

# Victorian hepatitis B plan 2022–30

This plan is one of seven plans in the Victorian sexual and reproductive health and viral hepatitis strategy 2022–30. It builds on the objectives, focus areas and outcomes in the Victorian hepatitis B strategy 2016–2020. It outlines the priority actions implemented to date and includes new and refocused priority actions needed to meet our elimination agenda.

## Achievements since 2016

Victoria's infant hepatitis B vaccination programs continue to deliver high vaccination coverage. In September 2021, 95 per cent of Victorian children aged 12 to 15 months had received the recommended number of hepatitis B virus (HBV) vaccines (95 per cent also for Aboriginal children).

The Victorian HIV and Hepatitis Integrated Training and Learning program trains primary healthcare providers in managing BBV and STI. Between 2016 and 2021, the number of general practitioners accredited to prescribe s100 HBV medicines increased from less than 10 to 62. Increasing the number of prescribers allows us to expand access to people living with HBV to have their treatment and care managed in local primary and community care.

Justice Health has set up the statewide Hepatitis Program, delivered by St Vincent's Hospital Melbourne. It offers a network of hepatitis clinics across the Victorian custodial facilities to ensure people in prison are assessed and treated for chronic hepatitis B and C. On release, people who have been managed under the program are provided with a management plan and a referral to a community provider.



### Our vision

Eliminate hepatitis B as a public health concern by 2030

### Monitoring and measuring progress

We will develop an **indicators and monitoring framework** in collaboration with key research partners and affected communities.

A **mid-point review in 2025–26** will assess progress against achieving our 2025 and 2030 targets.

Findings will be used to refresh and refocus priority actions and activities in this plan.

### System enablers

Reducing stigma, racism and discrimination

Strengthening workforce capacity

Fostering partnerships and collaboration

Strengthening and supporting data & research

## Goals

- Victorians are supported to **reduce their risk of acquiring hepatitis B**.
- Victorians living with hepatitis B **know their status**.
- Victorians living with hepatitis B have access to **best practice evidence-based treatment and care**.
- **Stigma, racism and discrimination are not a barrier** to hepatitis B prevention, testing, treatment and care.

## 2030 targets\*

- Achieve and maintain childhood vaccination coverage of 95 per cent at birth, 12 and 24 months.
- Achieve and maintain 100 per cent uptake of HBIG and birth dose vaccine for all infants born to women with chronic hepatitis B, and access to antiviral therapy in the third trimester of pregnancy for women with high hepatitis B viral load.
- Reduce the number of newly acquired hepatitis B infections by 90 per cent, with a focus on priority populations.
- Increase the proportion of people living with chronic hepatitis B who are diagnosed to 90 per cent.
- Increase the total proportion of people living with chronic hepatitis B receiving care to 90 per cent. For people living with chronic hepatitis B and eligible for treatment, increase the proportion receiving antiviral treatment to 27 per cent.
- Reduce hepatitis B-attributable mortality by 35 per cent (compared with 2017).
- Reduce the reported experiences of stigma, racism and discrimination among people living with or affected by hepatitis B in health and social support settings to less than 10 per cent.
- Eliminate mother-to-child transmission of hepatitis B.

\* **Stepped targets for 2025 are outlined in the plan**