

AUSTRALIA CAN'T WAIT TO ELIMINATE HEPATITIS!

#WorldHepatitisDay #HepCantWaitAu



**HEP
CAN'T
WAIT!**

28 July is World Hepatitis Day.

This document provides some useful statistics and information for World Hepatitis Day communications. We encourage you to use this information and share it with your networks. It is an opportunity to step up national and international efforts on hepatitis.

Australia is one of 194 World Health Organization member states who voted unanimously in 2010 to adopt the Global Hepatitis Elimination Strategy to achieve elimination of hepatitis B and hepatitis C by 2030. This commitment has informed the development of our [National Hepatitis B, Hepatitis C, and Aboriginal and Torres Strait Islander BBV/STIs Strategies 2018-2022](#), which provide national progress targets to the end of 2022. It is also driving development of these strategies from 2023-2030 as we strive to make elimination happen.

The 2022 theme for World Hepatitis Day is 'Hepatitis Can't Wait'. This recognises that in the ongoing COVID-19 epidemic, we can't wait to act on eliminating hepatitis B and hepatitis C.

COVID-19 has significantly interrupted hepatitis screening and hepatitis B monitoring in Australia. Now is the time to address this through a concerted and unified effort.



**Australia can't wait to
eliminate hepatitis!**

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HEPATITIS B CAN'T WAIT!

More than 220,000 people were estimated to be living with hepatitis B in Australia at the end of 2020¹.

Around a quarter of those – more than 55,000 – have not been diagnosed and so are unaware of their infection².



95%+

The coverage rate for hepatitis B immunisation in both 12-month and 24-month-old babies reached 95% in Australia – ahead of our 2022 National Strategy childhood immunisation target!³



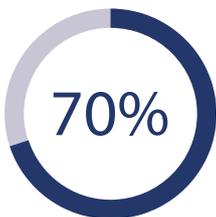
**200,000
FEWER PEOPLE
RECEIVED SCREENING**

Australia needs a large scale-up of investment to achieve its targets related to hepatitis B diagnosis, treatment, care, and mortality reduction. An additional **1,700 preventable deaths** due to cirrhosis and liver cancer are expected by 2030 unless significant change is made.⁴

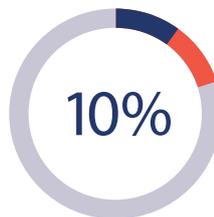
GROWING AND SUPPORTING OUR HEPATITIS B COMMUNITY WORKFORCE

There are less than 20 hepatitis B community workers in Australia. Establishing and funding a hepatitis B community workforce is essential to bridging the gap between people impacted by hepatitis and the health system.

Australia needs a large scale-up of investment to achieve its targets related to hepatitis B diagnosis, treatment, care, and mortality reduction. An additional 1,700 preventable deaths due to cirrhosis and liver cancer are expected by 2030 unless significant change is made⁵.



More than **70%** of people living with chronic hepatitis B are not receiving regular care⁶.



Only **10%** of people living with chronic hepatitis B are getting antiviral treatment⁷. This is half the number estimated to need treatment.



9%

2,000 fewer people received hepatitis B monitoring during 2020 compared to 2019 - a 9% decrease - and this did not improve in 2021.



15%

There was a 15% decline in new diagnoses of hepatitis B during 2020, and a further 4% decline in 2021⁸.

**WE CAN'T WAIT - WITHOUT IMMEDIATE ACTION,
AUSTRALIA WILL NOT ELIMINATE HEPATITIS B BY 2030.**

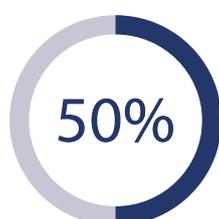
HEPATITIS C CAN'T WAIT!

There is now an effective and affordable cure for hepatitis C. Despite this, more than 115,000 people were estimated to be living with hepatitis C in Australia at the end of 2020⁹.

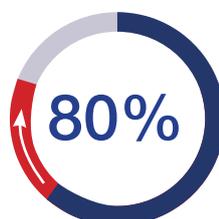


With a scaling-up of investment, Australia can achieve elimination of hepatitis C by 2030.

It is estimated that one in five people living with chronic hepatitis C have not been diagnosed and are unaware of their infection¹⁰. Of those who are considered 'diagnosed', one-quarter have not received confirmatory testing to know whether their hepatitis C is chronic¹¹.



Analysis estimates around half of all people living with hepatitis C at the start of 2016 in Australia had initiated antiviral treatment by the end of 2020¹².



The rate of treatment uptake has declined steadily since 2016¹³, but with renewed investment, we can reverse this trend and achieve the global target of 80% by the end of 2030.



Hepatitis C screening and treatment uptake has been affected by COVID-19, particularly in the harder-hit states of New South Wales and Victoria¹³.



Transmission of hepatitis C continues to occur, particularly in prisons where people do not have access to harm reduction strategies such as needle and syringe programs. People in prisons need access to hepatitis prevention, testing and treatment.

80%



Australia needs additional investment to achieve the global goal of 80% treated by 2030.

WE CAN'T WAIT - WITHOUT IMMEDIATE ACTION, AUSTRALIA WILL NOT ELIMINATE HEPATITIS C BY 2030.



NATIONAL HEPATITIS INFO LINE

If you or someone you care about is living with hepatitis B or hepatitis C and you have questions or concerns, please phone our info line on 1800 437 222 or speak to a GP

ACKNOWLEDGEMENT

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