

Funding boost for viral hepatitis welcomed

Hepatitis Australia has welcomed Federal Government funding of \$5.5 million over four years to improve diagnosis and treatment of hepatitis B, and a similar amount to enhance access to Needle and Syringe Programs in rural and regional areas to prevent blood-borne viruses including hepatitis C.

“Viral hepatitis is a growing and urgent health priority. The announcement by Minister Plibersek today will help to address some of our major concerns,” said Helen Tyrrell, CEO of Hepatitis Australia.

One in every fifty Australians is estimated to be living with either chronic hepatitis B or chronic hepatitis C. Liver disease caused by viral hepatitis can lead to liver failure and liver cancer if it is not monitored and treated.

“Liver cancer is now the fastest increasing cause of cancer death in Australiaⁱ and untreated hepatitis is a major contributor,” said CEO of Hepatitis Australia Helen Tyrrell.

Of the 218,000 Australians estimated to be living with chronic hepatitis B almost 100,000 remain undiagnosed. The hepatitis B virus is transmitted by blood-to-blood or unprotected sexual contact. A pregnant woman who has the infection can transmit the virus to her baby.

The majority of Australians living with chronic hepatitis B acquired it early in life in regions of the world where the virus is widespread such as the Asia Pacific or Africa or in rural and remote Aboriginal and Torres Strait Islander communities.

Ms Tyrrell said that there is no cure for chronic hepatitis B but antiviral treatment is very effective in reducing the risk of extensive liver scarring (cirrhosis), liver failure or liver cancer. However, rates of liver failure and liver cancer are increasing because only one in five people who would benefit from treatment are currently being treated.

“Of particular concern are those people who acquired hepatitis B from their mother at birth as they have a one in four chance of dying of cirrhosis or liver cancer unless they have appropriate clinical careⁱⁱ,” she said.

“Many people remain undiagnosed until liver scarring starts to impair their liver function and symptoms emerge. It is absolutely vital to improve early diagnosis and ensure more people have access to potentially life-saving treatment.”

Ms Tyrrell also described the additional funding for Needle and Syringe Programs (NSPs) as “a wise investment”. The vast majority of new hepatitis C infections occur due to sharing of contaminated injecting equipment.

“We know that needle and syringe programs are highly cost-effective as a prevention strategy for all blood borne viruses. For every dollar spent on NSPs over four additional dollars are returned on top of the initial investment,” Ms Tyrrell said.

“In the ten years to 2009 NSPs are estimated to have prevented more than 96,000 hepatitis C infections and 32,000 HIV infectionsⁱⁱⁱ. NSPs are one part of Australia’s comprehensive strategy to deal with illicit drugs in our community. Further investment enabling more people in regional and rural areas to access sterile injecting equipment will have a positive impact,” she said.

“We congratulate the government on responding to the concerns raised by viral hepatitis experts. We are pleased the federal government has listened to our concerns and made this announcement today and look forward to further involvement in the roll out of the programs.”

Ends#

For further information or to arrange an interview please contact Jay Pleass (0412 623 578) at Ethical Strategies on 02 8904 7300.

ⁱ MacLachlan JH, Cowie BC. Liver cancer is the fastest increasing cause of cancer death in Australians. Medical Journal of Australia, 2012;197 (9): 492-3.

ⁱⁱ World Health Organization Factsheet: Hepatitis B, July 2013.

ⁱⁱⁱ Commonwealth of Australia (2009) Return on Investment 2: Evaluating the cost effectiveness of Needle and Syringe Programs in Australia, Canberra: Department of Health and Ageing.