

Australia making progress but more needs to be done to eliminate hepatitis C: Report

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Credit: Burnet Institute Strategic Investment Scheme

Australia has made great progress towards hepatitis C elimination, with an estimated 60% of people living with hepatitis C having already been treated, but more work is needed if Australia is to eliminate hepatitis C

as a public health threat by 2030.

A [new report](#), "Key findings of Australia's progress towards hepatitis C elimination: Annual report 2023," by Burnet Institute and Kirby Institute at UNSW Sydney released today, shows:

- Between March 2016 and December 2022, an estimated 100,684 people living with hepatitis C initiated treatment.
- Treatment rates are declining, in 2016, 33,202 people were treated compared to just 5,205 people in 2022.
- An estimated 74,400 Australians remained living with hepatitis C at the end of 2022.

Highly effective treatment for hepatitis C has been available through the Pharmaceutical Benefits Scheme since 2016. But many people living with hepatitis C remain untreated, and at serious risk of liver disease, cancer, and premature death.

Report Editor and Burnet Institute Deputy Discipline Head of Public Health Dr. Alisa Pedrana said ensuring people diagnosed with hepatitis C received treatment was still a major challenge.

"Data from this year's report shows continued declines in testing and treatment; and what's clear is if we keep doing the same things, Australia will not achieve its elimination goals," she said.

"We need to better support people living with hepatitis C to access regular testing, so that when they are diagnosed, they can be linked to treatment quickly and be cured.

"It is also important that people who have been treated and with an ongoing risk of acquiring hepatitis C are routinely tested for reinfection."

The report revealed that 40% of people who inject drugs had experienced stigma in a health care setting, with 1 in 5 having experienced stigma even within [drug](#) and alcohol services.

"Many people living with hepatitis C, especially people who inject drugs, face significant levels of stigma and discrimination within health care settings, which impacts their likelihood of accessing care, and the quality of care they receive," Dr. Pedrana said.

Survey data showed that 70% of health care workers said they would behave negatively towards someone because of their injecting drug use.

"We need to recognize that health care provider attitudes and behaviors may reflect broader societal attitudes towards people who use drugs, which are influenced by punitive drug policies and the ongoing criminalization of people who use drugs," Dr. Pedrana said.

"It is important that we try to address these harmful attitudes and prioritize respectful and person-centered care."

People living with hepatitis C and people who inject drugs more broadly, face [social exclusion](#), marginalization and economic disadvantage due to the criminalization of drug use and contact with the justice system.

Head of the Viral Hepatitis Clinical Research Program at the Kirby Institute, UNSW Sydney, Professor Gregory Dore said there had been considerable progress towards elimination, but enhanced and targeted strategies were needed.

"Although Australia has made major strides towards hepatitis C elimination and is a world leader in access to prevention and treatment for marginalized populations, there needs to be a closer alignment between what the data is telling us and where more effective

interventions are delivered," he said.

"A key example is the need for enhanced services in the prison setting, including expanded access to opioid agonist therapy, and early detection and retreatment of reinfection.

"With 74,400 Australians currently living with [hepatitis C](#), elimination is possible if models of care are better designed to reduce barriers and reach those who are most at risk."

More information: A Wilkinson et al, Australia's progress towards hepatitis C elimination: Annual Report 2023, *UNSWorks*, UNSW (2023). [DOI: 10.26190/4d4f-5n41](https://doi.org/10.26190/4d4f-5n41)

Provided by Burnet Institute

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