HEPATITIS B
HEPATITIS C
HIV AND SEXUALLY TRANSMISSIBLE INFECTIONS

ACT Government
Health

ACT STATEMENT OF PRIORITIES 2016–2020

FOREWORD

The ACT has a long and positive history of government and community stakeholders working in partnership to successfully address sexual health and blood borne viruses. The *Hepatitis B, Hepatitis C, HIV, Sexually Transmissible Infections: ACT Statement of Priorities 2016–2020*, builds on our achievements to date and sets a new and bold strategic direction to help meet changing needs. Importantly, this document also reaffirms the ACT Government's commitment to the *National Strategies for Blood Borne Viruses and Sexually Transmissible Infections* (National Strategies).

Achieving progress and overcoming the barriers will be demanding. It will require all stakeholders to work together, focus on our shared priorities, and respond to high-risk behaviour without duplicating our efforts.

We must also continue to deliver a comprehensive range of services to ensure that affected individuals and their networks receive appropriate management, care and support that extends beyond medical needs, and also considers social and emotional wellbeing. So too, we must work to eliminate stigma and discrimination in relevant areas.

I am confident that with determined collective action, the ACT will capture the opportunities and rise to the challenges. I look forward to monitoring our progress over the coming years.

Minister Meegan Fitzharris
Assistant Health Minister

INTRODUCTION AND BACKGROUND

In July 2014, the Commonwealth Government released the following five new National Strategies:

- *Fourth National Aboriginal and Torres Strait Islander Blood Borne Virus and Sexually Transmissible Infections Strategy 2014–2017*
- *Fourth National Hepatitis C Strategy 2014–2017*
- *Second National Hepatitis B Strategy 2014–2017*
- *Seventh National HIV Strategy 2014–2017*
- *Third National Sexually Transmissible Infections Strategy 2014–2017.*

The National Strategies, which were endorsed by all Health Ministers, set the framework and direction for a coordinated national response for 2014–2017. They also provide a framework for action and accountability. While the ACT has endorsed and adopted the five National Strategies, it is recognised that not all of the issues and actions contained within these documents are relevant to the ACT, and with limited resources some local prioritisation is required.

The *ACT Statement of Priorities* advocates for a systematic approach to the implementation of evidence-based practice, which supports a holistic and life-long approach to health and wellbeing.

While prevention remains the cornerstone of all responses to hepatitis B, hepatitis C, HIV and sexually transmissible infections (STIs) in the ACT, the *ACT Statement of Priorities* also supports an increased focus on new and emerging testing and treatment regimes, which will present us with opportunities to significantly improve health outcomes for some conditions in the coming years.

Importantly, this document has been developed in consultation with key government and community stakeholders, and represents a shared vision for the ACT.

PURPOSE

The *ACT Statement of Priorities* was developed as the ACT response to the National Strategies, and is a written commitment from the ACT Government to achieve measurable results against goals and targets agreed upon at the national level.

The purpose of the ACT Statement is to establish the ACT Government's intended activities in relation to the national strategies that will drive meaningful change for health care consumers in the Territory.

OWNERSHIP

The *ACT Statement of Priorities* will be 'owned' by ACT Health. The *ACT Statement of Priorities*' Implementation Plan will provide details of the mechanisms that will be used to implement actions identified as key priorities in this document.

TARGETS

The ACT is committed to working towards the targets outlined in the National Strategies, as listed below. This will involve identifying ACT data, where ascertainable, for each of the targets as at the end of 2015, to provide a baseline against which progress can be measured.

ABORIGINAL AND TORRES STRAIT ISLANDER BLOOD BORNE VIRUSES AND SEXUALLY TRANSMISSIBLE INFECTIONS

GOALS	TARGETS
Reduce the transmission of, and morbidity and mortality caused by, BBVs and STIs and to minimise the personal and social impacts of these infections in Aboriginal and Torres Strait Islander communities.	• eliminate congenital syphilis • reduce the incidence of chlamydia, gonorrhoea and infectious syphilis, accounting for testing levels, in people less than 30 years of age • increase the use of sterile injecting equipment for every injecting episode • increase the number of people with hepatitis B, hepatitis C and HIV receiving antiviral treatment.

HEPATITIS B

GOALS	TARGETS
Reduce the transmission of, and morbidity and mortality caused by, hepatitis B and to minimise the personal and social impact of Australians living with hepatitis B.	• achieve hepatitis B childhood vaccination coverage of 95 per cent • increase hepatitis B vaccination coverage of priority populations • increase to 80 per cent the proportion of all people living with chronic hepatitis B who are diagnosed • increase to 15 per cent the proportion of people living with chronic hepatitis B who are receiving antiviral treatment.

HEPATITIS C

GOALS	TARGETS
To reduce the transmission of, and morbidity and mortality caused by, hepatitis C, and to minimise the personal and social impact of the epidemic.	• reduce the incidence of new hepatitis C infections by 50 per cent • increase the number of people receiving antiviral treatment by 50 per cent each year.

HIV

GOALS	TARGETS
Work towards achieving the virtual elimination of HIV transmission in Australia. Reduce the morbidity and mortality caused by HIV. Minimise the personal and social impact of HIV.	• reduce sexual transmission of HIV by 50 per cent (NB: This target has a deadline of 2015 in the National Strategies. This target will be reassessed during the life of this document.) • sustain the low general population rates of HIV in Aboriginal and Torres Strait Islander people and communities • sustain the virtual elimination of HIV amongst sex workers • sustain the virtual elimination of HIV amongst people who inject drugs • increase treatment uptake by people with HIV to 90 per cent • maintain effective prevention programs targeting sex workers and for people who inject drugs.

SEXUALLY TRANSMISSIBLE INFECTIONS

GOALS	TARGETS
To reduce the transmission of, and morbidity and mortality caused by, STIs, and to minimise the personal and social impact of the epidemic.	• achieve human papillomavirus (HPV) adolescent vaccination coverage of 70 per cent • increase testing coverage in priority populations • reduce the incidence of chlamydia • reduce the incidence of gonorrhoea • reduce the incidence of infectious syphilis and eliminate congenital syphilis.

THE TARGETS WILL BE REASSESSED DURING THE LIFE OF THIS DOCUMENT TO ENSURE THEY CONTINUE TO REFLECT THE CURRENT AUSTRALIAN AND ACT CONTEXT.

HEPATITIS B

Hepatitis B is a vaccine-preventable disease, however, chronic hepatitis B-associated mortality and morbidity contributes to a high public health burden in Australia. In 2014 in Australia, it was estimated that more than 207,000 people were living with hepatitis B, and only half of those living with chronic hepatitis B know they have it.

This burden is not evenly distributed among the Australian population, rather it disproportionately affects often already marginalised populations such as migrant communities with origins in Asia, the Pacific and Africa, Aboriginal and Torres Strait Islander people, individuals with a history of injecting drug use, and men who have sex with men.

The successful infant, child and adolescent hepatitis B vaccination program in Australia has ensured that prevalence of hepatitis B infection has remained at less than 1 per cent among children under five years of age. However, in adults of priority populations, vaccination coverage is anecdotally relatively low.

Treatment is indicated in any individual at risk of complications from hepatitis B. Treatment significantly reduces the risk of transmission of hepatitis B, progression to cirrhosis, liver cancer and liver failure.

The burden of disease caused by the hepatitis B virus, including liver cirrhosis, cancer and potential need for liver transplant, continues to rise. By 2010, liver cancer had become the ninth most common cause of cancer death in Australians, increasing faster than any other cause of cancer related mortality. It is anticipated that annual liver cancer incidence will continue to significantly increase into the future, with a substantial proportion of these cancers being attributable to hepatitis B.

IN THE ACT:

The most recently available data showed that in the ACT in 2011, there were an estimated 3,603 people living with hepatitis B[1]. Additional clinical and treatment data are limited; an important outcome of the *ACT Statement of Priorities* is to access these data to better inform and evaluate policy and activities in this area.

HEPATITIS C

Hepatitis C is a significant public health problem and one of the most common notifiable diseases in Australia. In 2012 in Australia, it was estimated that more than 230,000 people were living with hepatitis C. Of those exposed to the virus, 75 per cent go on to develop a chronic hepatitis C infection. The risk of progressive hepatitis C-related liver disease increases with the duration of chronic infection. There is no vaccine for hepatitis C and previous infection does not provide immunity to reinfection.

Approximately 90 per cent of newly acquired hepatitis C infections and 80 per cent of prevalent cases in Australia are a result of unsafe injecting drug use practices. Within the population of people who inject drugs, those at particularly elevated risk of hepatitis C are females, those with a history of incarceration, and Aboriginal and Torres Strait Islander people. The burden of disease is also higher among people born overseas in endemic areas, particularly in Asia and parts of Africa and southern Europe. The burden of liver disease caused by the hepatitis C virus – including liver cirrhosis, liver cancer, liver failure and the potential need for liver transplant – is continuing to rise.

Despite having a high diagnosis rate, at over 80 per cent, Australia has a comparatively very low treatment rate due in part to previous treatment regimes' significant side effects. As of March 2016, groundbreaking antiviral treatments for hepatitis C have become available and more accessible to all people living with hepatitis C in Australia. These treatments will improve the chance of being cured of hepatitis C to more than 90 per cent in many cases, and those with cirrhosis or who have previously failed therapy can also expect treatment success. Key challenges in the coming years will be to ensure that individuals with hepatitis C are able to access these new medications, and that the health workforce is also appropriately trained to meet a likely increase in demand for these new hepatitis C treatments.

IN THE ACT:

In the ACT in 2014, there were an estimated 3,650 people living with chronic hepatitis C infection[2]. Additional clinical and treatment data are limited; an important outcome of the *ACT Statement of Priorities* is to access these data to better inform and evaluate policy and activities in this area.

HIV

The transmission of human immunodeficiency virus (HIV) remains an ongoing area of concern in Australia and the ACT. The incidence of HIV notifications, a marker for incidence of new infections, has been increasing in Australia since 1999, and in line with national trends, HIV notifications in the ACT have also increased in recent years. While there is no vaccine or cure for HIV or AIDS, medication can be used to manage HIV-related illnesses. The majority of new HIV infections are acquired through unprotected sexual intercourse, with gay men and other men who have sex with men being at highest risk of infection.

Notwithstanding, people who are heterosexual remain at risk, particularly those from high prevalence countries and those with other risk factors such as injecting drug use.

In its early stages, HIV infection may be largely asymptomatic, so protected sex, plus regular testing for HIV, are essential to reduce the risk of further transmission. Furthermore, early diagnosis and commencement of treatment may help postpone and possibly prevent HIV-related illnesses developing, and can also have a population health benefit through reduced viral load and subsequent potential reduction in onwards transmission.

SEXUALLY TRANSMISSIBLE INFECTIONS

Surveillance data show that high levels of STIs continue to occur in Australia, and indicate upward trends for most STIs in many priority populations.

Chlamydia is the most frequently reported notifiable infection in Australia, with population notification rates continuing to rise. Young people are disproportionately affected, with more than 80 per cent of infections occurring in people under 29 years of age.

The population rate of gonorrhoea notifications in Australia has also continued to increase significantly in recent years. In the non-Indigenous population, the very high male-to-male ratio for gonorrhoea suggests transmission is occurring predominantly via sexual contact between men. In the Aboriginal and Torres Strait Islander population, transmission appears to be predominantly through heterosexual contact.

Specific subtypes of human papillomavirus (HPV) continue to cause genital warts and abnormalities that can progress to some types of cancers. The largest burden of HPV-associated cancers in Australia is attributable to cervical cancer, however, the incidence of HPV-related cancers in men has been increasing over the past decade. Men who have sex with men are at a particularly high risk of HPV-associated disease.

Implementation of the HPV vaccine for young people aged 12–13 years, has significantly reduced diagnoses of genital warts, and while the subsequent impact on HPV-related cancers will take many years to document, early signs in those under 20 years of age, have already been demonstrated. Continued HPV vaccination, therefore, remains important.

Genital herpes infection remains a common STI in Australia and can cause psychological and physical morbidity.

Infection also increases the risk of acquiring HIV. While transmission to neonates is rare, it can be potentially fatal.

The population rate of diagnoses of infectious syphilis has also increased in recent years, though the rate remains significantly lower than for many other sexually transmissible infections.

Untreated sexually transmissible infections have been associated with an increased risk of pelvic inflammatory disease, ectopic pregnancy and infertility. They are also associated with adverse maternal and neonatal outcomes, such as premature rupture of membranes, premature delivery, low birth weight, congenital syphilis and neonatal death. As some sexually transmissible infections may be asymptomatic, the importance of prevention and regular testing remains paramount in preventing the spread of infection and reducing possible future complications.

IN THE ACT:

Chlamydia was the most frequently reported notifiable condition in Australia in 2014, with 86,136 notifications nationally. In the ACT, 1,192 new chlamydia cases were diagnosed in 2014. Similar numbers of new chlamydia diagnoses were reported in 2013 (1,271) and 2012 (1,288).

There were a total of 15,786 notifications of gonorrhoea in Australia in 2014. In the ACT, a slight increase in gonorrhoea cases was seen over three years: 122 new gonorrhoea cases were reported in 2014, 114 in 2013 and 92 in 2012.

There were a total of 1,999 infectious syphilis notifications nationally in 2014. In the ACT, 18 syphilis cases were reported in 2014, 11 cases in 2013 and 14 cases in 2012.

Emerging rapid HIV testing technologies present us with new opportunities to implement innovative testing models, particularly among priority populations. Further exploration of such technologies is required. Similarly, recent biomedical interventions such as pre-exposure prophylaxis may also be useful in the prevention response for very high risk population groups, and its place in the prevention spectrum needs to be determined.

As treatment options and our knowledge of appropriate HIV management continues to increase, people with HIV are also tending to live longer, healthier lives. As the population of people living with HIV ages, an increased focus on meeting the needs of this aging population will also be required.

IN THE ACT:

In the ACT in 2014, there were an estimated 374 people living with HIV[3]. Additional clinical and treatment data are limited; an important outcome of the *ACT Statement of Priorities* is to access these data to better inform and evaluate policy and activities in this area.

GUIDING PRINCIPLES

The ACT has adopted the following guiding principles, drawn and adapted from the National Strategies. These principles have been developed from Australia's efforts over time to respond to the challenges, threats and impacts of hepatitis B, hepatitis C, HIV and STIs in Australia.

HUMAN RIGHTS

People with hepatitis B, hepatitis C, HIV and sexually transmissible infections have a right to participate fully in society, without experience of stigma or discrimination. They have the same rights to comprehensive and appropriate information and health care as other members of the community, including the right to the confidential and sensitive handling of personal and medical information.

ACCESS AND EQUITY

Health and community care should be accessible to all based on need. The multiple dimensions of inequality should be addressed, whether related to geographic location, gender, sexuality, drug use, occupation, socioeconomic status, migration status, language, religion or culture. Special attention needs to be given to working with Aboriginal and Torres Strait Islander people to close the gap between Aboriginal and Torres Strait Islander health status and that of other Australians.

HEALTH PROMOTION

The Ottawa Charter for Health Promotion provides the framework for effective hepatitis B, hepatitis C, HIV and STIs health promotion action. It also facilitates the active participation of affected communities and individuals to increase their influence over the determinants of their health and the formulation and application of law and public policy that supports and encourages healthy behaviours and respects human rights.

PREVENTION

The transmission of hepatitis B, hepatitis C, HIV and STIs can be prevented through the appropriate combination of evidence-based biomedical, behavioural and social approaches. Education and prevention programs, together with access to the means of prevention, are prerequisites for adopting and applying prevention measures.

HARM REDUCTION

Harm reduction approaches underpin effective measures to prevent transmission of hepatitis B, hepatitis C, HIV and STIs including needle and syringe programs and drug treatment programs.

SHARED RESPONSIBILITY

Individuals and communities share responsibility to prevent themselves and others from becoming infected, and to inform efforts that address education and support needs. Governments and civil society organisations have a responsibility to provide the necessary information, resources and supportive environments for prevention.

COMMITMENT TO EVIDENCE BASED POLICY AND PROGRAMS

The national response to hepatitis B, hepatitis C, HIV and STIs has at its foundation an evidence base built on high quality research and surveillance, monitoring and evaluation. A strong and constantly refining evidence base is essential to meet new challenges and evaluate current and new interventions and effective social policy.

PARTNERSHIP

An effective partnership between affected communities, professional and community organisations, government, researchers and health professionals is characterised by consultation, cooperative effort, respectful dialogue, resourcing and action to achieve the goals of the strategies. It includes leadership from governments, and the full cooperative efforts of all members of the partnership to implement agreed directions.

MEANINGFUL INVOLVEMENT OF AFFECTED COMMUNITIES

The meaningful participation of people living with hepatitis B, hepatitis C, HIV and STIs and of affected communities in all aspects of the response is essential to the development, implementation, monitoring and evaluation of programs and policies.

ABORIGINAL COMMUNITY CONTROL AND ENGAGEMENT

There is full and ongoing participation by Aboriginal and Torres Strait Islander people and organisations in all levels of decision making affecting their health needs. In order to enable Aboriginal and Torres Strait Islander people to participate, governments must support the development of opportunities for engagement, education and collaboration with individuals, Aboriginal and Torres Strait Islander community-controlled health organisations and other health and related services.

ACT PRIORITIES

The ACT is committed to maintaining and building on existing achievements in the community. The following table sets out the agreed priorities for the ACT in relation to hepatitis B, hepatitis C, HIV and STIs for 2016–2020. These priorities have been aligned to the key focus areas contained in the National Strategies.

PREVENTION

1. Expand access to evidence-based and culturally appropriate hepatitis B education and prevention, including expanding access to vaccination among priority populations.
2. Expand access to evidence-based and culturally appropriate hepatitis C education and prevention, including expanding access to sterile injecting equipment, using meaningful engagement with affected communities in planning and implementing these strategies.
3. Increase access to evidence-based and culturally appropriate HIV and STI education and prevention activities.
4. Improve the consistency, quality and relevance of age-appropriate sexual health and blood borne virus education for priority populations.

TESTING

5. Increase access to evidence-based and culturally appropriate hepatitis B, hepatitis C, HIV and STI testing including expanding access to new and emerging testing and treatment technologies.

MANAGEMENT, CARE AND SUPPORT

6. Increase awareness, screening and the prevention of complications associated with chronic hepatitis B and C.
7. Increase the proportion of people living with chronic hepatitis B and chronic hepatitis C who receive monitoring and treatment for their condition.

WORKFORCE

8. Increase the number of community prescribers for hepatitis B and HIV.

ENABLING ENVIRONMENT

9. Undertake an annual targeted campaign aimed at priority populations on the importance of prevention, testing and treatment for hepatitis B, hepatitis C, HIV and STIs.
10. Increase or build on collaborations with relevant community organisations and explore, where possible, new and innovative models to ensure access to appropriate education, prevention, testing, treatment and support services for hard to reach and vulnerable populations.
11. Commission a report to examine the impact of stigma and discrimination experienced by priority populations affected by STIs and blood borne viruses.

SURVEILLANCE, RESEARCH AND EVALUATION

12. Undertake a research project examining the complex and changing needs of the ageing population living with viral hepatitis and/or HIV.
13. Deliver a research report that can be used as a single point of reference providing a comprehensive analytical picture of blood borne viruses and sexually transmissible infections in the ACT.

PRIORITY POPULATIONS

While hepatitis B, hepatitis C, HIV and STIs are issues for the whole of the ACT community, targeting responses to priority populations is critical to maximise the impact and sustainability of our response.

The ACT has adopted the target populations articulated in the five National Strategies, which reflect Australia's epidemiological data and social context. Individuals may be members of more than one priority population.

- Aboriginal and Torres Strait Islander people
- Culturally and linguistically diverse people
- Young people (under 30 years)
- People living with hepatitis B
- People living with hepatitis C
- People living with HIV
- Unvaccinated adults at higher risk of hepatitis B infection
- People from high prevalence countries and their partners
- Travellers and mobile workers
- Sex workers
- Gay men and other men who have sex with men
- People who inject drugs
- People in custodial settings.

Further details on the reasons for priority population status and the main barriers and facilitators to effective responses are included in the appendices of the National Strategies.

1 MacLachlan, J. and Cowie, B. (2015). Hepatitis B Mapping Project: Estimates of chronic hepatitis B diagnosis, monitoring and treatment by Medicare Local, 2012/13 – National Report. Retrieved from the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine website: http://www.ashm.org.au/ASHMDownloads/HBV%20Mapping%20National%20Report%202012-13.pdf

2 The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2015. The Kirby Institute, UNSW Australia, Sydney NSW 2052. This publication and associated data is available at internet address: https://kirby.unsw.edu.au/sites/default/files/hiv/resources/ASR2015_v4.pdf

3 This estimate was generated using the Australian Surveillance Report HIV cascade methodology with national data sources reported in: The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia. Annual Surveillance Report 2015. The Kirby Institute, UNSW Australia, Sydney NSW 2052. This publication and associated data is available at internet address: https://kirby.unsw.edu.au/sites/default/files/hiv/resources/ASR2015_v4.pdf

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