notification rates being 4.3 and 0.9 per 100 000 population in 2020, respectively.
- Between 2015 and 2020, the newly acquired hepatitis C notification rate among those aged under 25 years fluctuated between 5.6 and 9.1 per 100 000. A similar trend was seen among males and females ages under 25 years.
- Some effort is required to further reduce newly acquired hepatitis C notification rates.
- *Notification rates are a proxy for the modelled number of newly acquired hepatitis C infections. For a newly acquired hepatitis C infection to be notified, a person must be tested for hepatitis C while their hepatitis C infection is still classified as newly acquired. This means that not all cases of newly acquired hepatitis C are represented in notification rates. Also, due to small numbers of newly acquired hepatitis C notifications, these trends should be interpreted with caution.*

# Target 1

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

### Part B: Exposure and risk behaviours

- Among participants of the Australian Needle Syringe Program Survey (ANSPS), the proportion who had serological evidence of past or current hepatitis C infection declined between 2015 and 2020, from 57.1% to 39.3%. Further, the proportion of participants who had virological evidence of current infection declined by from 50.7% in 2015 to 16.0% in 2020.
- 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 2020 and was 76.0% in 2020. 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 15.8% in 2020.
- Between 2015 and 2020, needle and syringe coverage, or the number of needles and syringes distributed to people who inject drugs by Australian Needle and Syringe Programs increased by 17% from 627.1 to 734.4 needles and syringes per person.
- Needle and syringe 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 increased from 114.8% in 2015 to 131.5% in 2020.
- *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%

- The estimated proportion of people living with hepatitis C who have been diagnosed increased from 64% in 2015 to 77% in 2020. Increased testing, targeting priority populations, is required to increase the proportion diagnosed to the 90% target.
- 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 17 357 in 2019. Between 2019 and 2020 the number of new detections hepatitis C declined from 17 357 to 14 288.
- Between 2015 and 2019, the hepatitis C notification rate (newly acquired and unspecified) declined by 16% from 43.8 notifications per 100 000 to 36.5 notifications per 100 000. Between 2019 and 2020, the hepatitis C notification rate declined by 15% from 36.5 to 31.2 per 100 000. Similar trends were seen among males and females and in 2020, the notification rate was 43.3 and 19.1 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 2019 but declined from 54.0% to 47.7% between 2019 and 2020. Between 2015 and 2016, the proportion of people who reported ever having testing for hepatitis C declined from 87.5% to 82.6% and then fluctuated until 2020 between 80.3% and 82.1%.
- Among people who inject drugs attending health services participating in ACCESS, the proportion who were tested for hepatitis C in the previous 12 months increased from 43.5% in 2015 to 50.4% in 2017, and then gradually declined to be 40.0% in 2020.
- A similar trend was seen among gay and bisexual men attending health services participating in ACCESS. Among this population, the proportion who were tested for hepatitis C in the previous 12 months increased from 27.4% in 2015 to 37.0% in 2017, and then declined to be 34.6% in 2020.
- 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) increased from 35.3% in 2015 to 49.9% in 2016 and steadily declined to be 21.1% in 2020. 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 2020, the estimated cumulative proportion of people initiating direct-acting antiviral hepatitis C treatment increased from 17% to 43%. 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 9% at the end 2020, down from 18% at the end of 2017. Future reporting will include a greater range of years from which to infer trends in antiviral drug dispensing.
- The proportion of hepatitis C antibody-positive ANSPS participants who reported ever having hepatitis C antiviral treatment increased almost six-fold from 11.1% in 2015 to 64.2% in 2019. Between 2019 and 2020, the proportion who reported ever having hepatitis C antiviral treatment declined from 64.2% to 62.3%. 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 67.3% in 2020 with a large increase in the proportion reporting having had treatment in the last 12 months from 2016. The strong increase in the proportion reporting treatment in 2016 related to the availability of DAA treatment from March 2016.
- Following the introduction of DAA treatment, the estimated proportion of people living and diagnosed with hepatitis C each year who achieved a treatment-induced cure declined steadily from 15% in 2016 to 6% in 2019. 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 2020, the estimated number of deaths attributable to chronic hepatitis C infection (those with previous or current hepatitis C infection) declined by 43% from 740 to 423 deaths. Similarly, the number of deaths attributable to hepatitis C among those with current hepatitis infection declined by 56% from 734 deaths in 2015 to 321 deaths in 2020. Despite the encouraging trend, more work is required to reduce hepatitis C attributable mortality by 65% by the end of 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 11% from 2768 in 2015 to 2473 in 2020. The combined number of people with decompensated cirrhosis and/or hepatocellular carcinoma and liver related deaths (viraemic only) declined by 55% from 2707 in 2015 to 1209 in 2020.
- Between 2015 and 2020 the proportion of liver transplant recipients with chronic hepatitis C declined from 32.7% in 2015 to 15.0% in 2020.



# 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, up from 34% in 2016. Further, 22% of respondents said they would rarely experience stigma or discrimination, down from 25% in 2016. 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, similar to 31% reporting the same in 2016.
  - 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.
- As reported in the **Annual Report of Trends in Behaviour 2021 Viral Hepatitis in Australia:**
  - Among members of the general public surveyed in 2020, 70% reported that they would never behave negatively towards people because of their hepatitis C status, up from 50% in 2017. One in eight (12%) of respondents reported they would sometimes, often, or always behave negatively towards other people because of their hepatitis C status while 18% reported that they would do so rarely.
  - Also, among members of the general public surveyed in 2020, 28% 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 2020, half (50%) 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 (22%) reported that they would do so rarely.

# Appendix

## 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 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 Syringe Program Survey
<b>1e</b> Proportion of people who inject drugs with evidence of a current hepatitis C infection (HCV RNA).	Australian Needle 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 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 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.	Medicare Benefits Schedule
<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 Syringe Program Survey
<b>2e</b> Proportion of people who inject drugs who have ever been tested for hepatitis C.	Australian Needle 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 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

## 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 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.	Australia and New Zealand Liver and Intestinal 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