

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

