



Queensland Hepatitis B Action Plan 2019–2022

November 2019, Queensland Health



Queensland
Government



Foreword

The Queensland Government is committed to reducing hepatitis B virus transmission and improving the health outcomes of people living with chronic hepatitis B in Queensland. This Action Plan acknowledges the current provision of quality hepatitis B prevention, testing and treatment services within Queensland Health, the private sector and community-based organisations across Queensland.

The Action Plan complements this ongoing work and will focus on:

- targeted best practice prevention activities
- increased access to testing for hepatitis B
- increased access to management and treatment for people living with chronic hepatitis B.

The success of these efforts depends not on reaching all people but on reaching the right people, acknowledging the complexity of people's lives and lived experience and understanding that a range of messages and approaches will be required.

The *Hepatitis B Action Plan 2019–2022* aligns with the *Queensland Sexual Health Strategy 2016–2021*, the *Queensland Hepatitis C Action Plan 2019–2022*, the *Queensland Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Action Plan 2019–2022* and the *Queensland HIV Action Plan 2019–2022* to ensure a comprehensive approach to blood-borne virus prevention and treatment in Queensland. The Action Plan also aligns with and supports the *Third National Hepatitis B Strategy 2018–2022* and the *Fifth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022*.

Hepatitis B at a glance

- Hepatitis B causes inflammation of the liver. Chronic infection can result in progressive liver inflammation leading to cirrhosis (scarring of the liver) and cancer.
- Since 2008, notification of newly acquired hepatitis B virus (HBV) infection has remained low and stable with 28 cases reported in Queensland in 2018.
- Notifications of unspecified HBV infections, most of which are chronic infections, have declined with 837 cases reported in Queensland in 2018, down from 1,007 in 2015.
- The incidence of serious liver disease and cancer is linked to undiagnosed and untreated chronic hepatitis B.

The Hon Steven Miles MP

Minister for Health and
Minister for Ambulance Services

GOAL

To make significant progress towards eliminating hepatitis B as a public health threat and reduce hepatitis B mortality and morbidity in Queensland by 2022.

Target populations	People living with chronic hepatitis B, culturally and linguistically diverse people, Aboriginal and Torres Strait Islander people, mothers living with hepatitis B and their babies, men who have sex with men, people who inject drugs, people in custodial settings, healthcare providers engaged in hepatitis B treatment including Aboriginal and Torres Strait Islander health workers, nurses, pharmacists, general practitioners and other medical specialists, <i>Third National Hepatitis B Strategy 2018–2022</i> stakeholders.				
Key settings	Primary Health Networks (PHNs) and primary healthcare settings, Hospital and Health Services (HHSs), Aboriginal and Islander Community Controlled Health Organisations (AICCHOs), alcohol and other drug (AOD) services, sexual health clinics, custodial settings and community-based organisations (CBOs).				
Outcomes	1. A comprehensive approach to reduce hepatitis B transmission is implemented	2. Increased voluntary testing for hepatitis B	3. Engagement in ongoing care by people with chronic hepatitis B is increased to 50%	4. Increased awareness of hepatitis B transmission and reduced stigma and discrimination related to hepatitis B	5. Improved surveillance, monitoring, research and evaluation of hepatitis B
Priority actions	<ol style="list-style-type: none"> 1.1 Ensure hepatitis B prevention programs are culturally informed and co-designed with priority populations. 1.2 Promote and provide improved access to preventive equipment including the full range of sterile injecting equipment. 1.3 Engage with Community Based Organisations (CBOs) to increase hepatitis B awareness, knowledge and prevention skills through strategies such as peer education and brief interventions. 1.4 Work with PHNs and HHSs to promote hepatitis B prevention interventions including hepatitis B vaccination for all infants, children and young people aged 10–19 years and priority populations. 1.5 Ensure all pregnant women are tested for hepatitis B and appropriate care is provided to any with hepatitis B. 1.6 Ensure all babies born to hepatitis B positive mothers are given hepatitis B immunoglobulin within 12 hours of birth. 1.7 Ensure all Aboriginal and Torres Strait Islander people are offered hepatitis B vaccine if not fully vaccinated or immune. 1.8 Ensure all people who inject drugs are offered hepatitis B vaccine if not fully vaccinated or immune. 	<ol style="list-style-type: none"> 2.1. Work with PHNs, CBOs and HHSs to promote and increase access to testing and early diagnosis of hepatitis B. 2.2. Address barriers to hepatitis B testing through targeted health promotion and marketing activities. 2.3. Increase workforce development to promote clinician engagement and increase access points for hepatitis B testing. 2.4. Support implementation of enhanced hepatitis B testing in targeted GP and AOD settings. 	<ol style="list-style-type: none"> 3.1. Work with PHNs, HHSs and CBOs to promote community-based access to chronic hepatitis B monitoring, treatment uptake, adherence to treatment and workforce training and development. 3.2. Promote and improve models of treatment and care in the community by supporting shared care arrangements between specialists, community s100 prescribers, GPs, nurse practitioners, CBOs and pharmacists. 3.3. Explore the development of options to improve the ongoing monitoring of people living with chronic hepatitis B. 3.4. Deliver training to hepatitis B service providers to support culturally appropriate and evidence-based clinical practice. 	<ol style="list-style-type: none"> 4.1. Continue to fund and support the development and delivery of targeted strategies including: <ul style="list-style-type: none"> • social marketing to educate and inform the population about hepatitis B including vaccination • information regarding the nature and natural history of hepatitis B infection • the importance of testing for hepatitis B infection • the importance of regular monitoring and treatment options. 4.2. Facilitate a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people with chronic Hepatitis B and other priority populations. 4.3. Increase the capacity for hepatitis B treatment and care in those services providing health care to culturally and linguistically diverse people and Aboriginal and Torres Strait Islander people. 4.4. Work with national research centres to measure the health impact of stigma and discrimination on priority populations. 	<ol style="list-style-type: none"> 5.1. Examine how hepatitis B notification data and processes can be improved. 5.2. Develop and implement a monitoring and surveillance plan aligned with the <i>National Hepatitis B Strategy</i>. 5.3. Identify and improve data for key populations such as Aboriginal and Torres Strait Islander People, people in custodial settings and culturally and linguistically diverse people, especially those from refugee backgrounds and high prevalence countries. 5.4. Extend surveillance systems to accommodate scientific and technological advances and innovation. 5.5. Explore improved and innovative approaches to measuring testing, monitoring and treatment rates among priority populations. 5.6. Support implementation of the <i>Queensland BBV/STI Research Strategy 2018–2021</i>.

MEASURING PROGRESS

Various indicators will be used to monitor the effectiveness of this action plan.

Outcomes	1. A comprehensive approach to reduce hepatitis B transmission is implemented	2. Increased voluntary testing for hepatitis B	3. Engagement with ongoing care by people with chronic hepatitis B is increased to 50%	4. An increased awareness of hepatitis B transmission and a reduction in stigma and discrimination related to hepatitis B	5. Improved surveillance, monitoring, research and evaluation
Indicators	<p>Achieve 95% childhood vaccination coverage for Hepatitis B at one year of age.</p> <p>Source of data: Australian Immunisation Register.</p> <p>Frequency: Annual</p> <hr/> <p>Amount of sterile injecting equipment provided.</p> <p>Source of data: Queensland Needle and Syringe Program, Communicable Diseases Branch, Department of Health.</p> <p>Frequency: Annual</p> <hr/> <p>The proportion of people who inject drugs who share injecting equipment.</p> <p>Source of data: Australian NSP Survey, Kirby Institute.</p> <p>Frequency: Annual</p> <hr/> <p>The proportion of men who have sex with men reporting that they are engaging in safer sexual practices.</p> <p>Source of data: Gay Community Periodic Survey, Centre for Social Research in Health.</p> <p>Frequency: Annual</p>	<p>All PHNs promote the provision of hepatitis B testing and vaccination services.</p> <p>Source of data: Survey of PHNs, Department of Health.</p> <p>Frequency: Annual</p> <hr/> <p>Delivery of targeted hepatitis B awareness activities by funded service providers</p> <p>Source of data: Funded service provider reports, Department of Health.</p> <p>Frequency: Annual</p>	<p>The proportion of people with chronic hepatitis B receiving yearly hepatitis B viral load testing.</p> <p>Source of data: Commonwealth data.</p> <p>Frequency: Annual</p> <hr/> <p>The proportion of people with chronic hepatitis B receiving treatment.</p> <p>Source of data: Commonwealth data.</p> <p>Frequency: Annual</p> <hr/> <p>All PHNs and HHSs have collaborative arrangements in place to ensure timely local access to chronic hepatitis B treatment.</p> <p>Source of data: Survey of PHNs and HHSs, Department of Health.</p> <p>Frequency: Annual</p>	<p>Number of targeted campaigns undertaken to increase awareness of hepatitis B in specific settings or among specific populations.</p> <p>Source of data: Funded service provider reports, Department of Health.</p> <p>Frequency: Annual</p>	<p>Weekly, quarterly, year to date and annual reporting of hepatitis B notifications.</p> <p>Source of data: Communicable Diseases Branch, Department of Health.</p> <p>Frequency: Weekly, quarterly, annual</p> <hr/> <p>A monitoring and surveillance plan is developed.</p> <p>Source of data: Commonwealth data.</p> <p>Frequency: Annual</p>

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