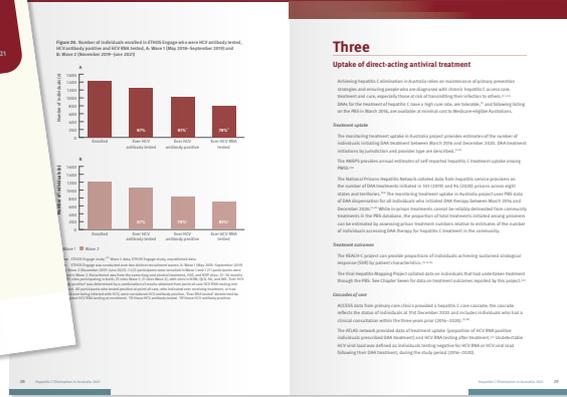
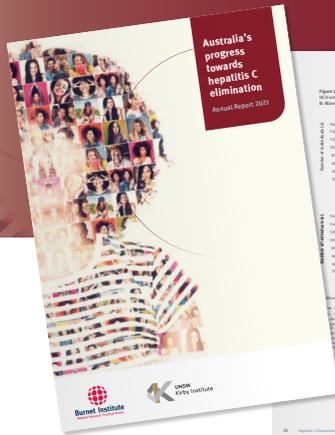


Australia's progress towards eliminating hepatitis C as a public health threat by 2030



Australia is continuing to work towards eliminating hepatitis C as a public health threat by 2030, in line with global targets set by the World Health Organization and targets included in Australia's National Hepatitis C Strategy 2018–2022. Strong political leadership enabling universal access to direct-acting antivirals (DAA) therapy and an active community of partners implementing the National Hepatitis C Strategy has been pivotal in progressing towards elimination goals. Sustaining these efforts requires continual monitoring to identify challenges and barriers as we progress towards hepatitis C elimination.

The Burnet and Kirby Institutes have worked with research, clinical, community, and government partners nationally to produce the third annual report on progress towards hepatitis C elimination in Australia. The report brings together data from 19 separate sources across Australia, from publicly available datasets through to mathematical modelling, providing an overview of Australia's progress towards hepatitis C elimination. This third annual report addresses some data gaps identified in the first two reports and includes new and updated data on testing and treatment among Aboriginal and Torres Strait Islander peoples, stratification of testing by gender, and highlights the impacts of the COVID-19 pandemic on hepatitis C testing and treatment uptake. Importantly, this report highlights the declining levels of hepatitis C testing and therefore diagnosis and treatment; although the COVID-19 pandemic may have affected health care provision in the past year, this declining trend was seen in the years prior to the pandemic. Testing and treatment levels need to be urgently increased if Australia is to remain on track to achieve its hepatitis C elimination goals.

Summary of the report

The number of hepatitis C treatment initiations in Australia increased substantially following the listing of DAAs on the Pharmaceutical Benefits Scheme in March 2016; approximately 88 790 people were treated with DAAs by the end of 2020. Notably, there has been a significant and increasing contribution of prison-based hepatitis services in progressing towards Australia's elimination goals, with a high proportion of DAA treatment initiations conducted in prisons over the last two years (30% in 2019 and 37% in 2020). The number of new hepatitis C infections is likely to have fallen over this period, however, this report demonstrates a concerning and ongoing decline in hepatitis C testing and treatment uptake each year. An estimated 117 800 people were living with hepatitis C at the end of 2020. Mathematical modelling based on these data shows that testing and treatment scale-up is required between 2021 and 2030 if elimination targets are to be achieved. Ongoing stigma and discrimination towards people at risk of and living with hepatitis C continues to be an important issue, with implications for testing and treatment. Finally, the report emphasises the case for investing in hepatitis C testing and treatment, with a net economic benefit seen if testing and treatment is scaled-up.

HIGHLIGHTS

- **NEWLY ACQUIRED HEPATITIS C INFECTIONS:** A decline in new hepatitis C infections was observed in data from primary care clinics (that provide specialist care to people who inject drugs), clinics that see gay and bisexual men, and among people in prison.
- **TESTING AND DIAGNOSIS:** A decline in the uptake of hepatitis C testing was observed, for both hepatitis C antibody and RNA testing (used to detect new hepatitis C infections), with a greater decline in testing and diagnosis levels seen in 2020 compared to recent years.
- **UPTAKE OF DIRECT-ACTING ANTIVIRAL TREATMENT:** Treatment initiations peaked in the months following the listing of DAAs on the Pharmaceutical Benefits Scheme and have subsequently slowed. A total of 8 099 people initiated treatment in 2020, the first year <10 000 people were treated since the DAA program commenced. However, treatment initiations in prisons were maintained in 2020; an estimated 3 000 people were treated in prison in 2020.
- **HEPATITIS C-ATTRIBUTABLE MORBIDITY: TRANSPLANTATION:** The number of individuals receiving a liver transplant with a primary diagnosis of hepatitis C cirrhosis continued to decline.
- **STIGMA AND DISCRIMINATION EXPERIENCED BY PEOPLE LIVING WITH HEPATITIS C:** Stigma and discrimination towards people living with hepatitis C and people who inject drugs remains and may be impacting on the engagement of individuals with the health care system. Ongoing efforts to reduce stigma enacted by health care workers and the general public are needed.
- **PREVENTION OF HEPATITIS C ACQUISITION:** Primary prevention of hepatitis C transmission is an important focus, and the number of needles and syringes distributed in Australia has steadily increased. Reports of sharing injection equipment has remained relatively stable. Ensuring access to sterile injecting equipment, reducing receptive sharing of needles and syringes, and health promotion activities should be expanded.
- **HEALTH EQUITY MAPPING:** Mapping of treatment uptake continues to show inequity in treatment uptake. National trends remain relatively stable, however some primary health networks reported a greater decline in hepatitis C treatment uptake in 2020 compared to previous years, potentially an impact of the COVID-19 pandemic. This decline was more pronounced in regions where effects of the pandemic and resultant stay-at-home directions were more restrictive.
- **MODELLING:** Mathematical modelling demonstrates that further testing and treatment scale-up is required between 2021 and 2030 for Australia to remain on target and achieve elimination. This scale-up of testing and treatment will become cost saving from a societal perspective by 2022, with a net economic benefit of \$5.7 billion by 2030.

Future directions

The declining trends in hepatitis C testing and treatment uptake needs to be addressed as a matter of urgency. Although the COVID-19 pandemic and its effects on health care provision is likely to have impacted testing and treatment in the past year, this declining trend was noticeable prior to 2020. If hepatitis C elimination goals are to be met, future efforts need to focus on increasing testing and treatment among priority populations. During the pandemic, the use of telehealth has been supported by the health care sector and telehealth technology may prove to be a useful tool to improve access to hepatitis C care, particularly for those facing barriers to accessing health care. Future annual reports will aim to broaden knowledge of key hepatitis C indicators in priority populations and provide a guide to target resources and keep Australia on track to meet its 2030 elimination goals.

Find the report at: www.burnet.edu.au and www.kirby.unsw.edu.au