Implementation Plan: Third National Hepatitis B Strategy

Name/organisation:

Email contact:

| **Higher-level Priority Areas**  |  | **Key area for action** | **PRIORITY FOR ACTION:****H = highest priority for 2019/20L = lower priority - to commence 2021/22** | **CURRENT ACTIVITIES:****What current main activities are supporting this key area for action?** | **NEXT STEPS:** **What additional activity is needed to progress this key area for action?** | **Who is the lead for initiating / implementing this additional action?** |
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| Education and prevention Ensure a high level of knowledge, health literacy and awareness of hepatitis B in priority populations, affected families, health professionals and the general community, to create a supportive environment for increased engagement in testing, vaccination, treatment and careIncrease awareness of the importance of hepatitis B vaccination to support uptake among priority populationsEnsure uptake of vaccination for priority populations in line with national and state-based immunisation programsEnsure equitable access to other means of prevention, including education on safer sex practices and the provision of sterile injecting equipment through NSPs | 1 | Support, develop and implement culturally appropriate and community-based hepatitis B education and health promotion programs in affected communities and their families, to:a. improve understanding of the Australian health care system b. increase hepatitis B related literacy, including knowledge of routes of transmission, risk factors, vaccination and other evidence-based prevention measures, the importance of testing and ongoing monitoring, and available health services and support |   |   |   |   |
| 2 | Facilitate the sharing of successful approaches and initiatives to improve education and prevention within priority populations and settings |   |   |   |   |
| 3 | Increase awareness and access to support the uptake of hepatitis B vaccination among eligible populations under national and state-based immunisation programs, including infants, adolescents and unvaccinated adults at higher risk of infection |   |   |   |   |
| 4 | Increase access to preventative measures, including vaccination, sterile needles and syringes, and condoms, in priority settings and through community- and peer-based interventions |   |   |   |   |
| 5 | Ensure implementation of antenatal and neonatal protocols to prevent vertical transmission and increase monitoring of these protocols |  |  |  |   |
| Testing, treatment and managementImprove targeted guideline-based testing of priority populations, including follow-up of family and contacts, and voluntary opportunistic testingStrengthen monitoring and appropriate care of pregnant women living with chronic hepatitis B and children born to women living with hepatitis B, including promotion of national vaccination, testing and treatment guidelinesSupport health professionals to better identify those at risk of or living with hepatitis B and provide current, innovative and effective hepatitis B vaccination, testing and care | 6 | Further develop and deliver evidence-based risk assessment and testing approaches for key priority populations which provide strong linkages to vaccination, ongoing monitoring and care |  |  |  |   |
| 7 | Increase voluntary testing in priority populations in primary health and community settings, including through community-provided testing and mobile clinics and, where possible, case finding and follow-up for people who have previously tested hepatitis B surface antigen-positive |  |  |  |   |
| 8 | Ensure health promotion and education strategies inform priority populations, and their families, of the importance of early detection, ongoing monitoring and treatment adherence, utilising an appropriate community engagement strategy |  |  |  |   |
| 9 | Review and promote national training and clinical guidelines for testing, treatment, monitoring and care, including guidance on pregnancy and follow-up for babies born to hepatitis B positive mothers; and testing for hepatitis B prior to initiation of chemotherapy, immunosuppressive therapies or treatment for chronic hepatitis C |  |  |  |   |
| 10 | Support active case finding and linkage to care, including through awareness raising, GP and nurse education, and networks-based approaches among people living with chronic hepatitis B and their family, household and community contacts |  |  |  |   |
| Equitable access and coordination of careEnsure equitable and appropriate access to programs and services, including vaccination and other prevention programs and resources, testing, treatment and care in all relevant settings, with a focus on innovative models of service delivery Continue to strengthen connections between priority populations, the healthcare workforce, specialist services and community organisations to facilitate coordination of care | 11 | Identify opportunities to improve patient management systems to better support the primary care workforce to promptly identify, and provide treatment and care for, people living with hepatitis B |  |  |  |  |
| 12 | Improve the access to, and coordination of, hepatitis B services by strengthening links between service providers (including general practice; CALD and refugee services; Aboriginal and Torres Strait Islander services; sexual health services; NSPs and AODs, and other relevant health, community and peer-based services and organisations) to better engage people living with or at risk of hepatitis B with appropriate vaccination and other prevention, testing, monitoring, treatment and care |  |  |  |  |
| 13 | Encourage the provision of culturally appropriate services to priority populations, including engagement of multicultural and multilingual health professionals, peer and hepatitis educators and community liaison officers from priority populations |  |  |  |  |
| 14 | Improve the availability of dedicated hepatitis B services and accredited hepatitis B prescribers, particularly in areas with high prevalence and/or large populations of CALD people from intermediate or high-prevalence countries |  |  |  |  |
| 15 | Continue to explore and share experiences of innovative models of care for hepatitis B prevention and management, particularly models for rural and remote areas and areas of workforce shortage |  |  |  |  |
| WorkforceIncrease multidisciplinary workforce capability and capacity to provide and support evidence-based, innovative and effective vaccination and other prevention, testing, monitoring, treatment and care for people at risk of or living with hepatitis BFacilitate a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people with or at risk of hepatitis B | 16 | Implement targeted initiatives including the use of digital platforms and face-to-face learning opportunities to facilitate a highly skilled clinical and community-based workforce |  |  |  |  |
| 17 | Continue to prioritise education and resources to support health professionals in the early detection, monitoring and treatment of hepatitis B and utilising available multidisciplinary referral pathways |  |  |  |  |
| 18 | Support the continued provision, dissemination and maintenance of evidence-based, responsive and accessible national clinical guidelines and other information resources on vaccination, testing, monitoring, treatment, care and support for people living with hepatitis B, adapted to the needs of the workforce |  |  |  |  |
| 19 | Support community organisations, the healthcare workforce and community-based workers to increase their engagement with priority populations; and consider opportunities to utilise the established networks of NSPs, AOD and peer-based services to improve hepatitis B health literacy and connection to care |  |  |  |  |
| Addressing stigma and creating an enabling environmentImplement a range of initiatives to further investigate and address stigma and discrimination and minimise their impact on the health of people at risk of or living with hepatitis BContinue to work towards addressing the legal, regulatory and policy barriers which affect priority populations and influence their health-seeking behaviours | 20 | Incorporate messaging to counteract stigma in hepatitis B health promotion education programs and initiatives |  |  |  |  |
| 21 | Monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services; and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response |  |  |  |  |
| 22 | Review and address institutional, regulatory and system policies which create barriers to equality of prevention (including access to vaccination), testing, treatment, care and support for priority populations, including people living with hepatitis B |  |  |  |  |
| 23 | Implement initiatives aimed at minimising stigma and discrimination against people living with hepatitis B and other priority populations in the community and in healthcare settings |  |  |  |  |
| Data, surveillance, research and evaluationWith a focus on identified gaps, continue to build a strong evidence base for local and national responses to hepatitis B in Australia, informed by high-quality, timely data and surveillance systems | 24 | Identify opportunities to improve the timeliness and consistency of data collections |  |  |  |  |
| 25 | Implement initiatives to improve data completeness in clinical and pathology settings in relation to maternal hepatitis B status, Aboriginal and Torres Strait Islander status, country of birth, and likely place of hepatitis B acquisition; and for collecting data on the impact of hepatitis B on unvaccinated adults at high risk of infection |  |  |  |  |
| 26 | Investigate opportunities to better measure and collect data on hepatitis B associated morbidity, mortality and experiences of stigma and discrimination |  |  |  |  |
| 27 | Identify gaps in surveillance data for measuring and monitoring the implementation of this strategy and prioritise these for action |  |  |  |  |
| 28 | Support research on emerging hepatitis B issues and risks and associated public health implications |  |  |  |  |
| 29 | Promote a balance of social, behavioural, epidemiological and clinical research to better inform all aspects of the response |  |  |  |  |
| 30 | Ensure current and future programs and activities are evaluated to ensure linkage and alignment to the priority areas of this strategy |  |  |  |  |
| Would you like to provide any other comments? (Free text) |  |