

vh2021

FINAL REPORT

12th Australasian Viral Hepatitis Conference

**Sunday 30 May 2021, Sofitel Central Brisbane, QLD
Monday 31 May – Tuesday 1 June 2021, Sydney Masonic
Centre, NSW**

PREPARED: August 2021
by the PCO, ASHM Conference & Events Division

Contents

CONFERENCE OVERVIEW 3

 CO-CONVENORS 4

 SCIENTIFIC PROGRAM COMMITTEE 4

 THEME CO-CHAIRS 4

 CONFERENCE ORGANISERS – ASHM Conference & Events 4

DELEGATE STATISTICS 5

 REGISTRATION CATEGORY BREAKDOWN 5

 DELEGATE BREAKDOWN BY STATE 6

 INTERNATIONAL DELEGATE BREAKDOWN..... 6

 PROFESSIONAL AFFILIATION DELEGATE BREAKDOWN..... 7

 HEALTHCARE PRACTITIONERS 8

 CAREER STAGE..... 8

 FREQUENCY OF ATTENDANCE..... 9

CONFERENCE PROMOTION 10

 ELECTRONIC NEWSLETTERS 10

 WEBSITE 10

 DIGITAL AND SOCIAL MEDIA TOOLKITS 11

 GOOGLE ANALYTICS 11

 MARKETING FEEDBACK/ REGISTRATION..... 12

CONFERENCE PROGRAM..... 13

 KEYNOTE SPEAKERS..... 13

 INVITED SPEAKERS..... 13

 PROGRAM..... 13

SCHOLARSHIPS 14

SPONSORSHIP & EXHIBITION 15

CONFERENCE BUDGET 15

EVALUATION..... 16

 DELEGATE EVALUATION 16

 RECOMMENDATION SUMMARY 19

CONFERENCE OVERVIEW

The Australasian Viral Hepatitis Conference is run by ASHM in collaboration with key sector partners as a platform for the dissemination and presentation of new and innovative research findings and better management across the Australasian viral hepatitis sector. Through this forum we aim to support the health workforce, government and community to work towards the elimination of hepatitis B and hepatitis C and supporting the communities living with these conditions in Australia, New Zealand and the Asia and Pacific regions.

Due to the COVID-19 pandemic the 12th Australasian Viral Hepatitis Conference was postponed from August 2020 to 31 May – 1 June 2021.

The decision was made to run the conference in a hybrid hub format which was a first for the ASHM Conference team and it was a fantastic opportunity for the team to upskill and take on new challenges. The reasoning behind this decision was the risk around border closures. By having multiple locations each of three chosen states would still be able to attend a local hub even if they were not able to attend the others. There were many changes along the way, but the team embraced the theme of the conference “Taking stock and innovating for the future” and continuously came up with new ideas of tackling challenges that arose.

There were originally three hubs planned for the conference Brisbane, Sydney and Auckland. We have long been trying to find more opportunities to bring our New Zealand and Australian community together and hoped this was going to be a great opportunity. Unfortunately, with the ever-looming uncertainty of border closures and the travel bubble not looking likely to be open in time, the decision had to be made to cancel the Auckland hub.

Contingency planning and risk assessment has been more important than ever and after assessing the risks of border closures and government restrictions, the decision was to stick to two hubs and increase Sydney to two days.

There was a mixture of pre-recorded, live virtual and in-person speakers at both hubs as well as a plethora of on-demand presentations to watch at any time. The technology that the ASHM conference team has invested in made all this possible and it was fantastic to still be able to hear from our international speakers despite them not being able to join us in person.

In the last week before the conference, just as everyone was getting excited about reuniting for the first time since the pandemic began, Victoria went into lockdown. This was a huge disappointment for all our Victorian colleagues who were planning to attend and added another layer of complexity for the conference team. There were last minute speaker rehearsals for those who had to switch to virtual and replacement chairs had to be sourced. Thanks to our virtual platform, none of our Victorian colleagues missed out. Although they were not with us in person their presence was still felt with speakers appearing virtually on stage and delegates sending their questions through.

After what had been a tumultuous 12+ months, it was great to have **419 members of our community** back together whether it was in Brisbane, Sydney or virtually.

CO-CONVENORS

Name	Affiliation
Scott Bowden	The Doherty Institute
Jason Grebely	The Kirby Institute, UNSW Sydney
Kevin Marriott	Hepatitis Australia
Mark Stooze	Burnet Institute

SCIENTIFIC PROGRAM COMMITTEE

Name	Affiliation
Ian Anderson	Bamaga Hospital (Torres and Cape HHS)
Alexis Apostolellis	ASHM
Gabrielle Bennett	Australasian Hepatology Association (AHA)
Lauren Bradley	AIVL
Joanne Bryant	The Centre for Social Research in Health, UNSW Sydney
Troy Combo	Burnet Institute
Olivia Dawson	ASHM
Joe Doyle	ASID and The Alfred / Monash University
Behzad Hajarizadeh	The Kirby Institute, UNSW Sydney
Melinda Hassall	ASHM
Kelly Hayes	Hepatitis Foundation New Zealand
Shelley Kerr	ASHM
Margaret Littlejohn	The Doherty Institute
Jennifer MacLachlan	WHO Collaborating Centre for Viral Hepatitis
Scott McGill	ASHM
Kristen McKee	Australasian Hepatology Association (AHA)
Sami Stewart	ASHM
Sam White	Hepatitis QLD

THEME CO-CHAIRS

Name	Affiliation	Theme
Phill Read	Kirketon Road Centre	Biomedical Science and Clinical Care
Jacqui Richmond	Burnet Institute	Biomedical Science and Clinical Care
Behzad Hajarizadeh	The Kirby Institute, UNSW Sydney	Epidemiology, Public Health and Prevention
Jennifer MacLachlan	WHO Collaborating Centre for Viral Hepatitis	Epidemiology, Public Health and Prevention
Jake Rance	The Centre for Social Research in Health, UNSW Sydney	Community and Social Research
Nikki Parry	Harm Reduction Australia	Community and Social Research

CONFERENCE ORGANISERS – ASHM Conference & Events

Name	Affiliation
Linda Starke	Event Coordinator, ASHM Conference & Events
Amy Sargent	Project Event Manager, ASHM Conference & Events
Nadine Giatras	Conference and Events Director, ASHM Conference & Events

DELEGATE STATISTICS

A total of 419 people registered to attend VH2021. 62 attended the Brisbane hub, 131 attended the Sydney hub and 176 attended via the virtual platform.

The registrations for the Brisbane hub were much lower than what had been projected, most likely due to QLD's tendency to go into last minute snap lockdowns as well as their strict border policy created a lot of uncertainty for delegates. We saw a number of delegates opting to attend the Sydney hub instead of Brisbane as they had originally planned. Despite the lower numbers in Brisbane, Sydney hub attendance and virtual attendance numbers were higher than projected resulting in the overall registration numbers aligning with what had been projected.

Victoria also had a COVID outbreak just prior to the conference which limited travel and meant that delegates changed to virtual attendance rather than attending the conference face to face.

The delegate breakdowns are provided below, and a privacy compliant delegate list is available in [Appendix 01](#).

REGISTRATION CATEGORY BREAKDOWN

Registration Category Breakdown	2021	%	2018	%
Delegate	164	39%	181	36%
Day	59	14%	23	4%
Community Worker	57	13%	74	14%
Nurse/Trainee/Registrar	51	12%	111	22%
Sponsor / Exhibitor	30	7%	53	10%
Student	28	6%	21	4%
Keynote Speaker / Invited Speaker	15	3%	21	4%
Media	7	1%	1	1%
People with Lived Experience	5	1%	14	2%
Scholarship	2	1%	0	0%
Resource Limited	1	1%	3	1%
Total	419		502	

The overall registration numbers were down compared to 2018 when the conference was last held, but that was to be expected given the ramifications of the COVID-19 pandemic.

The Nurse/Trainee/Registrar category was down by 10%. Targeting this group with marketing should be considered for the next conference.

DELEGATE BREAKDOWN BY STATE

State	2021	%	2018 %
ACT	20	4%	4%
NSW	179	42%	40%
NT	12	2%	5%
QLD	72	17%	11%
SA	11	2%	4%
TAS	1	1%	1%
VIC	94	22%	21%
WA	7	1%	3%
International	16	3%	
Unknown	5	1%	

The state representation of delegates has remained consistent since 2018 with NSW and VIC being our largest delegation. There was an increase in representation from QLD, but that was to be expected with one of the hubs located in Brisbane.

INTERNATIONAL DELEGATE BREAKDOWN

Place of Origin	2021	2018
Australia	396	458
Denmark	1	0
France	1	0
Malaysia	0	1
Mongolia	0	1
New Zealand	4	23
Pakistan	1	0
Philippines	1	0
Portugal	2	0
United Kingdom	3	1
United States	3	3

Delegate numbers from New Zealand have decreased significantly. This should be addressed both with programming and targeted marketing.

PROFESSIONAL AFFILIATION DELEGATE BREAKDOWN

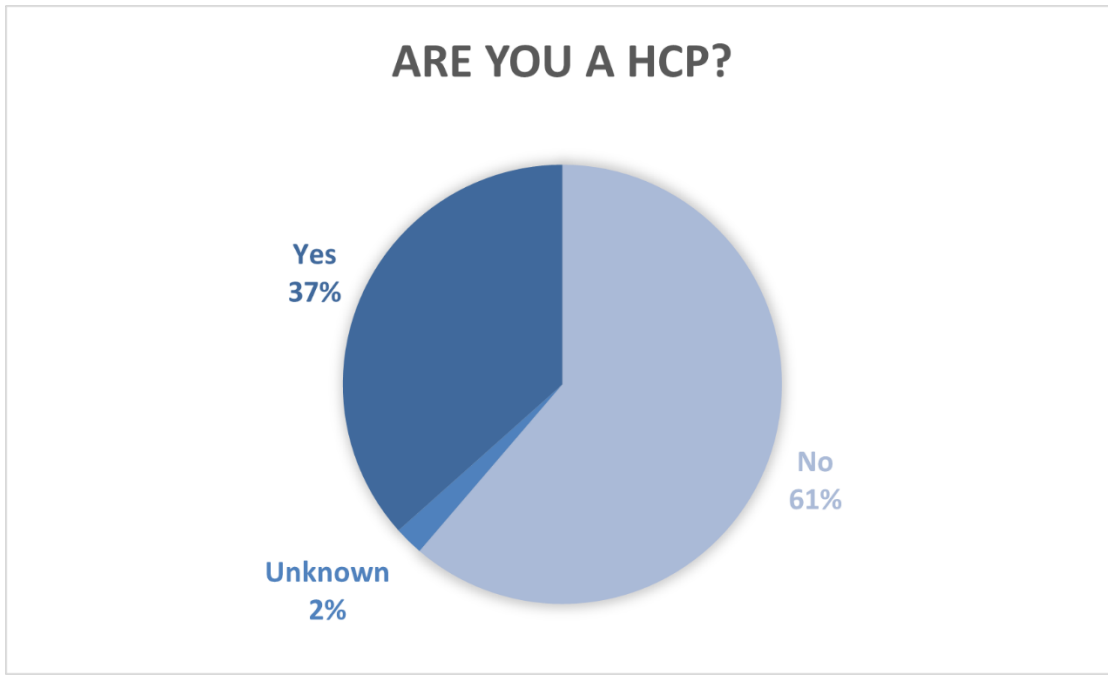
For the 2021 conference professional affiliations were broken down into two questions during the registration process.

Main Professional Affiliation	2021	%
Research	107	25%
Clinical	84	20%
Community	71	16%
Primary Healthcare	44	10%
Industry personnel (pharmaceutical / diagnostics companies)	40	9%
Education	35	8%
Unknown	23	5%
Allied Health	15	3%

Overall researchers make up 25% of the delegation followed by Clinicians at 20%. Nursing remains the highest primary role. There was a fairly significant increase in those who stated Admin / Management was their primary role and a decrease in Community.

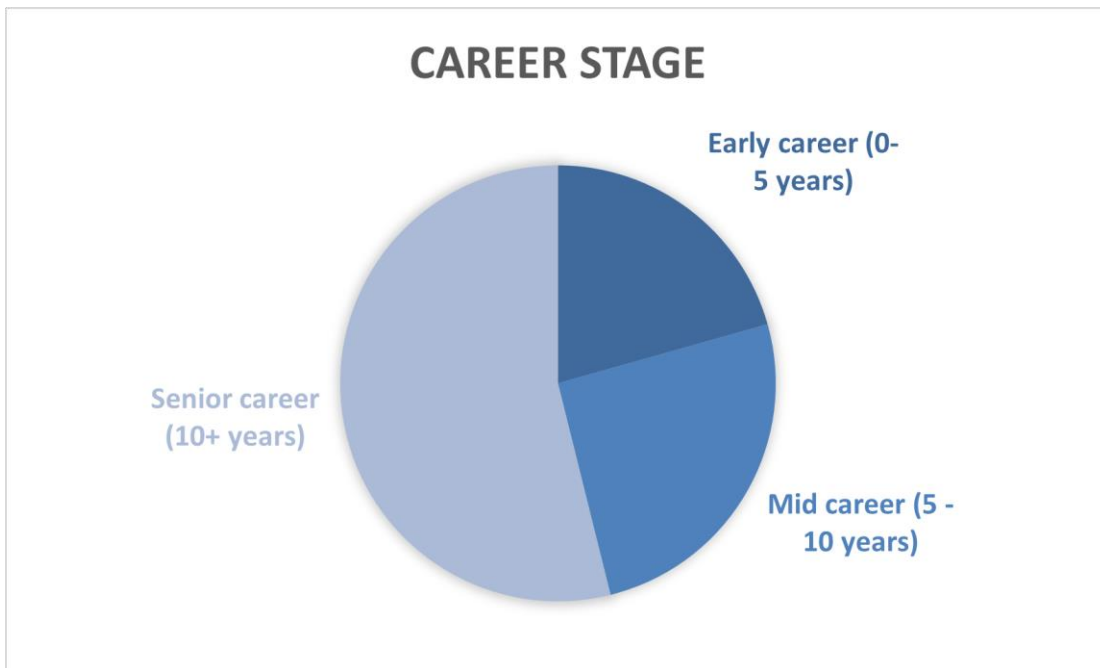
Primary Role	2021	%	2018 %
Nursing	44	10.5%	19%
Admin / Management	39	9.3%	3%
Research – Public Health	35	8.3%	
Health Promotion / Harm Reduction	31	7.3%	4%
Pharmaceutical / Diagnostics	30	7.2%	9%
Public Health	23	5.5%	6%
Research – Clinical	23	5.5%	
Community	21	5%	14%
Education	18	4.2%	3%
General Practice (GP)	16	3.8%	6%
Drug and Alcohol	15	3.5%	5%
Medical Specialist - Infectious Diseases	14	3.3%	
Aboriginal & Torres Strait Islander Health	14	3.3%	5%
Community Health	13	3.1%	
Research - Social	10	2.3%	2%
Medical Specialist – Gastroenterologist	9	2.1%	4%
Unknown	9	2.1%	4%
Epidemiology	7	1.6%	7%
Policy	7	1.6%	1%
Registrar	6	1.4%	0.4%
Sexual Health	6	1.4%	
Student – Post Graduate	6	1.4%	2.5%
Pathology / Laboratory	5	1.1%	
Nursing and Midwifery	3	0.7%	
Research - Basic	3	0.7%	0.4%
Justice Health	2	0.4%	
Allied Health	2	0.4%	0.2%
Research – Laboratory	2	0.4%	2%
Trainee	2	0.4%	0.2%
Migrant / Refugee Health	1	0.2%	
Pharmacy	1	0.2%	

HEALTHCARE PRACTITIONERS



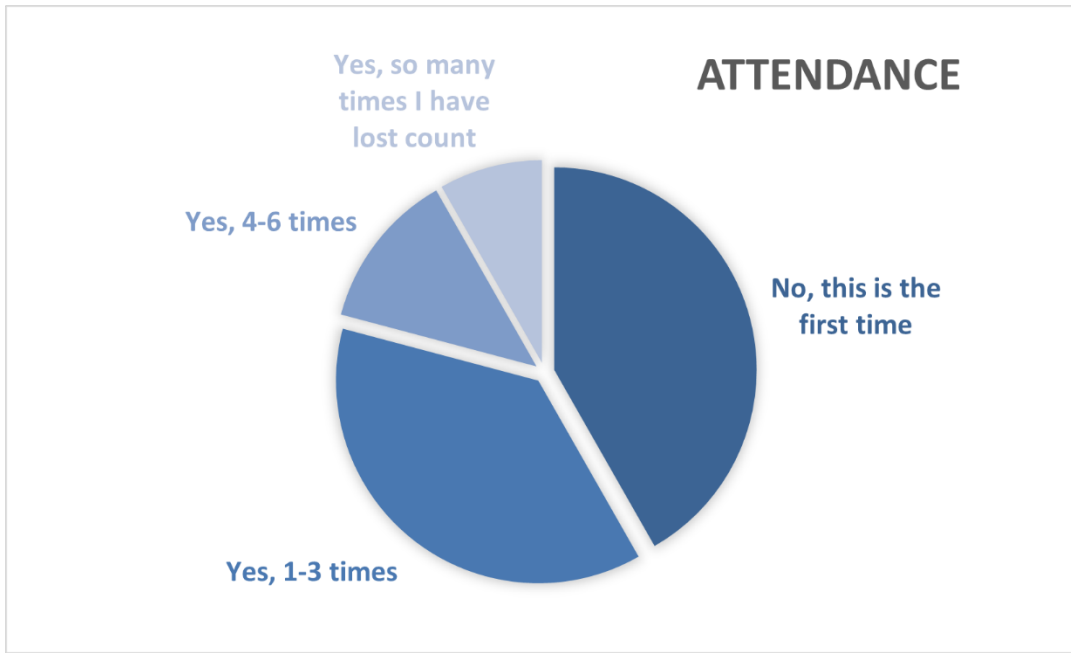
37% of the delegation are health care practitioners.

CAREER STAGE



There is an almost even split between delegates attending in their senior career stage (55%) and those attending in their early – mid career stage (45%).

FREQUENCY OF ATTENDANCE



41% of delegates attended for the first time. This is promising and shows the conference is still reaching new audiences.

CONFERENCE PROMOTION

ELECTRONIC NEWSLETTERS

The conference marketing plan was developed and actioned by ASHM Conference & Events Division. 23 Conference newsletters were delivered to a mailing list of 3000 subscribers. The average open rate on these EDM's was 22%, and the average click through rate to the conference website from opened EDMs was 10%.



12th Australasian Viral Hepatitis Conference

Sunday 30 May - Tuesday 1 June 2021
(Face-to-face Hubs and Virtual)

Progress towards hepatitis elimination targets: Taking stock and innovating for the future.

Last Chance to Save on Registration!

Early Bird Deadline: Sunday 28 March 2021

With just 3 days to go until the Early Bird Deadline this is your last chance to save on registration for this year's conference!

With the option of joining us at one of the live hub venues, or joining us virtually, we look forward to coming together as a sector to continue our vital work in the fight against viral hepatitis.

[Register Now](#)

**As you are already in our system, you can access your personal account clicking the button above.
Please do not share this link. ASHM members this account is conference specific and is not the same as your "My ASHM" details.**

Group Registration Discounts for Hubs

Using the [Group Registration Portal](#) you will be able to designate a group coordinator then register, view and manage multiple registrations in one place as well as receive one invoice for multiple registrations.



12th Australasian Viral Hepatitis Conference

Sunday 30 May - Tuesday 1 June 2021

Brisbane QLD: Sunday 30 May
Sydney NSW: Monday 31 May
Auckland NZ: Tuesday 1 June

Progress towards hepatitis elimination targets: Taking stock and innovating for the future.

Submit your Abstract

As 2021 kicks off, we remind you that the 12th Australasian Viral Hepatitis Conference abstract submission deadline is fast approaching.

With less than 3 weeks before the deadline we encourage you to submit your abstract and showcase your work as part of the program for the leading multidisciplinary viral hepatitis conference in Australasia, as we look towards the future with innovative ideas for reaching hepatitis elimination targets.

ABSTRACT DEADLINE: 11.59pm AEDT Sunday 7 February 2021

There will be no further extensions to this submission deadline

Submit your abstract before 11.59pm AEDT Sunday 7 February 2021 to ensure you don't miss out!

The VH2021 committee is calling for [Research Based Abstracts](#) on original research findings, case studies, completed projects and theoretical analyses. They are also calling for [Practice Based & Multimedia Abstracts](#) analysing issues and solutions to problems in clinical practice, including case studies and quality improvement activities, community engagement, education, health promotion and policy.

WEBSITE

The conference website www.hepatitis2021.org.au was created and managed by ASHM Conference & Events Division. The website provided key information on the following:

- Committee information and conference objectives
- Online registration and terms & conditions
- Online abstract submission and speaker presentation assistance information
- Up to date program information (LIVE, On Demand, Poster)
- A list of invited speakers including their biographies and photos
- Venue information and accommodation
- Sponsor information

DIGITAL AND SOCIAL MEDIA TOOLKITS

The committee were provided with a digital toolkit and were regularly encouraged to promote within their networks. Collaborator organisations were contacted to assist with promotion and provided with the digital toolkit. Both the digital toolkit and a social media toolkit were available on the conference website.

VH 2021 Social Media Kit

We've put together a social media kit for you to use, simply pick an image and message below for your social media post.

Pick an image



Pick a message

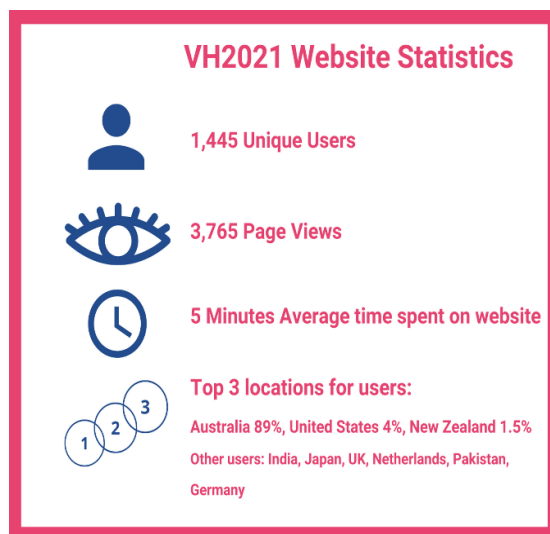
LinkedIn / Facebook

Join me at the 12th Australasian Viral Hepatitis Conference for the dissemination and presentation of new and innovative research findings and better management across the Australasian viral

Twitter

Join me at the 12th Australasian Viral Hepatitis Conference for the dissemination and presentation of new and innovative research findings and better management across the Australasian viral

GOOGLE ANALYTICS



MARKETING FEEDBACK/ REGISTRATION

How did you hear about the Conference?	2021	%
ASHM news, course, website	198	47%
Through my Organisation	77	18%
Through my colleague	57	13%
Burnet Institute	11	2
Unknown	11	2
Kirby Institute	9	2%
Conference Website	8	1%
Hepatitis Australia	8	1%
AHA	7	1%
ACH2	6	1%
ASID Website	6	1%
Conference Email	6	1%
Google Search	5	1%
AIVL	4	0.9%
At another conference	4	0.9%
Doherty Institute	1	0.2%
Hepatitis Foundation New Zealand	1	0.2%

The most successful promotion is via ASHM with 47% of delegates hearing about the conference via ASHM. The conference newsletter was only 1% responsible for the number of registrations, however it is likely that some people chose ASHM news, course, website when they were referring to the conference newsletter as it also comes from ASHM. Individually the collaborators were not responsible for a high proportion of registrations, but in total they were responsible for 12% of registrations. This could be improved.

CONFERENCE PROGRAM

The program was developed by the independent Scientific Program Committee made up of representatives from the collaborating organisations as well as other key representatives for early-mid career researchers, GPs and Aboriginal and Torres Strait Islander Peoples.

Key topics of interest were identified followed by appropriate speakers for each topic. Careful consideration was taken to ensure appropriate national representation, gender balance and people with lived experience where appropriate.

Abstracts were reviewed by 3 independent reviewers for each abstract according to the scoring system. The top-ranking abstracts were then selected to be included in the program by the theme co-chairs and the co-convenors over the course of 5 program builds.

KEYNOTE SPEAKERS

Speaker Name	Organisation
Dawn Casey	National Aboriginal Community Controlled Health Organisation, ACT
Chris Gough	Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and The Connection Health Service, Canberra, ACT
Zihong Gu	Ethnic Communities Council of Queensland, QLD
Natasha Martin	University of California San Diego, USA
Saeed Sadiq Hamid	Department of Medicine and Director of the Clinical Trials Unit, The Aga Khan University, Karachi, Pakistan
Yusuke Shimakawa	Institut Pasteur, France

INVITED SPEAKERS

Speaker Location	Number
ACT	3
QLD	2
NSW	5
NT	1
SA	1
TAS	1
VIC	5
WA	0
International	3

PROGRAM

Program Statistics	Number
Plenary Sessions	4
Invited Speaker Sessions	5
Proffered Paper Sessions	3
On Demand Invited Speaker Sessions	13
On Demand Abstracts	43
Virtual Posters	38
Submitted Abstracts	133

The conference programs are available on the [conference website](#).

SCHOLARSHIPS

10 scholarships were provided to Aboriginal & Torres Strait Islander Health Workers, Students, Practitioners and Community Workers. Each application was independently reviewed three times according to the selection criteria.

Location	Number
Brisbane	1
Canberra	1
Darwin	2
Melbourne	1
Sydney	4
Townsville	1
Total	10

Total Spent: \$11,983

SPONSORSHIP & EXHIBITION

Budget target: \$178,000

Actual Sponsorship received: \$204,500

Commercial Sponsorship	Type of Sponsorship	
Gilead	Platinum Sponsor	\$72,600
AbbVie	Silver Sponsor	\$38,500
Cepheid	Symposium	\$10,000
Hologic	App Notification	\$2,200
TOTAL COMMERCIAL SPONSORSHIP INCOME		\$123,300
BUDGET TARGET		\$123,300

Non-Commercial	Type of Sponsorship	
DOH	Major Supporter	\$33,000
Collaborator Scholarships	Scholarships	\$9,300
ASHM International and the WHO Collaborating Centre for Viral Hepatitis in Collaboration with the WHO Western Pacific Regional Office	Session Supporter	\$5,500
QLD Health	Session Supporter	\$5,500
TOTAL NON-COMMERCIAL INCOME		\$53,300
BUDGET TARGET		\$33,000

Exhibition	Type of Sponsorship	
Medical Technologies	Booth	\$6,800
AbbVie	Additional Booth Space	\$5,700
Roche	Table Top	\$3,500
AHA	Booth	\$1,650
Hepatitis NSW	Table Top	\$1,000
TOTAL EXHIBITION INCOME		\$18,650
BUDGET TARGET		\$12,500

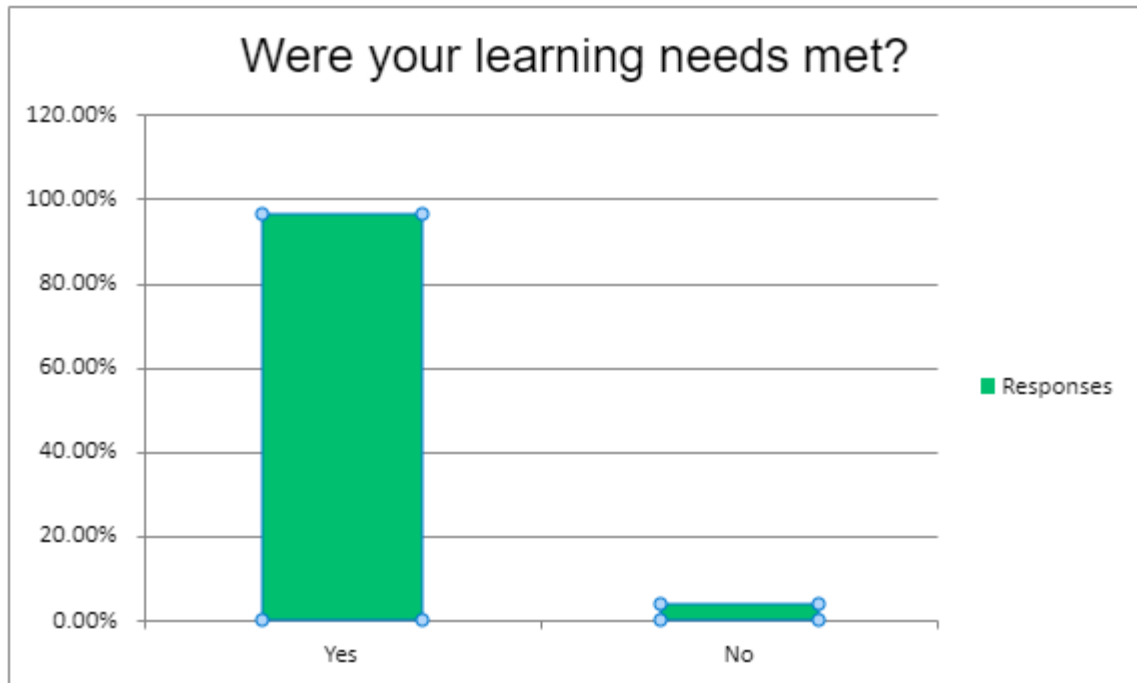
CONFERENCE BUDGET

The conference budget has been reconciled and was essentially breakeven with a very small surplus that will be rolled forward towards scholarships for the 2022 conference. This is a positive result, given the additional costs of hybrid and lower registration numbers it was expected that some of the seed funding would be lost. However, an increase in Non-Commercial sponsorship and Exhibition income as well as cost savings made in other areas meant this was avoided.

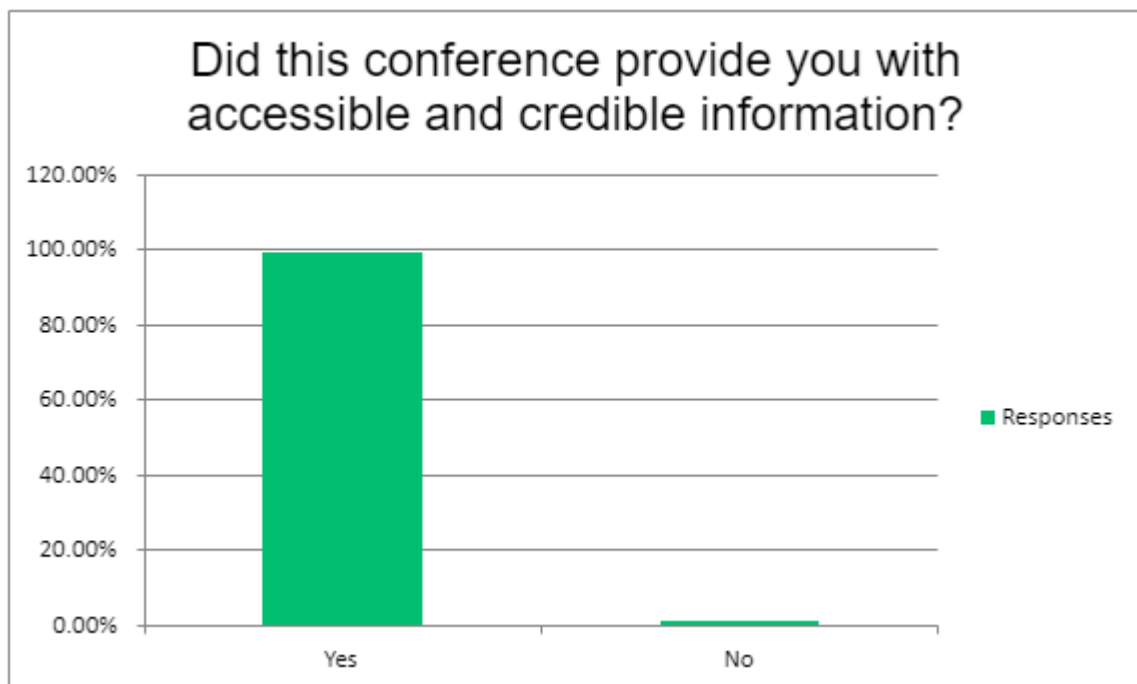
EVALUATION

DELEGATE EVALUATION

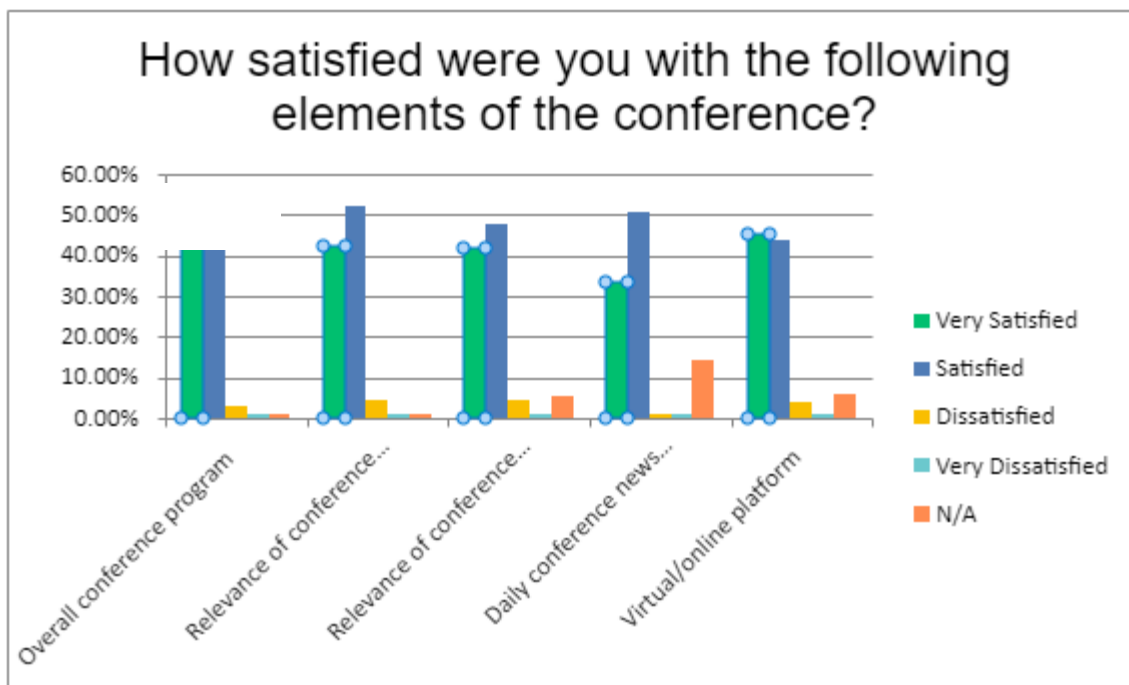
154 delegates completed the post event evaluation survey, which is 26% of those who attended the conference. Some answers have been highlighted below, but the full delegate evaluation survey is available in [Appendix 02](#).



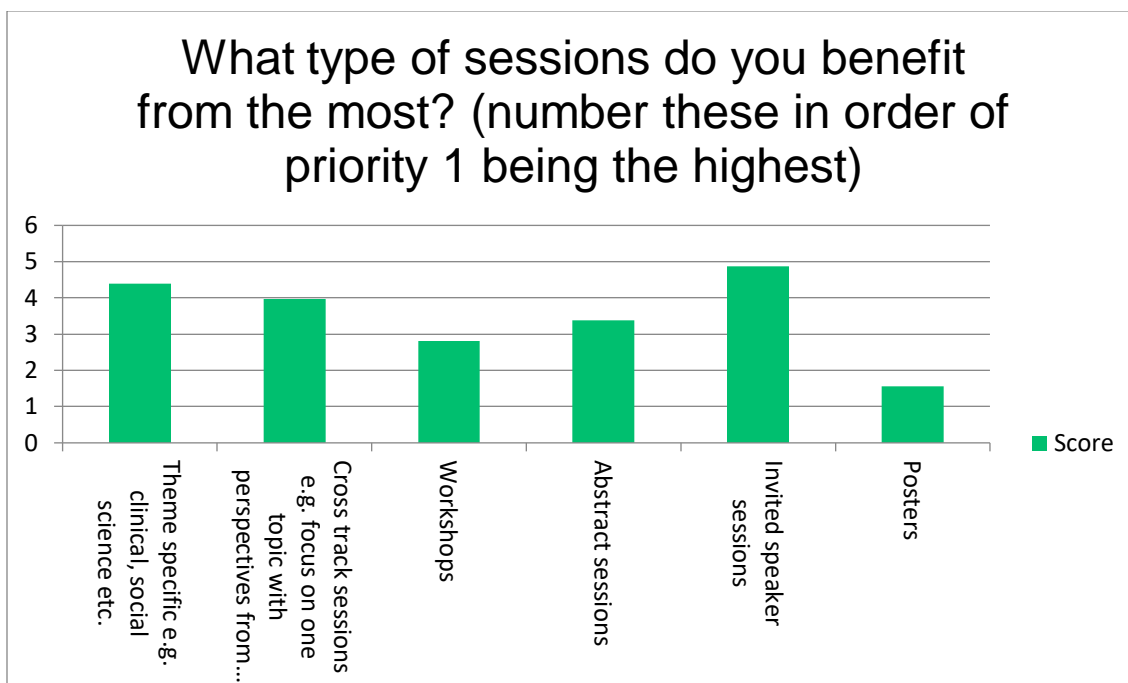
96% of delegates who completed the survey said that their learning needs were met.



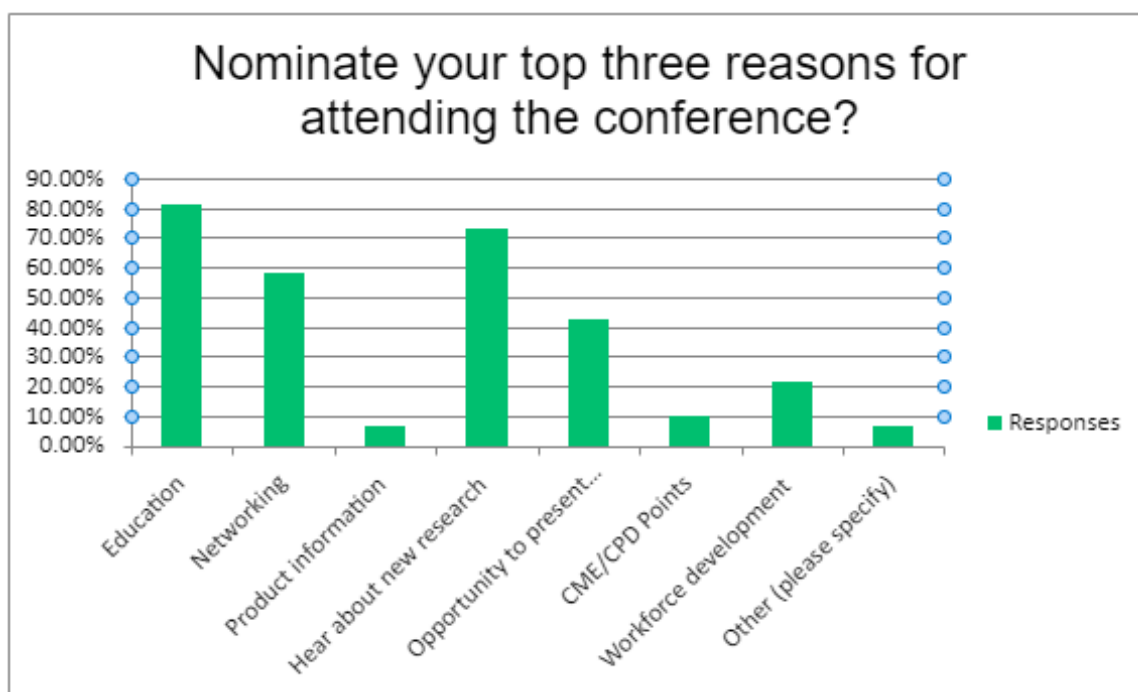
99% of delegates who answered the survey said that the conference provided them with accessible and credible information.



- 95% of delegates who answered the survey were very satisfied or satisfied with the overall conference program.
- 93% of delegates who answered the survey were very satisfied or satisfied that the conference program was relevant to their area of interest.
- 88% of delegates who answered the survey were very satisfied or satisfied that the conference program was relevant to their professional practice.
- 83% of delegates who answered the survey were very satisfied or satisfied with the conference daily news updates.
- 88% of delegates who answered the survey were very satisfied or satisfied with the virtual conference platform.



- 49% of delegates who answered the survey benefited most from invited speaker sessions
- 24% of delegates who answered the survey benefited most from theme specific sessions
- 13% of delegates who answered the survey benefited most from cross track sessions



- The top three reasons listed for attending the conference by delegates who answered the survey were:
 - Education
 - Hear about new research
 - Networking

RECOMMENDATION SUMMARY

FEEDBACK	RECOMMENDATION / ACTION
Program	
More content included for community organisations and the affected community	<ul style="list-style-type: none"> - Consider different methods of engaging with community and including presentation from community org/ members. E.g. Community advisory group - Representation of people with lived experience included on the committee
Strong nurse representation within the program	- Continue focus on nurse representation at the conference.
More content from Indigenous Australians and ensure there is enough time allocated for their presentations	- Consider different ways of including content from Indigenous Australians at the conference e.g. Yarning circles
Hepatitis B content lacking in the program	- Committee to ensure more hepatitis b content included within the program
More basic or clinical research	- Encourage submission of more of these types of abstracts
Lack of CALD and regional content	- Ensure more topics for CALD and regional content included in program
Request for space to be allocated in the program specifically for people to view on demand content	- If on demand content included in future years consider how to incorporate this into the program
Marketing & Promotion	
Small number of registrations received from promotion via collaborators	- Encourage collaborators to promote the conference through their networks
Lack of statistics on email marketing	- ASHM to use Campaign Monitor to provide more accurate and real time data on how successful the marketing campaign is performing
Registration	
Significant decrease in NZ registration numbers	<ul style="list-style-type: none"> - Ensure content in program to attract NZ delegates - Consider other marketing strategies to reach NZ delegates
Request for an organizational registration be available	- Consider creating an organization registration be created
Registrations have generally been decreasing over the years	- Committee, ASHM and all collaborators to consider how to engage more people with the conference
Scholarships	
More scholarships/support for community-based workers	- Continue to offer as many scholarships as possible within budget constraints
Networking	
Networking opportunities lacking in virtual portal	- If there is a virtual component to the conference in the future, consider better networking opportunities for virtual delegates
Committee	
All male co-convenors	- Ensure at least one person who identifies as female is included in the co-convenors
Lack of representation of people with lived experience	- Ensure people with lived experience are included on the committee

Conference Format	
Feedback received requesting answers to questions not answered live be provided	- Consider asking chairs/ speakers to collate answers to the questions submitted, and make that available after each session (download in virtual portal / on conference website)
Feedback received that the on-demand content was not easy to navigate	- Within the constraints for the virtual platform used, consider how on-demand content might be better organized so that presentations are easier to locate.