



Co-design | 3 short films | 3 languages

Are you living with hepatitis C? A cure is available

Enhancing Hepatitis C Messaging to Reach CALD Communities

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TheMHAHS



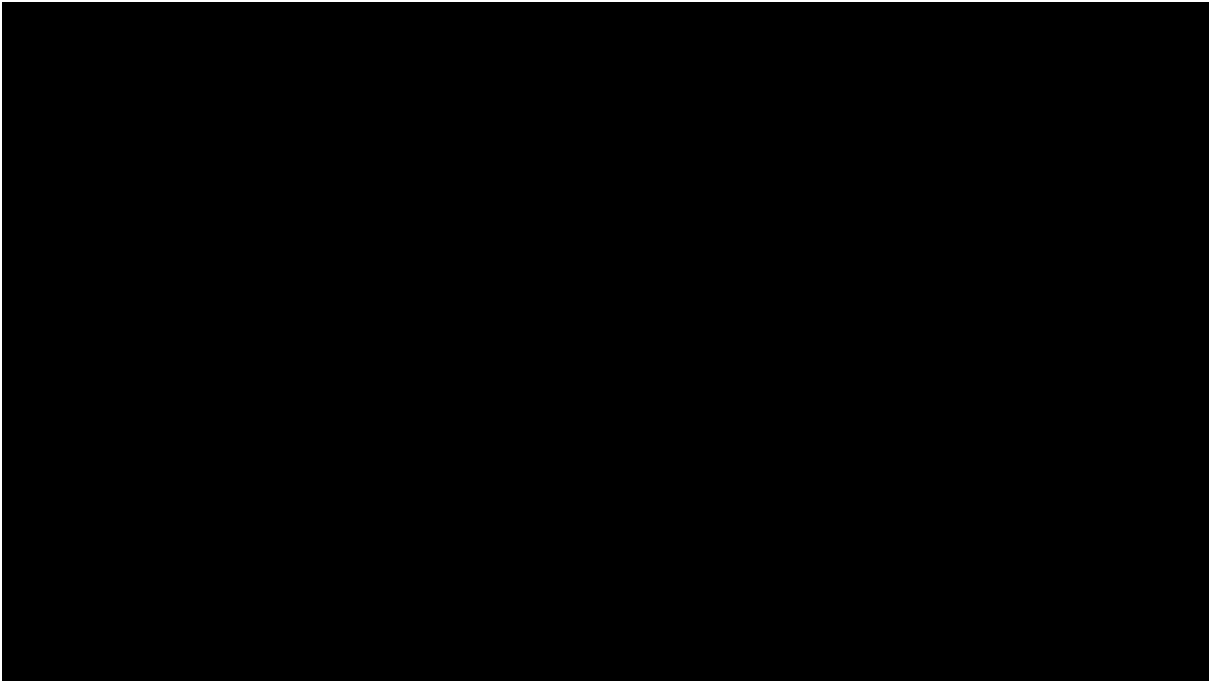
ARABIC | Bassam's story



Bassam is a 40 year old man, who was born in Iraq. He came to Australia in 2013.

“I was diagnosed with hepatitis C when I was 20 years old. I found out through a routine blood test in Iraq. I don't really know how I got it, but I think it might have been from a blood transfusion I had as a child...”

<https://mhahs.org.au/index.php/en/hepatitis/are-you-living-with-hepatitis-c> 



CHINESE (Mandarin) | Ling's story

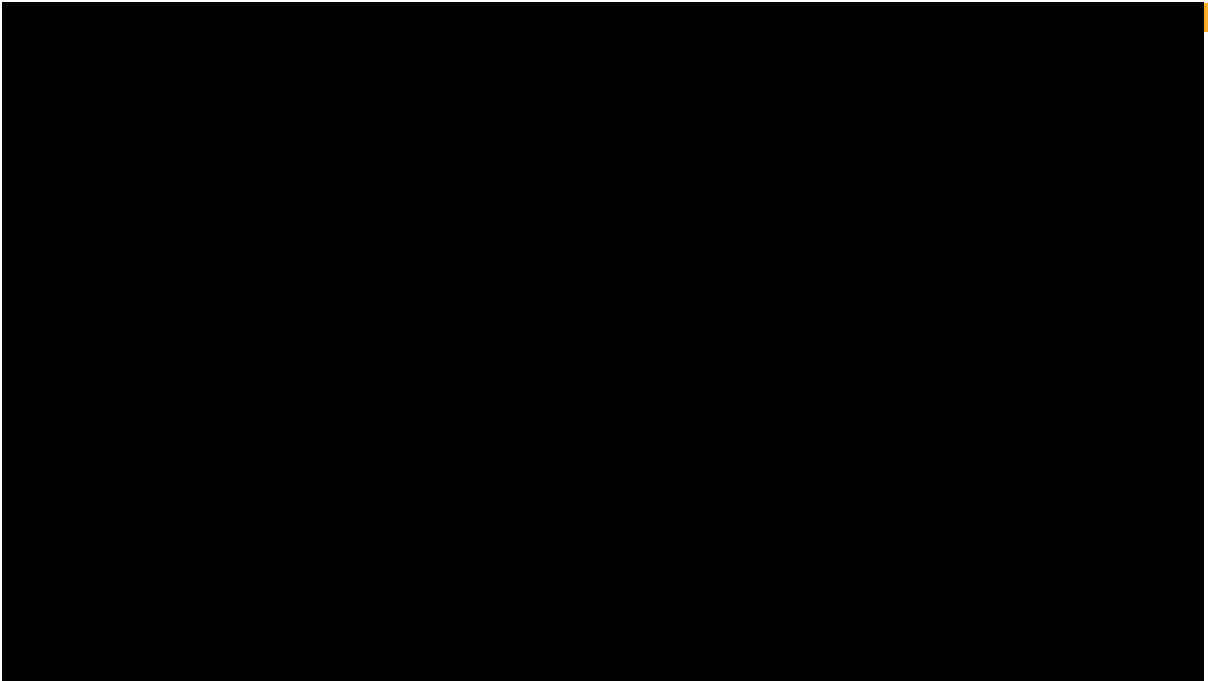


Ling was 20 years old when she came to Australia from mainland China.

In Australia, she gave birth to 2 children.

“I first found out I had hepatitis C during my first pregnancy. I was living in Australia, and I was shocked as I didn't know how I got the virus...”

<https://mhahs.org.au/index.php/en/hepatitis/are-you-living-with-hepatitis-c> 



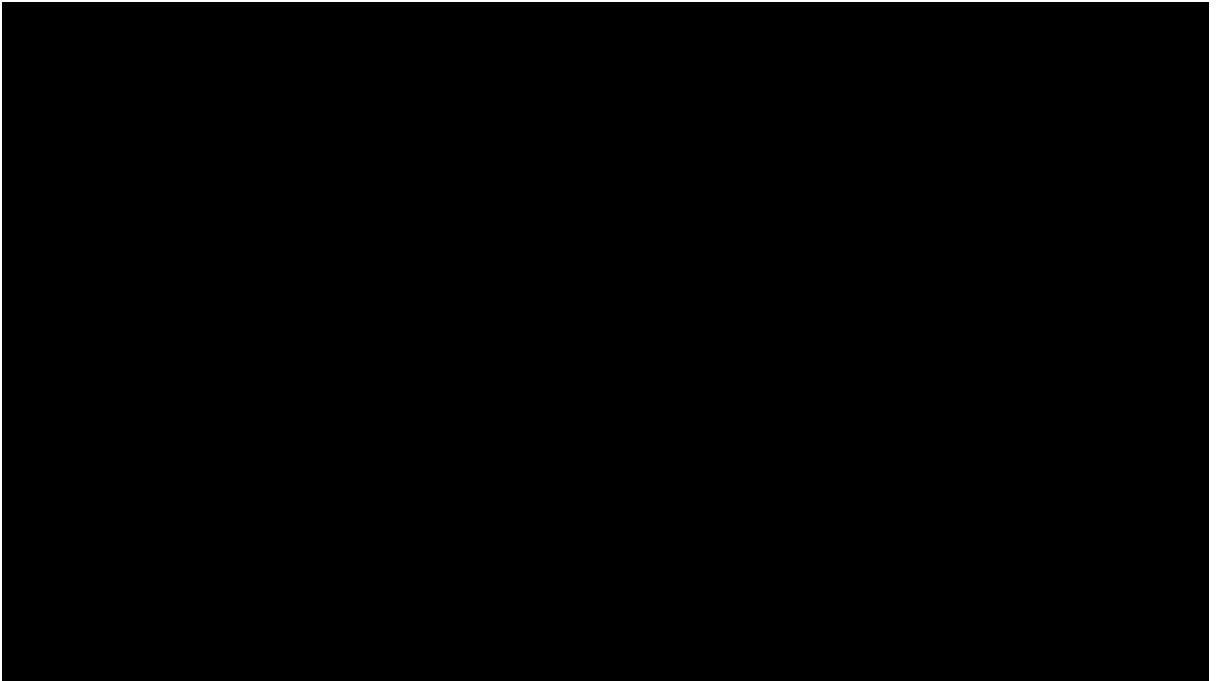
VIETNAMESE | Hanh's story



Hanh is in her 60's. She was born in Vietnam. She and her husband came to Australia as refugees. She has been living here for 32 years.

"In 2006, I found out I had hepatitis C after a blood test at my GP. When the test for hepatitis C was positive, I was very surprised because I had never felt unwell..."

<https://mhahs.org.au/index.php/en/hepatitis/are-you-living-with-hepatitis-c> 



Hepatitis C and CALD communities

- CALD communities represent 27.6%-44% of the NSW population.
- Hepatitis C prevalence in these communities mirrors their country of birth, having an increased risk of exposure.
- Current NSW policies and strategies are modelled on sharing-injecting-equipment as the primordial mode of transmission, with minor consideration on global prevalence data.

Low testing rates, late liver disease presentations and low treatment uptake are common among CALD populations living with chronic hepatitis C.

Priority communities

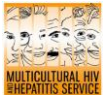
- WHO global prevalence data
- Australian / NSW migration trends

Modes of transmission

- Unsterile medical and dental procedures
- Unsterile injection-based therapies
- Unsterile traditional practices

Barriers in communication strategies

- Need culturally appropriate and carefully adapted messaging to engage in testing, treatment and care for hepatitis C.



Messages development process

- Active participation and meaningful involvement of the communities, by redeveloping campaign messages directly in each community language, with particular focus on the differential modes of transmission.



Thank you



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