

Hepatitis B in the North Eastern Public Health Unit Catchment: Identifying Gaps and Opportunities for Action

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Background

Chronic hepatitis B (CHB) remains a significant public health challenge in Australia despite effective treatment and national elimination targets. In the North Eastern Public Health Unit (NEPHU) catchment in metropolitan Melbourne, an estimated 18,400 people are living with CHB, with approximately one-third undiagnosed. We undertook a review to identify opportunities to strengthen our local response in line with the Victorian Hepatitis B plan 2022-30 and the Fourth National Hepatitis B Strategy 2023–2030.

Methods

We conducted a structured review of hepatitis B activities across the NEPHU catchment, examining notification management, service availability and referral pathways. The geographic distribution of S100-credentialled prescribers was mapped across twelve Local Government Areas (LGAs), and linkage-to-care pathways across public health, primary care and specialist services were examined, drawing on notification data, the ASHM prescriber directory and Link2HepCare program data.

Results

Four priority themes emerged, each with a clear opportunity for action. First, linkage to care in name only: referral to specialist services was routinely facilitated, but visibility of whether individuals engaged in ongoing monitoring or treatment was limited. Second, prescriber deserts: five of twelve LGAs lacked an S100-credentialled hepatitis B prescriber, creating structural barriers to community-based treatment where it is most needed. Third, invisible patients: people from culturally and linguistically diverse backgrounds bear a disproportionate burden of CHB yet are underrepresented by current data collection and communication practices. Fourth, finding the undiagnosed: strengthened primary care partnerships and targeted testing represent our greatest opportunity to close the diagnosis gap.

Conclusions

The foundations for a stronger CHB response are in place — but gaps across the care cascade are limiting impact. Improving linkage-to-care visibility through the Link2HepCare data program, expanding prescriber access, reaching diverse communities and increasing case finding are achievable, and offer a transferable roadmap for other public health units working toward 2030 elimination targets.

Disclosure of Interest Statement: The authors do not have any conflicts of interest to disclose.