



Australasian Viral Hepatitis Elimination Conference 2017

Key Research Summary
**Conference
Report**

AVHEC 2017
10 - 11 August

Pullman Cairns
International

AVHEC Conference Secretariat

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ashm

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce



“Elimination is within our reach. But to mobilise all the people with or at risk of viral hepatitis and connect them to services is going to be a major challenge.

- We need more clinicians to deliver treatment.
- We need awareness and education so that people at risk know treatments exist.
- We need to increase diagnosis and have integrated prevention and harm reduction programs.

And we must always be ready to adapt our approach so that we can ensure everyone can benefit from these advances, and that no one is left behind.”

A/Prof Gail Matthews

AVHEC Conference Convenor; Viral Hepatitis Clinical Researcher, Kirby Institute



**“I have Australia on a pedestal.
I think it's amazing what's happening here”.**

– Prof Jeffrey Lazarus, Barcelona Institute for Global Health (ISGlobal)

CONFERENCE REPORT: KEY MESSAGES

This report captures key learnings from the inaugural **Australasian Viral Hepatitis Elimination Conference (AVHEC 2017)**. The conference took place on 10-11 August 2017 in Cairns, Queensland, with over 300 delegates including health professionals, policy makers, researchers, community organisations and people living with viral hepatitis committed to eliminating hepatitis B and C as a major public health threat.

The conference was organised by the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) with a program highlighting latest scientific developments, as well as real world implementation of best practice care. The meeting offered opportunities for structured dialogue assessing where we are and the work still to be done in the Australasian response to viral hepatitis.

Visit the conference website www.avhec.com.au

Read the [AVHEC 2017 Conference Media Release](#)

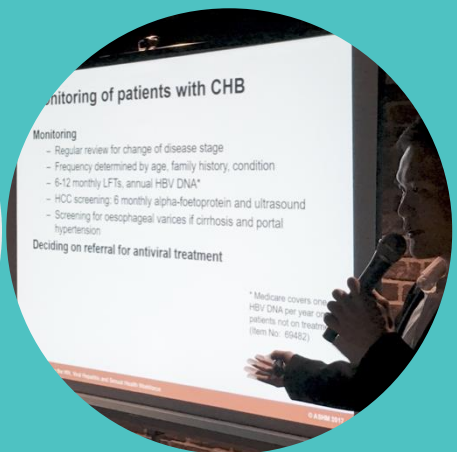
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Primary Care Providers play a vital role in delivering viral hepatitis screening, treatment and management. Become a community prescriber.

For more information on how ASHM supports the health workforce in HIV, Viral Hepatitis and Sexual Health, visit our website at www.ashm.org.au



HEPATITIS B: IN BREACH OF DUTY OF CARE?

“We are completely baffled by why hepatitis B isn't already eliminated. There is no reasonable explanation. But it's not too late.” Dr Homie Razavi, Polaris Observatory

- Hepatitis B is vaccine preventable and antiviral treatment is available if infected.
- Globally, hepatitis B affects more than 250 million people.
- The highest disease burden is in the Western Pacific Region where it kills more people than HIV, TB and malaria combined.
- Around 240 000 Australians are living with chronic hepatitis B, just over 1% of the population.
- Nearly 100 000 Australians are infected with hepatitis B and don't even know it.

What next?

Increased diagnosis: The number of people diagnosed in Australia needs to shift from around 62% where it's currently stuck to 80% in line with national strategies.

Improved access to care and treatments: Once diagnosed people need adequate information, access to treatment and care, and for those who require it, antiviral medication. You can reduce someone's risk of developing liver cancer by up to 75%.

Support vaccination campaigns in endemic countries: This will have the greatest impact on the number of hepatitis B infections in Australia.

How?

Community awareness: Lack of awareness, misinformation and stigma need to be addressed through the delivery of culturally appropriate education campaigns.

Clinician education: It's not the GPs with an interest in hepatitis B we need to target, it's those who don't even register it as a concern. One effective way to do this is through the [RACGP Red Book](#), the main guide to the provision of preventive care in general practice. It needs to include:

- Testing for all people who are born overseas in endemic areas;
- Testing for all Aboriginal and Torres Strait Islander people at least once in their lifetime;
- Those who are found to be susceptible must be vaccinated;
- Those who test positive must be streamed into treatment and care.

COULD FAILURE TO DIAGNOSE BE A BREACH OF DUTY OF CARE?

“There is no excuse for the current late diagnosis of hepatitis B in Australia”

Around 70% of Australians with hepatitis B could be diagnosed by asking just two simple questions:

1. Where do your parents come from?
2. Are you Aboriginal or Torres Strait Islander?

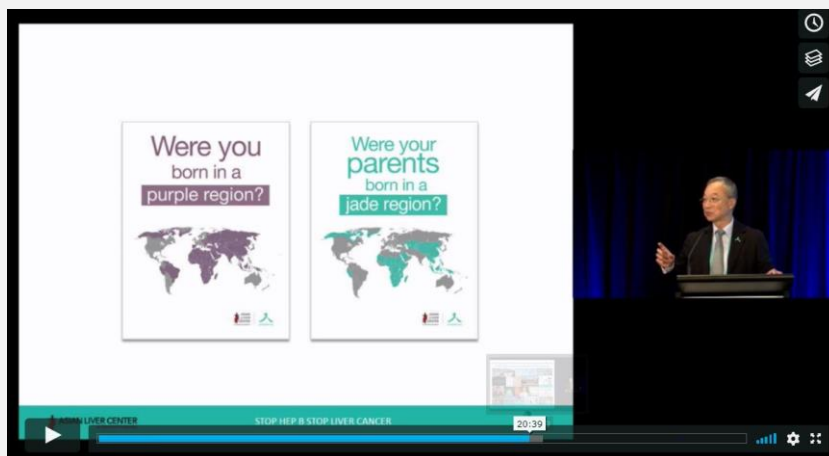
When the first steps towards diagnosis are so simple, could clinicians be considered in breach of care when tests are not offered to people with this profile who go on to develop hepatitis B related liver disease?

SPOTLIGHT: THE JADE RIBBON CAMPAIGN



The Jade Ribbon Campaign is a culturally and linguistically appropriate hepatitis B and liver cancer awareness campaign that could help inform similar initiatives in Australia. Tools/tactics include:

- Cards for patients to hand GPs requesting a test and providing instructions;
- Use of celebrities such as Jackie Chan;
- Diagnosis pack for obstetricians; hospital discharge packets for new mums.
- Read a study on the campaign in the *Journal of Communications in Healthcare*.
- Read the ASHM Clinical blog post "*JoinJade: A Culturally and Linguistically Tailored Campaign to Help End Hepatitis B*"



Watch Dr Samuel So's presentation JoinJade: A Culturally and Linguistically Tailored Campaign to Help End Hepatitis B

vimeo.com/230547537

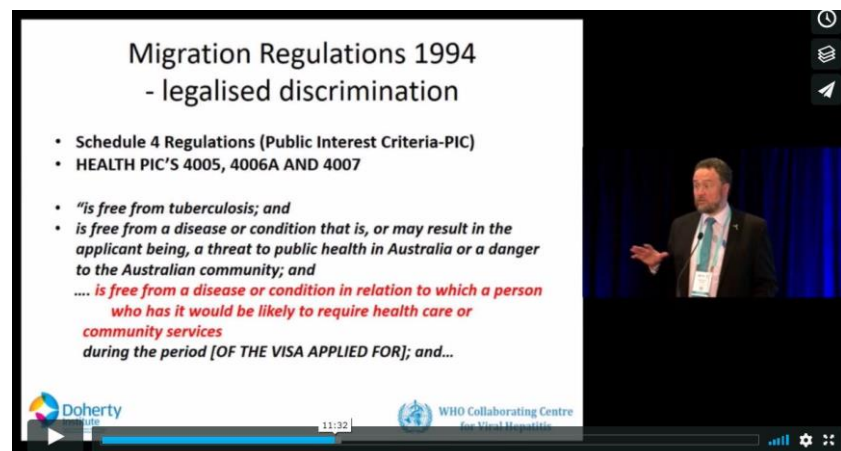
Download his [presentation slides](#)

Clinicians Beware: Is Australia rejecting migrants with Hepatitis B?

Clinicians may unknowingly be providing support for the rejection of **permanent residency applications** by the way they document a positive hepatitis B diagnosis. Unlike many other OECD countries, Australia asserts the right to reject people on health grounds and this seems to have been increasing for hepatitis B since around 2014. Clinicians need to be aware of this and work together to protect patients with hepatitis B from discrimination.

Watch the presentation Hepatitis B: Australian Progress and Challenges by A/Professor Benjamin Cowie of the Doherty Institute:
vimeo.com/233231159

Download his [presentation slides](#)



Inequities in Care

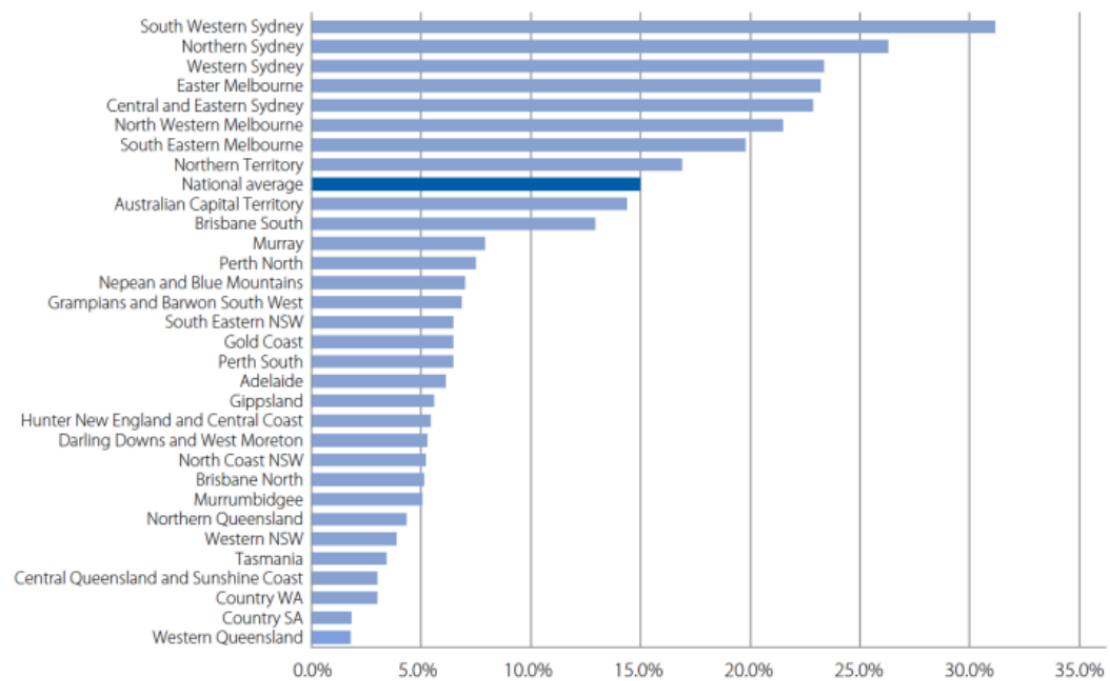


“Such gross inequities in access to care are unacceptable and appear to violate our human rights treaty obligations”

A/Prof Benjamin Cowie

ENGAGEMENT IN CARE

Figure 7: Engagement in care by Primary Health Network, 2014 - proportion of people living with CHB who received treatment or monitoring



Data source: Department of Human Services Medicare statistics.

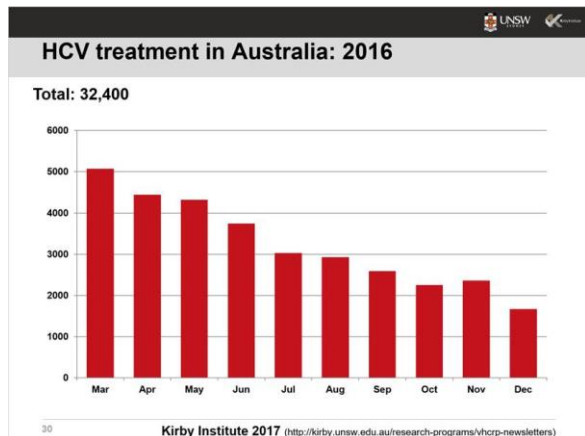
Towards a cure?

A cure for hepatitis B could be available by 2025. But why wait? Simply rolling out the treatments already available could save more than half a million lives every year.

Related hepatitis B presentations from AVHEC 2017

- [Hepatitis B: Australian Progress and Challenges](#) A/Professor Benjamin Cowie.
- [Updating Estimates Describing the Burden of Hepatitis B in Australia](#) Dr Karen McCulloch

ON THE ROAD TO HEPATITIS C ELIMINATION



Modelling HCV Elimination in Australia

- Annual number of people receiving HCV treatment

Treatment Scenario	2015	2016	2017	2018	Post- 2019
Pessimistic	7,296	32,400	18,510	13,890	13,890
Intermediate	7,296	32,400	27,770	23,143	18,510
Optimistic	7,296	32,400	32,400	32,400	32,400

- Scenarios for each jurisdiction have same relative change in number treated over time starting from the 2016 PBS estimate
- Status quo : Pre-DAA era scenario
 - Number on treatment kept at 2015 levels

Impressive uptake, global leader, but can momentum be sustained?

Almost 40,000 Australians have begun hepatitis C therapy in the 18 months since new, highly-curative treatments were placed on the Pharmaceutical Benefits Scheme in March 2016. [New statistics released by the Kirby Institute](#) show that Australia is currently on track to eliminate hepatitis C as a public health threat by 2026 – four years ahead of the WHO target of 2030. But is this likely?

- 2016 was always going to be a bumper year, given the broad eligibility and “warehouse” effect;
- DAA uptake in 2017 will clearly be lower than 2016, but unclear how much lower: may be less than 25,000;
- HCV elimination by 2030 will require sustained DAA uptake, at around 20,000/year;
- Key high-risk populations will need to be the focus, if HCV elimination to be achieved within next decade:
 - Need for community awareness campaigns to sustain momentum
 - Need for continued funding for community-based organisations
 - Need for enhanced monitoring and evaluation



Watch the presentation by Professor Greg Dore for an overview of DAA uptake in 2016 and early 2017
vimeo.com/230543091

Download his
[presentation slides](#)

These [presentation slides](#) provide latest information on:

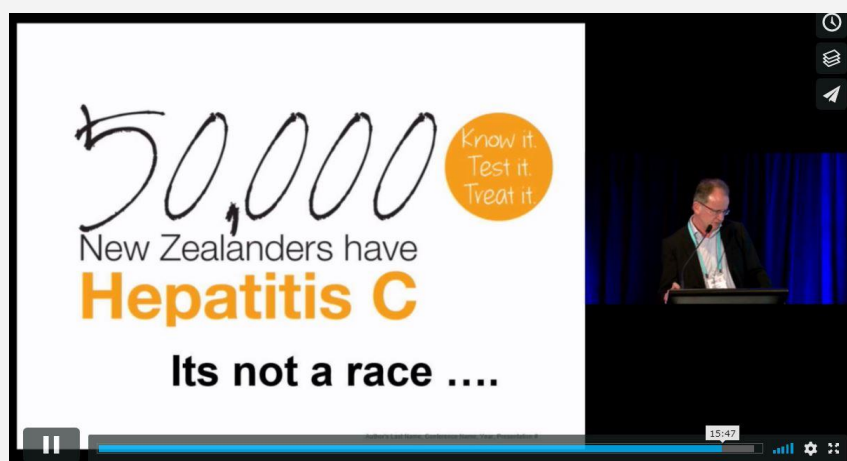
- Patterns of DAA treatment, including prescriber type
- HCV treatment among sub-populations: cirrhosis and PWID
- HCV elimination modelling
- DAA treatment outcomes: REACH-C study
- Strategies to continue DAA uptake

The REACH-C Study: The [REACH-C report](#) monitors the real-world efficacy of antiviral therapy in chronic hepatitis C patients from a representative selection of Australian clinics. It provides a detailed breakdown of who is receiving treatment by gender, age, jurisdiction; who is prescribing and the regimens patients are receiving.

Key finding: DAA prescription from GPs increased 8% to 31% from March - Dec 2016.



Where is New Zealand in the race to eliminate Hepatitis C?



Watch the presentation by Professor Ed Gane, Chair of the Ministry of Health Hepatitis C Implementation Committee:

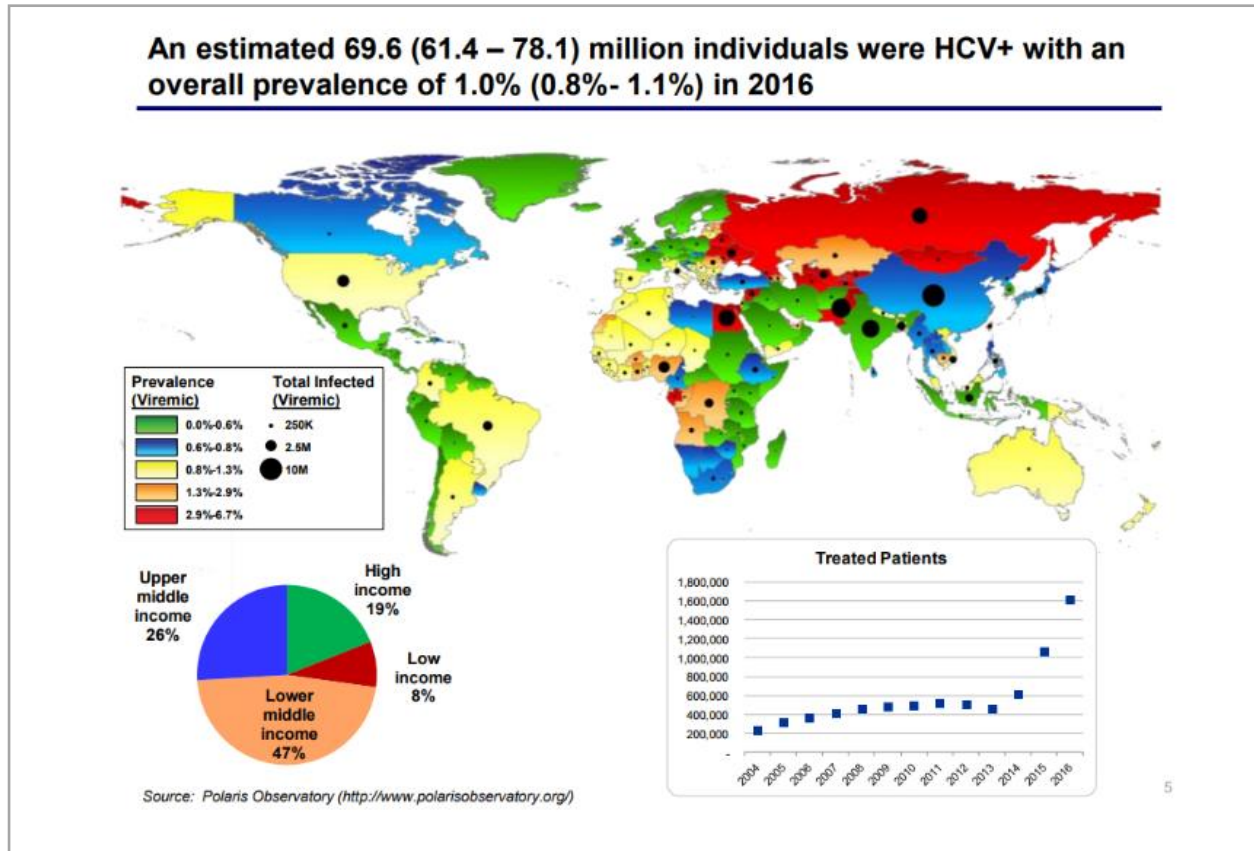
vimeo.com/230540433

Download his [presentation slides](#)

Is elimination really possible? The global perspective?

In 2016 just over 70 million people were HCV+. To reach global WHO elimination targets:

1. The number of newly diagnosed will need to increase to 4.5 million annually
2. The number of treated patients needs to increase to 5.1 million annually
3. Increase in harm reduction is required to reduce new infections



Watch the presentation
'Health systems requirements for hepatitis elimination: Are we 'Flying Blind' in our efforts by Prof Jeffrey Lazarus, ISGlobal
vimeo.com/230542352

CASE STUDY – CAIRNS HEP C FREE BY 2023

**“Don't wait to make systems and forms and referral processes – just do it.
People have been waiting too long.”**

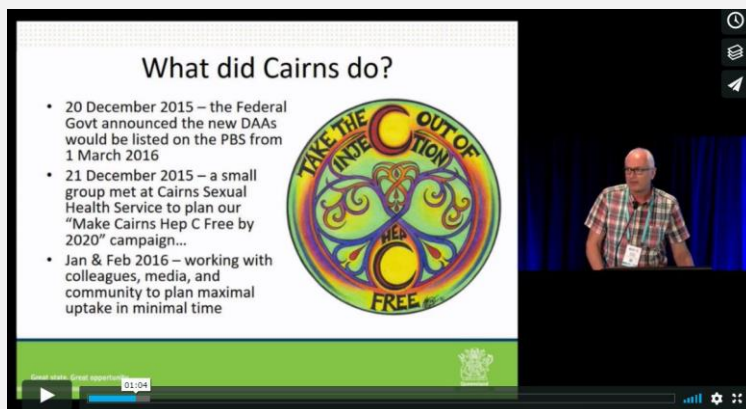
Rhondda Lewis, Hepatitis Health Promotion, Cairns Sexual Health

Cairns is leading Australia in DAA uptake, with close to 2/3 people living with hepatitis C cured since new treatments were introduced in March 2016. They may also have the first Australian prison to be declared hepatitis C free.

Key findings:

- A small group of passionate people can achieve much when working collaboratively
- Community is key
- Ramp up treatment rapidly
- Be flexible and adapt to circumstances

Engage general practice, community pharmacies, outreach clinics, health services.



Watch the presentation by Dr Darren Russell on *Eliminating Hepatitis C – The Cairns Experience*
vimeo.com/230540737

Download his [presentation slides](#)

Why is community so important?

- Peers can reach the community by providing encouragement and support to those reticent to come forward.
- Hearing the voices of community helps provide insight into barriers to treatment.
- Community engagement means having community champions and leaders.
- [View Rhondda Lewis’ AVHEC 2017 presentation slides on engaging the community.](#)



Watch the presentation by Rhondda Lewis & Yvonne Drazic on *Engaging community – The Cairns Hepatitis Action Team*
vimeo.com/230541030

Download the [presentation slides](#)

NEWS STORY: LOTUS GLEN IS AUSTRALIA'S FIRST HEPATITIS C-FREE PRISON

In Cairns' Lotus Glen Prison, a rapid DAA scale-up program has been successful in reducing the estimated HCV prevalence from approximately 12% to 1%. How?

Watch the presentation by **Dr Darren Russell** on *A regional prison cleared of hepatitis C in less than 12 months* – vimeo.com/230547872 – and download the [presentation slides](#)

Key elements:

- Nurse-led model
- A champion to help make it possible
- 95 per cent tested upon entering prison
- Everyone is treated without delay
- Follow-up testing to ensure no reinfection: so far no reinfections in the prison
- [Read the abstract](#)

Links to related prison research

- [Eliminating hepatitis C in prisons – achievable?](#) Professor Andrew Lloyd
- [Incidence of hepatitis C in two maximum security prisons in NSW – The Stop-C Study:](#) Dr Behzad Hajarizadeh



Watch presentation by Dr Timothy Papaluca on *Outcomes of Treatment for hepatitis C Virus in the prison setting* vimeo.com/230547811

Download the [presentation slides](#)

DON'T FORGET HARM REDUCTION

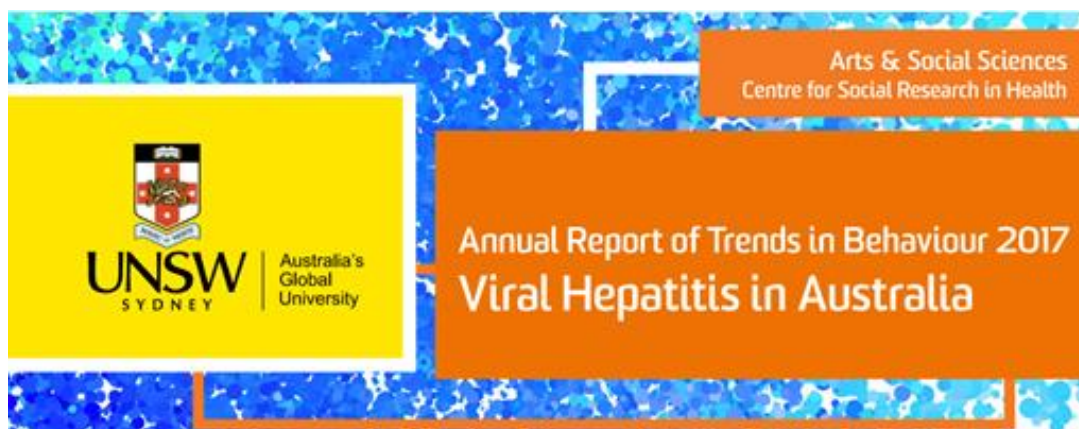
“Whilst we must celebrate our successes, we can't treat our way out of all these health problems.”
Melanie Walker, CEO, AIVL

Strategies to enhance HCV prevention, such as access to high-coverage Needle and Syringe programmes (NSP) and OST are crucial to minimize HCV reinfection risk.

- Under 2% of health budgets in all jurisdictions across Australia are spent on prevention.
- Without effective harm reduction strategies there will continue to be new infections and reinfections.
- Treatment must be seen as part of a continuum of care.
- Combination OST and high coverage NSP (adequate needles/syringes to cover all injecting episodes) can reduce HCV incidence by up to 80%

For every \$1 spent on NSP, Australia saves \$27.

WHAT ABOUT BEHAVIOUR?



The *Annual Report of Trends in Behaviour 2017: Viral Hepatitis in Australia* is produced by the Centre for Social Research in Health (CSRH). Key findings from 2017:

Young people at risk of transitioning to injecting

- Most had no specific knowledge of how to obtain clean injecting equipment in their local area.
- Highlights the need to continue to invest in prevention: Young people require support services that help them understand the risks and how to access equipment for themselves and their peers.

Harm reduction in couples:

- Harm reduction workers report being unsure of how to engage with couples.
- Highlights need to support the workforce with additional tools and materials.

Aboriginal and Torres Strait Islander Populations

- The layering of stigma within these groups - hepatitis C infection, race, injecting drug use - leaves many intensely vulnerable.
- People who reported that their diagnosis was culturally acceptable to them were associated with better linkages to care.
- Highlights the need to reconsider how diagnoses are delivered: it's not just providing information, it's about how this is provided. It needs to be done in a way that is culturally appropriate. This is a key to facilitating ongoing retention in care.

WHAT IS 'HEPATITIS C ELIMINATION' AND WHAT IT WILL TAKE TO ACHIEVE IT?

Listen to the podcast:
[SpeakEasy with Annie Madden
and Carla Treloar](#)



MARGINALISED POPULATIONS

For presentations on marginalised populations visit the [AVHEC 2017 website](#)

People who currently inject drugs by A/Prof Jason Grebely

- Research shows that DAA uptake has been highly successful in people who are currently injecting drugs, and who are considered high risk – [See the SIMPLIFY Study](#).
- We need to hit this population hard and fast in terms of our treatment efforts.
- Health promotion requires further investment: we need to educate people who inject drugs about testing and overcome fears carried over from the Interferon era.
- This needs to be led by and for the community.
- Read the paper in JIAS [Elimination of HCV as a public health concern among people who inject drugs by 2030 – What will it take to get there?](#)

Engaging Aboriginal and Torres Strait Islander Communities by Dr Malcolm McDonald

- As far as possible, diagnosis and treatment need to be within community, run by the community and controlled by the community.
- There needs to be substantial capacity building within communities with a focus on community health workers.
- Constant communication with communities is essential. Too often health initiatives are introduced by a clinic before broader community engagement has been achieved.
- Investment must be for the long term: the 3 to 4 year funding cycle is too short.
- [View Malcolm McDonald's AVHEC presentation slides](#)

Hepatitis B in Aboriginal and Torres Strait Islander Populations by A/Prof Benjamin Cowie

- Hepatitis B prevalence is 10 x higher in Indigenous than non-Indigenous Australians.
- Liver cancer is ranked 6th in terms of cancer deaths in the country but in Aboriginal and Torres Strait Islander populations it ranks 2nd after lung cancer.
- Although infant hepatitis B immunisation has been successful, there are still many Aboriginal and Torres Strait Islander adults at risk.
- Australia needs an adult catch up hepatitis B vaccination program for Indigenous adults – currently under consideration by the government.
- Aboriginal and Torres Strait Islander people need to know their status.
- Read Kelly Hosking's [abstract](#) and view her [AVHEC presentation slides](#) *"Tracking In Arnhem Land – On the Hunt for Hepatitis B Virus"* on an NT initiative to identify those who are infected and those who are non-immune and at risk.

“WE ARE THE CHAMPIONS” ENGAGING THE HEALTH WORKFORCE IN HEPATITIS C ELIMINATION

- One of the principal components of elimination is upskilling the workforce: elimination will not occur without GPs, nurses, community-based workers, peer workers, pharmacists, Aboriginal health workers and CALD workers.
- People with hepatitis C are a diverse population who access a range of services. Multiple points of access to hepatitis C treatment and care are required.
- Education needs to focus on increasing awareness in the community and amongst health professionals so we create a hepatitis C push-pull demand.
- But is it reasonable to expect all health professionals to have an understanding/awareness of hepatitis C?

The role of champions

- Hepatitis C champions need to be identified and supported to lead the expansion of their profession's role.
- Their primary role is to motivate action and challenge inaction.
- Champions understand the culture and context of the profession. As a result, education is perceived to be relevant and respectful.
- Champions lead by example; they lead from within.

Targeted education

- A variety of educational opportunities are required to meet the diverse needs and contexts of health professionals: Face-to-face, online modules, webinars, podcasts, written resources, journal articles, lived-experience speakers, peer-based mentoring.
- Peer-to-peer education is essential: nurses teaching nurses; GPs teaching GPs.
- Mentoring (informal), and opportunities to share ideas, experiences and resources as well as identify barriers and enablers, help establish a 'community of practice.'
- Educational content needs to be co designed to ensure it speaks to its audience. It's vital to recognise the context that people are working in and where hepatitis C sits in their priority.



Watch Jacqui Richmond's presentation on "*Many hands make light work: Upskilling the workforce for hepatitis C elimination*".

vimeo.com/230548507

Download her [presentation slides](#)

IN CONCLUSION BY PROFESSOR MARGARET HELLARD, BURNET INSTITUTE



“Elimination of viral hepatitis is not going to happen by chance, it's going to happen by putting our efforts in to ensuring there is equity of testing, equity of treatment, equity of access to prevention.”

Professor Margaret Hellard, Burnet Institute

Viral hepatitis impacts people in Australia and globally causing significant morbidity and mortality. There is no need for that to happen. For **hepatitis B** there are vaccines - we need to make sure everyone gets them - we also need to make sure people are diagnosed. **It's a disgrace that so many Australians aren't aware of their status and this needs to change.**

With **hepatitis C**, we already know it's an exciting period. There is treatment and there is a cure available. We need to maintain our efforts, maintain our rage, make sure we get people in for testing, make sure we get treatment out into the community, and make sure people are aware of it.

Elimination of viral hepatitis is not going to happen by chance, it's going to happen by putting our efforts in to ensuring there is equity of testing, equity of treatment, equity of access to prevention.

We know that these diseases invariably impact on people who are from culturally and linguistically diverse communities or people who are vulnerable and marginalised. We know that our Aboriginal and Torres Strait Islander populations are unequally impacted. A lot of work needs to be done to ensure that when we talk about elimination of hepatitis B and C, we talk about equity in that elimination.

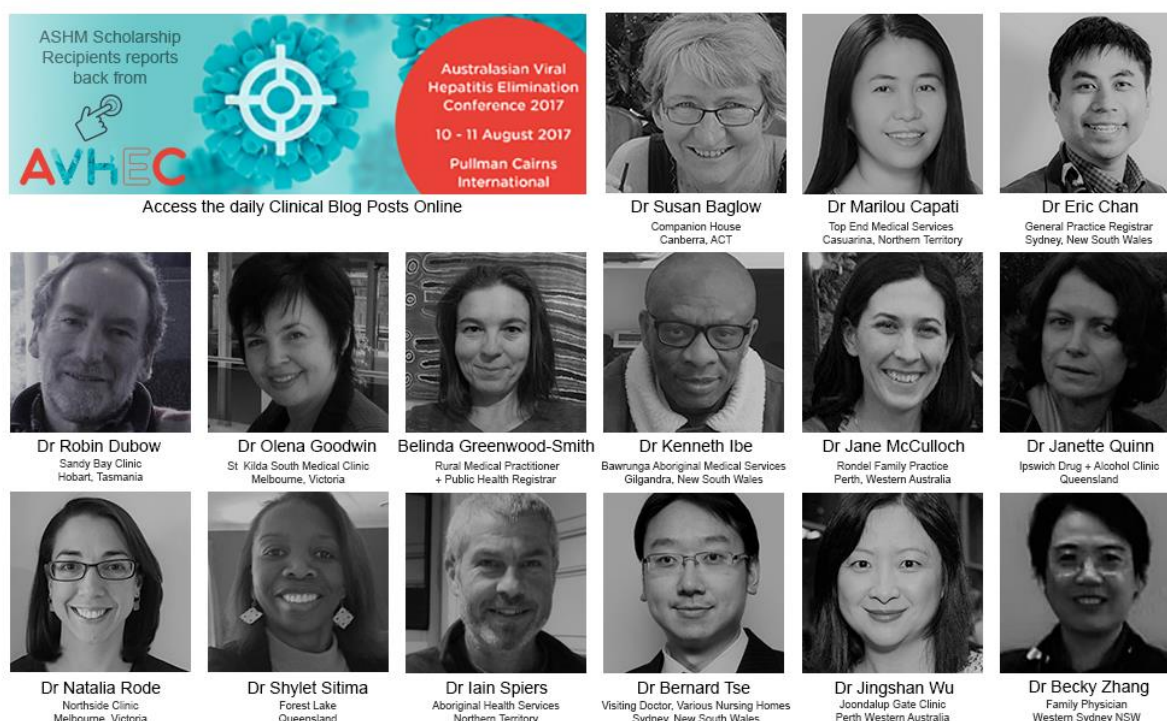
Then we can go on to inform the global response.



Watch the presentation by Prof Margaret Hellard on *“Towards Elimination – The Road Forward from Here”*.
vimeo.com/230547811

READ VHEC REPORTED BY CLINICIANS WORKING IN PRIMARY CARE

Fifteen general practitioners were supported to attend AVHEC 2017 – with allocation of ASHM scholarships offered to **HBV S100 prescribers** (GP/Primary care) and medical practitioners prescribing HCV treatment in the community. The scholarship recipients 'report back' via blog posts from conferences to share knowledge and key learnings with ASHM members – with a focus on translating science into clinical practice. This links below provide a highlighted summary.



translating science into clinical practice

<http://ashm.info>

- [Treatment of Viral Hepatitis in Primary Care](#)
- [Viral Hepatitis Elimination: How and what are we achieving? Evaluation and Surveillance](#)
- [International efforts to try and meet the WHO target to eliminate Hepatitis B and C by 2030.](#)
- [Tracking progress towards Viral Hepatitis Elimination](#)
- [Viral Hepatitis: 'Elimination Starts with the Community'](#)
- [Engagement for communities in Aboriginal Health](#)
- [Tracking Progress towards Elimination](#)
- [Optimal liver cancer surveillance in the community: do recall and reminder systems hold the answer?](#)
- [Viral Hepatitis Elimination: Engaging marginalised populations](#)
- [Reflections on hepatitis B: Australian Progress and Challenges](#)
- [JoinJade: A Culturally and Linguistically Tailored Campaign to Help End Hepatitis B](#)
- [Poster walk: DAA treatment therapies](#)
- [Understanding the Epidemics \(Modelling/Surveillance\)](#)
- [Prof Gregory Dore presents on hepatitis C: The Treatment Landscape in 2017](#)
- [Dr Jacqui Richmond: "Many hands make light work": Upskilling the Workforce for Hepatitis C Elimination](#)

PLENARY SPEAKER PRESENTATIONS

If you weren't able to attend the conference, a number of slides and abstracts from key speakers are available on the AVHEC 2017 website. Click on the images below.

AVHEC

#AVHEC17 brings together policy makers, researchers, primary health care providers, community service providers and other individuals committed towards the virtual hepatitis elimination.

Join a program that will present latest scientific developments and knowledge, and offer opportunities for structured dialogue assessing where we are, evaluating lessons learnt, in discussing our major issues towards charting the Australian response to Viral Hepatitis.

Keynote Speaker Highlight
Ben Cowrie

Ben is the Director of the WHO Collaborating Centre for Viral Hepatitis, Doherty Institute, and is an Infectious Diseases Physician & Epidemiologist at the Royal Melbourne Hospital and the University of Melbourne, Victoria, Australia.

Ben will be one of the speakers of the opening plenary **Setting the Scene: Australia speaking on Hepatitis B: Australian Progress and Challenges**.

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Greg Dore
Keynote Speaker Highlight

Professor Dore is Head, Viral Hepatitis Clinical Research Program, Kirby Institute, Sydney, UNSW Sydney, and Infectious Diseases Physician, St Vincent's Hospital, Sydney, Australia.

He has been involved in viral hepatitis and HIV epidemiological and clinical research, clinical care and public health policy for 20 years.

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Homie Razavi, PhD, MBA, is the managing director at the Center for Disease Analysis (CDA) and CDA Foundation. He has analysed and published this hepatitis epidemiology in over 100 countries and has worked with individual countries to develop national hepatitis strategies.

He also leads the Palantir Observatory, which provides up to date estimates for HIV, HSV and HCV disease burden and the impact of strategies that meet national targets. Finally, he is the founder of the Global Procurement Fund (GPF) which provides affordable quality treatment and diagnostics to low and middle income countries.

He has a broad background, which includes basic research, business development, commercial development, portfolio management, and decision analysis. He is also a fellow in the Society of Decision Professionals.

Keynote Speaker Highlight
Homie Razavi

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Keynote Speaker Highlight
Jeffrey Lazarus

Professor Lazarus is on the faculty at the University of Copenhagen and the University of Barcelona. His decade-long career as a hepatitis, HIV and health systems expert at WHO was followed by three years at the Global Fund. He is on the board of the EASL, International Liver Foundation and editor of Hepatology, Medicine and Policy.

Professor Lazarus will be presenting on health systems requirements for hepatitis elimination.

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Keynote Speaker Highlight
Samuel So

Dr Samuel So will be presenting on **Moving Towards HBV Elimination (Lessons from the Region)**

Dr Samuel So is a professor of surgery and Lee Hae Moh professor at Stanford University and director of the Asian Liver Center. He established in 1996 with the goal of global elimination of hepatitis B and reduce the burden of liver cancer.

In 2009, he launched **Asia Hepatitis** as a global symbol to increase hepatitis B and liver cancer awareness.

He served as a FDA consultant and board member on population health and public health practice of the Institute of Medicine, and ICM's committee on prevention of viral hepatitis in the U.S. and co-lead on a national strategy for the elimination of hepatitis B and C, and is a special advisor on viral hepatitis to the WHO western pacific region.

In 2010, he received the COCATECH Award for dedicating people and resources in ways that have changed global public health policies related to hepatitis B and was recognized by the White House in 2014 for global and national leadership in the prevention and treatment of viral hepatitis.

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Keynote Speaker Highlight
Maia Butsashvili

Dr. Maia Butsashvili received her PhD in Epidemiology at State University of New York. She is infectious diseases physician and director of one of the leading Georgian non-governmental organizations **Health Research Union (HRIU)**.

Dr. Butsashvili has over 20 years of experience in public health and epidemiology, clinical medicine and research.

Her presentation will be **Setting the Scene: The Georgian Experience**

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Afrah Rebecca Guy will be presenting on Evaluating Progress Through Surveillance in the plenary titled Elimination: How and what are we achieving?

Afrah Rebecca Guy holds a PhD in epidemiology, and a Masters of Applied Epidemiology. She has worked at the Sexual Health Program at Kirby Institute, UNSW, since 2008 and in 2015 was appointed Head of the Surveillance, Evaluation and Research Program.

Her research focuses on the epidemiology and prevention of sexually transmissible infections. She has led a large number of collaborative studies, particularly in the area of clinical and public health interventions, which include large-scale epidemiological studies involving complex surveillance systems, the evaluation of STI control strategies, and rapid point-of-care tests for STIs in remote and developing country settings.

Keynote Speaker Highlight
Rebecca Guy

Australasian Viral Hepatitis Elimination Conference · 10 - 11 August 2017 · Pullman Cairns International · www.avhec.com.au

Jacqui Richmond
Keynote Speaker Highlight

Jacqui Richmond has worked in viral hepatitis for the last 20 years in nursing, education, research, and policy development.

Jacqui currently works at the Burnet Institute, Melbourne Health and La Trobe University, where the broad focus of her work is on building the capacity of the health professional workforce to test, treat and manage the health care needs of people living with viral hepatitis. She will present on **Upscaling the Workforce with regards to Health Service Delivery**.

AVHEC

#AVHEC17 brings together policy makers, researchers, primary health care providers, community service providers and other individuals committed towards the virtual hepatitis elimination.

Join a program that will present latest scientific developments and knowledge, and offer opportunities for structured dialogue assessing where we are, evaluating lessons learnt, in discussing our major issues towards charting the Australian response to Viral Hepatitis.

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Keynote Speaker Highlight

Yvonne Dracis has been diagnosed with chronic hepatitis B when she was very young. She feels lucky to be on treatment and have it well under control through regular check-ups. To help more people achieve the same and protect them from getting serious liver disease, she enjoys raising awareness with the Cairns Hepatitis Action Team and has served on the board of Hepatitis Queensland for many years. She is also in the process of completing a PhD that involved an hepatitis B education campaign in the Cairns Hmong community. In addition, Yvonne is currently working part-time on hepatitis projects at Cairns Sexual Health Service, and also in the medical records department at Cairns Hospital.



Keynote Speaker Highlight

Rhonda Lewis is a passionate Viral Hepatitis Health Practitioner working in hepatitis health promotion and education in Cairns.

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Keynote Speaker Highlight

Philip is a Kulkalgai Tribal Elder of Zenadh Kes and Associate Professor with the Australia Institute of Tropical Health and Medicine (JCU) and has authored and co-authored award winning research papers, shared scientific and inter-departmental committees and sat on ministerial policy committees on Indigenous Health.

Philip led the reform in indigenising the Public Health System as Executive Manager of mainstream Hospitals and Primary Health Care whose core mainstream business was Aboriginal and Torres Strait Islander Health with the establishment of specifically tailored evidence based scientific Indigenous Health Models. The success of his work in community developed scientific health interventions, culturally acceptable health care systems and protocols, and innovative evidence based bi-cultural health practices and structures earned him an Order of Australian Award Medal.

His expertise has flowed on into the Community Control Sector where the application of his work has assisted enhancing the development of more comprehensive primary health care.

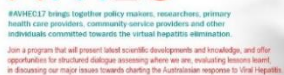
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in discussing our major issues towards charting the Aus

Melanie Walker
Keynote Speaker Highlight

Melanie Walker is the CEO of AMVL – Australian Injecting and Illicit Drug Users League. She is the President of Hepatitis ACT and immediate past Vice President of Hepatitis Australia. She has most recently been working as a consultant and was previously Deputy CEO of Public Health Association of Australia.

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Keynote Speaker Highlight

Professor Carla Treloar is Director of the Centre for Social Research in Health and the Social Policy Research Centre.

Carla's research interests are in the fields of hepatitis C and injecting drug use. She is a primarily qualitative researcher and is grounded in the disciplines of health and social psychology, public health and health policy. However, Carla constantly seeks to work across methods and disciplines. In particular, she sees it essential to work towards blending the insights that an individual based discipline like health psychology can provide when issues such as hepatitis C and illicit drug use are considered in social, legal and political contexts.

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AVHFC

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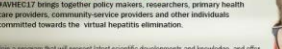
AVHEC17 brings together policy makers, researchers, primary health care providers, community-service providers and other individuals committed towards the virtual hepatitis elimination.

Dr. Gane is Professor of Medicine at University of Auckland, and Chief Hepatologist, Transplant Physician and Deputy Director New Zealand Liver Transplant Unit at Auckland City Hospital.

Dr. Gane trained in hepatology at the Institute of Liver Studies, King's College School of Medicine, London, where he completed his MD on the pathogenesis of hepatitis C-related liver allograft injury following transplantation for HCV-cirrhosis.

In 2000, Dr. Gane became the Ministry of Health Clinical Advisor for the National Hepatitis B Screening and Follow-up Programme. In 2013, Dr. Gane was appointed as Hepatitis C Champion for the Ministry of Health National Hepatitis C Project.

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AVHEC brings together policy makers, researchers, primary health care providers, community-service providers and other individuals committed towards the virtual hepatitis elimination.

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1. 2

Keynote Speaker Highlight

Alex Thompson

Alex Thompson is Professor-Director of the Department of Gastroenterology at St Vincent's Hospital and the University of Melbourne, Australia and an Adjunct Assistant Professor of the Department of Gastroenterology, Duke University Medical Center. Professor Thompson is the Donor

Duke University Medical Center. Professor Thompson is the Program Director for the Victorian Statewide Hepatitis Service, Australia, contracted to the Victorian Government's Department of Justice and Regulation, and the current President of the Australian Liver Association.

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ASHM SUPPORTS THE HEALTH WORKFORCE IN VIRAL HEPATITIS

With the availability of effective vaccines and treatments for hepatitis B and a cure for hepatitis C, the elimination of viral hepatitis is achievable. With close to half a million Australians living with chronic hepatitis B and C, it is vital for primary care providers to know the risk factors, test and diagnose people living with hepatitis, to enable management and treatment to start early enough to halt serious liver damage.

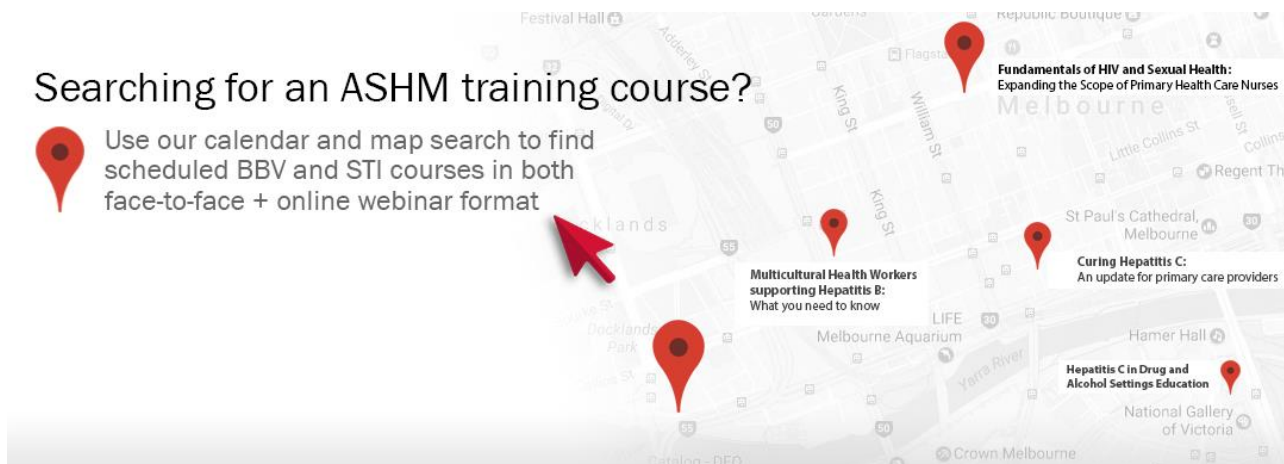
ASHM encourages all clinicians with the skills and experience to manage and to initiate treatment across the range of primary care settings: general practice, community pharmacy, Aboriginal Medical Services, Drug and Alcohol Services, Sexual Health Services, youth, migrant, women's or men's health services, mental health services or corrections/juvenile justice services.

Visit the ASHM website, for more information about our training courses and resources – available to visit www.ashm.org.au

Searching for an ASHM training course?



Use our calendar and map search to find scheduled BBV and STI courses in both face-to-face + online webinar format



Locate ASHM training in hepatitis B and C near you or education events scheduled as an online webinar. Ask us about our *Hepatitis C in Primary Care and Drug and Alcohol Settings* program and [Viral Hepatitis Mentoring](#) program. Both programs support increased screening, linkage-to-care and broad treatment access for all patients. Visit www.ashm.org.au/events-list/

Viral Hepatitis Mentoring

Find out about our program linking General Practice + Specialists for clinical advice + support



Become a HBV s100 Prescriber: Our hepatitis B prescriber program enables General Practitioners to prescribe Highly Specialised Drugs for the treatment of chronic hepatitis B
www.ashm.org.au/HBV/prescriber-programs/

Become a HCV-Trained Community Medical Practitioner who is experienced in the treatment of chronic hepatitis C infection through our accredited training
www.ashm.org.au/HCV/management-hepc/

Search for a Prescriber

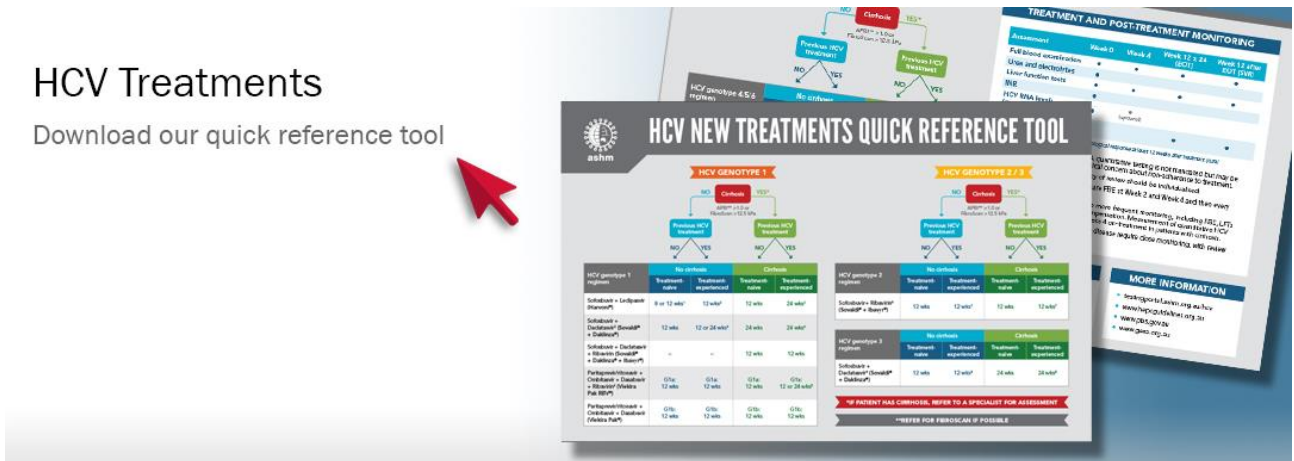
Community Medical Practitioners
trained and experienced in the
treatment of HIV, hepatitis B + C



Locate an Hepatitis B Prescriber via our online map facility – allowing you to filter listings by Australian states and territories *and* also by languages spoken by the General Practitioner
ashm.org.au/hbv-prescriber-locator/

HCV Treatments

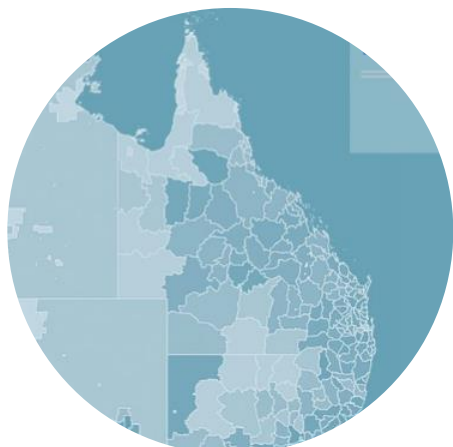
Download our quick reference tool



B Positive: Everything You Wanted to Know About Hepatitis B

Access a guide for primary care providers





The Third National Hepatitis B Mapping Project Report contains updated estimates for 2014/2015 on the prevalence, diagnosis, monitoring and treatment of hepatitis B.

These estimates can be used to judge the progress Australia has made towards the National Hepatitis B Strategy 2014-2017 targets at a Primary Health Network level.

ashm.org.au/HBV/hepatitis-b-mapping-project/

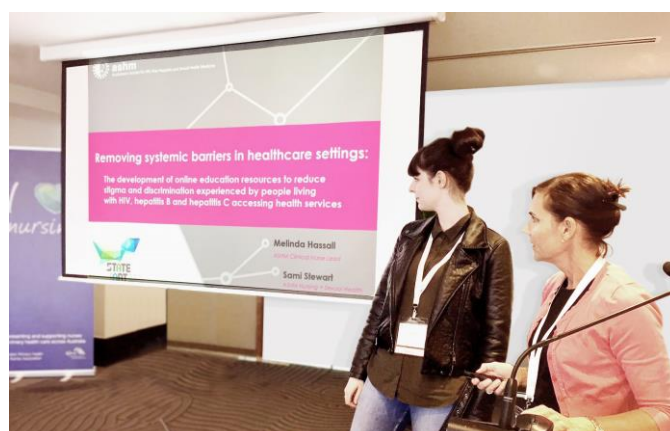
Access a range of hepatitis B and C resources for clinicians and patients visit ashm.org.au/resources/

Pictured: *Australian recommendations for the management of hepatitis C virus infection: a consensus statement 2017* available as [website](#), [Android App](#) via Google Play and [IOS App](#) via Apple iTunes Store



Become an ASHM Member: stay informed and develop networks in the sector through a membership base of over 1500 and approximately 50 organisational members providing reach to a large majority of health care worker activity involved in the sector

www.ashm.org.au/about/membership/



WITH THANKS

We would like to say a special thanks to the [AVHEC 2017 Conference Committee](#)

A thank you is extended to all our [sponsors](#) for their generous support



Medical education selected by our national scientific program committee and report were made possible by support from MSD.

SPOTLIGHT – SOCIAL MEDIA ENGAGEMENT



The Numbers

446.741K Impressions

315 Tweets

93 Participants

13 Avg Tweets/Hour

3 Avg Tweets/Participant

[Tweet](#)

[Like](#)

Twitter data from the #AVHEC17 hashtag from Thu, August 10th 2017, 12:25PM to Fri, August 11th 2017, 12:25PM (Australia/Sydney).

The #AVHEC17 Influencers

Top 10 by Mentions

- @jasongrebely 66
- @ashmmmedia 49
- @jvlazarus 45
- @homie_razavi 42
- @no_hep 28
- @kirbyinstitute 26
- @inhepsu 17
- @csrh_unsw 14
- @polarisobserv 13
- @sofiarb_88 10

[Tweet](#)

Top 10 by Tweets

- @jasongrebely 44
- @jvlazarus 25
- @ashmmmedia 20
- @kirbyinstitute 19
- @sofiarb_88 15
- @ecpartnershipau 13
- @carlatreloar 12
- @homie_razavi 10
- @rainbowcapucine 6
- @melindahassall 6

[Tweet](#)

Top 10 by Impressions

- @jvlazarus 119.1K
- @hcsnews 36.3K
- @jasongrebely 28.7K
- @kirbyinstitute 27.9K
- @rjoyourjoy1919 23.2K
- @ashmmmedia 22.4K
- @healthhashtags 17.0K
- @dr_tweetuk 15.0K
- @hepatitiseurope 12.2K
- @eggface 11.2K

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