



World Hepatitis Day
28 July 2014

Regular liver check-ups must be made available to avert a liver disease crisis



*Endorsed by leading hepatitis
organisations*



Blueprint for action

'If Australia is serious about averting a liver disease crisis, regular liver check-ups must be part of the standard of care for the half a million Australians living with chronic hepatitis B and C.'

Australia's leading hepatitis organisations urge Federal and State Governments to put in place the funding and resources to support the following blueprint for action.

Regular liver check-ups must become the standard of care for all people living with viral hepatitis.

This is possible if Australia:

- Invests in services, equipment and training needed to provide access

to high quality and regular liver check-ups for all Australians with chronic hepatitis B and C each year.

- Educates and empowers primary healthcare providers to ensure that people with chronic viral hepatitis

receive regular liver check-ups.

- Increases efforts to diagnose people with chronic hepatitis B and C and improve their awareness of the importance of regular liver check-ups.

Ensuring all Australians with chronic hepatitis B and C are diagnosed and undergo regular liver health checks to track their liver health is critical in preventing nearly 1,000 deaths occurring each year due to viral hepatitis. This is the first step to avert a liver disease crisis in Australia.



More than 50 per cent of Australians with hepatitis B or C have reached the *liver danger zone*^{1,2}

‘Approximately 250,000 Australians with hepatitis B or C are already in the liver danger zone. Allowing them to progress silently to serious liver disease is unacceptable. This Report Card highlights the need for immediate action to avert a liver disease crisis.’

- Half a million Australians are now living with chronic hepatitis B and C.^{3,4} Combined, these two viral infections are fuelling rising rates of serious liver disease, including liver cirrhosis (extensive scarring), liver failure and liver cancer⁴ – the fastest increasing cause of cancer death in Australia.⁵
- The majority of Australians living with chronic hepatitis B and C are not receiving adequate management and treatment.^{4,6}
- Significantly, half of Australians living with viral hepatitis have already reached the liver danger zone – the point where their age (40 years and over) triggers a higher risk of liver cirrhosis, liver failure, liver cancer and early death.^{1,2}
- Decisive action is needed to avert a liver disease crisis in Australia. It is critical that all Australians with chronic hepatitis B and C are diagnosed and undergo regular liver health checks to enable treatment to start early enough to halt serious liver damage. This is a mandatory first step to prevent nearly 1,000 Australians dying of hepatitis-related liver disease each year.

‘We need to ensure that all Australians with chronic hepatitis B and C have access to regular liver health checks, otherwise more and more people, particularly those already in the liver danger zone, face the prospect of serious complications and early death.’



How Australia scores on hepatitis B and C

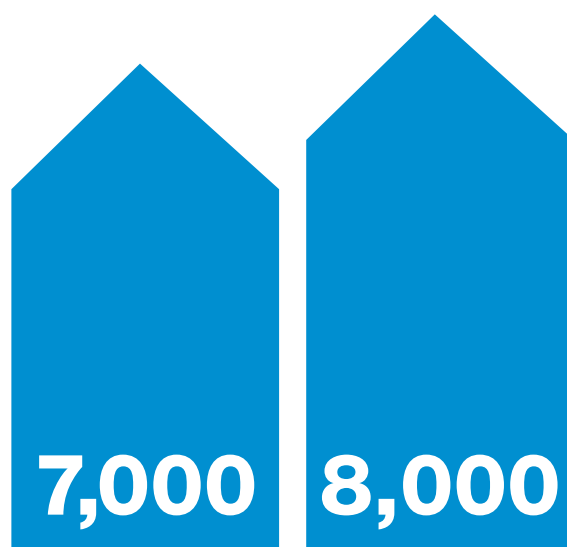
Urgent action is required to avert a liver disease crisis



ALMOST HALF A MILLION AUSTRALIANS ARE LIVING WITH HEPATITIS B & C

- 225,000 with hepatitis B³
- 233,000 with hepatitis C⁴

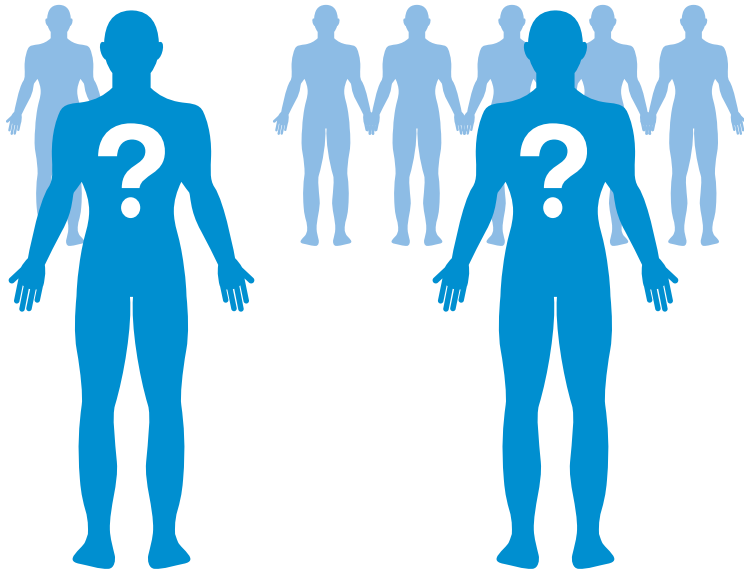
15,000 AUSTRALIANS DIAGNOSED EACH YEAR



With hepatitis B⁷ With hepatitis C⁴



MANY AUSTRALIANS ARE UNDIAGNOSED



1 in 2 people with hepatitis B²

1 in 6 people with hepatitis C⁴

AUSTRALIANS ARE UNTREATED



- 25% would benefit from treatment⁸
- Only 5% are receiving treatment⁶
- 1 in 4 will die without treatment⁹



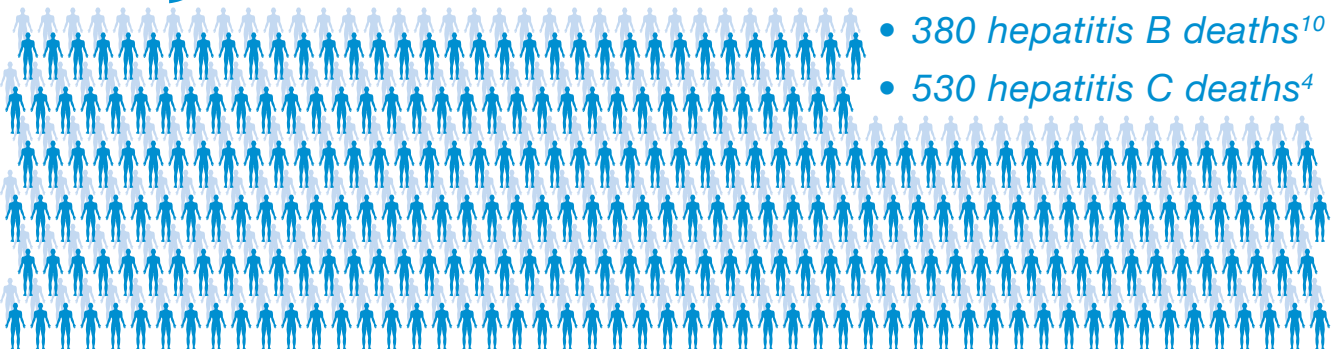
- 60% would benefit from current treatment⁴
- Only 1% are treated yearly
- 95% will benefit from treatment when interferon-free therapies become available¹



230% INCREASE

in liver-related deaths due to hepatitis C alone by 2030⁴

≈1,000 AUSTRALIANS DIE EACH YEAR

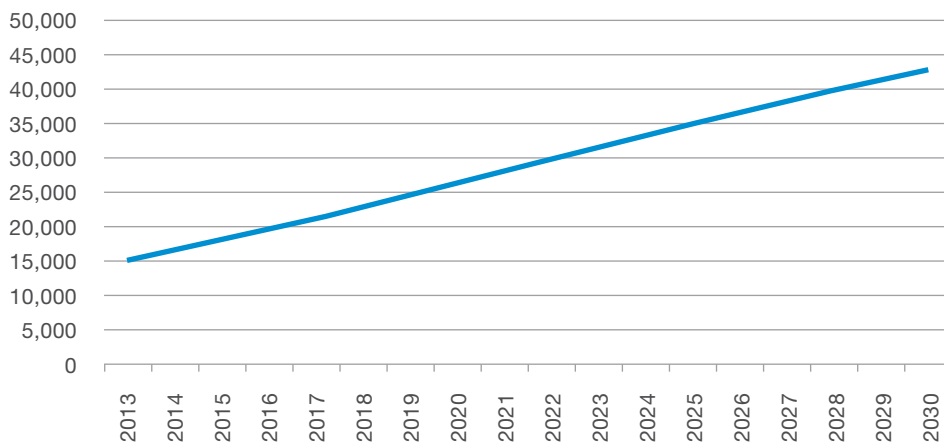


- 380 hepatitis B deaths¹⁰
- 530 hepatitis C deaths⁴

Australia is facing an immediate and unprecedented rise in rates of serious liver disease from chronic hepatitis C alone^{*4,11}

*Figures for the number of people with serious liver disease due to hepatitis B by 2030 are not available

Australians with cirrhosis due to hepatitis C

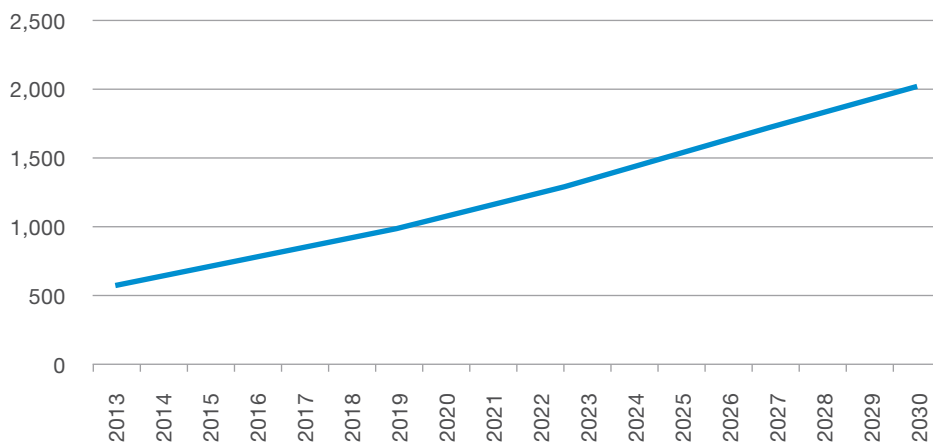


Without enhanced intervention, there will be a 175% increase in the number of people with compensated cirrhosis (where the liver is damaged but still functions) and a 190% increase in decompensated cirrhosis (when the liver fails to function), due to hepatitis C.

180% increase in all cirrhosis by 2030.

Combined, this is an increase of 180% from 15,000 people with cirrhosis in 2013 to more than 42,000 people with cirrhosis due to hepatitis C alone in 2030.

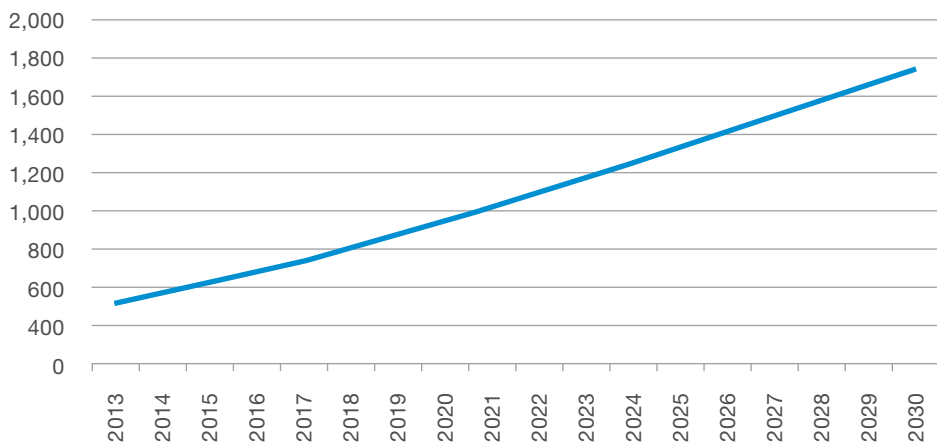
Australians with liver cancer due to hepatitis C



Without a major increase in treatment access, the number of people diagnosed with primary liver cancer due to hepatitis C is expected to rise by 245%, from 590 in 2013 to more than 2,000 people diagnosed with primary liver cancer in 2030.

245% increase in liver cancer by 2030.

Australians dying from hepatitis C related liver disease



New modeling reveals that without a significant change in rates of treatment, Australia faces a 230% increase in liver-related deaths due to hepatitis C, from 530 deaths in 2013 to more than 1,700 deaths in 2030.

230% increase in liver-related deaths by 2030.

What does the liver do?

- The liver is responsible for numerous functions which are critical to sustaining life, including removing toxins from the blood, storing essential minerals, helping blood clot to avoid uncontrolled bleeding, and converting blood sugar to energy.
- The liver is a remarkable organ that has the ability to regenerate and repair itself. However, the liver can be permanently damaged by hepatitis viruses, as well as excessive alcohol consumption and poor diet.

What is hepatitis?

- The term hepatitis means inflammation of the liver. It can develop when the liver is damaged by hepatitis viruses, alcohol, drugs and toxins.
- The hepatitis B virus can be transmitted from mother-to-child during pregnancy, through blood-to-blood contact and unprotected sexual contact.
- The best protection against the transmission of hepatitis B infection is vaccination. While there is no cure for those living with chronic hepatitis B, ongoing monitoring and treatment can help protect against the development of liver disease and liver cancer.
- The hepatitis C virus is transmitted through blood-to-blood contact, for example through unsterile injecting drug use, unsterile tattooing and body piercing practices. There is no vaccine to protect against hepatitis C, however the infection can be treated, and with the advent of improved treatments in most cases, cured.



What is the *liver danger zone*?

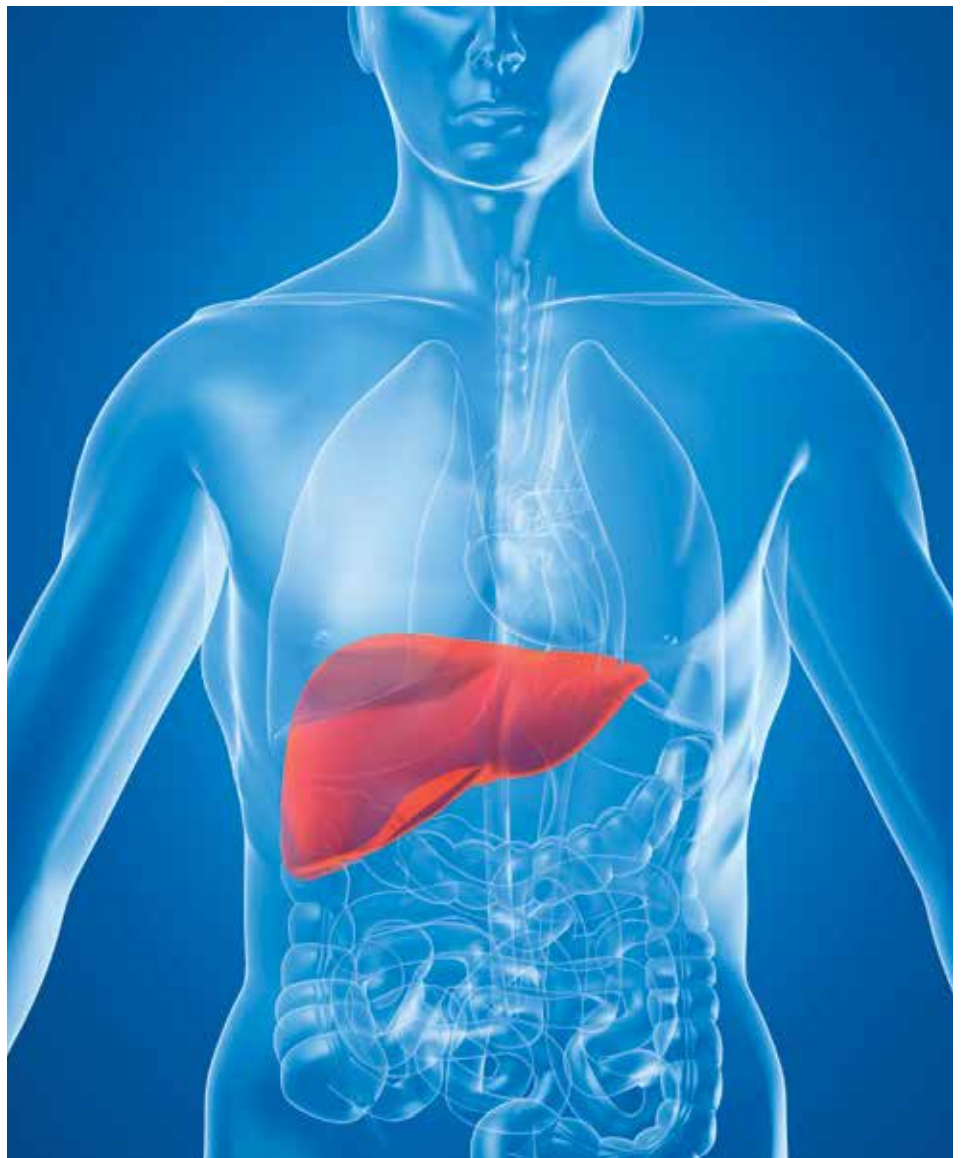
- Put simply, the *liver danger zone* is the point where a person's risk of serious and life-threatening liver disease caused by hepatitis B or C significantly increases due to age. People with hepatitis B or hepatitis C who are over 40 years of age experience an accelerated rate of liver damage which increases their risk of developing liver cirrhosis, liver cancer or liver failure.¹
- Australia's ageing population and the age demographics of people living with chronic hepatitis B and hepatitis C are combining to place an ever-increasing number of Australians in the *liver danger zone* and one step closer to serious liver disease.
- The most common form of advanced liver disease is liver cirrhosis (extensive scarring). As liver cirrhosis occurs, healthy liver cells are replaced with damaged cells. Left untreated, extensive liver damage may occur and lead to liver failure, which is known as 'decompensated liver disease'.¹² In the case of liver failure, a liver transplant is the only treatment option considered, however in many circumstances may not be available.
- Liver cancer is the fastest increasing cause of cancer death in Australia and has a poor prognosis.⁵ Many people die within the first month after a diagnosis of liver cancer.¹³
- People with chronic hepatitis who are at risk of developing liver

cirrhosis or liver cancer may have very few symptoms (or none at all) until the liver becomes severely damaged.¹² Health outcomes can be vastly improved through regular liver health check-ups.

- In the final stages of liver disease, where the liver is no longer able to

function, waste products build up which affect many organs and can cause multiple organ failure. Where a number of organs are affected, death is likely to follow.

'We shouldn't be waiting for people to progress to liver cirrhosis, liver failure, or liver cancer. We need to take action to ensure all people living with viral hepatitis receive appropriate care to prevent life-threatening liver disease. The critical first step is to establish regular liver check-ups as a routine part of care for all Australians with hepatitis B or hepatitis C.'

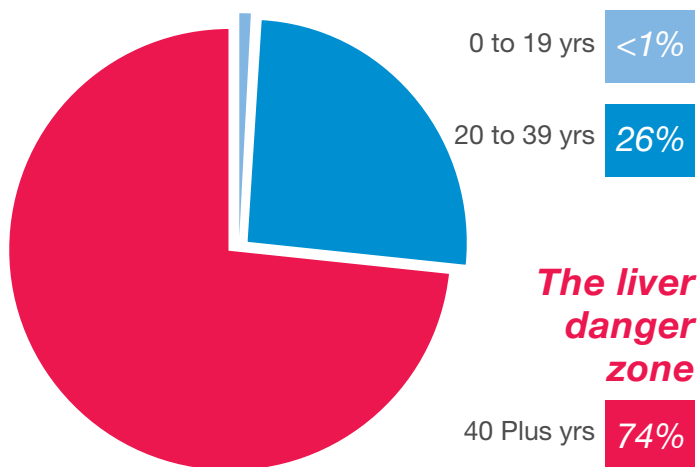


How many Australians are in the *liver danger zone*?^{1,2}

More than 50% of Australians with hepatitis B or C have reached the *liver danger zone*.

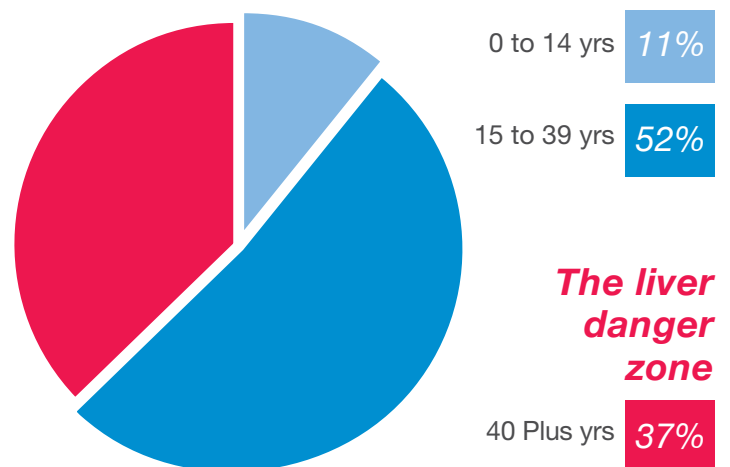
- Nearly three-quarters of people living with hepatitis C and more than a third of people with hepatitis B are aged 40 years or over and have reached the liver danger zone, where their risk of serious liver disease is significantly increased.
- With an ageing population, more and more Australians will confront liver cirrhosis, liver cancer and liver failure without significant improvements in monitoring, treatment and care. The first important step is ensuring that all people with chronic viral hepatitis receive regular liver health check-ups.

Australians with hepatitis C



164,128 people (74%) with chronic hepatitis C are in the *liver danger zone*.

Australians with hepatitis B



83,250 people (37%) of people living with hepatitis B are in the *liver danger zone*.

The proportion of people in the liver danger zone is lower for hepatitis B (37%) than it is for hepatitis C (74%). This is related to the younger age profile of migrants to Australia compared to the general Australian population. Migrants from countries with a high prevalence of hepatitis B are a significant proportion of all people living with hepatitis B in Australia.

'Successful antiviral therapy has the opportunity to reverse the trend, turning high danger into low danger, but only if people with hepatitis have access to appropriate treatment through regular liver checks.'

Regular liver check-ups can save lives

- Fast, simple and minimally invasive tests now exist, such as blood tests, FibroScan®, and ultrasound scans, to assess the level of damage to the liver.
- Doctors recommend that regular liver check-ups should be carried out every three, six or twelve months, depending on the stage of liver disease.
- Regular liver check-ups allow people living with viral hepatitis to be in control of their liver health and facilitate discussion with healthcare professionals about treatment options and how to slow down the progression of liver damage.
- Many Australians living with chronic viral hepatitis are not benefiting from regular liver check-ups. For example, currently, 87% of people living with chronic hepatitis B are not engaged in care and as such do not receive regular liver check-ups.⁶ Experts cite a number of reasons, including low community awareness of the need for regular follow-up, stigma and discrimination, low awareness among healthcare practitioners and lack of service provision.^{14,15}
- As a result, many Australians with hepatitis B or C are developing serious and life-threatening liver disease.
- Some people with hepatitis B have been told they are ‘healthy carriers’. This is incorrect, we now know there is no such thing as a ‘healthy carrier’ and all people with hepatitis B require life-long regular liver monitoring and may need treatment to prevent complications.¹⁶

‘We wouldn’t dream of not checking blood pressure and cholesterol in people at risk of heart attack or stroke, so why aren’t people with diagnosed chronic viral hepatitis having their liver health checked regularly?’



The following organisations have endorsed this report:



REFERENCES

1. Kirby Institute, July 2014.
2. WHO Regional Reference Laboratory for Hepatitis B, Victorian Infectious Diseases Reference Laboratory, Melbourne, Victoria, July 2014.
3. MacLachlan JH, Allard N, Towell V, Cowie BC. The burden of chronic hepatitis B virus infection in Australia, 2011. *Aust N Z J Public Health* 2013;37(5):416-22.
4. Razavi H, et al. The present and future disease burden of hepatitis C virus (HCV) infection with today's treatment paradigm *Journal of Viral Hepatitis* 2014, 21, (Suppl. 1), 34-59.
5. Australian Institute of Health and Welfare. Cancer survival and prevalence in Australia: period estimates from 1982 to 2010. Canberra: AIHW, 2012. (AIHW Cat. No. CAN 65.)
6. Allard N, MacLachlan JH, Cowie BC. A National Health System Response to Chronic Hepatitis B: Using population data to define gaps in clinical care provision *Journal of Hepatology* 260 (1), S295-S296.
7. National Notifiable Diseases Surveillance System. Canberra: Department of Health, Australian Government; 2013 [24/12/2013].
8. Cohen C, et al. Is chronic hepatitis B being undertreated in the United States? *Journal of Viral Hepatitis*, 2011;18:377-383.
9. Lavanchy D. Hepatitis B virus epidemiology, disease burden, treatment, and current and emerging prevention and control measures. *J Viral Hepat* 2004; 11:97-107.
10. Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2013.
11. Wedemeyer H, et al. Strategies to manage hepatitis C virus (HCV) disease burden *Journal of Viral Hepatitis* 2014, 21, (Suppl. 1), 60-89.
12. Australian Society for HIV Medicine (ASHM). ASHM HIV, viral hepatitis and STIs A guide for primary care. 2008 edition.
13. Carville K, MacLachlan JH, Cowie BC. Liver Cancer in Victoria, 1982-2007: Epidemiological Determinants and secular and geographic trends, Victorian Infectious Diseases Reference Laboratory, Melbourne: July 2012.
14. Allard N, MacLachlan JH, Cowie BC. A National Health System Response to Chronic Hepatitis B: Using population data to define gaps in clinical care provision Poster presentation at The International Liver Congress™ 2014, 49th annual meeting of the European Association for the Study of the Liver April 2014.
15. National Hepatitis B Strategy 2010-2013.
16. Australian Society for HIV Medicine (ASHM). Hepatitis B and Primary Care Providers, 2012.

