

# Key program elements and status

PRIORITIES	OBJECTIVES	STATUS IN 2015
Prevent	Reduce sharing of injecting equipment among people who inject drugs by 25%.	Sharing of injecting equipment remains stable in 2015 at <b>16%</b> .
	Achieve hepatitis B childhood vaccination coverage of 95%.	<b>95%</b> of children are vaccinated against hepatitis B (as measured at 24 months). <b>96.6%</b> of Aboriginal children were vaccinated against hepatitis B.
	Ensure all pregnant women are screened for hepatitis B.	<b>99%</b> of women giving birth in a hospital are screened for hepatitis B.
	Ensure all babies born to hepatitis B positive mothers receive hepatitis B immunoglobulin (HBIG) within 12 hours of birth.	<b>99%</b> of babies born to mothers living with hepatitis B received HBIG at birth.
Test	Increase testing and diagnosis.	Over <b>564,200</b> hepatitis B tests (surface antigen) in NSW (5.3% more than 2014).
		Notifications of hepatitis B continue to decline in young people (15-24 years), which may be related to universal immunisation program for infants.
Manage and treat	Improve monitoring, care and treatment.	<b>10,262</b> viral load tests conducted in 2015 to monitor people with chronic hepatitis B (3.2% more than 2014), with: <ul style="list-style-type: none"> <li>– over 60% monitored by GP (5% more than 2014)</li> <li>– almost 40% monitored by specialist (stable from 2014).</li> </ul> <b>5871</b> people with chronic hepatitis B were on treatment in NSW in 2013. New diagnostic equipment delivered to all local health districts to assess liver disease (Fibroscan).



<sup>1</sup> The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2015. The Kirby Institute, UNSW Australia, Sydney NSW 2052

<sup>2</sup> Hepatitis B Mapping Project: Estimates of chronic hepatitis B diagnosis, monitoring and treatment by Medicare Local, 2012/13 – National Report. Published by the Australasian Society for HIV Medicine (ASHM). Note: Estimates for 2014 and 2015 were unavailable at the time of preparation of this report.

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NSW Ministry of Health, Snapshot of the NSW Hepatitis B Strategy 2014-2020, September 2016.

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Health

SNAPSHOT

June  
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# NSW Hepatitis B Strategy

2014-2020

**Most adults who get hepatitis B clear the infection without specific treatment. However, about five to 10 people in every 100 infected do not clear the virus, and remain infectious for many years. They have chronic (long-term) hepatitis B infection. Children who acquire their infection at birth are more likely to develop chronic hepatitis B.**

Chronic hepatitis B infection slowly damages the liver, so people with this condition may eventually suffer liver failure or cancer of the liver. About two per cent of people infected with hepatitis B as adults, and 25 per cent of people infected as babies, develop advanced liver disease.

Hepatitis B is both a blood-borne and sexually transmissible infection. The routes of transmission include from mother-to-child, usually occurring at or around birth; during unprotected sex; through sharing of injecting equipment; and between people living with hepatitis B and their household contacts.

In Australia about 213,300 people are living with chronic hepatitis B<sup>1</sup>, with about 77,000 from NSW. A significant proportion of people living with hepatitis B are not aware of their infection.

Over nine per cent of people living with chronic hepatitis B in Australia are Aboriginal and Torres Strait Islander people (19,800). Aboriginal and Torres Strait Islander people represent three per cent of the Australian population. People born in the Asia-Pacific account for an estimated 38 per cent of those living

with chronic hepatitis B in Australia (81,267). People from Sub-Saharan Africa account for an estimated four per cent of people living with chronic hepatitis B (9172).

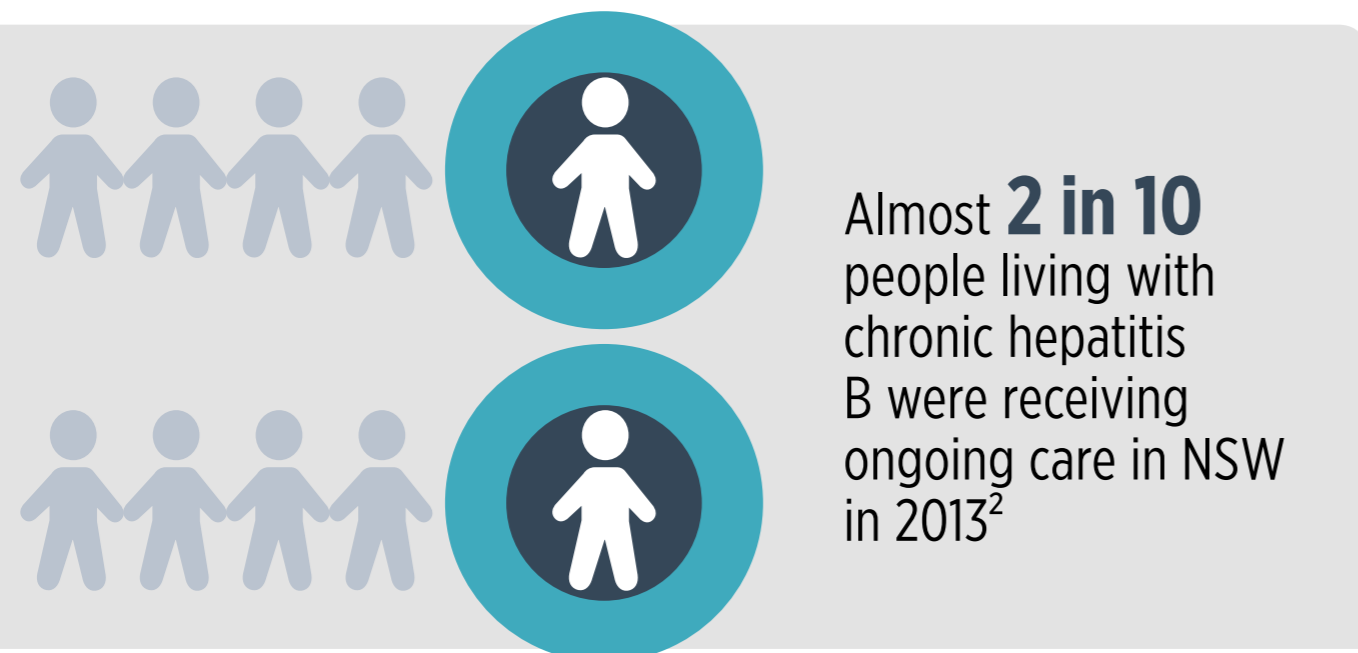
In NSW, hepatitis B infection is not evenly distributed, with higher notification rates in some areas including Western Sydney, South Western Sydney, South Eastern Sydney, Sydney and Northern Sydney.

Evidence shows that vaccination programs for hepatitis B are starting to have a benefit with declining rates of new infection in NSW, particularly in younger age groups.

Everyone living with chronic hepatitis B should be receiving ongoing care, incorporating either yearly off-treatment monitoring (including a DNA viral load test) or antiviral treatment.




In 2013 in NSW, 14,237 people received either antiviral therapy (5871), or a yearly viral load test (over 8300), representing 18.5 per cent of the estimated number of people living with chronic hepatitis B<sup>2</sup>.

**“ Hepatitis B is a substantial public health problem in Australia and internationally. ”**



## NSW Hepatitis B Strategy 2014-2020

The *NSW Hepatitis B Strategy 2014-2020* outlines key actions and targets to be achieved in NSW. The focus is to support primary care in playing a larger role in monitoring, managing and treating hepatitis B. NSW is committed to improving the management of hepatitis B by supporting people with chronic infection to effectively engage with existing health services. In 2015, progress has been made in increasing access to and uptake of services for prevention, testing, management and treatment.

-  **PREVENT:** Build on established hepatitis B prevention efforts
-  **TEST:** Increase hepatitis B testing and diagnosis
-  **MANAGE AND TREAT:** Improve monitoring, care and treatment

-  **PREVENT**
-  **TEST**
-  **MANAGE AND TREAT**

### Targets by 2020

- Achieve hepatitis B childhood vaccination coverage of 95%.
- Ensure all pregnant women are screened for hepatitis B.
- Ensure all babies born to hepatitis B positive mothers receive hepatitis B immunoglobulin within 12 hours of birth.
- Reduce sharing of injecting equipment among people who inject drugs by 25%.
- Increase the number of people living with hepatitis B receiving antiviral treatment (when clinically indicated) by 300%.

## Progress in 2015

