

Hepatitis B elimination

Testing, management, prevention, and the key role of GPs

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Department
of Health

OFFICIAL

Department of Health - strategic approach

Victorian hepatitis B
strategy
2016-2020

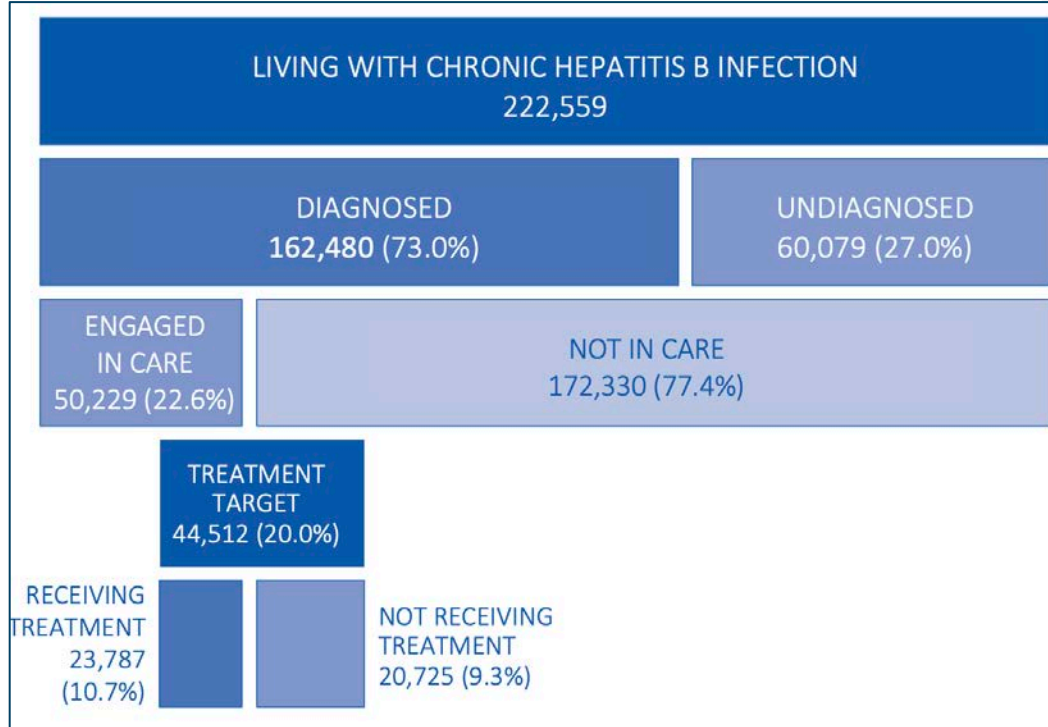
- The **Victorian hepatitis B and C strategies 2016-20** aimed to address the significant public health burden from viral hepatitis and set the bold goal of eliminating hepatitis B and C by 2030 with ambitious targets. These strategies are currently in the process of being renewed.
- The **Victorian cancer plan 2020-24** is aimed at improving cancer outcomes for all Victorians. The plan has specific activities around reducing hepatitis related cancers (i.e. liver cancer) through ongoing vaccination and improving surveillance and ongoing treatment → **key focus on late diagnosis of liver cancer due to HBV / HCV**
- The viral hepatitis strategies reflect the Government's commitment to decreasing the public health burden in Victoria; increasing testing and treatment; and eliminating the stigma and discrimination. The strategies were developed by the Sexual Health and Viral Hepatitis team, in collaboration with the Communicable Disease Prevention and Control and Communicable Disease Epidemiology and Surveillance teams.
- **Key priorities in the Victorian hepatitis B strategy include:** improving the proportion of people living with hepatitis B who have been diagnosed; ensure appropriate hepatitis B testing, treatment and care for mothers and their newborns; responding to notifications of hepatitis B to improve linkage to care; and supporting primary care clinicians to care for people living with hepatitis B in primary care settings

Department of Health – aspirational targets

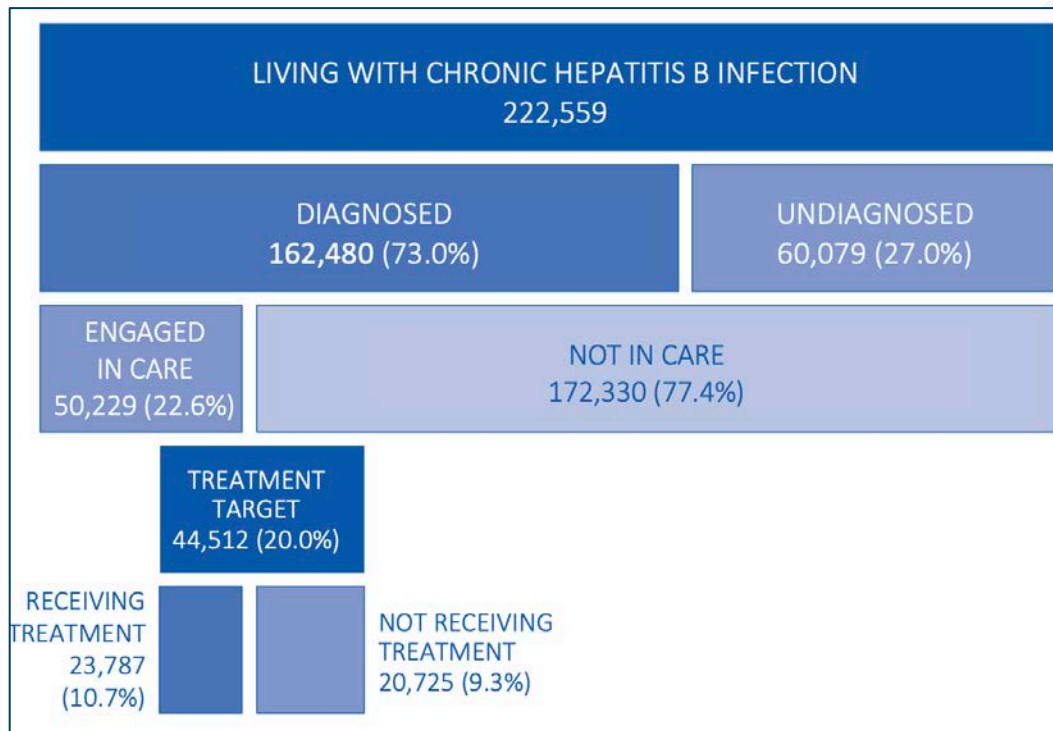
- The two viral hepatitis strategies are a roadmap for eliminating the burden of viral hepatitis in Victoria between 2016 and 2030 through prevention initiatives, more testing and treatment and reducing stigma and discrimination of the disease. The targets include:
 - Reducing to zero levels of stigma 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

How are we tracking?

Hepatitis B treatment and care cascade – Australia, 2020



Hepatitis B treatment and care cascade – Australia, 2020



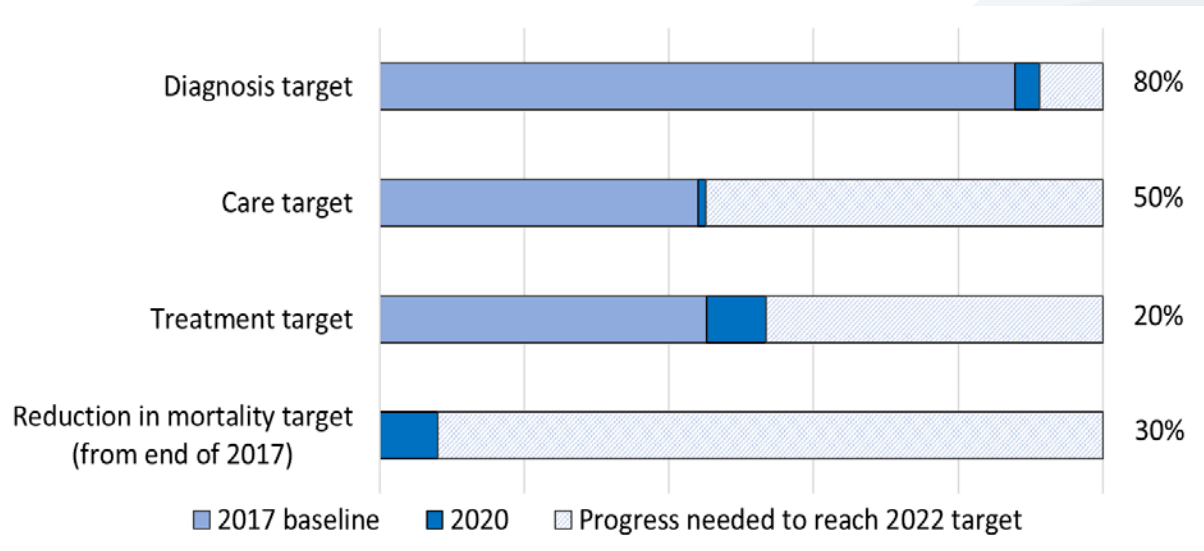
VICTORIA
64,632

VICTORIA
Diagnosed: 63%
2030 Target: 90%

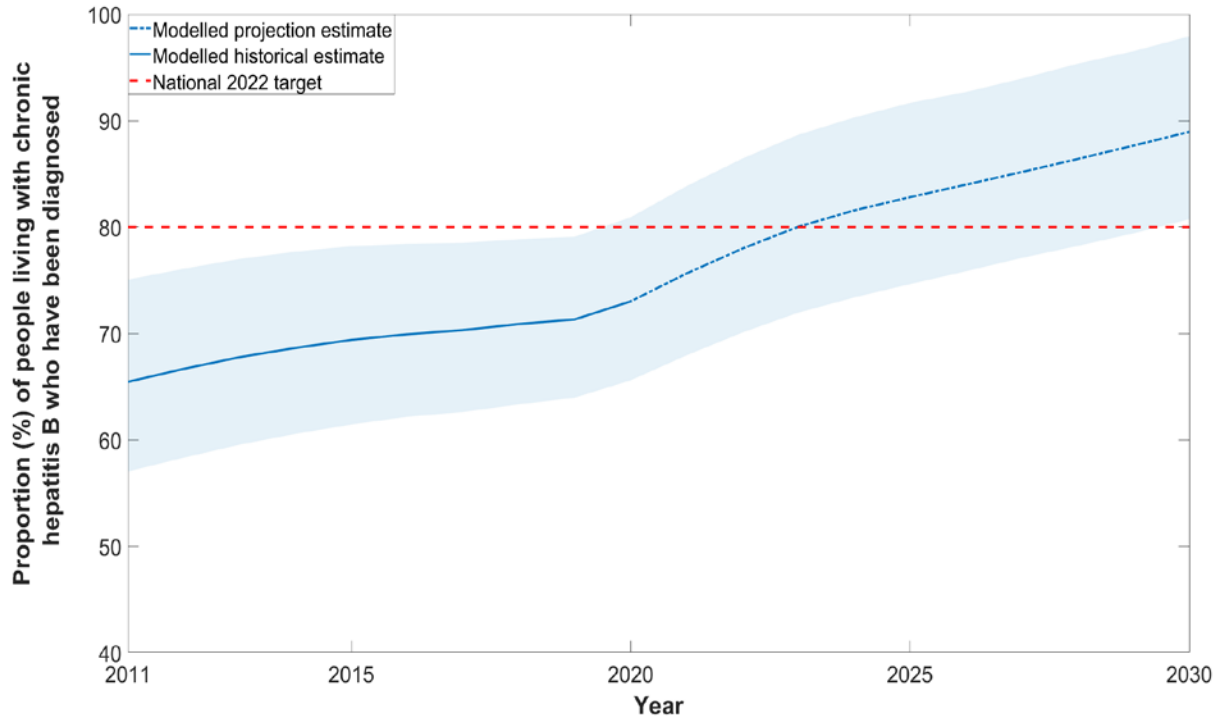
VICTORIA

Engaged in care: 24.4%
Receiving treatment: 11%
2030 treatment & care Target: 90%

HBV cascade – current progress and projections

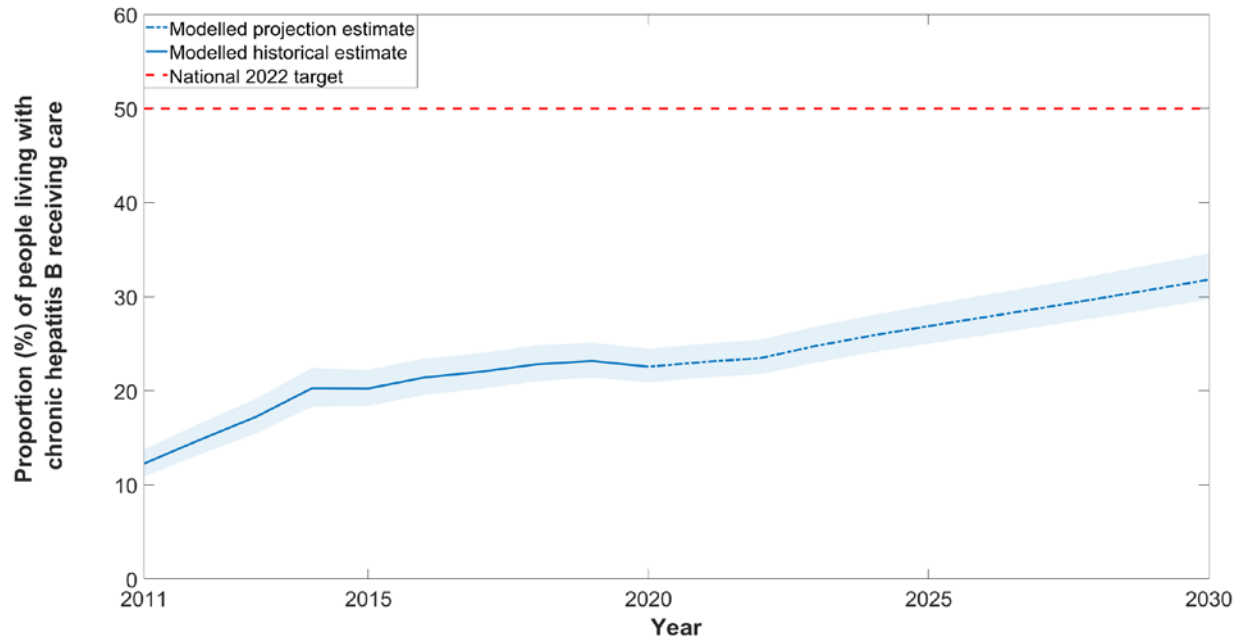


Diagnosed proportion projections



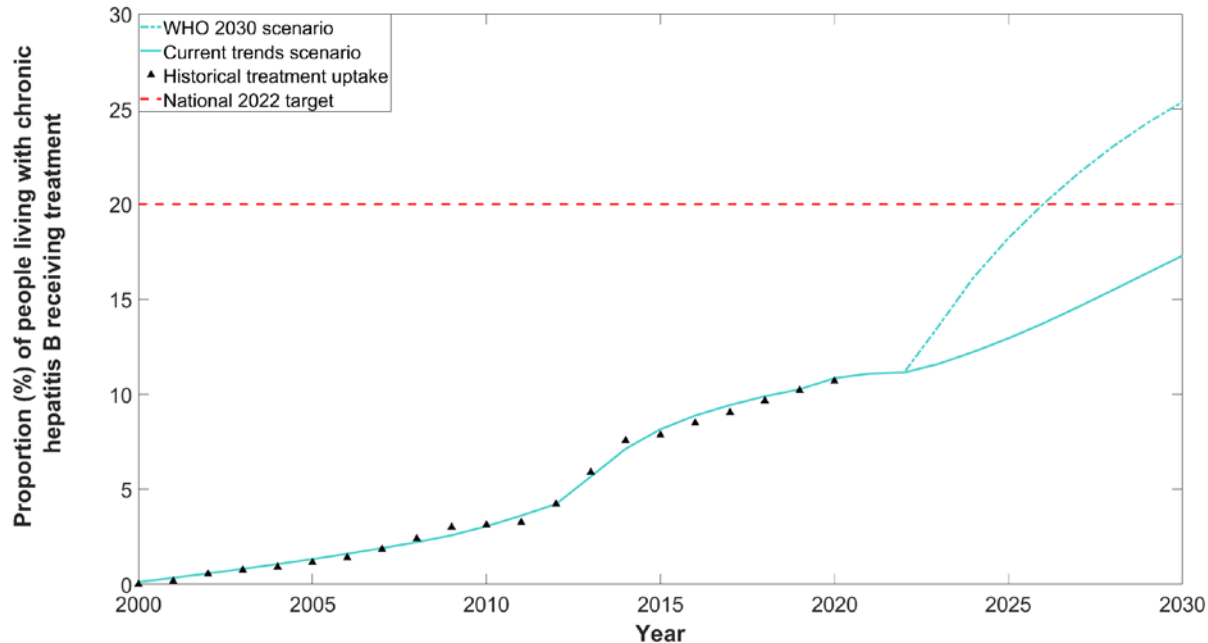
Care uptake projections

Projected future care uptake to 2030

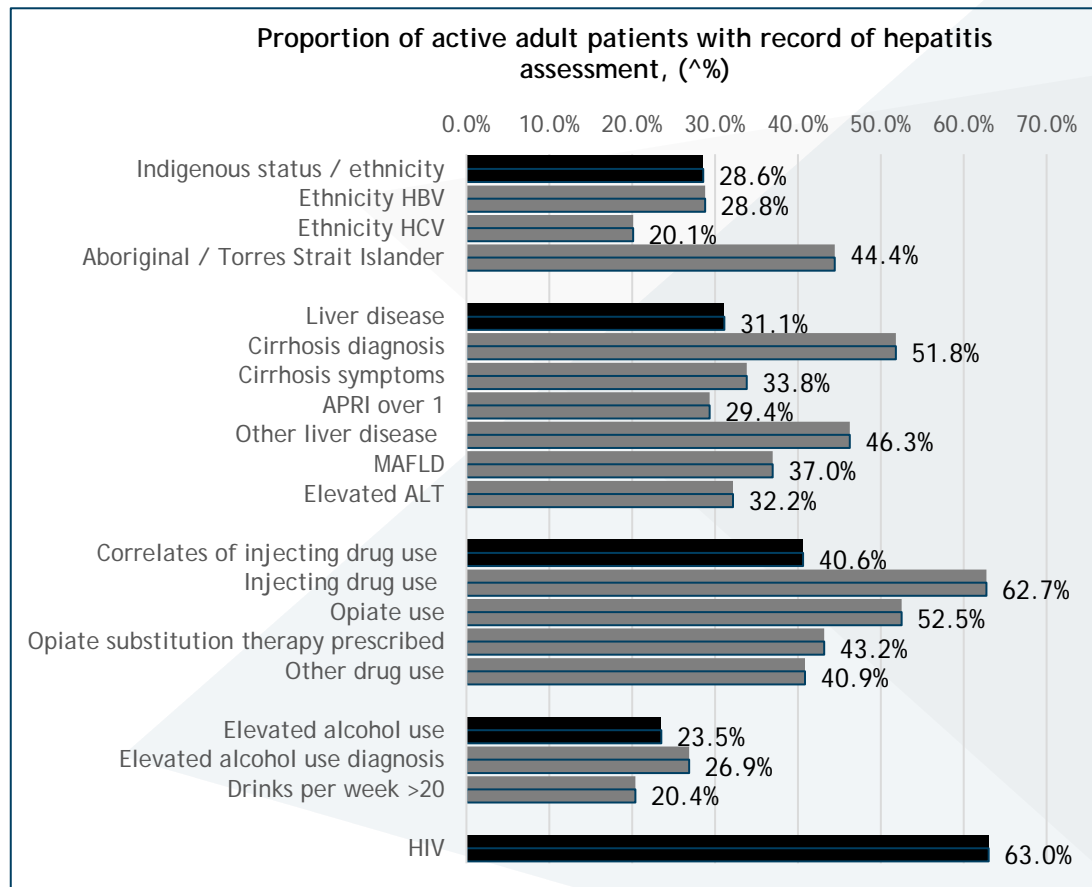


Treatment uptake projections

Projected future treatment uptake to 2030



Testing uptake for viral hepatitis, Victoria




Time for universal hepatitis B screening for Australian adults


Risk-based testing is failing a third of people living with chronic hepatitis B in Australia

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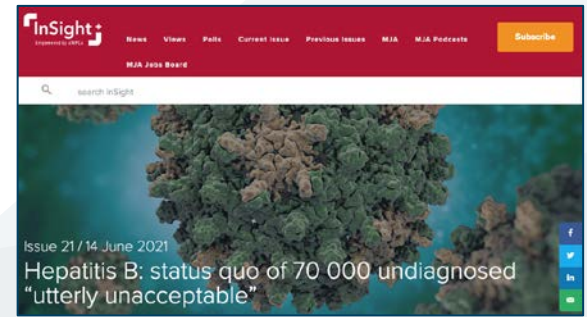
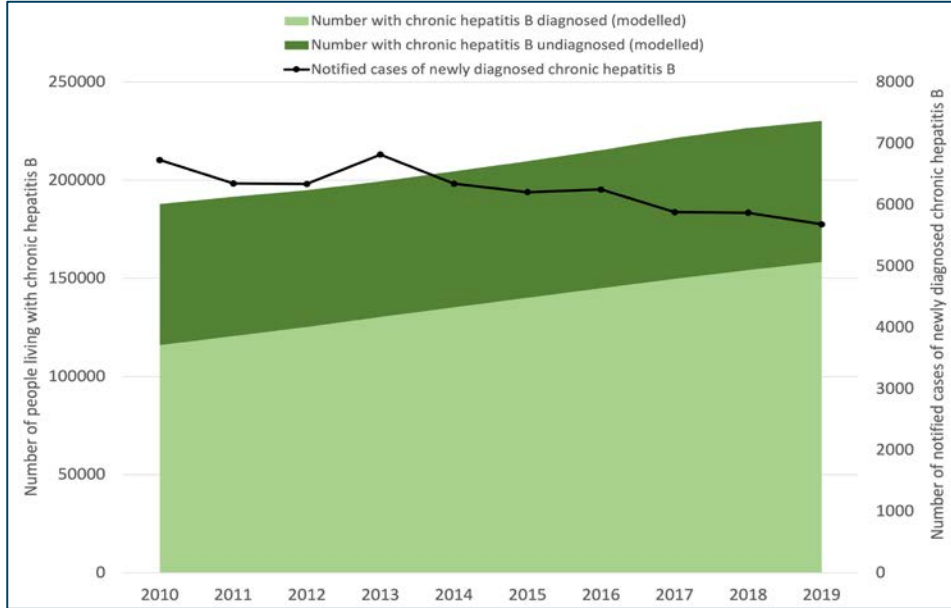
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MJA



Chronic hepatitis B meets all the WHO criteria for disease screening:

- it is an important health problem for the person and the community
- highly accurate diagnostic tests are available
- there is typically a long asymptomatic period of infection
- treatments are available and they are more effective when started earlier in the course of the disease; and
- based on cost-effectiveness studies, the cost of diagnosis and treatment is economically balanced in relation to health care costs as a whole

For over 25 years, the diagnosis of most people affected by hepatitis B in Australia has relied on risk group-based screening.

The National Hepatitis B Testing Policy lists 16 indications and 13 risk groups that should be considered for testing. . .

<https://onlinelibrary.wiley.com/doi/10.5694/mja2.51114>

**Mapping the delivery of
interventions for vaccine
preventable infections in
pregnancy**

**Data Linkage
& Analysis**

AIM: Estimate accurate uptake of hep B MTCT interventions.

**System
Mapping**
{Hep B, flu & pertussis}

AIM: Evaluate the service delivery of interventions for vaccine preventable infections in pregnancy.

Community

AIM: Explore how mothers with hepatitis B understand and experience PMTCT.

Background



- ~800 women with CHB give birth annually in VIC
 - Evidence of local MTCT
 - Children exposed to hepatitis B perinatally have a higher risk (90%) of developing CHB
 - MTCT key priority – Triple elimination and National Strategy targets
-

Linkage Methodology

Base cohort

Victorian Perinatal Data Collection



VPDC

690,052 mother-infant
pairs identified

PHESS



3,518 individual women diagnosed with CHB
- related to **5,213 (0.76%)** infants

VAED



678,650 (97.7%) birthing events
identified

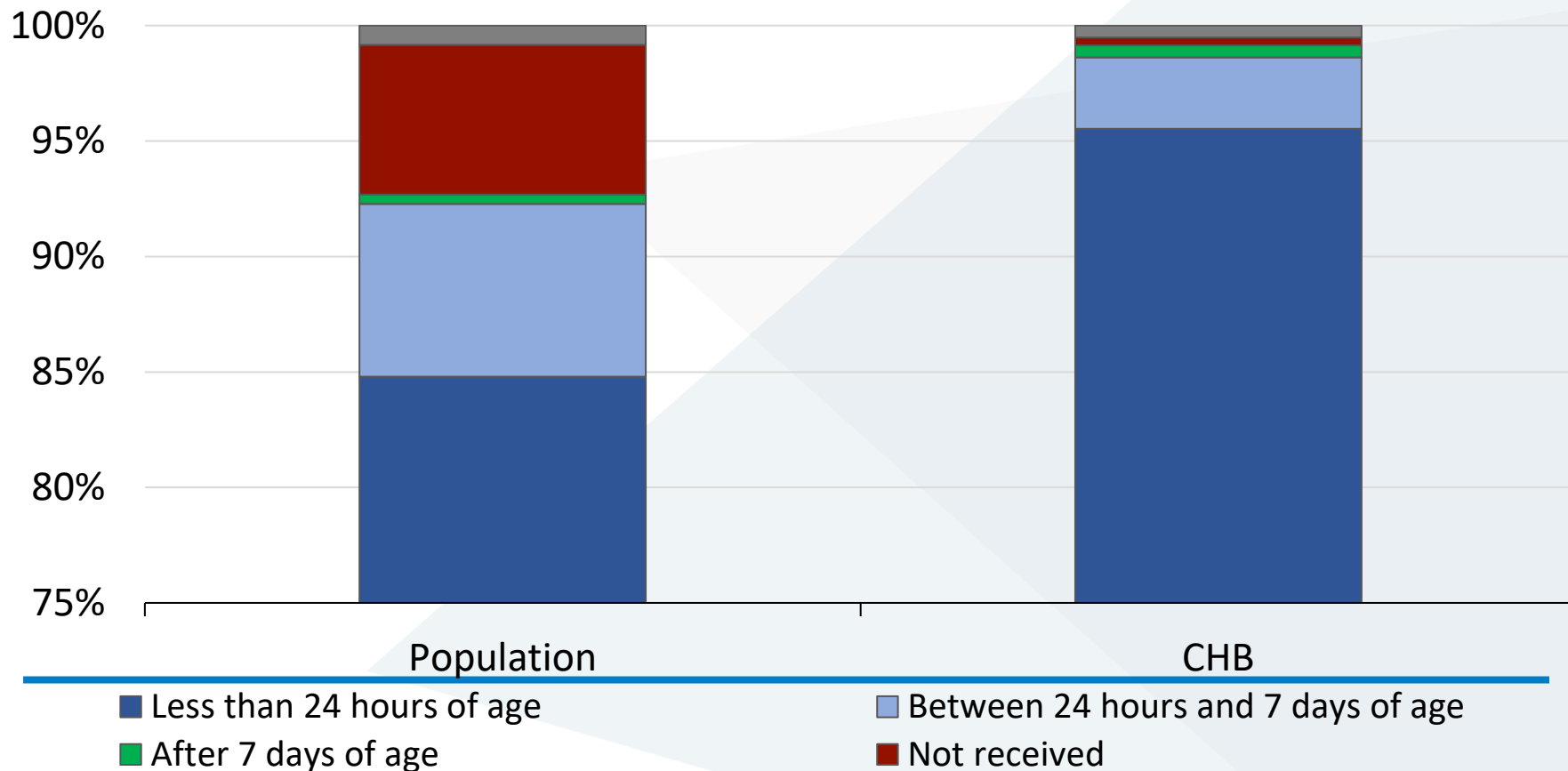
AIR



369,929 (53.6%) infants identified

Inclusion: live births, still alive after 24 hours
1/1/2009 – 31/12/2017

Results – Hepatitis B birth dose uptake, 2017



COVID-19 impact – towards recovery and care

Interruption and deferral of testing and treatment for BBVSTI has significant public health impacts for individuals and the community.

- The WHO Collaborating Centre for Viral Hepatitis, Doherty Institute for Infection and Immunity released a report in April 2021 detailing the *Impacts of COVID-19 on BBVSTI testing, care and treatment: Medicare data analysis Updated data to December 2020* (data extracted March 2021).
- The number of hepatitis serology tests in Victoria declined by 25.3 per cent during April-December 2020 compared to April-December 2019. Even though testing numbers increased after the initial decline they have not yet returned to pre-COVID-19 levels and appear to have stabilised at about 15 per cent lower than during 2019.
- **Encouraging patients who have deferred or interrupted their BBV/STI and reproductive health care to re-engage with treatment and screening services is now a priority.**

COVID-19 impact – towards recovery and care

Measure	Previous trend	Trend during COVID-19
Hepatitis screening	Increase (+3.4%)	Decrease (19.1%)
Hepatitis B monitoring	Increase (+4.1%)	Decrease (-8.7%)
Hepatitis B treatment	Increase (+9.7%)	Stable (+3.6%)
Hepatitis C monitoring/workup	Decrease (-27.1%)	Decrease (-30.1%)
Hepatitis C treatment	Decrease (-23.2%)	Decrease (-27.9%)
Chlamydia/gonorrhoea screening	Increase (+4.7%)	Decrease (-16.5%)
HIV treatment	Increase (+5.2%)	Stable (+2.5%)
HIV PrEP	Stable (0%)	Stable (0%)

NB – emerging evidence that those areas with highest proportion of monitoring and treatment by GPs had a lower impact of COVID-19 on care for hepatitis B

*Previous trend = Percentage change in test or script numbers between April-December 2018 and April-December 2019;
COVID-19 trend = Percentage change in test or script numbers between April-December 2019 and April-December 2020.*

What is the Department of Health doing?

We fund a range of initiatives including:

- community-based services for people living with, or affected by, hepatitis B and C.
- ongoing training of primary health care providers in the management of hepatitis B and C through the VHHITAL program and training for health care workers through the St Vincent's Victorian viral hepatitis educator role.
- hepatitis B vaccination for priority populations.
- development of liver cancer screening resources by the Cancer Council Victoria to increase cancer screening participation.
- the Victorian Hepatitis B Alliance community perspective research project, which will run a hepatitis B forum to gain a greater understanding of the experiences and needs of people living with hepatitis B.
- Harm Reduction Victoria - PATHways project – peer navigation to support viral hepatitis elimination in Victoria.
- Medically Supervised Injecting Room - Rapid Point of CARE Hep C Treatment
- St Vincent's Hospital - Linkage to hepatitis care among prisoners released to community
- The Perinatal Hepatitis B Prevention Project, examining current status of prevention of MTCT of hepatitis B in Victoria
- Partner and in-kind contribution to CHECCS, a collaborative pilot program between the Doherty, the Burnet and the Department to promote linkage to care for people newly diagnosed with hepatitis C - and for women of childbearing age diagnosed with hepatitis B

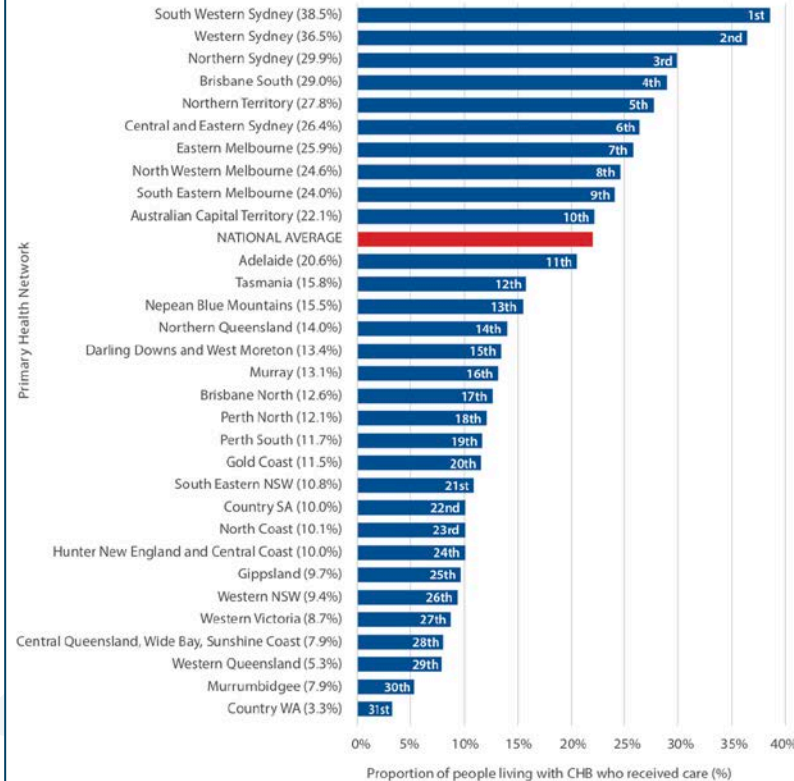
VHHITAL Training Program – we need more s100 GP prescribers

- Delivers free high-quality workforce development activities for primary health care providers for hepatitis B and C (e.g. GPs and nurses)
- It provides a specialised general practice training program that accredits s100 prescribers to treat HIV and viral hepatitis.
- Between 2016-2021 the number of general practitioners who are accredited to prescribe s100 hepatitis B medicines has increased from <10 to over 60
- **Please consider undertaking the hepatitis B and C training and becoming an HBV s100 prescriber**



Variation in hepatitis B care uptake by PHN

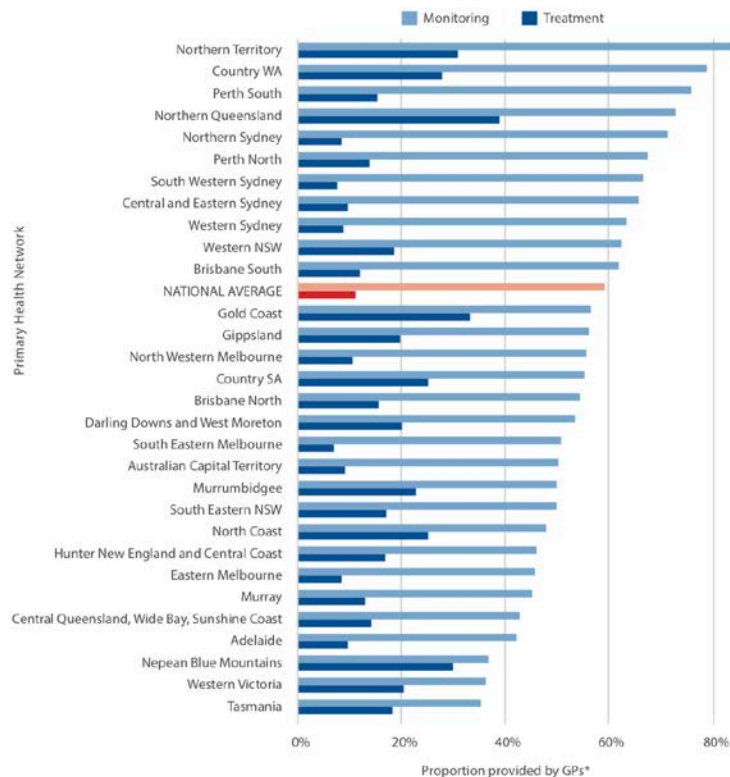
Figure A.12: CHB care uptake in Australia, ranked by PHN, 2018



Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Care data (treatment and monitoring) sourced from Department of Human Services Medicare statistics.

Hepatitis B management in primary care by PHN

Figure A.11: Proportion of CHB treatment and monitoring provided by GPs*, by PHN, 2018



Data source: Treatment data sourced from Department of Human Services Medicare statistics.

Note: Western Queensland suppressed due to low treatment and monitoring numbers.

*Provider type is derived by Medicare using the clinician's service history.

Relevant links

- Health.vic.gov.au <https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice/hepatitis-b>
<https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice/hepatitis-c>
- Better Health Channel –Information on hepatitis B
<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/hepatitis-b>
- Better Health Channel –Information on hepatitis C
<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/hepatitis-c>
- Department of Health notification form
<https://www2.health.vic.gov.au/public-health/infectious-diseases/notify-condition-now>
- Hepatitis C guidelines to <https://www.hepcguidelines.org.au/>
- Hepatitis B vaccination eligibility <https://www2.health.vic.gov.au/public-health/immunisation/immunisation-schedule-vaccine-eligibility-criteria/immunisation-schedule-victoria>
- Testing policies http://testingportal.ashm.org.au/files/ASHM_TestingPolicy_2020_HepatitisB_07_2.pdf
http://testingportal.ashm.org.au/files/National_Hepatitis_C_Testing_Policy_Oct2020.pdf
- Training <https://nwmpnhn.org.au/about/partnerships-collaborations/vhhital/>

Thank you for participating tonight

Department of Health and RACGP's next webinar

Wednesday 15 September, 6pm- 7pm

Topic - COVID-19 Immunisation and people with cancer



Department
of Health

For the latest information www.dhhs.vic.gov.au/coronavirus

Information is available in 50+ community languages at www.dhhs.vic.gov.au/translations