Queensland Health

Queensland Hepatitis B Plan

2030

Queensland Government

Contents

Director General's Statement

Queensland Health is committed to working towards the elimination of hepatitis B transmission in Australia by 2030 through a comprehensive approach to prevention, testing, management and treatment.

Hepatitis B can be prevented through vaccination and can be effectively treated with medication or managed through regular monitoring. In Queensland, hepatitis B predominantly impacts people from culturally and linguistically diverse backgrounds from high hepatitis B prevalence countries, and First Nations peoples.

Progress towards elimination in Australia has been slow to date, so this Plan sets out our approach to improving vaccination and testing rates, ensuring all people living with chronic hepatitis B remain in care, improving treatment uptake for those who require treatment, and eliminating hepatitis B-related disparities including reducing stigma and discrimination.

This Plan acknowledges the current provision of quality hepatitis B prevention, testing and treatment services by Queensland Health, primary care, community-based and community-controlled organisations across Queensland.

As community ownership is essential to our efforts, Queensland Health is committed to supporting strong relationships between partner agencies to achieve the goal of eliminating hepatitis B transmission.

The Plan covers the period to 2030 and is framed around the five inter-related pillars of prevention, testing, person-centred treatment and care, stigma and discrimination and governance, research, surveillance and monitoring.

By continuing to work together we can make progress towards achieving the Plan's goals to:

- Eliminate hepatitis B as a public health threat by 2030
- Reduce mortality and morbidity related to hepatitis B
- Reduce the impact of health inequities, stigma, discrimination, and legal and human rights issues on the health of people living with or affected by hepatitis B.

Dr David Rosengren

Director-General

Queensland Health

First Nations Acknowledgment Statement

Queensland Health respectfully acknowledges the Traditional and Cultural Custodians of the lands, waters and seas across Queensland. We pay our respects to Elders past and present, while recognising the role of current and future leaders in shaping a better health system.

We value the culture, traditions and contributions that the Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals is to ensure equity and equality, recognition and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

Queensland Health acknowledges the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples and supports the cultural knowledge, determination and commitment of Aboriginal and Torres Strait Islander communities in caring for their health and wellbeing.

Artwork produced for Queensland Health by Gilimbaa

Acknowledgement of lived and living experience

Queensland Health acknowledges the individual and collective expertise of people with a lived and living experience of hepatitis B. We recognise their vital contribution for the purpose of learning and growing together to achieve better outcomes for all.

Alignment with human rights

Human rights are fundamental to the BBVSTI response in Queensland and grounded in the recognition that all people have the right to health, dignity, and an adequate standard of living. This encompasses the right to comprehensive and inclusive health care, education, and respect for sexual rights. Sexual rights outline that all people have a right to relationships that are safe, pleasurable, free from coercion, stigma, discrimination, and violence. This extends to recognising that the presence or absence of BBVSTIs should not determine someone's overall health, wellbeing, or self-worth.

About this Plan

The *Queensland Hepatitis B Plan 2030* (the Plan) is one of a suite providing a coordinated response to sexually transmissible infections (STIs) and blood borne viruses (BBVs) in Queensland. These are:

- Queensland HIV Plan 2030
- Queensland Hepatitis B Plan 2030
- Queensland Hepatitis C Plan 2030
- Queensland Sexually Transmissible Infections Plan 2030
- Queensland Syphilis Action Plan 2023-2028

This suite of Plans are companion documents to the *Queensland Sexual Health Framework* which adopts the vision of *HEALTHQ32* to improve the health and wellbeing of all Queenslanders by supporting responsive sexual health and blood borne virus services, targeted health promotion and prevention activities, and ensuring priority populations have equitable access to prevention, testing, treatment and care. This Plan supports *Public Health 2032*, a vision for public health services in Queensland.

This Plan aligns with the aims of the *First Nations First Strategy 2032*. Queensland Health is committed to closing the gap in inequalities that exist between First Nations and non-First Nations Australians. This includes addressing the disproportionate burden of BBVSTIs experienced by First Nations peoples in Queensland.

The *Queensland Hepatitis B Plan 2030* builds upon the previous *Queensland Hepatitis B Action Plan 2019–2022* and acknowledges a re-set is required to address the limited progress against state and national targets to date.

The *Queensland Hepatitis B Plan 2030* outlines refocused strategic directions and priority actions needed to meet Queensland's commitment to the elimination of hepatitis B virus transmission by 2030. This Plan aligns with the priorities of the *Fourth National Hepatitis B Strategy 2025–2030* and sets out Queensland's approach to eliminating new hepatitis B infections, improving hepatitis B treatment uptake and retention in care, and eliminating hepatitis B-related disparities.

Queensland Health will undertake a mid-Plan review in 2028 to assess progress against the 2027 and 2030 targets. This will enable strategic directions to be redefined as needed, to address ongoing and emerging challenges, to track the progress/performance of priority actions and accommodate new evidence-based interventions.

Introduction

Hepatitis B is a preventable but potentially life-threatening blood borne viral infection primarily affecting the liver. The World Health Organization declared hepatitis B a global public health threat in 2016 and set elimination targets to be achieved by 2030[1]. Progress globally towards these targets has been slow and unevenly distributed.

This Plan recognises the contribution of people living with and affected by hepatitis B as well as a range of disparities which must be addressed to meet Queensland's 2030 elimination goal. Disparities include those between First Nations and non-First nations peoples, and between people born overseas and people born in Australia. There is an urgent need for co-designed and led culturally appropriate care and programs, to address the root causes of health inequities and improve access to comprehensive hepatitis B care and better health outcomes.

Hepatitis B prevention and treatment efforts, and the impact of processes, programs and policies on priority populations experiencing these disparities must be prioritised. This Plan additionally acknowledges the disparate outcomes associated with barriers to healthcare access and services experienced by disadvantaged population groups, such as people living with mental illness and people experiencing housing instability, substance use, and stigma and discrimination.

Hepatitis B affects an estimated 35,000 people in Queensland, approximately 34 per cent of whom were undiagnosed in 2023. Hepatitis B is primarily transmitted through contact with blood and body fluids such as saliva, menstrual, vaginal and seminal fluids[2]. Transmission risks include perinatal transmission/acquisition, injecting drug use and other blood-to-blood transmission routes, and sexual contact. The risk of developing chronic hepatitis B is highest when exposed at birth or in early childhood, when more than 90 per cent of cases progress to chronic infection. In contrast, only five per cent of people exposed to hepatitis B in adulthood develop chronic infection as most will clear the virus spontaneously after the acute phase of infection.

As a vaccine preventable disease, hepatitis B primary prevention focuses on immunisation and optimal antenatal and perinatal care to prevent perinatal transmission/acquisition. Immunisation is highly effective and cost-saving; comprehensive vaccination programs were introduced and funded nationally for adolescents (from 1996) and infants (from 2000)[3] In Australia, 90 per cent of hepatitis B cases are attributable to migration and cannot be prevented through local vaccination initiatives. People living with chronic hepatitis B prior to the introduction of vaccination programs and people who are undiagnosed or who do not have access to treatment or care remain at risk of disease progression.

1 The World Health Organization defines the elimination of hepatitis B as a public health threat as a 90% reduction of new chronic cases by 2030 (from 2015 baseline)

2 World Health Organization. (2024). Hepatitis B. https://www.who.int/news-room/fact-sheets/detail/hepatitis-b

3 National Centre for Immunisation Research and Surveillance. (2021). Significant events in hepatitis B Vaccination practice in Australia. https://www.ncirs.org.au/sites/default/files/2021-07/Hepatitis-B-history-July%202021.pdf

The hepatitis B care cascade outlines Queensland's progress to date in terms of people knowing their diagnosis, engaging in care and receiving treatment. Around 35,000 Queenslanders are estimated to be living with hepatitis B, and as at the end of 2023, 66 per cent (22,574) of these have been diagnosed. Around 21 per cent (7137) of the 35,000 Queenslanders living with hepatitis B were receiving care or monitoring, and 10 per cent (3497) are being treated.

According to modelled data from the *Viral Hepatitis Mapping Project: National Report, Hepatitis B 2022*[4], in Queensland, engagement in chronic hepatitis B care is estimated to be 20.1 per cent which is lower than the national average (25.5 per cent). However, further work is needed to capture non-Medicare billed consultations in some public clinics which are underreported or not reported in the data.

Without appropriate management, it is estimated 15–25 per cent of people living with chronic hepatitis B will develop significant liver disease including cirrhosis and liver cancer. With 27.9 per cent of Queenslanders living with hepatitis B remaining undiagnosed and limited improvements in care uptake, the increasing prevalence of chronic hepatitis B over time will lead to increases in morbidity, mortality and health system costs. This underlines the importance of acting now to develop new systems to support diagnosis, as well as access to and retention in care.

While there is currently no cure for hepatitis B, recent scientific progress has increased the feasibility of curative treatments within the life of this Plan. Highly effective treatments that can stop the advancement of liver disease and reduce liver cancer risk exist and must be scaled up. Innovations in testing and treatment, including further decentralisation of these services into primary care and community settings is also required.

This Plan builds on the progress and successes of previous action plans including:

- An increase in hepatitis B treatment numbers in Queensland between 2018 and 2022, particularly in the Brisbane South Primary Health Network region where the Forest Lake – Oxley area met the 20 per cent treatment uptake target.
- An improvement in connecting people with chronic hepatitis B to regular care and monitoring in the Northern Queensland Primary Health Network region. This region was one of only two statistical areas in Australia which reached the *National Hepatitis B Strategy 2018–2022* care uptake target of 50 per cent by 2022. Implementation of a local hepatitis B clinical database and consistent delivery of hepatitis B education for the primary healthcare workforce have been key contributors to this achievement.
- Establishment of the *Queensland Hepatitis B Alliance*, an independent, multi-disciplinary community of practice, convened by Hepatitis Queensland.
- The *Community Management and Treatment program* implemented by Ethnic Communities Council of Queensland (ECCQ) Love Health – Hepatitis, HIV and Sexual Health team.
- The *B Stronger Toolkit* delivered in partnership with Aboriginal and Torres Strait Islander health services and Hepatitis Queensland.

4 MacLachlan JH, Romero N, Purcell I, Cowie BC. (2024). Viral Hepatitis Mapping Project: Hepatitis B National Report 2022. Darlinghurst, NSW, Australia: ASHM; 2024. https://ashm.org.au/vh-mapping-project/

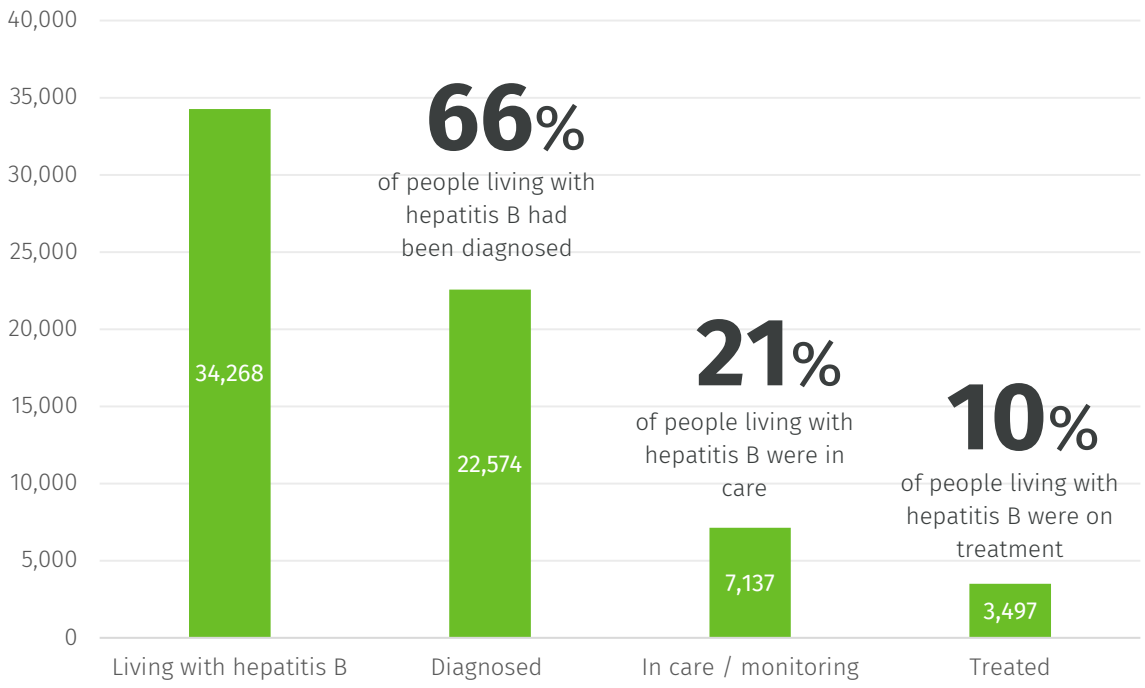

Figure 1: Hepatitis B care cascade, 2023 (prepared by Public Health Intelligence Branch Queensland Health)

Guiding principles

The Queensland Hepatitis B Plan 2030 is underpinned by the Guiding Principles of the *Fourth National Hepatitis C Strategy 2025 – 2030*:

- Partnership
- Person-centred response
- Meaningful involvement of priority populations
- Health equity
- Human rights
- Health promotion
- Prevention
- Access and quality health service
- Harm reduction
- Commitment to evidence-informed policy and programs

Photo: Love Health Program, Ethnic Communities Council of Queensland

Hepatitis B in Queensland

In 2023, a total of 920 hepatitis B cases were notified, of which 3 per cent (n=28) were classified as newly acquired. Notification counts in males were similar to females (476 and 444 per 100,000 respectively). In 2023 there was a 12 per cent increase in notifications in males and a 13 per cent increase in females, compared with the previous five-year average.

First Nations Queenslanders accounted for four per cent of total hepatitis B notifications in Queensland in 2023, 79 per cent were from other Queenslanders, and 17 per cent of notifications lacked First Nations status data. The rate of new hepatitis B notifications in First Nations Queenslanders was similar to other Queenslanders.

Nationally in 2022, an estimated 70 per cent of people living with chronic hepatitis B were born overseas, 16 per cent were Australian born non-First Nations peoples, and 7 per cent were First Nations peoples. Queensland data does not currently report country of birth or language spoken at home for all hepatitis B notifications, and this is noted as a priority action in Pillar 5 for improvement.

In 2023, people aged between 25 and 49 years accounted for 59 per cent of the hepatitis B notifications, with a further 34 per cent in those aged 50 years or older. However, only seven per cent of hepatitis B notifications in 2023 were among younger age groups (under 25 years) who are most likely to have benefited from the implementation of universal hepatitis B vaccination in infants since 2000.

The largest counts of hepatitis B notifications in 2023 were in metropolitan Hospital and Health Services (HHSs), including Metro South, Metro North, Gold Coast and West Moreton, as well as in Cairns and Hinterland. When compared with the five-year average, notifications from most HHSs increased in 2023, with the exception of Torres and Cape and Wide Bay where notifications decreased and Metro North where notifications remained stable.

Compared with the Queensland rate of hepatitis B notifications in 2023 (17 per 100,000 population), Metro South HHS and Torres and Cape HHS had relatively high rates (25 and 23 per 100,000 population respectively).

Of the 920 hepatitis B cases notified in 2023, 17 were reported in custodial settings (11 hepatitis B unspecified and 6 hepatitis B newly acquired).

Figure 2 below shows there has been an ongoing increase in uptake of hepatitis B treatment among people with chronic hepatitis B infections in Queensland from 1729 people in 2016 to 3496 in 2023[5]. While everyone with chronic hepatitis B requires ongoing monitoring, just under a third will meet criteria for antiviral treatment. The *National Hepatitis B Strategy 2025–2030* includes the target of 27 per cent of all people living with chronic hepatitis B receiving treatment based upon clinical criteria for therapy. In 2023 approximately 10 per cent of people living with chronic hepatitis B in Queensland were on treatment.

5 Australian Institute of Health and Welfare. (2024). Pharmaceutical Benefits Scheme: monthly data. https://www.aihw.gov.au/reports/medicines/pbs-monthly-data/contents/dashboard

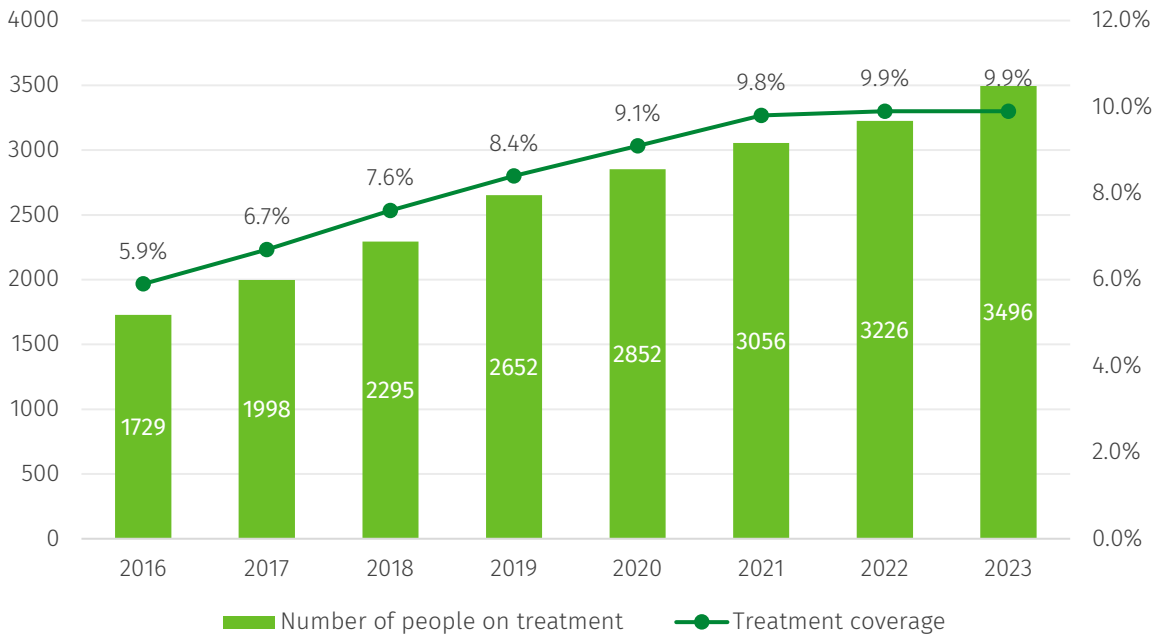

Figure 2: Uptake of treatment for hepatitis B in Queensland, 2016-2023 (prepared by Public Health Intelligence Branch Queensland Health from national Pharmaceutical Benefits Scheme data, 2024)

Priority populations

Certain populations are disproportionally affected by hepatitis B and are prioritised for support, including:

- People from culturally and linguistically diverse (CALD) backgrounds, particularly people born in regions with intermediate or high hepatitis B prevalence, currently including China, Vietnam, Taiwan, Philippines, New Zealand, Papua New Guinea and Pacific Island countries and territories
- First Nations peoples
- Pregnant women and pregnant people living with hepatitis B and their babies
- People who have previously or currently inject drugs
- People currently in, or who have previously been in custodial settings
- Sex workers
- Gay and bisexual men and other men who have sex with men, including those accessing HIV Pre-Exposure Prophylaxis and those at risk of/living with HIV
- People who are affected by socioeconomic hardship or disadvantage, such as homelessness or have no fixed home, clients of alcohol and other drugs services, and people living with mental health issues
- People who are not eligible for Medicare, including seasonal workers and people seeking asylum.

People may identify with more than one priority population. Public health initiatives should engage with priority populations in a meaningful way that embraces diversity in cultural, sexual and gender identities.

Priority settings

Priority settings are those which provide an opportunity to engage with priority populations and other people who may be at risk of hepatitis B transmission. Priority settings include:

- Primary healthcare settings
- Sexual health clinics
- Aboriginal and Torres Strait Islander Community Controlled Health Services
- Antenatal, maternity and family care services
- Multicultural community and health services, including refugee health services
- Custodial settings, including youth justice
- Community corrections (probation and parole)
- Community-based organisations who work with priority populations, including ethnic media
- Needle and syringe programs
- Mental health and alcohol and other drugs services

- Pharmacies
- Infectious disease clinics
- Specialist medical services
- Emergency departments.

Providing access to hepatitis B prevention, testing, monitoring and treatment in a trusted setting for affected community and priority populations is crucial. Involving people with lived experience of hepatitis B and their families in the design of service delivery will result in more effective models.

Photo: Hepatitis Queensland Hepatitis B Program

Queensland Hepatitis B Plan

By 2030, Queensland will be a place where new hepatitis B transmissions are eliminated and every person with chronic hepatitis B has access to best practice treatment and care, lives free from stigma and discrimination, and can achieve their full potential for health and wellbeing across their lifespan.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, language, visa status, geographic location, or socioeconomic circumstance.

Queensland Health, Hospital and Health Services (HHSs), primary care services, community-controlled health services, non-government organisations, communities and affected populations collaborate to plan and lead the response to hepatitis B in Queensland.

Goals

- Eliminate hepatitis B as a public health threat by 2030
- Reduce mortality and morbidity related to hepatitis B
- Reduce the negative impact of health inequities, stigma, discrimination, and legal and human rights issues on the health of people living with or affected by hepatitis B.

Targets

**For 2023 baseline, estimation of the number of viral load tests and therefore care uptake uses Medicare data as the primary source; however, this can lead to significant underestimation as it is unable to include viral load testing services through funding streams outside Medicare, such as in public hospitals, sexual health services and rural and remote primary health services (if Medicare is not used for test reimbursement). Data collection methods are being continually improved and Queensland Health will continue to work with partners to ensure greater accuracy of data for future reporting.*

***It is estimated that 29% of people living with chronic hepatitis B are eligible for antiviral treatment (see page 28 of Doherty report: https://www.doherty.edu.au/uploads/content_doc/National_Surveillance_for_Hepatitis_B_Indicators_final2.pdf)*

Pillar 1: Prevention

A comprehensive approach to reducing hepatitis B transmission includes community-led prevention measures and health promotion reflective of the individual, familial, community, social, cultural and linguistic dimensions of priority populations.

Queensland Health has the lead role for statewide coordination of the National Immunisation Program[6] and state-funded immunisation programs. The draft *Queensland Immunisation Strategy 2025-2030*[7] supports the overarching *National Immunisation Strategy for Australia 2019 to 2024*. In Queensland, hepatitis B infant immunisation coverage (the proportion of one-year-old children who received the three infant doses recommended at two, four and six months) was 93.8 per cent in 2022, below the *Third National Hepatitis B Strategy 2018–2022* target of 95 per cent. This represented a decrease since 2020, when Queensland coverage was above the target at 95.1 per cent.

Priority actions

1.1 Promote and deliver hepatitis B vaccination to Queenslanders

- Deliver and monitor infant hepatitis B vaccination coverage, with attention to timely vaccination for First Nations infants
- Deliver and monitor hepatitis B adult vaccination and catch-up immunisation programs and work towards expanding these programs for the whole population
- Advocate and develop pathways for the delivery of free and accessible hepatitis B vaccination through public health facilities for Medicare ineligible population groups
- Explore and support opportunities to deliver hepatitis B vaccination in priority settings and across priority populations, with attention to Queensland correctional facilities
- Promote the importance of hepatitis B birth and childhood vaccination to primary care providers, midwives, pregnant women and pregnant people, focusing on populations with higher rates of perinatal chronic hepatitis B.

1.2 Ensure system enablers (e.g. clinical guidelines and information systems) support best practice pregnancy care for hepatitis B

- Promote antenatal testing for hepatitis B, or testing offered on admission to hospital birthing services when antenatal care has not been received

6 Department of Health and Aged Care. (2024). National Immunisation Program Schedule. https://www.who.int/news-room/fact-sheets/detail/hepatitis-b

7 Queensland Government. (2024). Queensland Immunisation Strategy 2025-2030 (draft at time of publication)

- Improve education and support for families of reproductive age living with chronic hepatitis B, in language or via an interpreter as required
- Promote the use of local Health Pathways to improve referral to specialist care for chronic hepatitis B and perinatal viral load testing
- Promote administration of hepatitis B immunoglobulin and birth dose vaccine to all babies born to hepatitis B positive women and people within 12 hours of birth
- Enhance the provision of antiviral treatment during the third trimester of pregnancy for pregnant women and pregnant people with a high hepatitis B viral load
- Improve postnatal follow-up including testing of babies following last vaccine dose.

1.3 Ensure access to blood borne virus prevention and harm reduction

- Partner with stakeholders to support expanded access to prevention tools such as condoms and sterile injecting equipment in the community and in custodial settings.

1.4 Health promotion and community engagement

- Partner with stakeholders to support engagement with priority populations to understand their knowledge of hepatitis B and explore the cultural, community and health system barriers and enablers to prevention, diagnosis and care
- Develop and implement hepatitis B co-designed and targeted prevention and education programs with a focus on reducing transmission and disease progression risks
- Support funded programs to expand in-language staff, place-based and targeted engagement of priority populations at community events and organisations to enhance awareness of hepatitis B and need for ongoing care / monitoring
- Integrate hepatitis B awareness in liver health promotion activities and initiatives provided through primary care.

Pillar 2: Testing

The risk of liver cancer for people living with chronic hepatitis B can be greatly reduced with timely diagnosis. This Plan encourages clinicians to offer testing for hepatitis B and if people are not immune, vaccination.

Community workers, peers, First Nations and CALD community organisations are essential to delivering communication and education. These individuals and organisations can effectively reach people most at risk of chronic hepatitis B who, may experience difficulties accessing testing services and programs. Hepatitis B testing technologies such as point-of-care tests may play an increasing role in efforts to expand testing access and to achieve hepatitis B elimination efforts.

Priority actions

2.1 Increase voluntary testing for hepatitis B

- Support the implementation of universal hepatitis B testing as described in the *National Hepatitis B Testing Policy 2020* and continue focused testing for priority populations in priority settings
- Advocate for the use of hepatitis B point of care testing for timely diagnosis of hepatitis B in appropriate settings
- Support and strengthen peer-led community initiatives, including peer-led testing for priority groups and Medicare ineligible migrant populations
- Advocate for the creation of an MBS item specific to chronic hepatitis B monitoring.

2.2 Support workforce

- Improve interpretation and delivery of test results by promoting access to ongoing clinical education and resources for hepatitis B testing
- Encourage clinicians to assess and record hepatitis B diagnosis within health checks, medical records and care plans by promoting tool kits, guidelines and clinical software tools
- Provide education to clinicians to enhance contact tracing for people with new hepatitis B diagnoses, focusing on screening family and household members potentially exposed through the same vertical and/or horizontal transmission routes.

2.3 Community education and outreach to increase testing

- Design programs to overcome barriers and improve testing access among priority populations and settings, in partnership with stakeholders, including community-based organisations
- Further develop and promote the use of culturally appropriate and in-language resources and support bilingual / multilingual hepatitis B workers to improve testing rates.

Pillar 3: Person-centred treatment and care

Key elements of improving treatment and care for people living with chronic hepatitis B include recognising the diverse priority populations affected and co-designing locally delivered models of care. Models of care must incorporate health and social support services and consider holistic wellbeing. This Plan seeks to learn from innovative models of care such as the Hepatitis B PAST[8] program in the Northern Territory which has exceeded national hepatitis B elimination targets via a culturally safe community co-designed approach.

Best practice care for chronic hepatitis B requires regular and lifelong monitoring to assess disease progression, liver damage and liver cancer. Chronic hepatitis B care is better and more cost-effectively provided in primary care as patients require monitoring over decades and this care can be integrated into the management of other comorbidities. Educating patients about their condition and empowering them with the knowledge required to proactively seek ongoing care is also crucial. Antiviral treatment plays a critical role in the secondary prevention of hepatitis B-associated liver disease and cancer. Liver cancer surveillance should be performed in accordance with guideline-based management.

This Plan supports the scale-up of primary care responses including an increase in the number of trained hepatitis B section 100 (s100) prescribers (GPs and nurse practitioners) in community settings and engagement with primary care providers with high caseloads of people from priority populations. Nationally, at the time of publication, preliminary planning for a potential shift from s100 to s85 prescribing for hepatitis B treatment has commenced.

Priority actions

3.1 Decentralised models of care to improve linkage to care and monitoring

- Advocate for expansion of innovative and successful person-centred models of care, including outreach, telehealth and virtual hospital, nurse-led (nurse navigators) initiatives, and dedicated hepatitis B Aboriginal and Torres Strait Islander Health Practitioners or Health Workers, including in rural and remote regions.
- Involve peers, cultural support workers and community-based groups in designing, planning and delivering management and treatment service models
- Improve retention rates of people in long-term hepatitis B care by implementing health system navigation models and strengthening connections between priority populations, the healthcare workforce and community organisations

8 Hep B PAST – Partnership Approach to Sustainably eliminating Chronic Hepatitis B in the Northern Territory (NT). https://www.menzies.edu.au/page/Research/Projects/Hepatitis_B/Hep_B_PAST/

- Investigate ways to increase access to mobile Fibroscan® technology to improve liver fibrosis assessment and utilise Fibroscan® services as a patient education opportunity
- Advocate for the removal of policy, regulatory and financial barriers to new models of care, such as restrictions on nurse prescribing.

3.2 Create and enhance recall systems and registries

- Encourage primary care services to have systems to identify and recall people with hepatitis B and engage them in care, enabling a more systematic and coordinated approach to care
- Implement processes to manage referrals from the Australian Government to follow up all humanitarian entrants and migrants who have a health undertaking related to a hepatitis B diagnosis, including a timely referral into treatment and care in Queensland.

3.3 GP and Nurse Practitioner community prescribers

- Promote awareness of primary care management for hepatitis B among clinicians and continue to support the provision of training programs to increase the number of s100 hepatitis B community prescribers.

3.4 Reduce financial barriers to treatment

- Investigate the feasibility of waiving co-payments for hepatitis B treatment to align with other chronic infections such as HIV
- Advocate to the Australian Government for the removal of MBS-related barriers to increased hepatitis B viral load (DNA) testing.

3.5 Liver cancer and surveillance

- Support prioritisation of liver health and cancer prevention in priority settings
- Ensure accessible pathways for people with chronic hepatitis B to receive regular care including guideline-based ultrasound surveillance for liver cancer if indicated
- Engage with Primary Health Networks to facilitate education around hepatitis B, liver health and cancer prevention.

Pillar 4: Stigma and discrimination

Stigma has a negative impact on the lives of people living with hepatitis B. It is evident across a variety of settings where people access healthcare. Twenty-eight per cent of healthcare workers surveyed in 2024 indicated they would behave negatively towards other people because of their hepatitis B diagnosis[9]. While experiences of stigma are not restricted to health services, this is an environment where stigma and discrimination must be addressed as a priority. Experiencing stigma can impact on a person's decisions to disclose information about themselves, seek testing, engage in care and seek timely treatment.

This Plan will involve community organisations and people with lived experience in the development and delivery of workforce and health promotion campaigns to ensure effective messaging, to normalise testing for people at risk of hepatitis B and to promote access to treatment and care.

Priority actions

4.1 Reduce hepatitis B-related stigma and discrimination

- Promote and support education and training for healthcare and non-healthcare staff on stigma and discrimination towards people living with hepatitis B, including intersectional stigma, at individual and organisational levels
- Engage education providers to develop and deliver education to support the reduction of stigma and discrimination
- Advocate for the removal of discriminatory laws and policies negatively impacting the health and wellbeing of people affected by hepatitis B.

4.2 Design communication with affected communities

- Engage stakeholders to implement targeted communications to increase awareness, testing and treatment among priority populations
- Support the development of a community workforce including people with lived experience of hepatitis B, culturally and linguistically diverse peers, or cultural support workers with knowledge of health service navigation and hepatitis B
- Increase capacity to deliver culturally appropriate and accessible care for First Nations peoples living with hepatitis B, including increasing the number of accredited hepatitis B prescribers in Aboriginal Community Controlled Health Organisations.

9 Broady, T., Brener, L., Hopwood, M., Cama, E., & Treloar, C. (2020). Stigma Indicators Monitoring Project: Summary Report. Phase Two. Sydney: UNSW Centre for Social Research in Health. http://doi.Org/10.26190/5ebca29f38662.

Pillar 5: Governance, research, surveillance and monitoring

This Plan will utilise the strong evidence base provided by national research and surveillance bodies who inform the hepatitis B response in Australia. Queensland Health remains committed to working closely with national research centres leading this work including the Kirby, Burnet and Doherty Institutes. Queensland Health will pursue high-quality data and surveillance systems which are continuously improved to support data completeness, comparability, and utility essential for planning, monitoring and program improvement. Accessibility to relevant notification and testing data will be offered via a proposed new dashboard and reporting formats to ensure data is regularly communicated to affected communities and stakeholders.

To strengthen governance and support the monitoring of progress against the priority actions, Queensland Health will establish strategic, tactical and operational governance and advisory frameworks which include key stakeholder representatives including sexual health services, primary healthcare providers, community organisations, research bodies and the Department of Health.

Priority Actions

5.1 Enhance surveillance data

- Improve completeness of patient records, hepatitis B pathology requests and notification data by supporting the collection of country of birth, year of arrival, language/s spoken, ethnicity/cultural background, First Nations status and interpreter requirements
- Support the improvement of data linkage and enhance collection and quality of the notifiable conditions register data
- Implement a Power BI data dashboard including a care cascade to enable HHSs to monitor hepatitis B notifications in real time
- Improve collection, analysis and reporting of data on hepatitis B-associated morbidity and mortality, including hepatocellular carcinoma
- Explore opportunities to develop a statewide chronic hepatitis B registry to support liver cancer prevention and care coordination, in consultation with stakeholders
- Support data linkage research to enhance surveillance, including perinatal transmission and viral load testing in pregnancy.

5.2 Support research

- Map Queensland-based hepatitis B research and support translation of research findings into program development and implementation
- Collaborate with research partners to support hepatitis B related research, including improving data collection tools to monitor stigma and discrimination.

5.3 Strengthen governance and monitoring

- Support opportunities for Queensland's hepatitis B workforce to share learnings via forums to monitor progress against priority actions
- Maintain active engagement with the BBVSTI Committee and the Queensland Sexual Health Clinical Network by providing updates against this Plan.

Indicators

	Indicator	Data Source	Frequency
Pillar 1 Prevention	Achieve 90% hepatitis B vaccination birth dose	Perinatal data collection and pregnancy health record data items. Department of Health Statistical Services Branch / Australian Immunisation Register	Annual
	Achieve 95% childhood vaccination coverage for hepatitis B at 12 months	Australian Immunisation Register	Annual
	Proportion of pregnant women and pregnant people who are screened for hepatitis B and if positive have hepatitis B DNA measured	Perinatal data collection and pregnancy health record data items. Department of Health Statistical Services Branch	Annual
	Achieve and maintain >95% uptake of immunoglobulin and birth dose vaccine for all infants born to patients with chronic hepatitis B and measure follow up infant testing rates	Clinical audit reporting Perinatal data collection and pregnancy health record data items. Department of Health Statistical Services Branch	Annual
	HBV vaccination coverage in custodial settings	Kirby Institute and Office of Prisoner Health and Wellbeing, Department of Health	Annual
	Amount of sterile injecting equipment provided through needle and syringe programs (NSPs)	Queensland Needle and Syringe Program, Communicable Diseases Branch, Department of Health	Annual

	Indicator	Data Source	Frequency
 **Pillar 2 Testing**	Proportion of people living with chronic and acute hepatitis B who are diagnosed	Viral Hepatitis Mapping Project Annual Report. WHO Collaborating Centre for Viral Hepatitis, Doherty Institute, ASHM	Annual
	Monitor public laboratory hepatitis B testing data – number of tests by age group and regions	Public Health Intelligence Branch, Department of Health. Auslab data	Annual
	Explore opportunities for more comprehensive data linkage to report the proportion of liver cancer diagnoses attributable to hepatitis B	Public Health Intelligence Branch, Department of Health. Communicable Diseases Branch, Department of Health	Annual
	Delivery and success of targeted hepatitis B awareness and testing activities by funded service providers	Funded service provider reports. Department of Health	Annual
	Monitor and report community organisation-led POCT testing	Funded service provider reports	6-monthly
 **Pillar 3 Person-centred treatment and care**	Proportion of people living with chronic hepatitis B who receive yearly viral load testing	Viral Hepatitis Mapping Project Annual Report. WHO Collaborating Centre for Viral Hepatitis, Doherty Institute, ASHM	Annual
	Proportion of people living with hepatitis B who are eligible for antiviral treatment who are receiving it	Australian Government data compiled by Public Health Intelligence Branch, Department of Health	Annual
	Number of innovative models of care for chronic hepatitis B implemented	Funded service provider reports, Department of Health, Hospital and Health Services	Annual
	Increase the number of hepatitis B s100 prescribing programs and prescribers	Funded service provider reports, Department of Health	Annual
	Reduction in hepatitis B-related mortality	Surveillance for Hepatitis B indicators National Report (VIDRL and Doherty Institute)	Annual

	Indicator	Data Source	Frequency
Pillar 4 Stigma and discrimination	Number of initiatives implemented and evaluated which provided education about hepatitis B risks and hepatitis B-related stigma and discrimination	Funded service provider reports, Department of Health	Annual
	Number of targeted activities to raise awareness of hepatitis B in specific settings or among specific populations	Funded service provider reports, Department of Health	Annual
	National Stigma Indicators Monitoring Project – explore opportunities to access Queensland-specific data from the dataset	Centre for Social Research in Health, University of New South Wales	Annual
	Number of people completing the online BBV stigma and discrimination learning module	Communicable Diseases Branch, Department of Health	Annual
Pillar 5 Governance, research, surveillance and monitoring	Weekly, quarterly, year-to-date and annual reporting of hepatitis B notifications in the general population and progress on increasing accessibility of data via dashboards	Public Health Intelligence Branch, Department of Health	Weekly, quarterly, annual
	Progress towards improving data completeness (incl country of birth and First Nations status)	Public Health Intelligence Branch, Department of Health	Annual
	Weekly, quarterly, year-to-date and annual reporting of hepatitis B notifications in custodial settings and progress on increasing accessibility of data via dashboards	Public Health Intelligence Branch, Department of Health	Weekly, quarterly, annual
	Number of people with health undertakings for hepatitis B linked to care	Australian Government Department of Home Affairs and West Moreton Public Health Unit	Six-monthly
	Number and type of hepatitis B related research activities undertaken	State and national research organisations and universities	Annual

Hepatitis B in Queensland 2030 - Plan on a page

By 2030, Queensland will be a place where new hepatitis B transmissions are eliminated and every person with chronic hepatitis B has access to best practice treatment and care, lives free from stigma and discrimination, and can achieve their full potential for health and wellbeing across their lifespan.

Priority settings

- Primary healthcare settings
- Sexual health clinics
- Aboriginal and Torres Strait Islander Community Controlled Health Services
- Antenatal, maternity and family care services
- Multicultural community and health services
- Custodial settings , including youth justice
- Community corrections
- Community-based organisations who work with priority populations
- Needle and Syringe Programs
- Mental health, alcohol and other drugs services
- Pharmacies
- Infectious disease clinics
- Specialist medical services
- Emergency departments

Priority populations

- People from culturally and linguistically diverse backgrounds, particularly regions with intermediate or high hepatitis B prevalence
- First Nations peoples
- Pregnant women, pregnant people living with hepatitis B and their babies
- People who inject drugs
- People in custodial settings
- Sex workers
- Gay, bisexual, and other men who have sex with men
- People affected by socioeconomic hardship or disadvantage
- People not eligible for Medicare

Targets 2027

95% completion of 4-dose schedule of infant hepatitis B vaccine at 12 months	**85%** of people living with hepatitis B know their diagnosis	**65%** of people living with hepatitis B engaged in care
22% of people living with chronic hepatitis B receiving treatment	**<1.2** deaths per 100,000 total population modelled number of deaths attributable to chronic hepatitis B	**14%** of healthcare workers reporting they would behave negatively towards someone with hepatitis B (Centre for Social Research in Health Surveys)

Targets 2030

95% completion of 4-dose schedule of infant hepatitis B vaccine at 12 months	**>90%** of people living with hepatitis B know their diagnosis	**>80%** of people living with hepatitis B engaged in care
29% of people living with chronic hepatitis B receiving treatment	**<1.0** deaths per 100,000 total population modelled number of deaths attributable to chronic hepatitis B	**0%** of healthcare workers reporting they would behave negatively towards someone with hepatitis B (Centre for Social Research in Health Surveys)

Pillar 1 Prevention

Priority actions

- **1.1** Promote and deliver hepatitis B vaccination to Queenslanders
- **1.2** Ensure system enablers support best practice pregnancy care for hepatitis B
- **1.3** Ensure access to blood borne virus prevention and harm reduction
- **1.4** Health promotion and community engagement

Pillar 2 Testing

Priority actions

- **2.1** Increase voluntary testing for hepatitis B
- **2.2** Support workforce
- **2.3** Community education and outreach to increase testing

Pillar 3 Person-centred treatment and care

Priority actions

- **3.1** Decentralised models of care to improve linkage to care and monitoring
- **3.2** Create and enhance recall systems and registries
- **3.3** GP and Nurse Practitioner community prescribers
- **3.4** Reduce financial barriers to treatment
- **3.5** Liver cancer and surveillance

Pillar 4 Stigma and discrimination

Priority actions

- **4.1** Reduce hepatitis B-related stigma and discrimination
- **4.2** Design communication with affected communities

Pillar 5 Governance, research, surveillance and monitoring

Priority actions

- **5.1** Enhance surveillance data
- **5.2** Support research
- **5.3** Strengthen governance and monitoring

Queensland Government

Abbreviations

Acronym	Definition
BBV	Blood borne virus
CALD	Culturally and linguistically diverse
DNA	Deoxyribonucleic acid
GPs	General practitioners
HBV	Hepatitis B virus
HHSs	Hospital and Health Services
NGO	Non-government Organisation
NSP	Needle and syringe program
PHNs	Primary Health Networks
POCT	Point of Care Testing
STI	Sexually transmissible infection

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