

Hepatitis C in Queensland 2030 - Plan on a page

By 2030, hepatitis C will be eliminated as a public health threat in Queensland and every person with hepatitis C will have access to treatment and care, live free from stigma and discrimination, and can achieve their full potential for health and wellbeing across their lifespan.



Priority settings

- Custodial settings
- Community corrections settings (probation and parole)
- Primary healthcare settings
- Sexual health clinics
- Aboriginal and Torres Strait Islander Community Controlled Health Services
- Needle and syringe programs
- Drug and alcohol services
- Mental health services
- Homelessness services and support services for people experiencing homelessness
- Community-based organisations and non-government organisations who work with priority populations
- Antenatal services
- Multicultural community and health services including refugee health services
- Emergency departments and urgent care clinics
- Infectious diseases clinics



Priority populations

- People who inject drugs
- People in custodial settings
- First Nations peoples
- People who experience homelessness
- People living with mental health issues
- People with long-standing undiagnosed infection related to historical risk factors
- Gay, bisexual, and other men who have sex with men
- Sex workers
- People from culturally and linguistically diverse backgrounds



Targets 2027

40

hepatitis C cases notified per 100,000 population among people aged 15 to 24

<8

newly acquired hepatitis C cases per 100,000 population per year

93%

of people living with hepatitis C have been diagnosed

80%

of people living with hepatitis C receiving curative treatment

<1.6

per 100,000 population deaths attributed to hepatitis C

14%

of healthcare workers reporting they would behave negatively towards someone with hepatitis C (Centre for Social Research in Health Surveys)



Targets 2030

27

hepatitis C cases notified per 100,000 population among people aged 15 to 24

<5

newly acquired hepatitis C cases per 100,000 population per year

95%

of people living with hepatitis C have been diagnosed

>85%

of people living with hepatitis C receiving curative treatment

<1.0

per 100,000 population deaths attributed to hepatitis C

0%

of healthcare workers reporting they would behave negatively towards someone with hepatitis C (Centre for Social Research in Health Surveys)



Pillar 1 Prevention

Priority actions

- 1.1 Enhance needle and syringe and OAT programs
- 1.2 Partner with First Nations communities to address health inequities
- 1.3 Prevention measures in correctional settings
- 1.4 Health promotion and prevention across priority populations



Pillar 2 Testing

Priority actions

- 2.1 Supporting point of care testing (POCT)
- 2.2 Strengthen test pathways in mental health alcohol & other drug services
- 2.3 Embed hepatitis C testing across diverse settings
- 2.4 Supporting primary health care
- 2.5 Peer workforce development
- 2.6 Advocacy to support testing equity and accessibility
- 2.7 Contemporary testing practices



Pillar 3 Person-centred treatment and care

Priority actions

- 3.1 Reduce barriers to treatment initiation and completion
- 3.2 Improve notification driven linkage to care
- 3.3 Post-cure management and connection to care



Pillar 4 Stigma and discrimination

Priority actions

- 4.1 Reduce hepatitis C-related stigma and discrimination
- 4.2 Reduce hepatitis C-related stigma and discrimination in healthcare settings
- 4.3 Design stigma reduction communication with affected communities



Pillar 5 Governance, research, surveillance and monitoring

Priority actions

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

