



INTRODUCTION



WHY IS HEPATITIS C SUCH A MAJOR PUBLIC HEALTH ISSUE?

While hepatitis C was first identified in 1989, the earliest evidence of hepatitis C in Australia can be found in stored samples of blood from the early 1970's. Hepatitis C is the most commonly reported infectious disease in Australia today. There are around 271,000 people in Australia that are positive to the hepatitis C antibody and about 75% of these are chronically infected. Transmission of the hepatitis C virus involves exposure to infected blood.

While there are advances in the treatment of people with hepatitis C, the human costs of hepatitis C, in terms of reduction in quality of life and wellbeing and through occupational and social discrimination and isolation, remain significant as are the financial costs of the virus for medical and hospital care and through lost productivity and the need for social support.



AUSTRALIA'S RESPONSE TO HEPATITIS C

Australia is one of the leading countries in responding to the hepatitis C epidemic. Since hepatitis C was first identified in 1989, all levels of government in Australia have worked collaboratively with organisations and communities to address the social, economic, psychological and health issues faced by the people affected.

In 1994, the Australian Health Ministers' Advisory Council (AHMAC) developed the *National Hepatitis C Action Plan* as a co-coordinated national public health response to hepatitis C. The first *National Hepatitis C Strategy 1999–2004*,

launched in June 2000, had two primary aims: to reduce the transmission of hepatitis C in Australia and to minimise the personal and social impacts of hepatitis C infection. The second *National Hepatitis C Strategy 2005–2008* which builds on the first strategy was released in June 2005.

In late 2003, the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH) was established. It is supported by three expert subcommittees. These are: the Hepatitis C Subcommittee; the HIV/AIDS and STIs Subcommittee; and the Indigenous Australians Sexual Health Committee. The Hepatitis C Subcommittee has played an active role in developing national guidelines and policies including the updated edition of the *National Hepatitis C Testing Policy (2007)*.

In 2005, the *National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy* was developed with the aim of strengthening the capacity of the Aboriginal Community Controlled Health Services to deliver sexual health programs and to build collaborative partnerships with the mainstream health sector.

WHO DEVELOPED THIS RESOURCE?

The Department has developed this resource in association with representatives from the following:

- the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH);
- the Hepatitis C Subcommittee of MACASHH;
- Hepatitis Australia;
- the Australasian Society for HIV Medicine (ASHM);
- the Australian Injecting & Illicit Drug Users League (AIVL);
- the Multicultural HIV/AIDS and Hepatitis C Service (MHAHS); and
- the Australian National Council on Drugs (ANCD).

The revision of the manual also involved wide consultation with organisations and individuals who have detailed knowledge and understanding of hepatitis C and its treatment.

WHAT IS THE AIM OF THIS RESOURCE?

The aim of the resource is to enhance the health outcomes of people affected or potentially affected by hepatitis C, by providing standardised, accurate and current information about hepatitis C and associated issues to a wide range of health care providers.

WHO IS THIS RESOURCE FOR?

This resource manual has been developed with the following audiences in mind:

- alcohol and other drug agency workers;
- Needle and Syringe Program workers;
- carers and people providing community support;
- counsellors;
- peer educators;
- nurses;
- allied health professionals;
- health educators; and
- emergency service personnel.



WHAT SHOULD THE MANUAL BE USED FOR?

This manual has been designed to support understanding and knowledge of hepatitis C, and to encourage reflection on service delivery and educational practice, so that the contributions of health care workers to hepatitis C prevention, education, health maintenance, treatments, counselling and support are enhanced. This manual has been developed as an educational resource, not as a training manual, nor as a source for academic research.

The manual is not intended to replace expert medical advice about hepatitis C. It is recommended that any individual with hepatitis C or anyone at risk of contracting hepatitis C seek their own medical advice.

The manual is available for download on the Department of Health and Ageing website: www.health.gov.au