

Who is being left behind? Insights into care of individuals living with hepatitis B in Australia from linked data

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Background:

The current uptake of hepatitis B treatment and care in Australia is well below target levels. To address this, further insight is needed into individual-level trajectories of care, engagement over time, and variation according to priority population.

Methods:

Linked data covering the period 2011-2023 accessed via the Australian Bureau of Statistics (ABS) Person-Level Integrated Data Asset (PLIDA) were analysed, including Medicare records of hepatitis B viral load testing (a measure of monitoring provision), antiviral treatment, and abdominal ultrasounds. These data were linked to information regarding overseas migration, death records, address history, and demographic information aggregated from government datasets.

Data were analysed to assess care engagement patterns at the level of unique individuals, including treatment continuation. Uptake was calculated using modelled estimates of the number of people living with CHB and the number diagnosed as denominators.

Results:

Most people living with CHB in 2023 had not been engaged in guideline-based care during the past ten years; 31.2% had not yet been diagnosed, 13.4% were diagnosed but received no treatment or monitoring, and 29.7% were diagnosed but received only intermittent monitoring (less frequently than every two years). Half of all people with CHB had a record of an abdominal ultrasound during 2011-2023. Of those who initiated treatment, the majority continued with therapy.

Care and treatment uptake were highest among those born overseas, however no population reached the national strategy targets. Uptake among Aboriginal and Torres Strait Islander varied widely by jurisdiction, and in many there were substantial disparities, particularly in NSW and Qld.

Conclusion:

These data represent the first national metrics of CHB care and treatment uptake according to Indigenous status and country of birth, highlighting disparities among affected individuals. Among those who had been diagnosed, intermittent care was common, which should be a priority focus for intervention.

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