

GEOGRAPHIC VARIATION IN CHB PREVALENCE IN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE ACROSS AUSTRALIA

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Background: Prevalence of chronic hepatitis B (CHB) is higher among Aboriginal and Torres Strait Islander Australians than non-Indigenous Australians, however there is evidence that this disparity varies according to region of residence. We explored available data regarding variation in prevalence according to state/territory and remoteness, in order to better tailor local estimates of the number of people living with CHB.

Methods: CHB prevalence data according to birth cohort and region of residence for Aboriginal and Torres Strait Islander Australians were derived from antenatal linkage studies in various jurisdictions, and supplemented with notifications data and population estimates according to Indigenous status and remoteness area, to generate estimates of prevalence. The impact of revised prevalence data on geographically specific estimates of overall CHB prevalence was examined.

Results: An estimated 14,700 Aboriginal and Torres Strait Islander people were living with CHB in 2017, 6.3% of the total number living with CHB in Australia. The prevalence ranged from 0.7% in metropolitan Melbourne and Sydney to greater than 5% in remote WA and NT. Overall prevalence by state was highest in NT and WA, and lowest in ACT and TAS. These revised data have resulted in a lowering of the overall estimated number of Aboriginal and Torres Strait Islander people living with CHB, due to the concentration of populations in metropolitan regions, however has increased the prevalence estimate for the Primary Health Networks of Country WA and NT.

Conclusions: High levels of variation exist in CHB prevalence in Aboriginal and Torres Strait Islander Australians according to state/territory and remoteness area, and this has impacts on overall prevalence estimates. Further data are needed to continue to refine estimates across Australia, and develop effective indicators of treatment and care uptake.

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