

# THE CASCADE OF CARE FOR CHRONIC HEPATITIS B IN AUSTRALIA, 2013-2014

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**Introduction:** Assessing the cascade of care for chronic hepatitis B provides insights into key gaps in health service provision and access to the care that can prevent adverse outcomes in those affected. Here we provided the most up-to-date estimates of the level of access to treatment and care for people living with CHB, assessing trends over time.

**Methods:** We utilised routinely collected national data regarding diagnoses (notifications) and monitoring and treatment uptake (Pharmaceutical Benefits Scheme and Medicare Benefits Schedule data from the Department of Human Services) to estimate overall number of people receiving diagnosis, annual viral load monitoring, and antiviral treatment for CHB. We derived proportions using previously derived Census-based denominator estimates, updated to 2014 using the Australian Bureau of Statistics Estimated Resident Population projections.

**Results:** The number of Australians receiving treatment for CHB increased from 10,900 in 2013 to 12,700 in 2014. Based on projected CHB population estimates, this represents treatment uptake of 4.9% in 2013 and 5.5%, respectively. The number of viral load tests for the purposes of monitoring CHB infection provided through Medicare remained static between 2013 (21,930) and 2014 (21,900). Overall, the proportion of Australians with CHB who were engaged in either treatment or regular monitoring was estimated to be 13.4% in 2013 and 14.9% in 2014. The number of notifications for CHB remained stable between 2013 and 2014, suggesting no increase in the overall proportion diagnosed, due to new cases entering the population.

**Conclusion:** The number of individuals receiving treatment for CHB increased between 2013 and 2014, but uptake of monitoring tests remained stable, and the proportion of individuals with access to care still remained below one in six of those affected. Considerable improvement will be needed to meet the level of care access needed to prevent adverse outcomes people living with CHB.

**Disclosure of Interest Statement:** None to declare.