

EPIDEMIOLOGY OF CHRONIC HEPATITIS B AND C IN VICTORIA: INSIGHTS AND IMPACTS FROM ENHANCED SURVEILLANCE

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Background: Chronic viral hepatitis is a substantial global health issue, and enhanced access to care is needed, however data about the characteristics of diagnosed cases are often limited. In 2016 the state of Victoria, Australia implemented a program of enhanced surveillance to improve data completeness and support the public health response to hepatitis B and hepatitis C.

Methods: Notified cases of non-acute hepatitis B and C were analysed to determine the distribution of demographic characteristics and epidemiological and risk factors during the period prior to (July 2015-June 2016) and during enhanced surveillance (July 2016-June 2017), during which diagnosing doctors were contacted for further information about new diagnoses. The impact of improved data completeness on the observed epidemiology was assessed.

Results: During the enhanced period, data completeness for key variables such as country of birth and Indigenous status doubled for both hepatitis B and hepatitis C, having ranged from 18-37% during the baseline period and increasing to 48-65% during the enhanced period. The relative incidence rate among Aboriginal and Torres Strait Islander people for hepatitis C increased from 8-fold to 11.4-fold. The proportion of hepatitis B cases reported as born in China and Vietnam relative to other countries also rose with increased data completeness. New data fields identified that 12% of hepatitis C cases were in a correctional facility at the time of diagnosis, and 2% of hepatitis B cases were current or former health care workers.

Conclusions: Enhanced surveillance provided greater insight into the epidemiology of chronic viral hepatitis in Victoria, highlighting groups at increased risk and providing opportunities for improved public health action.

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