



# Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVSTI)

## Hepatitis B Roundtable Recommendations – 19 March 2021

### 1. Community partnerships, leadership and co-design

- 1.1. Co-design a specific mechanism / structure to elevate the voices and influence of people impacted by hepatitis B in national policy development, monitoring, implementation and evaluation (including of the National Hepatitis B Strategy).
- 1.2. Identify nationally, and within jurisdictions, existing or recent successful hepatitis B programs (e.g Hep B PAST partnership project in the Northern Territory), resources, policies (e.g. registries) that may be suitable for long term programmatic resourcing.
- 1.3. Support activities to gain a richer understanding of culturally and linguistically diverse communities and hepatitis B.
- 1.4. Provide long-term investment, aligned with the National Strategies, in community designed and led, hepatitis B responses.

### 2. Racism, stigma and discrimination

- 2.1. Ensure that the next National Hepatitis B Strategy commits to specific actions to address racism, stigma and discrimination within the hepatitis B healthcare system and as a contributor to whole-of-government action.
- 2.2. Assess the extent to which hepatitis B healthcare implementation is congruent with national standards, strategies and guidance on addressing racism, stigma and discrimination in healthcare settings (e.g. The National Schemes Aboriginal and

Torres Strait Islander Health and Cultural Safety Strategy; Australian Commission on Safety and Quality in Healthcare Patient-Centred Care Guidance).

- 2.3. Utilise the Australian Human Rights Commission's Anti-Racism Framework in the development of the next National Hepatitis B Strategy and its implementation.
- 2.4. Develop appropriate language and anti -stigma and -discrimination guidance related to hepatitis B to inform future localised health promotion, service delivery and policy activities.

### 3. National Hepatitis B Strategy implementation

- 3.1. Undertake a community consultation process, including meaningful engagement with affected communities, as part of the development of the next National Hepatitis B Strategy and National Aboriginal and Torres Strait Islander BBV and STI Strategy.
- 3.2. Support and provide Australia's endorsement of the next Global Health Sector Strategy on Viral Hepatitis following the expiration of the current Strategy in 2021.
- 3.3. Enhance and seek to embed synergies between the National Hepatitis B Strategy and other relevant national strategies and policy (e.g. multicultural, Aboriginal and Torres Strait Islander, cancer, preventive health, primary health etc).

### 4. Community education

- 4.1. Increase and resource on-the-ground community education from trusted workers and peers in culturally and linguistically diverse communities regarding prevention, testing, treatment and clinical management.
- 4.2. Co-design and collaboratively implement a national information and awareness campaign specific to hepatitis B with affected communities. This should take learnings from experiences gained through COVID-19 and include the development of localised messaging and community-led dissemination strategies.
- 4.3. Better utilise and adapt (e.g. adapt to different languages) the existing evidence based information education, awareness and health promotion materials for use with communities from diverse linguistic backgrounds.
- 4.4. Identify opportunities to integrate hepatitis B, hepatitis C and HIV education to increase efficiency and effectiveness of delivery (i.e. concurrent blood borne virus education).

### 5. Testing, diagnosis, treatment and clinical management

- 5.1. Offer every Australian adult the chance to know their hepatitis B status through the implementation of cost-effective and non-stigmatising universal hepatitis B testing and diagnosis as core business of primary care (rather than current risk based screening approaches).
- 5.2. Support scale up of primary care responses to hepatitis B in geographical areas with high prevalence of hepatitis B or an existing lack of services (e.g. remote areas).
- 5.3. Support PHN's as key partners in prioritising hepatitis B elimination through:
  - PHN level dissemination of the Viral Hepatitis Mapping report to inform the 31 PHN Needs Assessments. This could help PHN's identify if their particular region is at risk of not achieving elimination targets.

- Enhancing the focus of hepatitis in existing PHN practice support services implemented in partnership with key stakeholders (e.g. local hepatitis organisations, professional associations, ACCHOs, multicultural health services).
- 5.4. Lower the eligibility threshold for individuals to access hepatitis B treatment as the current algorithms for individuals to access treatment are unnecessarily complex.
  - 5.5. Allow for unrestricted viral load testing (i.e. removing the current limit of one subsidised viral load test per 12 months).
  - 5.6. Support “self-agency” (whereby patient choice is sought and respected) regarding the commencement/timing of antiviral treatment. This would provide an opportunity for individuals to commence treatment earlier, rather than limiting care to a

monitoring pathway. For example: engage and empower individuals to make an informed choice to either continue with active monitoring or to commence treatment.

- 5.7. Work with State and Territory health departments and the Aboriginal Community Controlled Health Organisations to routinely follow-up all patients (e.g. for recall &/or referral) newly notified with hep B.
- 5.8. Seek a nationally consistent approach to the provision of free hepatitis B treatment and vaccination, including reviewing the current approach across State and Territories.
- 5.9. Under the National Immunisation Program include hepatitis B vaccinations for all “populations at higher risk”, and clearly define these populations.
- 5.10. Expand the tele-health model, CTG s100 prescriptions and Remote Area Aboriginal Health Services (RAAHS) programs for hepatitis B treatment.
- 5.11. Create (or expand; e.g. 703, 705) a specific MBS item number to recognise the complexities of managing hep B care and to support task-shifting the management of hep B from specialist to primary care.
- 5.12. Increase the use of and provide access to Point of Care Testing and Fibroscans (including portable models).
- 5.13. Update the GP Red Book to include an increased emphasis on liver cancer in the Guidelines for preventive activities in general practice.

## 6. Workforce development

- 6.1. Remove qualification barriers to enabling primary care services to embed hepatitis B preventative health as part of core business.
- 6.2. Increase education and awareness for GPs on the need to encourage hep B testing and diagnosis for individuals who are born overseas. This may be particularly important for overseas trained doctors.
- 6.3. Increase training for primary care practitioners to work with culturally and linguistically diverse patients, including through the use of interpreter services.
- 6.4. Increase education and training for nurses and doctors at maternity and child health services and hospitals to make hepatitis B testing, diagnosis, care and follow up as part of routine practice.
- 6.5. Ensure that training delivered to primary care practitioners is co-developed in partnership with affected communities, culturally safe, and trauma informed.
- 6.6. Support the development and maintenance of directories of hepatitis B health care professionals that speak languages other than English
- 6.7. Develop an appropriate definition of ‘peer’ in the context of their role in providing linguistically and culturally appropriate education, support, health promotion, resource development and assistance in navigating testing treatment and management of hepatitis B. This would mean that language and culturally background are a primary consideration in peer delivery of services.

## 7. Legal issues and immigration

- 7.1. Review of current immigration health screening policies to reduce barriers for people with hepatitis B face when temporarily or permanently migrating to Australia. Identify

potential unintended consequences that may prohibit disclosure of disease and adverse public health consequences.

- 7.2. Undertake a policy analysis to identify and articulate legal issues related to hepatitis B and any consequences of having immigration law exempt from the Discrimination Act.
- 7.3. Communicate the potential positive implications of the reduction in hepatitis B medication costs and favourable changes to the threshold for “significant costs to the Australian community” for people applying for certain visas that are living with hepatitis B.
- 7.4. Review and update the Department of Home Affairs Notes for Guidance for hepatitis B.
- 7.5. Ensure that health information and notification of hepatitis B diagnosis for people undertaking health assessments for immigration purposes is protected under health information frameworks (e.g. diagnostic information should be delivered by a health body, not the Department of Immigration).
- 7.6. Strengthen opportunities to support hepatitis B immunisation programs in source countries for migration to Australia (e.g. alongside other public health activities like COVID-19)
- 7.7. Remove cost barriers to accessing hepatitis B testing, treatment, vaccination and clinical management for individuals and families who are ineligible for Medicare

## 8. Surveillance and research

- 8.1. Improve national surveillance through the inclusion of mandatory fields related to Aboriginal and Torres Strait Islander status, country of birth, language spoken and ethnicity on all:
  - Pathology forms
  - Public health notification forms
  - Medical software systems (e.g. Medical Director)
- 8.2. Increase focus (e.g. within National Strategies, research strategies and priorities) and funding made available for hep B curative research, to develop targeted treatments, direct acting antivirals and immunotherapeutic approaches.
- 8.3. Embed affected community and priority population voices including people living with hep B in all aspects of research including priority setting, development, implementation and engagement with affected communities.
- 8.4. Undertake further analysis of national surveillance systems to better understand the profile and sub-populations of people living with hepatitis B including an ability to monitor progress within specific sub-populations.