

Hepatitis B Testing and Treatment in Australia's Indigenous Communities

Hepatitis Australia National Advocacy Priority 1.2 - January 2014

Key Messages

- In 2010 it was estimated up to 22,000 (3-4%) Aboriginal and Torres Strait Islander people were living with hepatitis B in Australia.
- The population rate in outer regional Indigenous communities can be up to 5 times the rate of non-Indigenous Australians
- Many people from Indigenous backgrounds were infected early in life and it is estimated 1 in 4 of those people infected will die of chronic hepatitis B without optimal management and treatment
- In the five years to December 2012 the population rate of newly acquired hepatitis B infection among Indigenous Australians was 3 times that of non-Indigenous Australians and in 2012, the majority of these cases were in people over 20 years of age and mostly female.

The Issue

Hepatitis B is a vaccine preventable disease for which there is no cure. However, chronic infection can be managed with appropriate support and effective treatment. Despite this Australia's Indigenous communities are disproportionately affected by hepatitis B. In 2010 it was estimated up to 22,000 (3-4%) Aboriginal and Torres Strait Islander people were living with chronic hepatitis B in Australia. In the four years to 2011 the population rate of newly acquired hepatitis B infection, among Indigenous Australians, was 3 times that of non-Indigenous Australians¹.

The true extent of the burden of hepatitis B in Indigenous communities is unknown due to gaps in the surveillance data. Aboriginal and Torres Strait Islander status is not consistently recorded in Australia, in 2012 Indigenous status was recorded in only half of all hepatitis B cases. Available data indicates diagnoses of hepatitis B infection in the Aboriginal and Torres Strait Islander populations resident in the Northern Territory, South Australia, Tasmania and Western Australia has fluctuated over time.²

Undiagnosed and untreated chronic hepatitis B can have dire outcomes particularly for people who acquire hepatitis B early in life; a quarter will die of their infection if left untreated. The vast majority of existing hepatitis B infections among Aboriginal and Torres Strait Islander peoples were acquired early in life prior to the introduction of infant vaccination programs. A study in South Australia indicated the incidence of liver cancer in the Indigenous population is seven times that of other South Australians. The disparity was higher in the Northern Territory. Hepatitis B infection was believed to be a significant contributing factor³.

Increasing awareness and testing for hepatitis B within Australia's Indigenous communities is vital to better understanding the true extent of the burden on the Indigenous community and the health system. This is also needed to support the introduction of culturally sensitive hepatitis B treatment programs to reduce the risk of liver failure, liver cancer and premature deaths and increase vaccination coverage in those who are still vulnerable to infection.

This would be in line with the priority actions identified in the Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmitted Infections, being to:

- Increase assessment of hepatitis B status, hepatitis B immunisation coverage for those at risk, and management of those who have chronic hepatitis B.
- Explore options to increase the number of people with viral hepatitis accessing and completing treatment;

A pilot study is being conducted through the Kirby Institute that aims to engage with Aboriginal people living with chronic hepatitis B in South Australia. The study is investigating facilitators and barriers to biomedical knowledge, cultural healthcare needs, traditional health beliefs and facilitators and barriers to chronic management and treatment uptake. The study is also engaging with health care workers and policy makers. The findings of this research, due to be released in 2014, will help inform a more effective national response to chronic hepatitis B in Indigenous communities.

Chronic Disease in Indigenous Communities

The Medical Benefits Schedule⁴ defines chronic disease as follows:

"A chronic disease or condition is one that has been or is likely to be present for at least six months, including but not limited to asthma, cancer, cardiovascular illness, diabetes mellitus, mental health conditions, arthritis and musculoskeletal conditions."

By definition, ongoing, or non-acute hepatitis B infection is a chronic condition and one that affects Indigenous Australians disproportionately. In recent years the health inequities experienced by Australia's Indigenous communities have been highlighted in the *Closing the Gap Agenda*.

Through the *Closing The Gap Agenda* the Australian Government has committed significant funds to addressing chronic disease among Aboriginal and Torres Strait Islander people. Currently this does not include chronic hepatitis B, which disproportionately affects Indigenous Australians and is a significant cause of liver disease morbidity and mortality. Alcohol and drug use (which also contribute to liver disease) and are included in the *Closing the Gap Agenda*.

The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes: Implementation Plan also does not address chronic hepatitis B.

Currently, despite the significant burden of viral hepatitis in Indigenous communities it is not receiving adequate attention. In part this may be a result of the many competing health priorities and current policy framework. The policy framework for addressing chronic hepatitis in Indigenous communities may therefore benefit from a more holistic approach. This might include addressing issues of liver health from all causes, including viral hepatitis, and addressing the key actions for better chronic disease self-management, which are common across a number of diseases, including viral hepatitis.

The Solution

Hepatitis Australia believes the \$5.6 m of new funding identified in the 2013-2014 federal budgets, to help improve the testing, diagnosis and uptake of treatment for hepatitis B, including among Australia's Indigenous and culturally and linguistically diverse communities must be allocated as soon as possible. Hepatitis Australia believes the most urgent and effective use of government funding is to:

- Instigate education and prevention programs incorporating testing to achieve earlier diagnosis of chronic hepatitis B, particularly among rural and remote Indigenous communities;
- Ensure appropriate follow up after a hepatitis B test to facilitate vaccination of those who remain vulnerable to infection and appropriate care for those with chronic hepatitis B.
- Increase implementation of policies, including vaccination and other strategies to prevent mother-to-child transmission of hepatitis B; and
- Support development of culturally appropriate models of care to support life-long monitoring and clinical management, including treatment for those living with chronic hepatitis B in in Australia's Indigenous communities.

References:

¹ The National Healthcare Agreement Review Working Group 2012, *National Healthcare Agreement Review Report*, Australia

² Kirby Institute, *HIV, viral hepatitis and sexually transmitted infections in Australia: National Surveillance Report 2013*, Sydney.

³ Roder D, *Epidemiology of Cancer in Indigenous Australians: Implications for service delivery*, Cancer Forum 2007 South Australia.

⁴ Dept. of Health and Ageing, Medical Benefits Schedule Note A28, (accessed June 2013)

<http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=A28&qt=noteID&criteria=Chronic%20Disease>