

Tracking the Progress 2022:

# **National Hepatitis B Strategy**



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The years for comparison in this report are from the end of 2016 to the end of 2021 unless focus is given to the impact of the COVID-19 epidemic, where the years for comparison are 2016 to 2019, and 2019 to 2021.

Sources of data are provided 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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# Tracking the Progress 2022: 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 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 resulted in restrictions of access to healthcare, including testing and treatment. These restrictions likely impacted on progress against many indicators between 2019 and 2021. For this reason, the years for comparison in this report are from 2017 to 2021, and where appropriate, 2017 to 2019 and 2019 to 2021.

# Target 1

access full  
data here



## Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months of age

- According to the Australian Immunisation Register, between 2017 and 2021, among children aged 12 months, vaccine coverage fluctuated between 94.6% (in 2021) and 95.5% (in 2018). The 95% coverage target was met in 2017, 2018, and 2020 but was not met in 2019 and 2021.
- For children aged 24 months, vaccine coverage ranged between 95.5% (in 2017 and 2018) and 96.4% (in 2020) with the 95% coverage target met every year from 2017 to 2021. In 2021 the vaccine coverage rate was 96.3%.

# 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 2017 and 2019, the newly acquired hepatitis B notification rate was steady between 0.6 to 0.7 per 100 000 population. Between 2019 and 2021, the newly acquired hepatitis B notification rate more than halved from 0.7 to 0.3 per 100 000. The decline in the notification rate between 2019 and 2021 is likely due to a decrease in testing rates and risk behaviour related to the ongoing COVID-19 pandemic and may not be reflective of the trend in new hepatitis B infections. In the same period, similar trends were seen among both males and females, and in 2021, the notification rate was 0.3 per 100 000 for both populations.
- *Newly acquired hepatitis B notification rates are a proxy for the number of incident hepatitis B infections. For a newly acquired hepatitis B infection to be notified, a person must be tested for hepatitis B while their hepatitis B infection is still classified as newly acquired. This means that not all cases of newly acquired hepatitis B are represented in notification rates. Also, due to small numbers of newly acquired hepatitis B notifications, 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 68.3% in 2017 to 72.5% in 2021. Greater levels of testing are required to reach the target of 80% of those living with chronic hepatitis B being diagnosed by the end of 2022.
- When combined with modelled data, hepatitis B notifications are used to estimate the proportion of people living and diagnosed with hepatitis B. Tracking notification rates (the number of new diagnoses of hepatitis B per 100 000 population) over time can provide insight into progress against the target. Between 2017 and 2021, the hepatitis B notification rate decreased by 25% from 24.4 to 18.4 per 100 000. 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 2017 and 2021 the proportion of people living with chronic hepatitis B who were in care increased from 24.2% to 26.3%. More work is required to reach the target of 50% of people living with chronic hepatitis B being in care by the end of 2022.
- The estimated proportion of people with chronic hepatitis B not on treatment who had a viral load test in the past 12 months was 13.3% in 2021, down from 14.3% in 2017. The estimated proportion of people with chronic hepatitis B not on treatment who had a viral load test in the past 24 months was 22.0% in 2021, down from 24.3% in 2017.
- The estimated proportion of people living with hepatitis B who had a viral load test in the previous six years was 49.1% in 2021, up from 43.8% in 2019. *Data relating to the indicator for the proportion 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 2017 and 2021, the proportion of people living with chronic hepatitis B receiving antiviral treatment steadily increased from 9.9% to 12.7%. More work is required to increase the proportion of people receiving antiviral treatment to 20% by the end of 2022.

# Target 6

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Reduce hepatitis B attributable  
mortality by 30%

- According to modelled estimates, between 2017 and 2021, the number of deaths due to chronic hepatitis B increased by 5% from 431 to 453. Of these deaths, in 2021, 385 were attributed to hepatocellular carcinoma while 68 were attributed to decompensated cirrhosis. More work is required to reduced hepatitis B attributable mortality by 30%
- Between 2017 and 2019 the proportion of liver transplant recipients with hepatitis B fluctuated between 6.7% and 5.3%. Between 2019 and 2021, this number declined from 5.3% to 1.9% and may have been influenced by the COVID-19 pandemic.

# 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 ***Stigma snapshot: Health care workers 2022:***
  - Among health care workers, 34% of participants reported they would rarely, sometimes or often witness negative behaviour towards people living with hepatitis B, down from 38% in 2018.
- As reported in ***Stigma snapshot: General Public 2022:***
  - Among members of the general public surveyed in 2021, 51% reported they would never behave negatively towards other people because of their hepatitis B status, down from 71% in 2020, but similar to 50% reported in 2018.
- As reported in the ***Annual Report of Trends in Behaviour 2019:***
  - Among health care worker participants surveyed in 2018, 81% reported they would never behave negatively towards other people because of their hepatitis B status. 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.
- 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

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

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.	Australia and New Zealand Liver and Intestinal 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