

EPIDEMIOLOGIC TRENDS IN VIRAL HEPATITIS NOTIFICATIONS IN AUSTRALIA, 1996-2016

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Background:

Viral hepatitis is one of the most commonly diagnosed infectious diseases in Australia, and all diagnoses are required to be reported to the Australian Government Department of Health. Notifications data can provide key insights into the epidemiology of diagnosed hepatitis B and C infection. We assessed current trends, predominant groups affected, geographic patterns in occurrence, and completeness of data during the past two decades.

Methods:

Data regarding notifications of hepatitis B and C during 1996-2016 were obtained from the National Notifiable Disease Surveillance System. Rates were calculated using estimated resident population data from the Australian Bureau of Statistics and were calculated according to year, Indigenous status, age group, sex, area of residence, and country of birth where available. Assessment of data completeness according to variable was also conducted.

Results:

Between 1996 to 2016 there were 136,627 notifications of unspecified hepatitis B and 276,950 notifications of unspecified hepatitis C reported in Australia. Hepatitis B rates decreased over time (41.8 to 26.4 per 100,000). Hepatitis C rates declined between 1996-2012 (101.0 to 41.2 per 100,000), however stabilised during 2012-2015 and increased in 2016 to 46.4 per 100,000. There was significant variation in trends according to jurisdiction. Hepatitis C notifications became increasingly more common in non-metropolitan regions, while hepatitis B notifications remained disproportionately distributed in major cities. The average age at diagnosis remained stable for hepatitis B but increased for hepatitis C.

Conclusions:

This analysis highlights the temporal, geographic and demographic variations in viral hepatitis notifications in Australia over time. Identifying shifts in the population affected by hepatitis can identify priority areas for improvement in the provision of services for those living with viral hepatitis, and help to guide public health actions to enhance access to care for people living with viral hepatitis.

Disclosure of Interest Statement:

All authors declare that they have no conflicts of interest.