

# Rapporteur summary

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EPIDEMIOLOGY AND  
PUBLIC HEALTH

# Mother to child transmission of HBV and antenatal care

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Research presented virtually from Vanuatu by Leiwia Dick on a cross sectional study which showed a reduction in HBV HBsAg prevalence between 2018 and 2021 from 7%-5%.

Decentralization of care while maintaining central testing

- Reduction in testing from 88% to 81% over the same period

Need for decentralization of testing to where the women are to increase testing

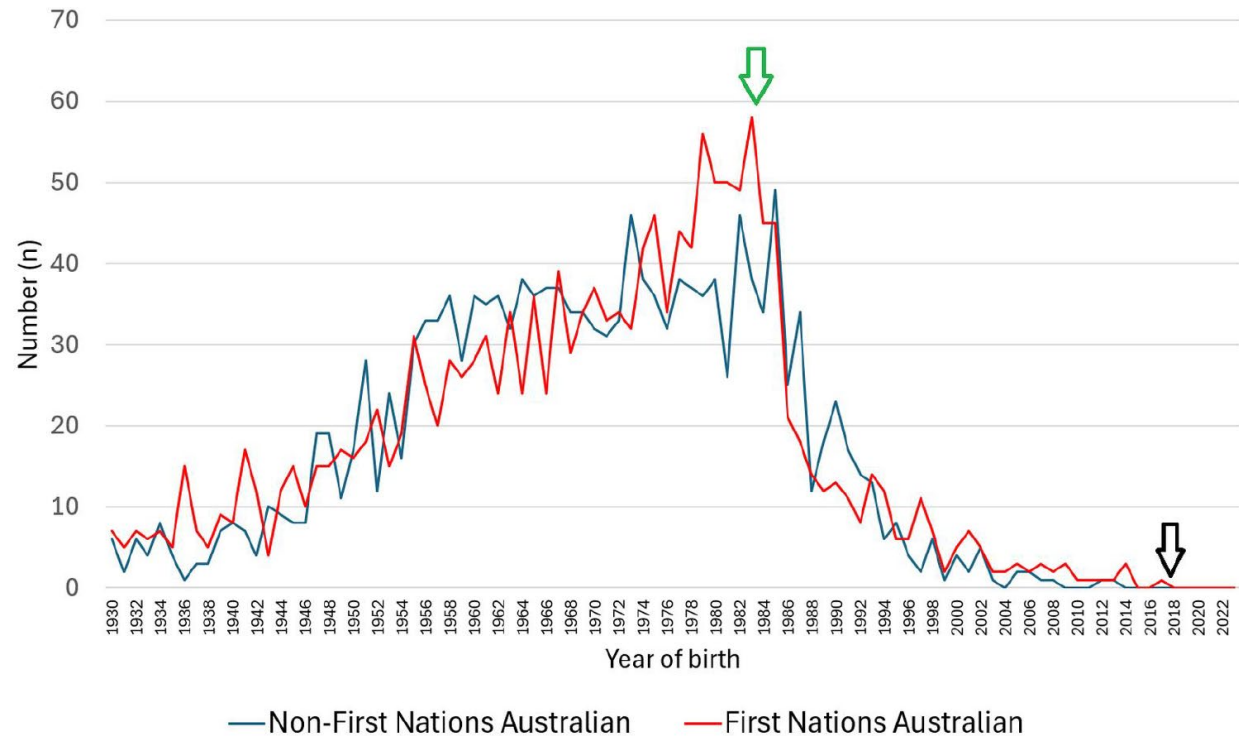
# Mother to child transmission of HBV and antenatal care

Josh Hanson

- importance of optimal antenatal and perinatal care for preventing mother-to-child transmission in Far North Queensland
- compliance to national guidelines has resulting in no confirmed transmissions over ten years.

Need for improved testing of infants for HBV

- Only 40% tested



# Mother to child transmission of HBV and antenatal care

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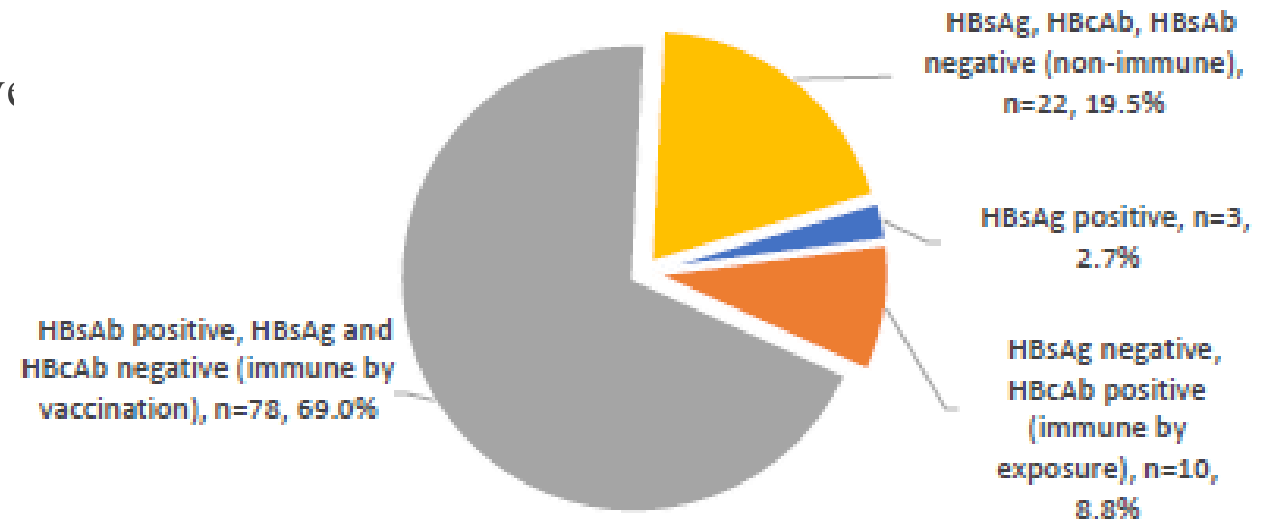
Alyssa Fitzpatrick

- High adherence to national vaccination schedules

Observed 10 cases of surface antigen negative but core antigen positive babies

- Suggesting exposure to the virus
- Possible reduced efficacy of the HBV vaccine the C4 genotype present in aboriginal populations

**Serological outcome - serology >90 days from last HBV vaccine dose, n=113**



# Mother to child transmission of HBV and antenatal care

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Phill Read

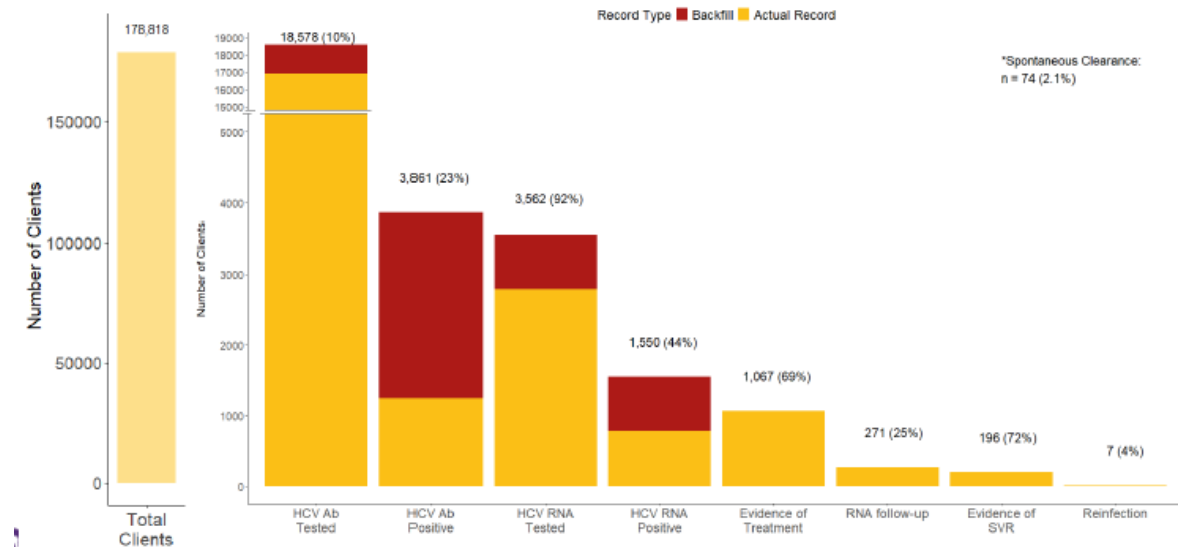
- Study of 172 pregnant women in Sydney
- Showed a significant proportion of these women were Medicare ineligible (1/6)
- As high as 25% in some communities

Need for advocacy for options to address HBV for Medicare ineligible patients

# HCV Care Cascade in Aboriginal and Torres Strait Islander Communities

Dr. Rari West

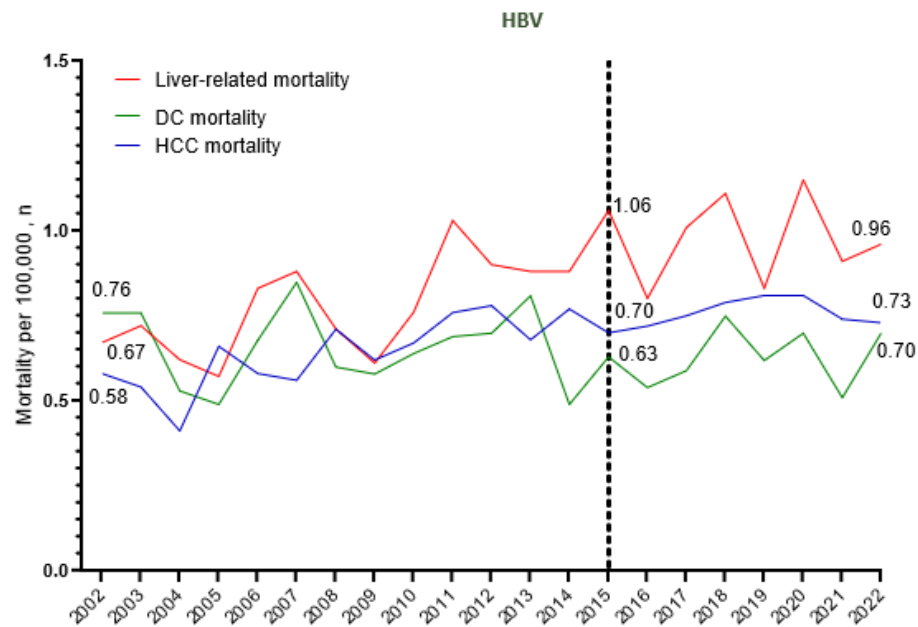
- Study on the HCV care cascade in Aboriginal and Torres Strait Islander populations in the Northern Territory which revealed gaps in care for this population.
- 69% of those RNA positive were treated, similar to treatment nationally
- Post-treatment RNA follow-up remained low and has increased in more recent years



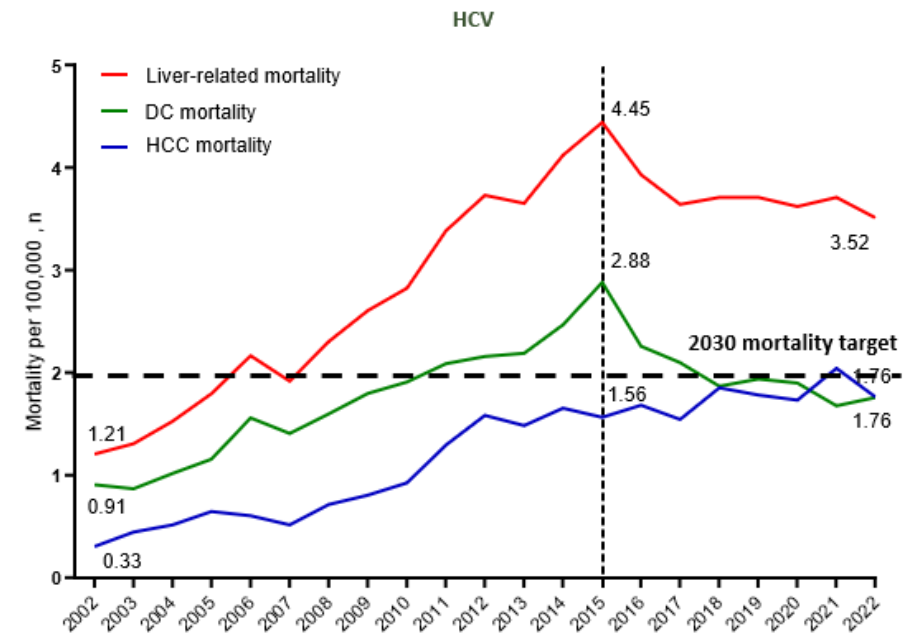
# Progress towards viral hepatitis elimination in NSW

Shane Tillakeratne

- NSW is on target to reach WHO mortality targets by 2030
- Further work is required to address significant co-morbidity and addressable health issues for those with HBV and HCV



HBV mortality WHO target:  $\leq 4$  deaths per 100,00 population



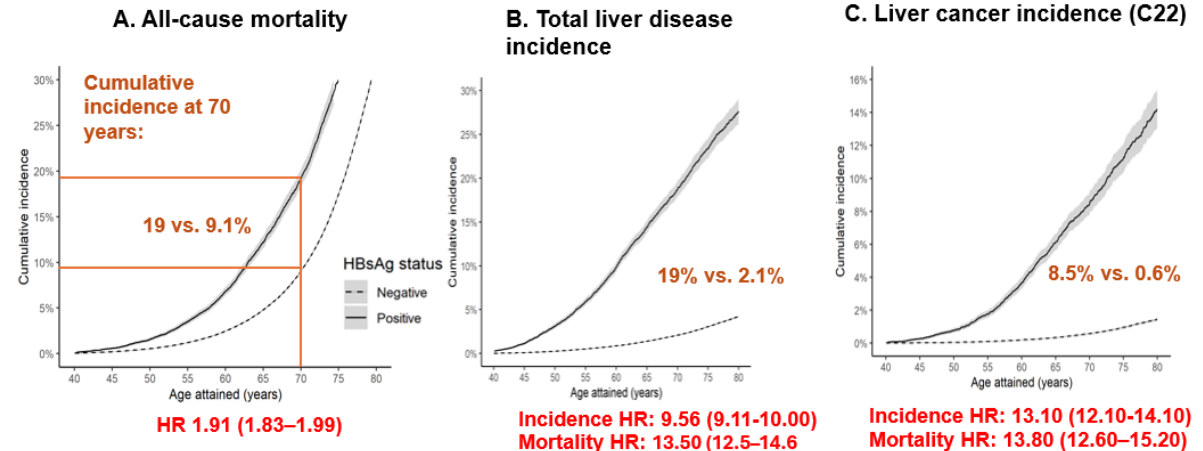
HCV mortality WHO target:  $\leq 2$  deaths per 100,00 population

# Burden of HBV in China

Dr Elizabeth Hamilton:

- Study using a dataset of half a million people in China over several decades
- Demonstrated marked differences in the rate of death (19% vs 9%), liver disease (19% vs 2.1%) and liver cancer (8.5% vs 0.6%) between those who were HBV surface antigen positive and not
- Presented that 60% of HCC cases could be averted by eradicating chronic HBV in China

**1 in 5 people with chronic HBV died by age 70 years**

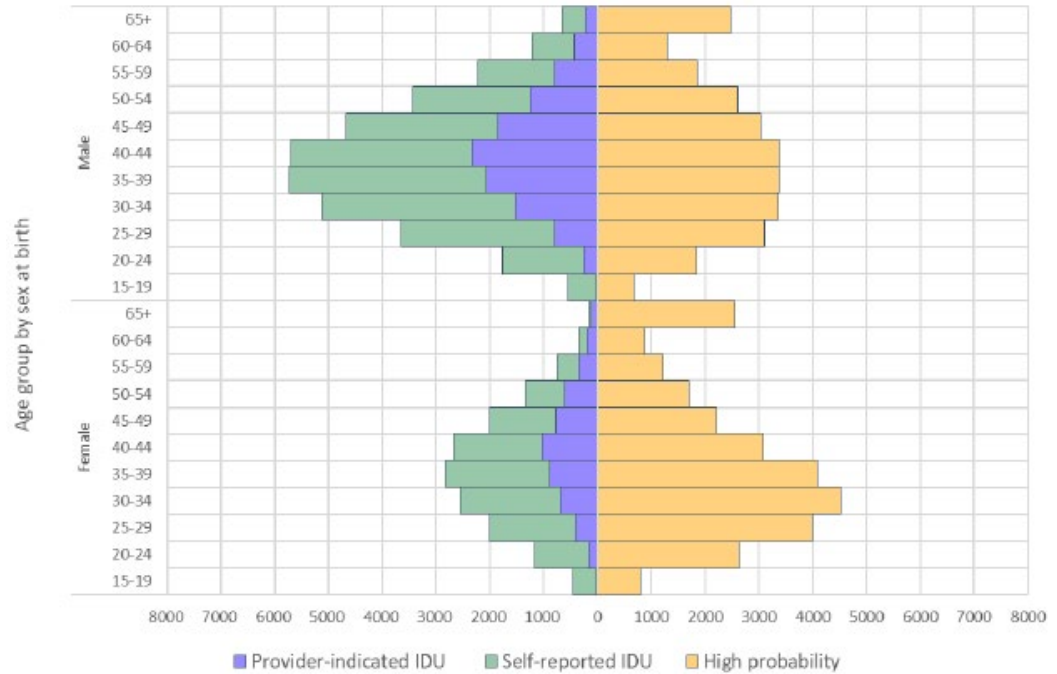




# Use of technology for surveillance

Ms. Carol El - Hayek

- Evaluated a machine learning-based risk stratification method for identifying injecting drug use (IDU)
- Illustrates the potential for technology to enhance surveillance.
- Need to understand how such technological methods might be integrated into surveillance

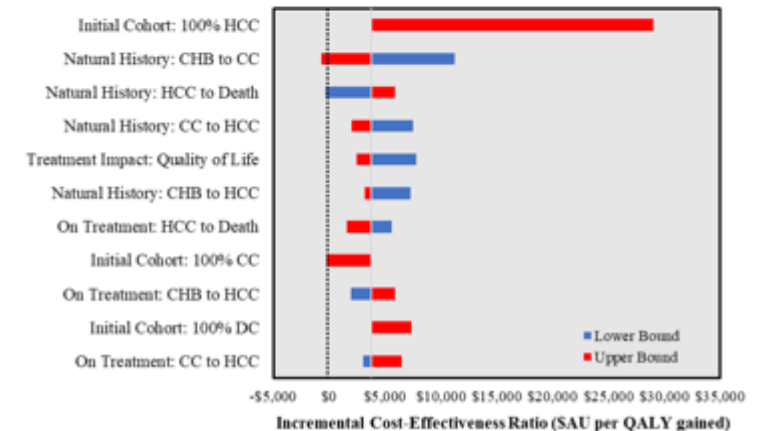
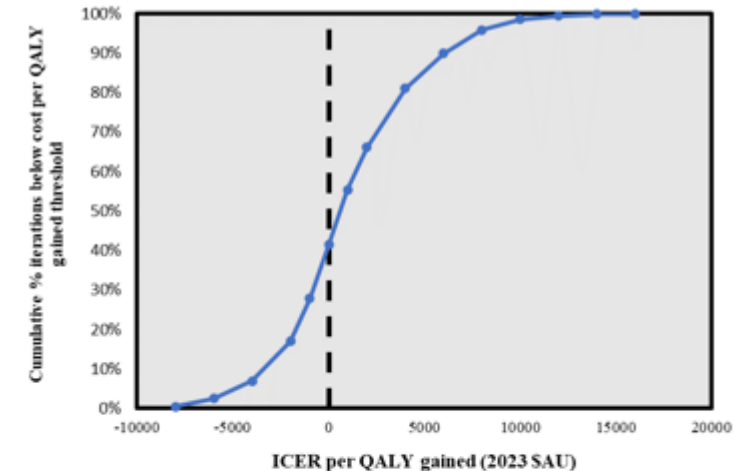


$\geq 75\%$   
probability  
of IDU

# Cost effectiveness case for HBV treatment in Australia

Dr. Chris Seaman

- Nucleotide analogue therapy for the treatment of hepatitis B was shown to have considerable survival time benefits in Australia
- It was highlighted that while the economic benefits were complex, that treatment represents high value against willingness to pay thresholds



# Cost effectiveness case for prison NSP in Australia

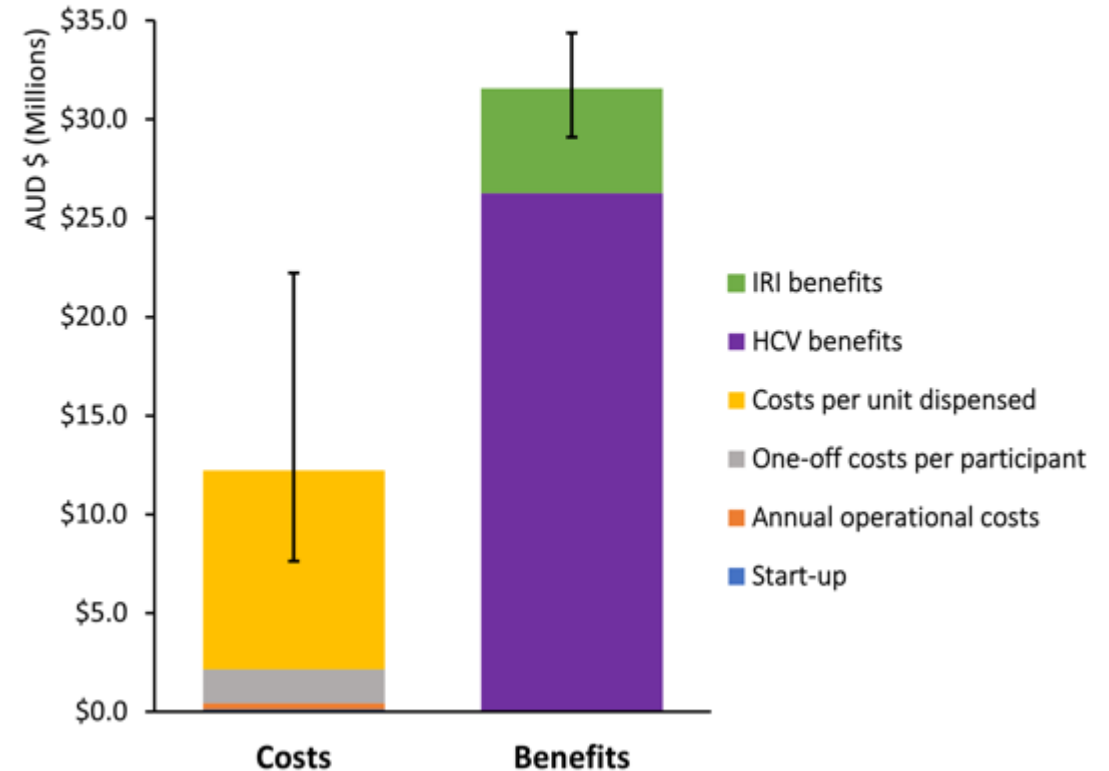
Dr. Nick Scott

- Showed scaling up NSPs in prison to cover 50% of people who inject in prison would cost \$12M but would save \$32M.
- Would avert 848 HCV infections and 401 injecting related infections

Every dollar invested could save \$2.6

Need for development of appropriate implementation framework

**Costs and associated healthcare savings  
Status-quo vs. prison NSP scale-up 2025–2030**



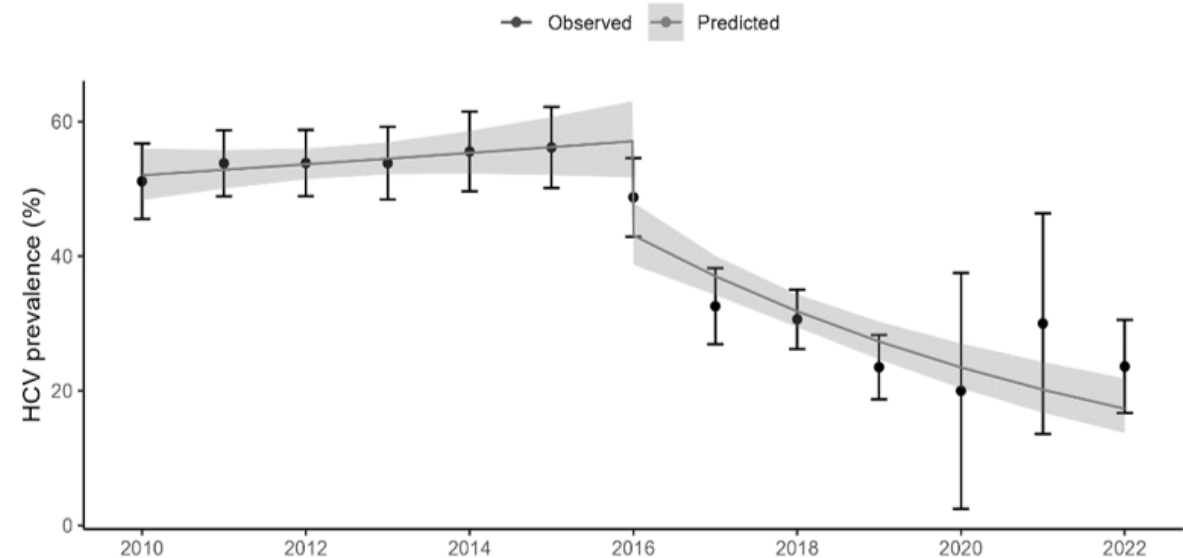
# Progress towards elimination in Australia

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Dr. Rachel SacksDavis

- SuperMIX study showed some very encouraging data showing a considerable decline in the prevalence and incidence of HCV in Australia

Even in this context there was still 1 in 5 people in the cohort that had not been treated



# Key takeaways

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Streamline screening and treatment processes.

Leveraging technology and integrating comprehensive public health interventions, including harm reduction services like NSPs, to advancing hepatitis care and achieving elimination targets.

- The need for NSP in prison

Develop and implement culturally tailored healthcare programs for all populations of need including indigenous populations and culturally and linguistically diverse communities

Encouraging data showing the progress we have made in treating and preventing both hepatitis B and C

- There remain gaps that need to be addressed

# Thank you!



Photo by Samira®

# HBV treatment

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Dr. Ed Gane

- Need for wider access to HBV testing and treatment in primary care and simplified treatment for GP prescribing
- National HBV action plan
- Relaunch national screening program
- Earlier and wider access to antivirals
  
- Challenging us to think of ways the healthcare system can better serve vulnerable communities