Second National Hepatitis B Strategy 2014–2017

2 May 2014

Penington Institute Comments

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General comments:

- Strategy needs a severe edit.
- Terminology: use safer in relation to sexual and injecting practices, as no prevention measure is 100% safe.
- Given the evidence, Penington Institute strongly supports the inclusion of effective, evidenced harm reduction interventions, namely needle and syringe programmes and access to opioid substitution therapy, in custodial settings. It is therefore strongly recommended that specific mention be made in support of the objective of each state and jurisdiction implementing in-prison controlled needle and syringe programs.

Introduction

5th paragraph: last sentence.

- Suggest to add: individuals with a history of injecting drug use; and men who have sex with men (5). See also references 4 (PUD) and 8 (MSM).

7th paragraph: A National Hepatitis B Testing Policy has been also developed and targeted awareness campaigns have been implemented for some priority populations.

- Suggest to list which populations.

4.3 Targets

1. Achieve 95% HBV childhood vaccination coverage

Penington Institute has concerns with this target. As noted on page 12: Coverage rates for hepatitis B vaccine are good overall; however challenges remain in the rate of timely vaccination for Aboriginal and Torres Strait Islander children (at 1 year of age) and in the reporting of the birth dose. In 2011, the coverage rates for hepatitis B vaccination for Aboriginal and Torres Strait Islander children at 1 year of age was 85.05%, compared to 91.93% for non-Indigenous children. Coverage rates for both indigenous and non-indigenous children are above 94% at 2 years of age. The vaccine prevents new infections, which is particularly important in newborns and children, as the risk of developing chronic hepatitis B following infection is greater the younger the age at infection. Up to 90% of infants and 30% of children will develop chronic hepatitis B after exposure to infection, compared to 5% in adults (12).

Achieving an increase from 94% to 95% at 2 years does not add much to the current level of prevention and the decrease in HBV morbidity and mortality. What is required is that the coverage rate and reporting of the birth dose measured at 1 year of age should increase.

- Penington Institute suggests that given HBV prevalence (including but not limited to among Aboriginal and Torres Strait Islander people, including through injecting drug use-related transmission, as well as HBV prevalence among the wider injecting drug use community i.e. Unsafe injective practices account for at least 50% of new hepatitis B infections, page 14) the target be redefined as "Achieve 95% HBV childhood vaccination coverage at 1 year of age".

3rd paragraph: Expert opinion is that increasing the proportion diagnosed to 80% would significantly contribute to opportunities to reduce hepatitis B associated morbidity and mortality, and reducing transmission.

- Penington Institute suggest to add: including through mother-to-child transmission.

4.4 Indicators

3rd paragraph: There is also no specific national indicator available to report against target 2 (vaccination in priority populations). For clarity purposes, the specific populations affected should be named along with an explanation as to why such indicators are yet to be developed.

5. Guiding principles underpinning Australia's Response

Access and Equity: delete (L).

Harm reduction: Harm reduction approaches underpin effective measures to prevent transmission of HIV, including needle and syringe programs and drug treatment programs.

- Suggest to add at end of sentence; including primary health care, opioid substitution therapy and safe injecting rooms/sites. Further, given that the primary health needs of people who use drugs are extremely neglected these should be comprehensively addressed as part of HIV prevention, and as part of broader efforts for preventing transmission of blood borne viruses and sexually transmitted infections.

Partnerships: recognition that those living with, and at risk of, infection are experts in their own experience and are therefore best placed to inform efforts that address their own education and support needs.

- Suggest to delete 'those' and insert 'people'.

7. Priority areas for action

- Suggest for clarity for the reader that at the end of the first paragraph that the six priority areas for action be listed.

7.1 Prevent

Priority actions: Maintain and increase safe sexual and safe injecting practices in priority populations. Further paragraph 9 states: As the burden of hepatitis B can be identified by geographic

area and by population group, prevention activities should also be targeted to local health areas where priority populations at higher risk of hepatitis B are located.

- Penington Institute strongly supports this priority action, noting that maintaining and increasing safer injecting practices in priority populations requires increased access and availability of sterile injecting equipment among people who inject drugs which aligns with the National Needle and Syringe Programs Strategic Framework 2010-2014[1], which includes among its Key Result Areas to increase the availability of needle and syringe equipment by increasing NSP hours and sites. This includes needle dispensing machines and less restrictive policies in relation to the amounts and range of injecting equipment available at NSPs.

Paragraph 10 states: Better awareness about vaccination would enable effective promotion through education and awareness to priority populations, through integrated safe sex programs, and safe injecting health promotion and education programs.

- Penington Institute suggests that strengthening NSPs as frontline services is essential to achieving this with the corresponding investment in facilities and the workforce.

Paragraph 11 states: Reducing transmission to the newborn could be strengthened through improved maternal care including improved provision of appropriate information to pregnant women about their own care, appropriate access to management and treatment, and the development and implementation of nationally consistent best practice protocols.

- Penington Institute suggests that a central component of a comprehensive strategy for reducing transmission to the newborn includes vaccination of women of reproductive age, particularly women from priority populations, and should be included here.

7.2 Testing

Paragraph 2 states: There are multiple barriers to accessing appropriate testing for hepatitis B often experienced by communities most affected by chronic hepatitis B in Australia. These include highly disrupted lives and limited access to health care services in their country of origin, cultural and language differences, and variable levels of education and health literacy (21).

- Penington Institute would request that specific mention be made of people in remote areas as well as among Aboriginal and Torres Strait Islander people and people who inject drugs.

Paragraph 3 states: Testing strategies and models will need to be reviewed and updated to allow new testing technologies, such as rapid testing, to be included as they become available.

- Penington Institute notes that the National Hepatitis B Testing Policy will also need to be updated as these become available.

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1 https://www.health.gov.au/internet/main/publishing.nsf/Content/775BC0C9246B864ACA257BF000195991/$File/frame.pdf

Paragraph 4: Primary care services, particularly those working in high prevalence areas, and community organisations providing support and advice to priority populations will continue to play an increasingly important role in hepatitis B testing and monitoring. Programs to improve testing need to recognise the value of these organisations and services, and work to integrate opportunistic testing into current activities.

- Penington Institute requests that "or provide referral to testing services" be added.
- Penington Institute notes that community organisations providing support and advice to priority populations, include NSPs, and that adequate investment in facilities and human resources will be required to undertake these additional tasks.

Paragraph 7: To maximise opportunities for increasing the number of people living with hepatitis B diagnosed, the public health response should include appropriate testing and vaccinating of household contacts and sexual partners, and the provision of information to reduce the risk of ongoing transmission. (19).

- Penington Institute requests that after 'sexual' 'and/or injecting' be added.

Paragraph 7: A national protocol on the public health response to hepatitis B, which addresses the important role of primary care, is needed to improve national consistency.

- Penington Institute strongly supports this and requests that such a protocol includes the role of NSPs.

7.3 Management, Care and Support

7.3.2 Care and support

Paragraph 4 states: Communities need resources incorporating references and experiences that translate relevant complex biomedical information into accessible language. Relationships with local multicultural health workforce and community organisations will strengthen care delivery as well as personal and community level support for the individual.

- Penington Institute strongly supports this and notes that building and supporting such relationships, including with and through NSPs and primary health care services, is essential to addressing injecting drug use-related HBV and its management.

Paragraph 5 states: Better understanding of hepatitis B and treatment availability is also required for some primary care practitioners and non-hepatology specialists such as those involved in antenatal care, where maternal treatment can significantly reduce the risk of transmission to the baby.

- Penington Institute requests that "and those providing care for people who inject drugs and men who have sex with men".

Paragraph 7 states: To address the increasing burden of liver cancer in Australia, the cost-effectiveness and utility of establishing options for implementation of such an approach should be considered.

- Penington Institute requests that "in line with a rights-based approach" be added.

Paragraph 8 states: Communities play a pivotal role in ensuring that people with hepatitis B are effectively supported in promoting their health and maintaining compliance with clinical management. Programs that support these communities have the knowledge and skills to deliver these activities are important.

- Penington Institute requests that the last sentence read as follows: Programs that support these communities so that they have the knowledge and skills to deliver these activities are important and should be supported. In the context of injecting drug use, this includes supporting and providing adequate resources for drug user groups.

7.4 Workforce

Priority actions

- Support health care professionals and community organisations to provide for the needs of priority populations to deliver appropriate and evidence based care
- Provide the primary health care workforce with support and mentorship, to ensure successful transitions to primary care

Penington Institute strongly supports these priority actions and notes in the context of NSPs their alignment with the National Needle and Syringe Programs Strategic Framework 2010-2014[2], which includes among its Key Result Areas (KRAs) to:

- develop national standards to guide NSP practice for future implementation;
- develop and implement a nationally consistent training model for NSP workers;
- strengthen the evidence base for peer education; and that
- NSPs should offer referral to other appropriate health and welfare services.

Paragraph 1 reads: Services providing care and support for people with chronic hepatitis B are diverse. These various sectors require access to accurate information about hepatitis B, the skills to promote prevention and the links to engage with appropriate services.

- Penington Institute requests that the last sentence read as follows: These various sectors require access to accurate information about hepatitis B, the skills to promote prevention and testing, and to provide links to appropriate care, treatment and support services.

Paragraph 2: Professional education programs must address testing and assessing, monitoring, managing and treating hepatitis B, to ensure expanding access to care is done safely.

- Penington Institute requests that this read as follows: Professional education programs must address testing and assessment, monitoring, managing and treating hepatitis B to ensure expanding access to care is done safely and within a rights-based approach.
- Note that this also requires investment in infrastructure and training so that new and existing services, including NSPs, are adequately and sustainably resourced to take on these additional tasks.

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2 https://www.health.gov.au/internet/main/publishing.nsf/Content/775BC0C9246B864ACA257BF000195991/$File/frame.pdf

7.5 Removing barriers

Priority actions: Develop programs to assess and address hepatitis B related stigma and discrimination.

- Penington Institute strongly supports this priority action, noting its alignment with the National Needle and Syringe Programs Strategic Framework 2010-2014[3], which includes among its Key Result Areas to increase the availability of needle and syringe equipment by increasing NSP hours and sites. This includes needle dispensing machines and less restrictive policies in relation to the amounts and range of injecting equipment available at NSPs

Paragraph 1: Little is known about the impact of stigma and discrimination on people with hepatitis B. Social exclusion and isolation affect the health status of communities from culturally and linguistically diverse backgrounds.

- Penington Institute suggest that "including people who use drugs and men who have sex with men" be added at the end of the sentence.

Paragraph 2: Modelling data indicates that a significant number of hepatitis B infected people were born overseas, and the predominant countries of birth include China, Vietnam, Cambodia, Malaysia, the Philippines, Greece, Italy, Fiji and Afghanistan.

- Penington Institute requests that unless the country order reflects HBV prevalence then the countries be listed in alphabetical order. If the list reflects HBV prevalence please provide the percentages in brackets after each country.

Paragraph 3

- Note that references 24 and 25 relate to HIV with neither article speaking to HBV. Other references are required.

Paragraph 3: Discrimination, unfair treatment and social burdens increase the negative impact of health status and can reduce access to care.

- Penington Institute suggests to add "and up take of" after "access to".

Paragraph 4: Approaches include awareness raising initiatives, education and training programs, supporting advocacy and empowerment, improving access to effective complaint systems and promoting research.

- Penington Institute suggest to add after "to effective complaint systems" "and legal redress".

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3 https://www.health.gov.au/internet/main/publishing.nsf/Content/775BC0C9246B864ACA257BF000195991/$File/frame.pdf

Paragraph 5: Organisations involved in community responses to BBVs require support for programs relating to hepatitis B and to further develop and implement community engagement and partnership building.

- Penington Institute suggest to add after "hepatitis B" to add "including capacity building for the workforce along with adequate and sustained funding".

Paragraph 6:

- Penington Institute suggest to delete "through the experience of their infection" and replace with "living with HBV".

Paragraph 6: understanding the impact of their diagnosis, the clinical management options including compliance and monitoring and expectations of treatment, and informing their contacts of the implications of the infection.

- Penington Institute notes that within a rights based approach people have the right to refuse treatment.
- Penington Institute is concerned that the onus is being placed on the individual rather than health care workers to undertake contact tracing.

Paragraph 8:

- Penington Institute requests that 'treatment, care' be written as 'care, treatment'.

7.6 Surveillance, Research and Evaluation

Priority actions

- Provide support to ensure research is undertaken across the relevant diseases and disciplines, including social, behavioural, epidemiological, clinical and basic research to inform the delivery of the Strategy
- Evaluate health promotion, testing, treatment, care, support and education and awareness campaigns, programs and activities to ensure they are effective

Penington Institute strongly supports these priority actions and notes their alignment with the National Needle and Syringe Programs Strategic Framework 2010-2014[4], which includes among its KRAs to:

- improve data collection and reporting systems which will allow a better understanding of who is accessing NSPs and the gaps in current NSP service delivery;
- strengthen the evidence base for peer education; and
- regularly assess the effectiveness of NSPs through evaluation of the direct and indirect effects of NSPs and their impact on the prevention of drug related harm.

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4 https://www.health.gov.au/internet/main/publishing.nsf/Content/775BC0C9246B864ACA257BF000195991/$File/frame.pdf

- Note that there is no mention of the priority populations: people who use drugs or men who have sex with men in this section.

Paragraph 1: In 2013, only half of the eight indicators identified in the National BBV and STI Surveillance and Monitoring Plan 2010-13 to monitor the implementation of the First Hepatitis B Strategy were able to be reported on, and of these, two were based on weak data and/or methods.

- Penington Institute requests that it is clearly listed which indicators were reported against and which were not.

Paragraph 3: Consideration could be given to indicators that measure the proportion of liver attributed to hepatitis B and the number of deaths attributable to hepatitis B infection.

- Add "disease" after "liver".
- Penington Institute notes that another measure that could be used is disability-adjusted life year (DALY).

Paragraph 6: The estimated proportion that has not been diagnosed is based on denominator data derived from modelling performed almost 10 years ago. To determine progress against achieving the target of 80 per cent of people living with hepatitis B being diagnosed, this needs updating.

- Penington Institute requests that the roles of local, State and Territory, and Commonwealth Governments as well as service providers in achieving this be elucidated.

Appendix: Priority Populations

People from culturally and linguistically diverse backgrounds

- Under **Issues and considerations** suggest to add**:** people who use drugs or men who have sex with men

Aboriginal and Torres Strait Islander Peoples

- Under **Issues and considerations** suggest to add**:** people who use drugs or men who have sex with men

Children born to mothers with chronic hepatitis B and children with chronic hepatitis B

Issues and considerations:

- Lack of viral load testing for pregnant women with chronic hepatitis B45 . Note reference 45 does not exist
- Also note that women who acquire HBV during pregnancy are not mentioned.

Unvaccinated adults at higher risk of infection

- Suggest to include people who use drugs and men who have sex with men as separate priority categories given existing burden of HBV infection. If this is accepted would need to be reflected in **6. Priority populations.**