



Viral Hepatitis Data Summaries for Victorian Primary Health Networks

Prepared for the Integrated Hepatitis C Services The National Viral Hepatitis Mapping Project, The Doherty Institute

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National Data Overview: Hepatitis C

- **Prevalence** 189,000 people living with chronic (PCR positive) hepatitis C in Australia at the start of 2016, 0.78% of the population
- Diagnosis An estimated 82% have been diagnosed
- Treatment 74,700 people treated between March 2016-June 2019, 39.5% of the total living with hepatitis C. 32.0% of people treated were prescribed by a GP
- SVR testing 23.9% of people treated have not had an SVR test to confirm cure



Data sources information:

Demographic, socioeconomic and geographic data obtained from the Public Health Information Development Unit.

Hepatitis C prevalence data are derived using the national prevalence estimate generate by modelling from The Kirby Institute, applied according to geographic area based on the number of notified cases. These data are for the start of 2016, and treatment uptake is measured cumulatively.

Note: prevalence estimates have been revised down in this report, due to changes in the underlying source information about duplicate cases.

For more information about data and to download the full report, visit the <u>Mapping Project website</u>.



National Data Overview: Hepatitis C

Treatment data are for the period March 2016-June 2019. Data are sourced from Medicare, which records the number of treatments provided for hepatitis B and C through the Pharmaceutical Benefits Scheme. Data are suppressed where the number of individuals treated was <6; these areas are indicated by blank spaces on maps.

Notifications data are for the period July 1st 2016 – June 30th 2018. Data are sourced from the Victorian Government Department of Health and Human Services, which records all diagnoses of hepatitis B and C which occur in Victoria.

Geographic data within Primary Health Networks are broken down according to Statistical Area 3 (SA3), an ABS unit of 50-100,000 residents. All geography is assigned using postcode of residence at the time of diagnosis (for prevalence) or treatment (for uptake). Go to <u>https://itt.abs.gov.au/itt/r.jsp?ABSMaps</u> to explore SA3 s

North Western Melbourne Primary Health Network, 2019



- Population: 1.8 million (largest PHN in Australia)
- Area: 3,180 square kilometres
- IHCS services in this PHN: Royal Melbourne Hospital, St Vincent's Hospital, The Western General Hospital
- Demographics: Higher unemployment; greater rates of barriers in accessing healthcare due to cost and transport barriers; younger average age of residents

North Western Melbourne Primary Health Network, 2019

Prevalence

- North Western Melbourne has an estimated **12,000 people** living with chronic hepatitis C
- This represents **0.87% of the population**, which is the highest of all metropolitan Victorian PHNs
- Prevalence varies within the PHN, being highest in inner Melbourne City, Brimbank, Yarra, Maribyrnong, Darebin North, and Hobsons Bay

Treatment

- Treatment uptake in North Western Melbourne PHN was 46.4%, similar to the state average
- Treatment uptake varied widely between the regions within the North Western Melbourne PHN, from 32.9% to 71.7%
- Treatment uptake was highest in Brimbank, Keilor, and Essendon
- This PHN increased its national rank for treatment uptake from 6th at the end of 2017 to 4th at mid-2019
- 25% of people treated were prescribed by a GP, below the national average of 32%
- North Western Melbourne is projected to reach the 2022 National Strategy Target, but only if current treatment levels are maintained

- People newly diagnosed with chronic hepatitis C in North Western Melbourne were younger than the state average (median age 40 compared to 42)
- North Western Melbourne had a higher proportion of Aboriginal and Torres Strait Islander cases compared to other Melbourne PHNs (6% compared to 2%)
- One third of people diagnosed in North Western Melbourne were born overseas, with the most common countries of birth Vietnam, India, and China
- A significant proportion of newly diagnosed cases in North Western Melbourne were in a correctional facility at the time they were diagnosed (19% of cases)

Eastern Melbourne Primary Health Network, 2019



- Population: 1.6 million
- Area: 3,916 square kilometres
- IHCS services in this PHN: The Austin Hospital, Box Hill Hospital (Eastern Health)
- Demographics: Higher educational attainment; lower unemployment; higher relative socioeconomic advantage; lower rates of barriers in accessing healthcare due to cost or transport challenges

Eastern Melbourne Primary Health Network, 2019

Prevalence

- Eastern Melbourne has an estimated **6,700 people** living with chronic hepatitis C
- This represents 0.44% of the population, which is the lowest of all Victorian PHNs
- Prevalence varies little within the PHN, however is higher in Banyule, Maroondah and Yarra Ranges

Treatment

- Treatment uptake in Eastern Melbourne PHN was 46.2%, similar to the state average
- Treatment uptake varied between the regions within the Eastern Melbourne PHN, from 36.0% to 68.6%
- Treatment uptake was highest in Nilumbik-Kinglake and Whitehorse-West
- This PHN remained stable in its national rank for treatment uptake from 6th at the end of 2017 to 7th at mid-2019
- 20% of people treated were prescribed by a GP, well below the national average of 32%
- North Western Melbourne is projected to reach the 2022 National Strategy Target, but only if current treatment levels are maintained

- People newly diagnosed with chronic hepatitis C in Eastern Melbourne were older than the state average (45 years compared to 42)
- People diagnosed with hepatitis C in Eastern Melbourne were less likely to have a history of injecting drug use than in any other PHN (48% compared to the state average of 68%)
- For those who had injected drugs, this was less likely to be recent (within the last 2 years) than in other PHNs
- One third of people newly diagnosed in North Western Melbourne were born overseas, with the most common countries of birth China, Vietnam, and India

South Eastern Melbourne Primary Health Network, 2019



- Population: 1.6 million
- Area: 2,896 square kilometres
- IHCS services in this PHN: The Alfred Hospital[^]
- Demographic and socioeconomic factors, compared to the rest of Victoria: Higher educational attainment; lower unemployment; higher relative socioeconomic advantage; higher rates of barriers in accessing healthcare due to transport challenges; younger average age of residents

South Eastern Melbourne Primary Health Network, 2019

Prevalence

- South Eastern Melbourne has an estimated **9,800 people** living with chronic hepatitis C
- This represents **0.65% of the population**, which is similar to the state average
- Prevalence varies within the PHN, and is highest in Dandenong, Port Philip and Frankston

Treatment

- Treatment uptake in South Eastern Melbourne PHN was 48.1%, similar to the state average
- Treatment uptake varied between the regions within the South Eastern Melbourne PHN, from 39.2% to 60.8%
- Treatment uptake was highest in Casey-North, Bayside, and Frankston
- This PHN remained stable in its national rank for treatment uptake, ranking 5th at the end of 2017 and at mid-2019
- 28% of people treated were prescribed by a GP, similar to the national average of 32%
- North Western Melbourne is projected to reach the 2022
 National Strategy Target, but only if current treatment levels are maintained

Newly diagnosed cases

One third of people diagnosed in South Eastern Melbourne were born overseas, with the most common countries of birth Cambodia, Vietnam, and Afghanistan

Gippsland Primary Health Network, 2019



- Population: 285,000
- Area: 41,554 square kilometres
- IHCS services in this PHN: La Trobe Community Health Service
- Demographic and socioeconomic aspects, compared to other Victorian PHNs: Higher unemployment; lower educational attainment; higher socioeconomic disadvantage; older average age of residents

Gippsland Primary Health Network, 2019

Prevalence

- Gippsland has an estimated **2,300 people** living with chronic hepatitis C
- This represents **0.80% of the population**, which is higher than the state average
- Prevalence varies within the PHN, and is highest in Gippsland-East and Latrobe Valley

Treatment

- Treatment uptake in Gippsland PHN was 54.2%, higher than the state average
- Treatment uptake varied between the regions within Gippsland PHN, from 46.6% to 79.7%
- Treatment uptake was highest in the Wellington region
- This PHN increased its national rank for treatment uptake from 4th at the end of 2017 to 2nd at mid-2019
- 25% of people treated were prescribed by a GP, below the national average of 32%
- Gippsland PHN is projected to reach the 2022 National Strategy Target

Newly diagnosed cases

People newly diagnosed with chronic hepatitis C in Gippsland were older than the state average (median age 44 compared to 42)

- The vast majority of people newly diagnosed with hepatitis C in Gippsland were born in Australia (91%) and have a history of injecting drug use (83%)
- Gippsland had a higher proportion of Aboriginal and Torres Strait Islander cases than any other PHN in Victoria (12% compared to the average of 6%)

Murray Primary Health Network, 2019



- Population: 630,000
- Area: 97,021 square kilometres
- IHCS services in this PHN: Bendigo Hospital; Goulburn Valley Hospital
- Demographic and socioeconomic aspects, compared to the rest of Victoria: Lower unemployment; lower educational attainment; higher proportion of people experiencing cost barriers to accessing health; older average age of residents

Murray Primary Health Network, 2019

Prevalence

- Murray has an estimated 5,000 people living with chronic hepatitis C
- This represents **0.80% of the population**, which is higher than the state average
- Prevalence varies within the PHN, and is highest in Shepparton, Mildura and Albury

Treatment

- Treatment uptake in Murray PHN was 41.1%, lower than the state average
- Treatment uptake varied widely between the regions within Murray PHN, from 29.1% to 78.0%
- Treatment uptake was highest in the Heathcote-Castlemaine-Kyneton and Moira regions
- This PHN increased its national rank for treatment uptake from 15th at the end of 2017 to 11th at mid-2019
- 25% of people treated were prescribed by a GP, below the national average of 32%
- Murray PHN is not projected to reach the 2022 National Strategy Target unless treatment

- People newly diagnosed with chronic hepatitis C in Murray were older than the state average (median age 45 compared to 42)
- The vast majority of newly diagnosed with hepatitis C in Murray were born in Australia (91%) and have a history of injecting drug use (81%)
- A significant proportion of newly diagnosed cases in Murray were in a correctional facility at the time they were diagnosed (14% of cases)

Western Victoria Primary Health Network, 2019



- Population: 650,000
- Area: 79,234 square kilometres
- IHCS services in this PHN: Barwon Health; Ballarat Community Health
- Demographic and socioeconomic aspects, compared to the rest of Victoria: Lower educational attainment; greater socioeconomic disadvantage; older average age of residents

Western Victoria Primary Health Network, 2019

Prevalence

- Western Victoria has an estimated 3,400 people living with chronic hepatitis C
- This represents **0.53% of the population**, which is lower than the state average
- Prevalence varies little within the PHN, however is higher in Geelong

Treatment

- Treatment uptake in Western Victoria PHN was 57.2%, the highest in Australia
- Treatment uptake varied between the regions within Western Victoria PHN, from 43.0% to 66.9%
- Treatment uptake was highest in the Creswick-Daylesford-Ballan, Geelong, and Surf Coast-Bellarine Peninsula
- This PHN remained ranked first nationally for treatment uptake between 2017 and 2019
- 24% of people treated were prescribed by a GP, below the national average of 32%
- Western Victoria PHN is projected to reach the 2022 National Strategy Target

- The vast majority of people recently diagnosed with hepatitis C in Western Victoria were born in Australia (94%) and have a history of injecting drug use (72%)
- A significant proportion of newly diagnosed cases in Western Victoria were in a correctional facility at the time they were diagnosed (17% of cases)