

## Introduction

- 1.1 Hepatitis C is the most prevalent blood-borne virus in Australia.<sup>1</sup> Affecting an estimated 230 000 Australians,<sup>2</sup> hepatitis C is an infectious disease that attacks the liver and can lead to cirrhosis, end-stage liver disease and liver cancer.<sup>3</sup>
- 1.2 Infections are caused by the contagious blood-borne hepatitis C virus. Left untreated, hepatitis C can progress to the chronic stage, and<sup>4</sup> as symptoms of infection may be mild or not evident after exposure, hepatitis C may go undetected until significant liver damage has developed.<sup>5</sup>
- 1.3 Estimates suggest that 90 per cent of all new hepatitis C infections, and 80 per cent of existing hepatitis C infections are the consequence of reusing or sharing injection equipment.<sup>6</sup> Other causes of hepatitis C infection include: unsafe tattooing or body piercing practices, exposure to contaminated blood products, or breakdowns in infection control in healthcare. These methods of transmission are discussed in further detail in Chapter 2.
- 1.4 Recent scientific advances in prevention, testing and treatment provide an opportunity to reduce new infections and improve health outcomes for those living with hepatitis C. Since the virus was first identified in 1989,<sup>7</sup>

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1 Hepatitis Australia, *Submission 84*, p. 3.

2 The Kirby Institute, *HIV, Viral Hepatitis and Sexually Transmissible Infections in Australia: Annual Surveillance Report 2014*, p. 15.

3 Cancer Council Australia, *Submission 79*, p. 4.

4 Figures vary by country. Australian data indicates that 75 per cent of people with hepatitis C will develop a chronic infection. Australian Government, *Fourth National Hepatitis C Strategy 2014–2017*, July 2014, p. 3.

5 World Health Organisation, 'Hepatitis C', Fact Sheet 164, Updated April 2014. <<http://www.who.int>>

6 Australian Government, *Fourth National Hepatitis C Strategy 2014–2017*, July 2014, p. 3; see also, Australasian Society for Infectious Diseases, *Submission 11*, p. 8.

7 World Health Organisation, 'Hepatitis C - An Introduction', <<http://www.who.int>>

Australia's response to hepatitis C indicates that progress has been made, but that there is more to do.

- 1.5 The National Hepatitis C Strategy is the Australian Government's response to addressing the challenge posed by hepatitis C and is one of five national strategies aimed at reducing sexually transmitted infections and blood borne viruses.<sup>8</sup>
- 1.6 The *Fourth National Hepatitis C Strategy 2014-2017* was developed in consultation with State and Territory governments and hepatitis stakeholder organisations. The Strategy details how priority actions will be implemented, the roles and responsibilities of all stakeholders, timeframes and lines of accountability, and how goals, targets and objectives will be monitored.<sup>9</sup>

## About the inquiry

### Objectives and Scope

- 1.7 On 7 November 2014, the then Minister for Health, the Hon Peter Dutton MP, referred the Inquiry into Hepatitis C in Australia (the inquiry) to the Standing Committee on Health (the Committee).
- 1.8 In respect to the release of the Australian Government's *Fourth National Hepatitis C Strategy*, the terms of reference required the Committee to inquire into and report on:
  - prevalence rates of hepatitis C in Australia
  - hepatitis C early testing and treatment options available through:
    - ⇒ primary care
    - ⇒ acute care
    - ⇒ Aboriginal Medical Services
    - ⇒ prisons
  - the costs associated with treating the short term and long term impacts of hepatitis C in the community
  - methods to improve prevention of new hepatitis C infections, and methods to reduce the stigma associated with a positive diagnosis through:

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8 The other four strategies are: The Second National Hepatitis B Strategy 2014-2017, The Third National Sexually Transmissible Infections Strategy 2014-2017, The Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017, and The Seventh National HIV Strategy 2014-2017.

9 Australian Government, *Fourth National Hepatitis C Strategy 2014-2017*, July 2014, p. 7.

- ⇒ the public health system
  - ⇒ public health awareness and prevention campaigns to reduce morbidity and mortality caused by hepatitis C
  - ⇒ non government organisations through health awareness and prevention programmes.
- 1.9 The inquiry terms of reference relating to the *testing and treatment options available through prisons* attracted considerable comment during initial hearings. Taking this into consideration, the Committee held a roundtable on the prevalence and prevention strategies and testing and treatment of hepatitis C in prisons. This hearing was attended by representatives of prison officer unions and hepatitis C advocacy organisations.
- 1.10 While additional evidence was received in respect to the issue of *testing and treatment options available through prisons*, the Committee has sought to comment on the matter in the wider context of evidence received and in response to the terms of reference.

## Inquiry Conduct

- 1.11 The inquiry was announced on 2 December 2014 via media release, with submissions sought by 27 February 2015. In an effort to capture as much evidence as possible for the duration of the inquiry, the Committee accepted submissions after this date.
- 1.12 In total, the Committee received 110 submissions and 16 exhibits from a wide range of individuals and organisations. Submissions and exhibits received during the inquiry are listed at Appendixes A and B respectively.
- 1.13 The Committee held five public hearings (as shown below). Three of these (Canberra, Melbourne and Sydney) were in a roundtable format.

Date	Place
21 January 2015	Melbourne, Vic
22 January 2015	Sydney, NSW
10 March 2015	Perth, WA
20 March 2015 4 May 2015	Canberra, ACT

- 1.14 The witnesses who gave evidence at these hearings are listed at Appendix C. Submissions received and transcripts of public hearings are available on the Committee's webpage at: <[www.apf.gov.au/health](http://www.apf.gov.au/health)>.

## Report Structure

- 1.15 The report is comprised of five chapters and outlines the Committee's findings, comments and recommendations in relation to its Inquiry into Hepatitis C in Australia. More specifically:
- Chapter 2 defines hepatitis C, and outlines how infections are commonly acquired, basic prevention techniques, and current testing and treatment options available in Australia. Data on the prevalence and incidence of hepatitis C in Australia are also presented. The chapter concludes with an overview of the national strategies in place for responding to hepatitis C.
  - Chapter 3 seeks to provide an insight into living with hepatitis C, and outlines issues associated with the stigma and discrimination which may accompany a hepatitis C diagnosis. This chapter also discusses hepatitis C awareness in the general population.
  - Chapter 4 addresses the key issues identified during the inquiry that relate to testing and treatment. Issues include:
    - ⇒ challenges and innovations in testing;
    - ⇒ new treatments;
    - ⇒ information about, and awareness of hepatitis C in the health care system; and
    - ⇒ the treatment delivery models.
  - Chapter 5 highlights efforts to address hepatitis C for identified as being at high risk of infection: injecting drug users, Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse backgrounds and people in custodial settings.

Figure 1.1 The Committee taking evidence in Sydney



Source *Standing Committee on Health Secretariat*