



Department for Health and Wellbeing

# South Australian Hepatitis B Implementation Plan 2019-2023

South Australia's plan for addressing the  
Third National Hepatitis B Strategy  
2018-2022



Government  
of South Australia

SA Health

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## Acronyms

ACCHS	Aboriginal Community Controlled Health Services
AHCSA	Aboriginal Health Council of SA
ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
BBV	blood borne virus/es
CDCB	Communicable Disease Control Branch
DASSA	Drug and Alcohol Services South Australia
HAPI Group	Viral Hepatitis Subcommittee of SASBAC
HBV	hepatitis B virus
HCC	hepatocellular carcinoma
HCV	hepatitis C virus
HIV	human immunodeficiency virus
LHNs	Local Health Networks
NARI	New Arrival Refugee Immunisation Program
PLHBV	people living with chronic hepatitis B
RHS	Refugee Health Service
s100	section 100
SA	South Australia
SA3	statistical area level 3
SAMESH	South Australia Mobilisation + Empowerment for Sexual Health
SAPHS	SA Prison Health Services
SASBAC	South Australian STI and BBV Advisory Committee
SIN	Sex Industry Network
STI	sexually transmissible infection/s
VHMOC	South Australian Viral Hepatitis Model of Care Reference Group

## Background

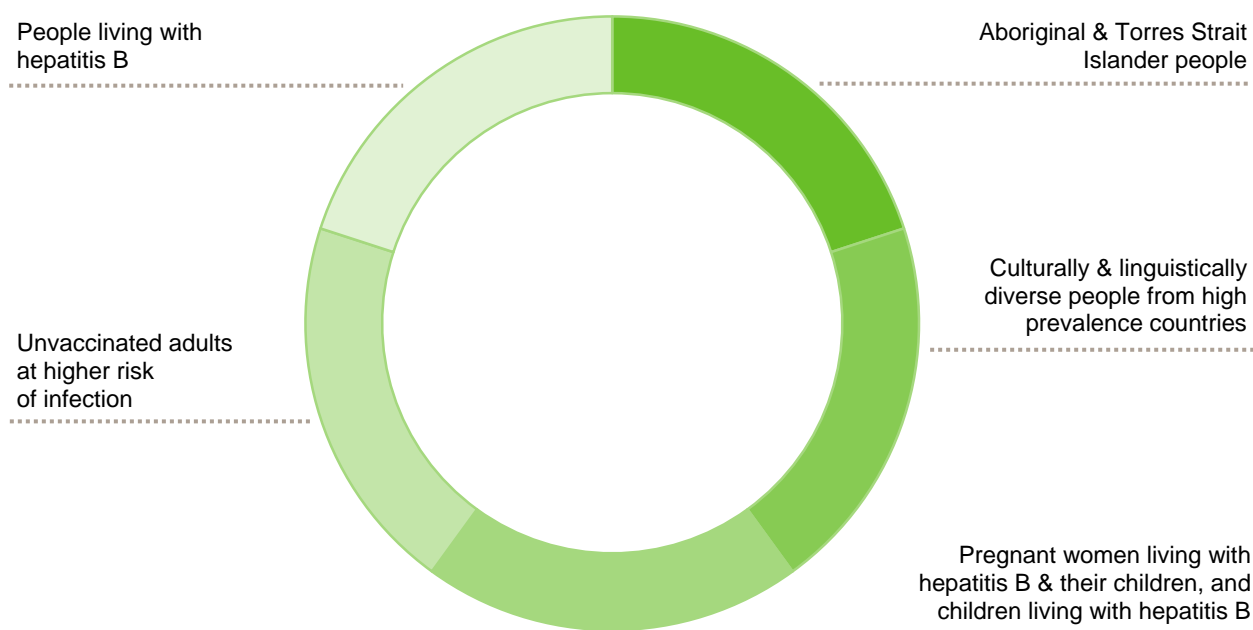
The 'South Australian Hepatitis B Implementation Plan 2019-2023' (Implementation Plan) builds on the work carried out under the 'South Australian Hepatitis B Action Plan 2014-2017'.

The Implementation Plan uses the priority populations, goals, targets, priority areas and key areas for action as per the '[Third National Hepatitis B Strategy 2018-2022](#)' and should be read in conjunction with the national strategy.

Funded within existing resources, most undertakings build upon current relationships and work activities to create new capacity to address items in this Implementation Plan. Other activities may require new funding streams to achieve objectives, and to meet performance indicators and output measures.

A summary of the progress made under the previous Implementation Plan is provided in [Appendix 1](#).

## Priority populations and settings



*Note: This graphic is not intended to reflect equal priority or prevalence among groups.*



Geographic locations with high prevalence and/or incidence of hepatitis B.



Places where priority populations live, work, worship and socialise (including multicultural associations).



Community, primary health and other health service, including sexual health services, antenatal health services, specifically services accessed by CALD people and Aboriginal Community Controlled Health Services / Aboriginal Medical Services.



Other community services that support priority populations including multicultural services, religious and culturally specific services, alcohol and other drug services and clean needle programs.



Custodial settings.

## Goals and targets

### Goals

- > Make significant progress towards eliminating hepatitis B as a public health threat.
- > Reduce mortality and morbidity related to hepatitis B.
- > Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health.
- > Minimise the personal and social impact of hepatitis B.

### Targets

1. Achieve and maintain hepatitis B childhood vaccination coverage of 95 per cent at 12 and 24 months.
2. Reduce the number of newly acquired hepatitis B infections across all age groups by 50 per cent, with a focus on priority populations.
3. Increase the proportion of people living with chronic hepatitis B who are diagnosed to 80 per cent.
4. Increase the total proportion of people living with chronic hepatitis B receiving care to 50 per cent.
5. For people living with chronic hepatitis B, increase the proportion receiving antiviral treatment to 20 per cent.
6. Reduce hepatitis B attributable mortality by 30 per cent.
7. Minimise the reported experience of stigma among people living with hepatitis B, and the expression of stigma, in respect to hepatitis B status.

## Priority areas

### Education and prevention

- > Ensure a high level of knowledge, health literacy and awareness of hepatitis B in priority populations, affected families, health professionals and the general community, to create a supportive environment for increased engagement in testing, vaccination, treatment and care.
- > Increase awareness of the importance of hepatitis B vaccination to support uptake among priority populations.
- > Ensure uptake of vaccination for priority populations in line with national and state-based immunisation programs.
- > Ensure equitable access to other means of prevention, including education on safer sex practices and the provision of sterile injecting equipment through NSPs.

### Testing, treatment and management

- > Improve targeted guideline-based testing of priority populations, including follow-up of family and contacts, and voluntary opportunistic testing.
- > Strengthen monitoring and appropriate care of pregnant women living with chronic hepatitis B and children born to women living with hepatitis B, including promotion of national vaccination, testing and treatment guidelines.
- > Support health professionals to better identify those at risk of or living with hepatitis B and provide current, innovative and effective hepatitis B vaccination, testing and care.

### Equitable access to and coordination of care

- > Ensure equitable and appropriate access to programs and services, including vaccination and other prevention programs and resources, testing, treatment and care in all relevant settings, with a focus on innovative models of service delivery.
- > Continue to strengthen connections between priority populations, the healthcare workforce, specialist services and community organisations to facilitate coordination of care.

### Workforce

- > Increase multidisciplinary workforce capability and capacity to provide and support evidence-based, innovative and effective vaccination and other prevention, testing, monitoring, treatment and care for people at risk of or living with hepatitis B.
- > Facilitate a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people with or at risk of hepatitis B.

### Addressing stigma and creating an enabling environment

- > Implement a range of initiatives to further investigate and address stigma and discrimination and minimise their impact on the health of people at risk of or living with hepatitis B.
- > Continue to work towards addressing the legal, regulatory and policy barriers which affect priority populations and influence their health-seeking behaviours.

### Data, surveillance, research and evaluation

- > With a focus on identified gaps, continue to build a strong evidence base for local and national responses to hepatitis B in Australia, informed by high-quality, timely data and surveillance systems.

## South Australian Hepatitis B Implementation Plan 2019-2023

\* Program funded through the SA Health STI and BBV Non-government Contracted Health Services Funding Program

### 1. Education and prevention

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
<p>1. Support, develop and implement culturally appropriate and community-based hepatitis B education and health promotion programs in affected communities and their families, to:</p> <p>a. improve understanding of the Australian health care system</p> <p>b. increase hepatitis B related literacy, including knowledge of routes of transmission, risk factors, vaccination and other evidence-based prevention measures, the importance of testing and ongoing monitoring, and available health services and support.</p>	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Cancer Council SA	Cancer prevention projects.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SA Health – Refugee Health Service (RHS)	Health Literacy Program for new arrival refugees.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
<p>2. Facilitate the sharing of successful approaches and initiatives to improve education and prevention within priority populations and settings.</p>	SA Health – Communicable Disease Control Branch (CDCB)	Coordinate the statewide STI and BBV advisory structure and the Viral Hepatitis Model of Care Reference Group.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.

## 1. Education and prevention

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
3. Increase awareness and access to support the uptake of hepatitis B vaccination among eligible populations under national and state-based immunisation programs, including infants, adolescents and unvaccinated adults at higher risk of infection.	SA Health – CDCB	<ul style="list-style-type: none"> <li>&gt; Coordination of Commonwealth and state immunisation programs, including the <a href="#">SA Health High Risk Hepatitis B Immunisation Program</a>.</li> <li>&gt; Investigate the rationale/feasibility of expanding eligibility for SA Health’s High Risk Hepatitis B Immunisation Program.</li> </ul>
	<ul style="list-style-type: none"> <li>&gt; SA Health – Local Health Networks (LHNs)</li> <li>&gt; SA Health – RHS</li> </ul>	Provision of health services to people at risk of hepatitis B.
	<ul style="list-style-type: none"> <li>&gt; SA Health – SA Prison Health Services (SAPHS)</li> <li>&gt; Department for Correctional Services</li> </ul>	Provision of health services to prisoners in state and privately operated correctional facilities.
	SA Health – RHS	<a href="#">New Arrival Refugee Immunisation (NARI) Program</a> .
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Cancer Council SA	Cancer prevention projects.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
4. Increase access to preventative measures, including vaccination, sterile needles and syringes, and condoms, in priority settings and through community- and peer-based interventions.	SA Health – CDCB	<ul style="list-style-type: none"> <li>&gt; Coordination of Commonwealth and state immunisation programs, including the <a href="#">SA Health High Risk Hepatitis B Immunisation Program</a>.</li> <li>&gt; Investigate the rationale/feasibility of expanding eligibility for SA Health’s High Risk Hepatitis B Immunisation Program.</li> </ul>
	SA Health – Drug and Alcohol Services SA (DASSA)	Statewide management of the Clean Needle Program in South Australia.
	SA Health – RHS	NARI Program.



## 1. Education and prevention

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
	<ul style="list-style-type: none"> <li>&gt; Department for Correctional Services (<i>Lead</i>)</li> <li>&gt; SA Health – SAPHS (<i>Lead</i>)</li> <li>&gt; SA Health – DASSA</li> <li>&gt; SA Health – CDCB</li> </ul>	Improve access to primary prevention for hepatitis B and other BBV across all SA custodial settings, as per the South Australian Prisoner BBV Prevention Action Plan.
	Aboriginal Health Council of SA	<ul style="list-style-type: none"> <li>&gt; SA Aboriginal STI and BBV Program*.</li> <li>&gt; Clean Needle Program sites.</li> </ul>
	Hepatitis SA	<ul style="list-style-type: none"> <li>&gt; Viral Hepatitis Prevention and Workforce Development Program*.</li> <li>&gt; Clean Needle Program site and peer programs.</li> </ul>
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	<ul style="list-style-type: none"> <li>&gt; SA Sexual Health Education and Workforce Development Program*.</li> <li>&gt; Clean Needle Program sites.</li> </ul>
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SIN	<ul style="list-style-type: none"> <li>&gt; SA Targeted STI and BBV Prevention Program for Sex Workers*.</li> <li>&gt; Clean Needle Program site and outreach.</li> </ul>
5. Ensure implementation of antenatal and neonatal protocols to prevent vertical transmission and increase monitoring of these protocols.	<ul style="list-style-type: none"> <li>&gt; SA Health – LHNs (<i>Lead</i>)</li> <li>&gt; SA Health – CDCB</li> </ul>	Review local guidelines for antenatal and neonatal hepatitis B vaccination, screening and management, and negotiate with Primary Health Networks and Local Health Networks for data to monitor adherence.
	<ul style="list-style-type: none"> <li>&gt; SA Health – LHNs</li> <li>&gt; Primary Health Networks</li> </ul>	Promote and support consistent implementation of local antenatal and neonatal protocols to prevent vertical transmission of hepatitis B.
	<ul style="list-style-type: none"> <li>&gt; SA Health – Wellbeing SA (<i>Lead</i>)</li> <li>&gt; Primary Health Networks (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	HealthPathways SA.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.

## 2. Testing, treatment and management

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
6. Further develop and deliver evidence-based risk assessment and testing approaches for key priority populations which provide strong linkages to vaccination, ongoing monitoring and care.	<ul style="list-style-type: none"> <li>&gt; SA Health – LHNs (<i>Lead</i>)</li> <li>&gt; Primary Health Networks</li> <li>&gt; SA Health – RHS</li> <li>&gt; SA Health – SA Prison Health Service</li> <li>&gt; Department for Correctional Services</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Identify optimal strategies for routine screening and linkage to vaccination, ongoing monitoring and care for hepatitis B in priority settings.</li> <li>&gt; Sustainably embed these strategies into standard practice through partnership between on-site clinical teams and members of the Viral Hepatitis Model of Care Reference Group.</li> </ul>
	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	Facilitate systematic linkage to care and support for people diagnosed with hepatitis B through proactive use of notification data and integrated models of care.
	<ul style="list-style-type: none"> <li>&gt; SA Health – Wellbeing SA (<i>Lead</i>)</li> <li>&gt; Primary Health Networks (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	HealthPathways SA.
	SA Health – RHS	New Arrival Refugee Health Screening Program.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
7. Increase voluntary testing in priority populations in primary health and community settings, including through community-provided testing and mobile clinics and, where possible, case finding and follow-up for people who have previously tested hepatitis B surface antigen-positive.	<ul style="list-style-type: none"> <li>&gt; SA Health – LHNs (<i>Lead</i>)</li> <li>&gt; Primary Health Networks</li> </ul>	Deliver initiatives which build the capacity of primary health care providers to improve screening, diagnosis and guideline-based management of people living with hepatitis B.
	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	Facilitate systematic linkage to care and support for people diagnosed with hepatitis B through proactive use of notification data and integrated models of care.
	<ul style="list-style-type: none"> <li>&gt; SA Health – Wellbeing SA (<i>Lead</i>)</li> <li>&gt; Primary Health Networks (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	HealthPathways SA.
	<ul style="list-style-type: none"> <li>&gt; SA Health – LHNs</li> <li>&gt; Department for Correctional Services</li> </ul>	Provision of health services to prisoners in state and privately operated correctional facilities.

## 2. Testing, treatment and management

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
	SA Health – RHS	New Arrival Refugee Health Screening Program.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
8. Ensure health promotion and education strategies inform priority populations, and their families, of the importance of early detection, ongoing monitoring and treatment adherence, utilising an appropriate community engagement strategy.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Cancer Council SA	Cancer prevention projects.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
9. Review and promote national training and clinical guidelines for testing, treatment, monitoring and care, including guidance on pregnancy and follow-up for babies born to hepatitis B positive mothers; and testing for hepatitis B prior to initiation of chemotherapy, immunosuppressive therapies or treatment for chronic hepatitis C.	> SA Health – CDCB > SA Health – LHNs	Support the maintenance and accessibility of national clinical guidelines and tools.
	> SA Health – Wellbeing SA ( <i>Lead</i> ) > Primary Health Networks ( <i>Lead</i> ) > SA Health – LHNs	HealthPathways SA.
	Primary Health Networks	Promote hepatitis B and related STI/BBV clinical guidelines and resources to primary health care providers.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.

## 2. Testing, treatment and management

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
10. Support active case finding and linkage to care, including through awareness raising, GP and nurse education, and networks-based approaches among people living with chronic hepatitis B and their family, household and community contacts.	<ul style="list-style-type: none"> <li>&gt; SA Health – LHNs</li> <li>&gt; Primary Health Networks</li> </ul>	Deliver initiatives which build the capacity of primary health care providers to improve screening, diagnosis and guideline-based management of people living with hepatitis B.
	<ul style="list-style-type: none"> <li>&gt; SA Health – Wellbeing SA (<i>Lead</i>)</li> <li>&gt; Primary Health Networks (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	HealthPathways SA.
	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	Facilitate systematic linkage to care and support for people diagnosed with hepatitis B through proactive use of notification data and integrated models of care.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.

### 3. Equitable access and coordination of care

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
11. Identify opportunities to improve patient management systems to better support the primary care workforce to promptly identify, and provide treatment and care for, people living with hepatitis B.	<ul style="list-style-type: none"> <li>&gt; SA Health – LHNs (<i>Lead</i>)</li> <li>&gt; Primary Health Networks (<i>Lead</i>)</li> <li>&gt; SA Health – RHS</li> <li>&gt; SA Health – SA Prison Health Service</li> <li>&gt; Department for Correctional Services</li> </ul>	Deliver initiatives which build capacity for use of patient management systems in priority settings to systematically identify people requiring testing, care and support through partnership between on-site clinical teams and members of the Viral Hepatitis Model of Care Reference Group.
	<ul style="list-style-type: none"> <li>&gt; SA Health – Wellbeing SA (<i>Lead</i>)</li> <li>&gt; Primary Health Networks (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	HealthPathways SA.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
12. Improve the access to, and coordination of, hepatitis B services by strengthening links between service providers (including general practice; CALD and refugee services; Aboriginal and Torres Strait Islander services; sexual health services; NSPs and AODs, and other relevant health, community and peer-based services and organisations) to better engage people living with or at risk of hepatitis B with appropriate vaccination and other prevention, testing, monitoring, treatment and care.	SA Health – CDCB	Coordinate the statewide STI and BBV advisory structure and the Viral Hepatitis Model of Care Reference Group.
13. Encourage the provision of culturally appropriate services to priority populations, including engagement of multicultural and multilingual health professionals, peer and hepatitis educators and community liaison officers from priority populations.	SA Health – LHNs	<ul style="list-style-type: none"> <li>&gt; Continue to deliver specialist viral hepatitis clinical services.</li> <li>&gt; Promote and/or provide education opportunities and tools for clinicians delivering services to people at risk of or living with hepatitis B.</li> </ul>
	Primary Health Networks	Promote and/or provide education opportunities and tools for the primary care workforce delivering services to people at risk of or living with hepatitis B.
	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	Facilitate systematic linkage to care and support for people diagnosed with hepatitis B through proactive use of notification data and integrated models of care.
	SA Health – RHS	Continue to provide specialist primary health care services for new arrival refugees and asylum seekers.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.

### 3. Equitable access and coordination of care

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
14. Improve the availability of dedicated hepatitis B services and accredited hepatitis B prescribers, particularly in areas with high prevalence and/or large populations of CALD people from intermediate or high-prevalence countries.	SA Health – LHNs	Continue to deliver specialist viral hepatitis clinical services, and improve integration between primary health care providers, the Viral Hepatitis Nursing Support Program, tertiary hospitals and other key service providers.
	ASHM	HIV, HBV and HCV Prescriber Program*.
15. Continue to explore and share experiences of innovative models of care for hepatitis B prevention and management, particularly models for rural and remote areas and areas of workforce shortage.	SA Health – CDCB	Coordination of Commonwealth and state immunisation programs, including the <a href="#">SA Health High Risk Hepatitis B Immunisation Program</a> .
	SA Health – DASSA	Management of the statewide Clean Needle Program in South Australia.
	> SA Health – LHNs ( <i>Lead</i> ) > SA Health – Rural Support Service > Primary Health Networks	Improve integration between clinical services in priority settings in rural and remote areas and areas of workforce shortage with the Viral Hepatitis Nursing Support Program, tertiary hospitals and other key service providers.
	> SA Health – Wellbeing SA ( <i>Lead</i> ) > Primary Health Networks ( <i>Lead</i> ) > SA Health – LHNs	HealthPathways SA.
	> SA Health – CDCB ( <i>Lead</i> ) > SA Health – LHNs	Facilitate systematic linkage to treatment for people diagnosed with hepatitis B through proactive use of notification data and integrated models of care.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.

## 4. Workforce

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
16. Implement targeted initiatives including the use of digital platforms and face-to-face learning opportunities to facilitate a highly skilled clinical and community-based workforce.	SA Health – LHNs	Promote and/or provide education opportunities and tools for clinicians delivering services to people at risk of or living with hepatitis B.
	Primary Health Networks	Promote and/or provide education opportunities and tools for the primary care workforce delivering services to people at risk of or living with hepatitis B.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
17. Continue to prioritise education and resources to support health professionals in the early detection, monitoring and treatment of hepatitis B and utilising available multidisciplinary referral pathways.	SA Health – LHNs	Promote and/or provide education opportunities and tools for clinicians delivering services to people at risk of or living with hepatitis B.
	Primary Health Networks	Promote and/or provide education opportunities and tools for the primary care workforce delivering services to people at risk of or living with hepatitis B.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
18. Support the continued provision, dissemination and maintenance of <b>evidence-based, responsive and accessible national clinical guidelines</b> and other information resources on vaccination, testing, monitoring, treatment, care and support for people living with hepatitis B, adapted to the needs of the workforce.	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB</li> <li>&gt; SA Health – LHNs</li> </ul>	Support the maintenance and accessibility of national clinical guidelines and tools.
	> Primary Health Networks	Promote hepatitis B and related STI/BBV clinical guidelines and resources to primary health care providers.
	<ul style="list-style-type: none"> <li>&gt; SA Health – Wellbeing SA (<i>Lead</i>)</li> <li>&gt; Primary Health Networks (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	HealthPathways SA.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.

## 4. Workforce

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
19. Support community organisations, the healthcare workforce and community-based workers to increase their engagement with priority populations; and consider opportunities to utilise the established networks of NSPs, AOD and peer-based services to improve hepatitis B health literacy and connection to care.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.



## 5. Addressing stigma and creating an enabling environment

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
20. Incorporate messaging to counteract stigma in hepatitis B health promotion education programs and initiatives.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Cancer Council SA	Cancer prevention projects.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
21. Monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services; and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response.	SA Health – CDCB	<ul style="list-style-type: none"> <li>&gt; Facilitate identification of barriers and strategies to address these via the Viral Hepatitis Subcommittee of SASBAC and the Viral Hepatitis Model of Care Reference Group.</li> <li>&gt; Monitor implementation of the <i>Criminal Law (Forensics Procedures Act) 2007</i>.</li> </ul>
	<ul style="list-style-type: none"> <li>&gt; Department for Correctional Services (<i>Lead</i>)</li> <li>&gt; SA Health – SA Prison Health Service (<i>Lead</i>)</li> <li>&gt; SA Health – DASSA</li> <li>&gt; SA Health – CDCB</li> </ul>	Facilitate identification of barriers to BBV prevention in custodial settings and strategies to address these via the SA Prisoner Blood-Borne Virus Prevention Action Plan: Prisoner Harm Reduction Working Party.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.

## 5. Addressing stigma and creating an enabling environment

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
22. Review and address institutional, regulatory and system policies which create barriers to equality of prevention (including access to vaccination), testing, treatment, care and support for priority populations, including people living with hepatitis B.	SA Health – CDCB	Facilitate identification of barriers and strategies to address these via the Viral Hepatitis Subcommittee of SASBAC and the Viral Hepatitis Model of Care Reference Group.
	<ul style="list-style-type: none"> <li>&gt; Department for Correctional Services (<i>Lead</i>)</li> <li>&gt; SA Health – SA Prison Health Service (<i>Lead</i>)</li> <li>&gt; SA Health – DASSA</li> <li>&gt; SA Health – CDCB</li> </ul>	Facilitate identification of barriers to BBV prevention in custodial settings and strategies to address these via the South Australian Prisoner BBV Prevention Action Plan.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
23. Implement initiatives aimed at minimising stigma and discrimination against people living with hepatitis B and other priority populations in the community and in healthcare settings.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Cancer Council SA	Cancer prevention projects.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Primary Health Networks	Promote and/or provide education opportunities and tools for the primary care workforce delivering services to people at risk of or living with hepatitis B.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SA Health – LHNs	Promote and/or provide education opportunities and tools for clinicians delivering services to people at risk of or living with hepatitis B.
SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.	

## 6. Data, surveillance, research and evaluation

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
24. Identify opportunities to improve the timeliness and consistency of data collections.	SA Health – CDCB	Continue participation with National Notifiable Diseases Surveillance System led quality improvement activities, including benchmarking against other States and Territories.
	All partners	Identify opportunities to improve hepatitis C data collection to inform strategy and monitor progress towards National Hepatitis B Strategy targets, by priority setting/population.
25. Implement initiatives to improve data completeness in clinical and pathology settings in relation to maternal hepatitis B status, Aboriginal and Torres Strait Islander status, country of birth, and likely place of hepatitis B acquisition; and for collecting data on the impact of hepatitis B on unvaccinated adults at high risk of infection.	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> <li>&gt; SA Health – DASSA</li> <li>&gt; SA Health – Prison Health Service</li> <li>&gt; Primary Health Networks</li> <li>&gt; Pathology providers</li> </ul>	Enhance the quality and consistency of hepatitis B data collection by: <ol style="list-style-type: none"> <li>a. Identifying gaps in Aboriginal and country of birth specific hepatitis B data by infection, service type, region, etc.</li> <li>b. Establishing mechanisms to routinely report against Aboriginal and country of birth specific hepatitis B data to inform strategy (including service quality improvement) and monitor progress against National Strategy targets.</li> </ol>
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
26. Investigate opportunities to better measure and collect data on hepatitis B associated morbidity, mortality and experiences of stigma and discrimination.	SA Health – CDCB	Review and update surveillance data where needed to enable reporting on key indicators identified in this strategy.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
27. Identify gaps in surveillance data for measuring and monitoring the implementation of this strategy and prioritise these for action.	SA Health – CDCB	Review and update surveillance data where needed to enable reporting on key indicators identified in this strategy.

## 6. Data, surveillance, research and evaluation

Key Areas for Action (KAA)	Agencies addressing the KAA	Program/Activity
28. Support research on emerging hepatitis B issues and risks and associated public health implications.	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB</li> <li>&gt; SA Health – LHNs</li> <li>&gt; SA Health – DASSA</li> <li>&gt; SA Health – Prison Health Service</li> </ul>	Continue to support research opportunities across disciplines to address data gaps and inform implementation of the National Hepatitis B Strategy.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds.
29. Promote a balance of social, behavioural, epidemiological and clinical research to better inform all aspects of the response.	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB</li> <li>&gt; SA Health – LHNs</li> <li>&gt; SA Health – DASSA</li> <li>&gt; SA Health – Prison Health Service</li> </ul>	Continue to support research opportunities across disciplines to address data gaps and inform implementation of the National Hepatitis B Strategy.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
30. Ensure current and future programs and activities are evaluated to ensure linkage and alignment to the priority areas of this strategy.	SA Health – CDCB	Continue to monitor and evaluate the implementation of programs and services implementing this strategy, informing the South Australian STI and BBV Non-government Contracted Health Services funding program.

## Roles and responsibilities

The 'Third National Hepatitis B Strategy 2018-2022' and this Implementation Plan acknowledge that achieving these goals requires collaboration between Commonwealth, State and Territory governments, clinical services, community organisations, service delivery organisations, professional bodies, research organisations and people living with BBV and/or STI, their families and communities.

### SA Health

SA Health is primarily responsible for delivery of specialist STI and BBV clinical health services, tertiary referral, training of specialist clinical workforce and service planning activities. SA Health also administers funding to the non-government sector to implement STI and BBV policy commitments.

SA Health's responses to STI and BBV are guided by jurisdictional policy and planning that align with the National Strategies for these infections.

### Partners

The non-government sector, in particular primary care clinicians, non-government organisations (NGO), peak bodies, professional organisations and research facilities, are a strong part of Australia's response to STI and BBV, and continue to play a vital role in the development, implementation and outcomes of the current National Strategies.

### South Australian STI and BBV Advisory Committee (SASBAC)

SASBAC is the peak structure of the partnership between government, non-government organisations, researchers, clinicians and affected communities in South Australia, which underpins the public health response to HIV, STI and viral hepatitis (hepatitis B and hepatitis C). It monitors surveillance and epidemiology and provides expert strategic advice on the planning, implementation, monitoring and evaluation of the strategies and activities that make up the South Australian health system's response to STI and BBV.

### Viral Hepatitis Subcommittee of SASBAC (HAPI Group)

The Viral Hepatitis Subcommittee provides advice to SASBAC on all aspects of hepatitis B and hepatitis C health promotion, workforce development, primary prevention and promoting the health and wellbeing of people affected by hepatitis B and C. This advice is considered in the context of priority populations identified in relevant SA Health implementation plans, action plans and strategies.

The Subcommittee recognises the differences in the epidemiology and models of care for the viruses, and applies an equitable consideration for hepatitis B and hepatitis C.

### Viral Hepatitis Model of Care Reference Group (VHMOC)

The South Australian Viral Hepatitis Model of Care Reference Group (VHMOC) was established to develop and monitor a [statewide model of care for viral hepatitis](#), with a focus on clinical pathways and shared care arrangements for the clinical management of people living with hepatitis B and C.

VHMOC provides a central coordination and monitoring mechanism for components of the statewide model of care for viral hepatitis including the Viral Hepatitis Nursing Support Program and community-based hepatitis B and C prescribing.

VHMOC aims to increase access to guideline-based care for hepatitis B and C positive people in South Australia by removing barriers to testing, treatment, care and support, and formalising and documenting clinical pathways. VHMOC acknowledges that pharmaceutical treatment is only one aspect of a holistic approach to the care and support of hepatitis B and C positive people, and facilitates partnerships between government and non-government services to ensure these needs are met.

## Monitoring and reporting

The Government of South Australia is committed to high-quality monitoring and evaluation, and to public accountability for its efforts to achieve the targets of the 'Third National Hepatitis B Strategy 2018-2022'.

The 'South Australian Hepatitis B Implementation Plan 2019-2023' will be monitored by SASBAC through the Viral Hepatitis Subcommittee.

An annual progress report on the 'South Australian Hepatitis B Implementation Plan 2019-2023' (covering the previous financial year) will be presented to SASBAC for review, after endorsement by the HAPI Group. Coordination of this process will be led by SA Health.

A 'Strategic Performance Framework Report' is conducted biennially to monitor, where data is available, South Australia's progress against the goals, objectives and targets of the national STI and BBV strategies. Compilation of the report is led by SA Health, with the final report being endorsed by SASBAC before being sent to its Subcommittees.

## Appendix 1: Progress under the South Australian Hepatitis B Action Plan 2014-2017

The 'South Australian Hepatitis B Action Plan 2014-2017' described South Australia's approach to reducing the impact of the hepatitis B virus as a public health priority and was aligned with the 'First National Hepatitis B Strategy 2010-2013'. The Action Plan's implementation was extended until 2018.

### Previous targets

The performance indicators and targets of the 'South Australian Hepatitis B Action Plan 2014-2017' were:

Performance Indicator	Reporting Frequency	Source	South Australian Target
1) Coverage of hepatitis B vaccination among children and adolescents (Essential Vaccines National Partnership Agreement)	Mid-term and final report	Childhood immunisation register	95% coverage (all SA) 95% coverage (Aboriginal people)
2) Estimated proportion of people with chronic hepatitis B who have not been diagnosed in SA	Not specified	WHO Regional Reference Laboratory for Hepatitis B, Victorian Infectious Diseases Research Laboratory	Reduce the estimated proportion of people who have not been diagnosed to 20%
3) Notifications of acute and unspecified hepatitis B	Mid-term and final report	STI & BBV Disease Surveillance and Investigation Section, SA Health	No target – expected to increase as more people are diagnosed
4) Proportion of people who die within 12 months of a hepatitis B diagnosis (notifications matched with death register)	Mid-term and final report	STI & BBV Disease Surveillance and Investigation Section, SA Health	No target
5) Proportion of people with chronic hepatitis B dispensed drugs for hepatitis B infection through the Highly Specialised Drugs (s100) Program	Mid-term and final report	s100 prescription data; STI & BBV Disease Surveillance and Investigation Section, SA Health	10% of people with chronic hepatitis B to receive treatment

The following summarises the progress in relation to these performance indicators and targets set under the 'South Australian Hepatitis B Action Plan 2014-2017':

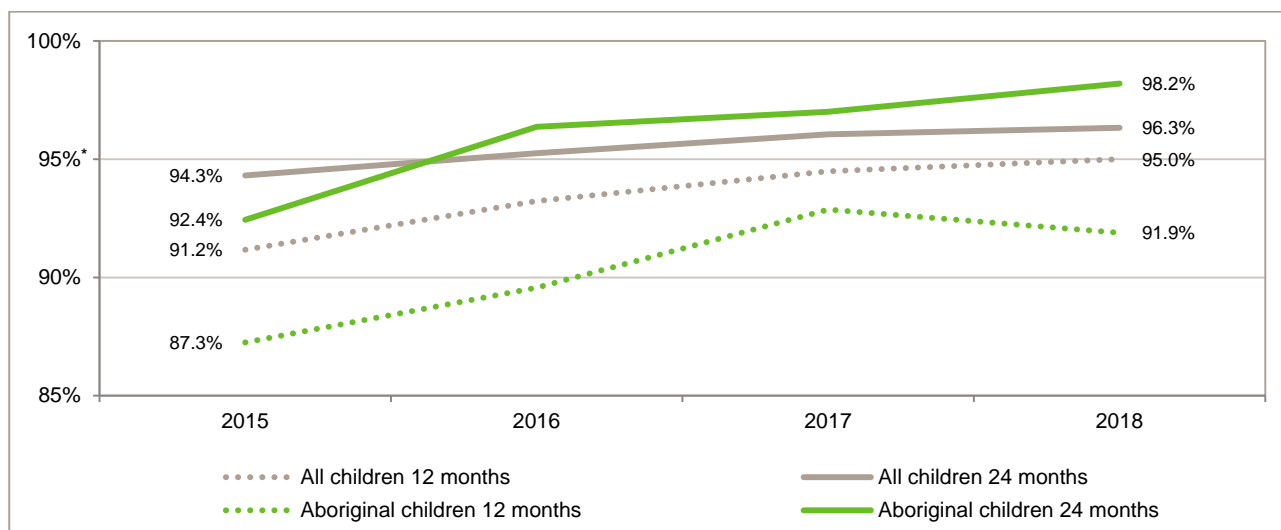
### Performance Indicator 1: Coverage of hepatitis B vaccination among children and adolescents

Hepatitis B vaccination coverage among all children and among Aboriginal children aged 24 months of age consistently met or exceeded the South Australian target of 95% during the period 2016 to 2018.

		2015	2016	2017	2018	Target
All children	12 months	91.17%	93.23%	94.49%	95.00%	95%
	24 months	94.31%	95.25%	96.05%	96.33%	
Aboriginal children	12 months	87.25%	89.57%	92.87%	91.89%	95%
	24 months	92.44%	96.37%	97.01%	98.20%	

Data as at 31 March each year. SA data earlier than 2015 is no longer publicly available. The adolescent hepatitis B vaccination catch-up program finished in 2013.

**Figure 1: Coverage of hepatitis B vaccination at 12 and 24 months of age, by Aboriginality status, South Australia, 2015 to 2018**



\* Vaccination coverage target.

While all individuals up to 19 years of age are eligible for catch-up vaccines through the National Immunisation Program, including for hepatitis B, there are many older people who did not benefit from these programs and remain susceptible to infection.

Aligned with [Australian Immunisation Handbook](#) recommendations, the [SA Health High Risk Hepatitis B Immunisation Program](#) offers free vaccination for adults from a range of priority groups who missed or were not eligible for childhood and adolescent catch up vaccination programs.

### Performance Indicator 2: Estimated proportion of people with chronic hepatitis B who have not been diagnosed in SA

Since 2011, modest increases in the estimated proportion of people living with chronic hepatitis B who have been diagnosed have been observed in South Australia, reflecting national trends (Table 2).

	2014	2015	2016	2017	2018	Target
No. living with chronic hepatitis B	10,788	11,136	11,468	11,773	12,019	
Proportion diagnosed	63.2%	63.5%	63.7%	63.9%	64.1%	<b>80%</b>

However, as of 2018 the estimated proportion of South Australians living with hepatitis B who have been diagnosed remains below the national average, and the South Australian target of increasing the estimated proportion of people living with chronic hepatitis B who have been diagnosed to 80% was not achieved.

This target has been retained for the ‘Third National Hepatitis B Strategy 2018-2022’.

To reach this target, strategies to significantly increase rates of screening and diagnosis for people living with hepatitis B are required across priority settings.



### Performance Indicator 3: Notifications of acute and unspecified hepatitis B

No target was set for this performance indicator.

**Table 3: Annual number of notifications of newly acquired hepatitis B, by Aboriginal status, South Australia, 2014 to 2018<sup>3</sup>**

	2014	2015	2016	2017	2018
Aboriginal	1	2	0	0	0
Non-Indigenous	6	5	6	12	4
<b>Total number of notifications</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>12</b>	<b>4</b>

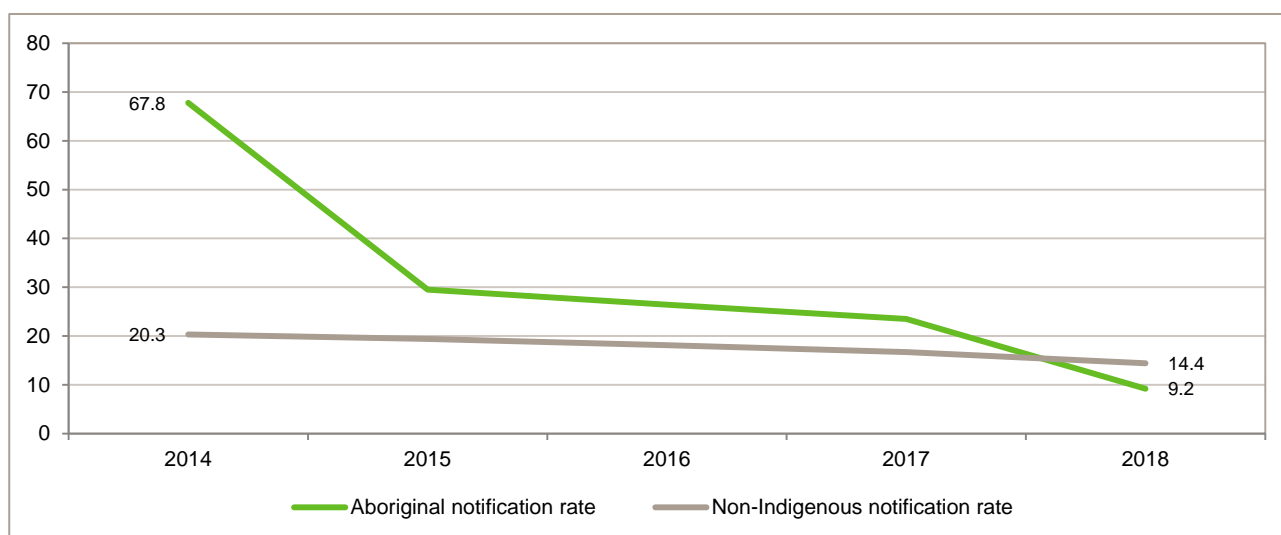
There were four notifications of newly acquired (acute) hepatitis B infection in South Australia in 2018 (Table 3). The five year average of acute hepatitis B notifications (2013-2017) was eight cases per year.

There were five notifications of newly acquired hepatitis B amongst Aboriginal and Torres Strait Islander people from 2008 to 2018 (and no notifications between 2016 and 2018), compared to 14 notifications between 1996 and 2007, reflecting the declining trend observed nationally during this period.

**Table 4: Annual number of notifications of unspecified hepatitis B, and notification rate per 100,000 population, by Aboriginal status, South Australia, 2014 to 2018**

	2014	2015	2016	2017	2018
Aboriginal	27	12	11	10	4
Non-Indigenous	334	322	302	281	244
Not stated	3	1	0	0	6
<b>Total number of notifications</b>	<b>364</b>	<b>335</b>	<b>313</b>	<b>291</b>	<b>254</b>
<i>Aboriginal notification rate</i>	<i>67.8</i>	<i>29.5</i>	<i>26.4</i>	<i>23.5</i>	<i>9.2</i>
<i>Non-Indigenous notification rate</i>	<i>20.3</i>	<i>19.4</i>	<i>18.1</i>	<i>16.7</i>	<i>14.4</i>

**Figure 2: Annual unspecified hepatitis B notification rate per 100,000 population, by Aboriginal status, South Australia, 2014 to 2018**



There were 254 notifications of hepatitis B infections of unspecified duration in South Australia in 2018 (Table 4), a decrease compared to 291 cases in 2017 and the five year average of 325 cases per year (2013-2017). The notification rate for all unspecified hepatitis B cases in 2018 was 14.63 per 100,000 population.

The notification rate in the Aboriginal population decreased to 9.2 per 100,000 population in 2018, below that of the non-Indigenous population at 14.4 per 100,000. This trend towards declining rates is reflective of national trends and indicative of the impact of sustained high hepatitis B vaccination coverage among Aboriginal people through childhood and adolescent immunisation programs (Figure 2).

## Performance Indicator 4: Proportion of people who die within 12 months of a hepatitis B diagnosis

No target was set for this performance indicator.

This data is not available for the 'South Australian Hepatitis B Action Plan 2014-2017' reporting period. However, Chinnaratha *et al.* (2016) performed a population-based cohort study to determine incidence rate and survival trends of hepatitis B related hepatocellular carcinoma (HCC) in South Australia for three 5-year time periods (1996-2000, 2001-2006 and 2006-2010).<sup>4</sup>

**Table 5: Number/proportion of people who die from HCC within 12 months of hepatitis B diagnosis and their age, South Australia, 1996 to 2010**

	Observed HCC cases	Crude incidence rate per 100,000 person-years	Number of deaths n (%)	Median survival (months)
<b>Overall</b>	<b>47</b>	<b>111.3</b>	<b>33 (70.2%)</b>	<b>12.5</b>
<b>Gender</b>				
Males	39	156.3	28 (71.8%)	11.5
Females	8	46.3	5 (62.5%)	21.9
<b>Age group (years)</b>				
1 – 44	7	17.9	5 (71.4%)	4.9
45 – 64	25	346.3	17 (68%)	19.2
≥65	15	699.7	11 (73.3%)	4.6
<b>Period of HCC diagnosis</b>				
1996 – 2000	9	45.8	8 (88.9%)	9.3
2001 – 2005	14	100.6	12 (85.7%)	10.2
2006 – 2010	24	275.6	13 (54.2%)	21.8

Forty-seven of 3,881 hepatitis B notifications during this period were linked to a HCC record.<sup>†‡</sup>

Both crude and age-standardised incidences of hepatitis B related HCC increased between 1996 and 2010 in South Australia, reflecting national trends.

Age-standardised HCC incidence in this cohort increased over time from 139.7 per 100,000 person-years in 1996 to 486.1 per 100,000 person-years in 2010, with an annual percentage increase of 20.8% (95% CI: 10.06-32.54,  $p=0.001$ ) (a more than a 200% increase in the age-standardized incidence rates during the study period).

Time-series forecasting analysis projects that this trend will likely continue. The moving average of HCC cases among people living with chronic hepatitis B was projected to increase from 6.3 per year in 2010 to approximately 9 per year in 2018.

Median survival following HCC diagnosis was 12.5 months (95% CI: 3.6-21.4), with a trend towards longer survival during the 2006-2010 time period (21.8 months) compared to the previous two time periods (9.2 and 10.2 months,  $p=0.056$ ).

Modelling by the WHO Collaborating Centre for Viral Hepatitis (VIDRL, Doherty Institute) estimates a gradual decline in total deaths attributable to chronic hepatitis B nationally from 2006 to 2018, though it is noted that this was largely driven by those jurisdictions with the largest number of people living with chronic hepatitis B receiving treatment or in care (NSW and VIC). This trend was not observed in other states and territories, including South Australia.<sup>2</sup>

<sup>†</sup> Median (interquartile range) age at diagnosis: 58.9 (13.4) years; 83% males; 8.5% born in Australia; 62% diagnosed between 51-69 years.

<sup>‡</sup> Confirmed registry data only, possible under-representation of true number of HCC cases associated with chronic hepatitis B infection during this period.

## Performance Indicator 5: Proportion of people with chronic hepatitis B dispensed drugs for hepatitis B infection through the Highly Specialised Drugs (s100) Program

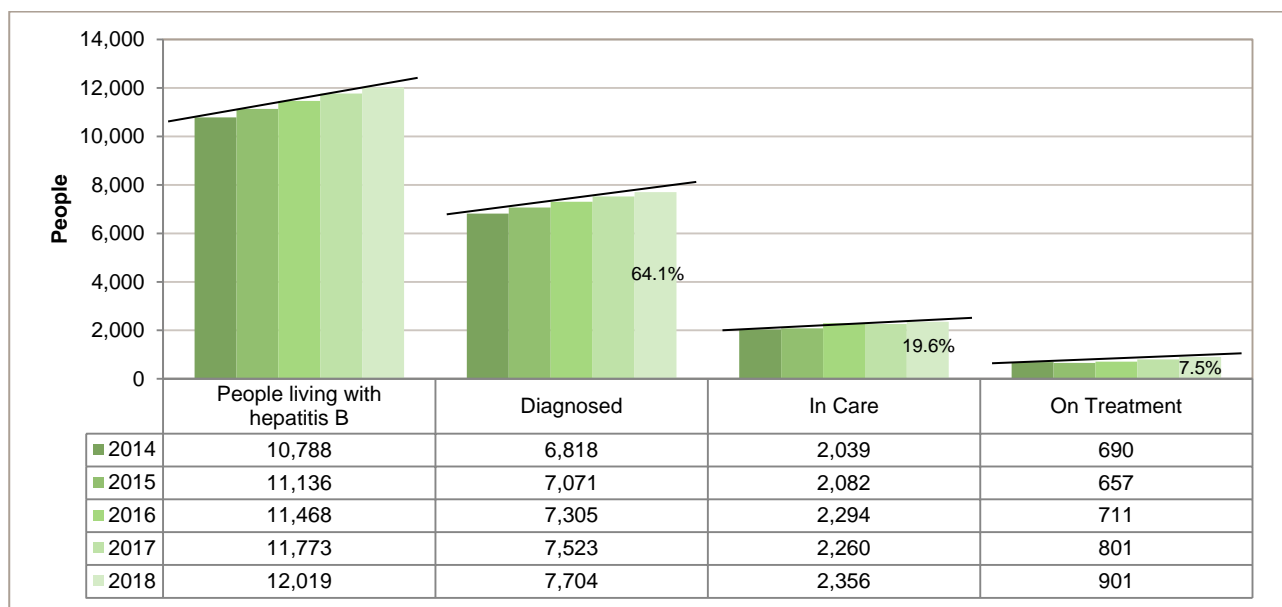
**Table 6: Estimated proportion of people living with chronic hepatitis B who were engaged in care or dispensed drugs for hepatitis B infection through the PBS Highly Specialised Drugs (s100) Program, South Australia and Australia, 2014 to 2018**

		2014	2015	2016	2017	2018	Target
Proportion dispensed treatment	SA	6.4%	5.9%	6.2%	6.8%	7.5%	10%
	Australia	7.3%	7.6%	8.2%	8.8%	9.0%	15%
Proportion engaged in guideline based care*	SA	18.9%	18.7%	20.0%	19.2%	19.6%	N/A**
	Australia	19.6%	19.6%	20.8%	21.3%	22.5%	

\* Represents people living with chronic hepatitis B receiving either antiviral treatment or off-treatment monitoring

\*\* No target set under the previous state Action Plan. The 'Third National Hepatitis B Strategy 2018-2022' has set a target of 50% of people living with chronic hepatitis B being engaged in care.

**Figure 3: Estimated hepatitis B diagnosis and care cascade, South Australia, 2014 - 2018**



### Guideline based care:

The estimated proportion of people living with chronic hepatitis B who are engaged into care in South Australia has increased slightly since 2011, reflecting national trends. However, as of 2018 the estimated proportion of South Australians living with chronic hepatitis B who are engaged in care remained below the national average of 22.5%.

Following current trends, South Australia will not reach the 'Third National Hepatitis B Strategy 2018-2022' target of 50% of people living with chronic hepatitis B being engaged in care until 2057, leaving many people at risk of severe and potentially fatal hepatitis B related liver disease, including cirrhosis and HCC.

To reach this target by 2022, strategies to significantly increase linkage to and retention in guideline-based care for people living with hepatitis B are required.

## Treatment:

Not all people living with chronic hepatitis B are eligible for treatment due to the dynamic natural history of hepatitis B.

The true proportion of people living with chronic hepatitis B who require treatment will vary by hepatitis B genotype or country of birth as a proxy, age group, sex, and other factors. In South Australia, it is estimated that approximately 30% of people living with hepatitis B are eligible for treatment.

As of 2018, it is estimated that only 7.5% of South Australians living with chronic hepatitis B were on antiviral treatment, lower than the 2017 South Australian target of 10%.

Furthermore, reflective of national trends, there is geospatial variation in uptake of guideline based care by South Australians living with chronic hepatitis B (Table 7), providing evidence to inform targeted strategies to improve access to treatment, care and support under the 'South Australian Hepatitis B Implementation Plan 2019-2023'.

**Table 7: Statistical Area Level 3 (SA3) regions ranked by estimated number of people living with chronic hepatitis B (PLHBV) not engaged in guideline-based care during the previous 12 months, South Australia, 2018<sup>5</sup>**

Primary Health Network (PHN) and SA3	Estimated no. of PLHBV	Estimated proportion of PLHBV in care	Estimated no. and proportion of all SA PLHBV not in care	
<b>Adelaide PHN</b>	<b>9,794</b>	<b>20.6%</b>	<b>7,776</b>	<b>79.5%</b>
Salisbury	1,442	29.9%	1,011	10.3%
Onkaparinga	762	9.6%	689	7.0%
Charles Sturt	863	27.3%	627	6.4%
Port Adelaide (East)	766	23.1%	589	6.0%
Port Adelaide (West)	771	29.6%	543	5.6%
Playford	646	20.7%	512	5.2%
West Torrens	636	20.9%	503	5.1%
Campbelltown	581	17.7%	478	4.9%
Mitcham	485	9.7%	438	4.5%
Tea Tree Gully	490	11.6%	433	4.4%
Marion	493	25.5%	367	3.8%
Adelaide City	404	10.1%	363	3.7%
Unley	292	13.4%	253	2.6%
Norwood-Payneham-St Peters	290	16.9%	241	2.5%
Prospect – Walkerville	255	13.7%	220	2.3%
Holdfast Bay	217	7.8%	211	2.2%
<b>Country South Australia PHN</b>	<b>2,225</b>	<b>10.0%</b>	<b>2,003</b>	<b>20.5%</b>
Murray and Mallee	380	9.5%	344	3.5%
Limestone Coast	308	12.0%	271	2.8%
Adelaide Hills	291	10.0%	262	2.7%
Eyre Peninsula and South West	275	11.6%	243	2.5%
Fleurieu – Kangaroo Island	201	7.0%	187	1.9%
Outback – North and East	170	23.5%	130	1.3%
Barossa	130	6.9%	121	1.2%
Yorke Peninsula	104	6.7%	97	1.0%
Mid North	117	#	#	#
Lower North	89	#	#	#
<b>South Australia</b>	<b>12,019</b>	<b>19.6%</b>	<b>9,779</b>	<b>100.0%</b>

# Data suppressed where number receiving treatment and/or care was <6, or population was <3000.

In response to evidence of concerning low levels of diagnosis, treatment initiation and monitoring for hepatitis B in SA and across Australia, the [Viral Hepatitis Nursing Support Program](#) have increased their scope of practice in order to make significant progress in improving the outcomes of people diagnosed with chronic hepatitis B.<sup>6</sup>

The education, treatment and monitoring of hepatitis B patients is a priority for the Program. The Viral Hepatitis Nurses seek to establish professional connections and collaborate with key agencies and community groups in order to raise awareness, improve access to healthcare and provide information and support, thereby improving the health of South Australians.

With a view to ensuring consistent linkage to care for all people diagnosed with hepatitis B, in June 2019 the Communicable Disease Control Branch (CDCB) commenced routine referral of notifications of positive hepatitis B pathology tests into this statewide program, enabling these specialist nurses to contact diagnosing clinicians and if required, offer support to facilitate the follow up of patients and contacts and the provision of guideline based care for all diagnoses notified to the CDCB.

Opportunities to improve the utility and efficiency of this system will continue to be explored by the Viral Hepatitis Model of Care Reference Group over the life of this Implementation Plan.

### **Non-government contracted health services:**

The non-government sector plays a critical role in the statewide response to hepatitis B.

In 2019, SA Health extended service agreements with non-government agencies for the continuation of these services essential to achievement of targets in this Implementation Plan.

### Community and workforce education:

In South Australia, efforts to build a strong, local community-based response to hepatitis B have focused on engagement and empowerment of community organisations and leaders from priority populations, recognising the expertise and social capital they hold within the communities they represent, and that their meaningful involvement in all aspects of the hepatitis B response is key to a more targeted, impactful and relevant policy and programmatic response.

- > [Hepatitis SA](#) delivers a statewide viral hepatitis community and workforce education program funded by SA Health. In addition, Hepatitis SA also delivered a series of targeted Hepatitis B Community Education Projects between 2016 and 2018 funded by the Australian Government Department of Health.
- > [PEACE Multicultural Services](#) deliver a statewide community and workforce education program for people from culturally and linguistically diverse (CALD) backgrounds who are at risk of or living with STI and/or BBV.

Under the previous Implementation Plan, thousands of people across South Australia were engaged by these programs, creating awareness and driving demand for prevention, testing, management, care and support for viral hepatitis across a range of priority populations.

- > The [Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine](#) (ASHM) (in partnership with Hepatitis SA and local clinicians with experience in the management of hepatitis B) also deliver clinical workforce development services in SA, and are responsible for coordinating the hepatitis B s100 community prescriber program which provides initial training, ongoing support and continuing professional development activities to accredit GPs to prescribe hepatitis B treatment.

As of 2018, there were 38 hospital and community based hepatitis B section 100 prescribers in South Australia. Furthermore, the 2016 'Hepatitis B Mapping Report' identified that Adelaide PHN had the most relevant specialists per 1,000 people living with chronic hepatitis B of any PHN in the country.

### Support services:

- > Hepatitis SA delivers a diverse array of individualised and group support services for people affected by viral hepatitis, including a statewide Hepatitis SA Helpline and a Chinese Hepatitis B Information Service.
- > [MOSAIC](#) deliver a statewide program based on building resilience and assisting people living with BBV who require support navigating the health system and coordinating the management of their condition through free and confidential counselling, advocacy and case management support.

MOSAIC and PEACE have collaborated with a range of service providers to expand referral pathways for individualised and group support for people living with chronic hepatitis B, and continue to build the capacity of people living with hepatitis B to support their meaningful involvement in all aspects of the response. PEACE has also established a service providing hepatitis B information and support (including peer support) to CALD families affected by hepatitis B.

Reflective of low rates of diagnosis and care uptake among South Australian PLHBV, compared to other blood borne viruses relatively few South Australian PLHBV accessed support through the non-government sector during this period.

However, following significant investment in relationships with communities disproportionately affected by hepatitis B, and in the development of tailored support services, South Australian non-government services have reported a trend towards increasing uptake of hepatitis B related support.

### Response to hepatitis B in Aboriginal communities:

Aboriginal and Torres Strait Islander people were listed as a priority population for the previous South Australian Hepatitis B Implementation Plan.

Notification data suggests that a significant proportion of South Australian Aboriginal people diagnosed with hepatitis B between 1995 and 2018 resided in the Far North and Eyre and Western regions at the time of their diagnosis. Furthermore, nationally from 2007 to 2014 liver cancer incidence and mortality attributed to liver cancer was significantly higher for Aboriginal people living in outer regional, remote and very remote areas compared to those living in major cities or inner-regional areas.

In addition to demonstrably successful initiatives to improve access to hepatitis B primary prevention, the [Aboriginal Health Council of SA](#) (AHCSA) in partnership with SA Aboriginal Community Controlled Health Services (ACCHS) have implemented a data driven quality improvement project to improve the use of clinical guidelines and patient management systems to systematically identify and ensure appropriate linkage to care for any clients who are at risk of or living with hepatitis B.

AHCSA, Nganampa Health Council and other SA ACCHS have also worked with SA Health Local Health Networks to coordinate specialist outreach to regional and remote areas, supporting equity of access to care for Aboriginal people living with chronic hepatitis B across South Australia.

Indicative of the impact of these initiatives, the 'Viral Hepatitis Mapping Project: National Report 2018-19' highlights significant increases in guideline-based care uptake by people living with chronic hepatitis B residing in the Outback – North and East SA3 region, with the most recent estimate (23.5% in care) similar to the highest rates of care uptake reported in urban Adelaide SA3s, despite the significant health service access challenges present in this rural region.

Initiatives to support equitable access to care including liver cancer screening for people living with chronic hepatitis B in regional and remote areas of South Australia remain a priority for South Australia.

Aboriginal and Torres Strait Islander people at risk of or living with hepatitis B will continue to be prioritised through implementation of the 'South Australian Hepatitis B Implementation Plan 2019-2023' and the 'South Australian Aboriginal STI and BBV Action Plan 2020-2024'.

## References

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For more information

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