

April 2020

Good Liver

This educational tool (below) was developed for use at Rotary meetings



Hepatitis Victoria CEO, Melanie Eagle, with members of Rotary Albert Park.



Working with Melbourne Rotary to *End Hepatitis Now!*

Impacts of COVID-19 and liver health

Hepatitis Victoria/LiverWELL® has developed a number of resources for people living with liver health conditions, including viral hepatitis about the potential impact of COVID-19 on their health.

#Kindtoyourliver

As part of promoting liver health for World Liver Day 2020, you are invited to share how you are being #kindtoyourliver on social media. Participate and go in the draw to win one of two free meals. Our shout!

Combating obesity podcast

Gastroenterologist and expert in chronic liver disease, Dr Alex Hodge, discusses his particular interest in obesity, sharing his thoughts on the many ways to combat it to help improve liver health.

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Good Liver is produced by Hepatitis Victoria/LiverWELL®, with support from the Victorian Government. The opinions and language expressed in this magazine are not necessarily those of Hepatitis Victoria/LiverWELL® or the Department of Health and Human Services.

Reader response

Your feedback about any articles in *Good Liver* is welcome.
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Communiqué

From the desk of the Chief Executive Officer



Welcome to the Autumn *Good Liver*. This edition has been prepared amid the COVID-19 pandemic - a time of great uncertainty and rapid change. I would like to take this opportunity to urge everyone to continue to do all they can to support each other throughout this very trying time. Staying abreast of, and adhering to the advice of the medical experts will be key in the coming months.

“ We are responding to the situation in a considered and careful way.”

At Hepatitis Victoria/LiverWELL® we are responding to the situation in a considered and careful way. We have created a [resource hub](#) on our website that provides specific information about COVID-19, particularly its potential impact on those living with liver conditions. It will be updated regularly and provides links to a range of trusted resources to help you stay up to date.

While our team have transitioned to working from home, one of our flagship services, the free and confidential Hepatitis Infoline continues to be available to receive and return calls from those in the community seeking advice and support about hepatitis. To compliment this long-running and highly successful service, we have launched an online live chat functionality. Available weekdays, 9 am to 5 pm, online chat allows

people to engage in a private, one-on-one, online discussion with a trained professional. Our hope is that this channel will provide easy access for people whose second language is English, and those who may find making a private phone call difficult.

“ We have launched an online live chat functionality.”

We are committed to continuing to deliver our programs in new and inventive ways, by this I mean using digital and online platforms where possible and appropriate. Stay tuned to our website and regular HepCHAT e-newsletter as more information becomes available.

Articles in this edition highlight a number of exciting developments including a new partnership with Rotary, one of the most established and influential community organisations in Australia. Rotary has joined forces with Hepatitis Victoria/LiverWELL® to raise awareness about the seriousness of liver disease and need to 'End Hepatitis Now!' We look forward to continuing this productive partnership well into the future.

I'd also like to draw your attention to some new resources that support our expanded brief to provide tools and supports to help improve the liver health of all Victorians. These resources cover Liver Cancer and Non-alcoholic Steatohepatitis (commonly called NASH) and include information brochures, podcasts and interviews with esteemed clinical experts.

“ Four detailed evaluation reports prepared by the Australian Institute for Primary Care and Ageing at La Trobe University were delivered.”

As always it is important to continually assess the impact and success of the work being conducted. To this end, towards the end of 2019 four detailed evaluation

reports prepared by the Australian Institute for Primary Care and Ageing at La Trobe University were delivered. The reports showcase the innovation and dedication by the organisation's staff and volunteers. The highlights of each evaluation are included in this edition.

Looking forward, we are seeking to increase our knowledge regarding the information and service needs of people living with liver disease more generally, and how these could be met, along with the needs and opportunities for health care workers. Hence our exciting new "Reveal" project which you can about on page 9. We are hoping as many people as possible will contribute to the first stage by completing a short survey.

If you find yourself at home with some spare time, I'd encourage you to have a look through our "back catalogue" of informative podcasts and video recordings. We've listed the most popular in *De-livering the News* on page 5 – if you've missed one, now might be an opportune time to catch up.

“ I'd encourage you to have a look through our informative podcasts and video recordings.”

In closing, on behalf of the Board and staff at Hepatitis Victoria/LiverWELL® I'd like to convey our best wishes for everyone's continued safety in the coming months and echo the call made by so many others for kindness and compassion in our actions.

Visit our:

- [Soundcloud](#) to listen or download our popular podcasts
- [YouTube channel](#) for a range of informative videos

De-Livering the news



COVID-19, False colour added. Virus represented by yellow

COVID-19 information portal

Visit the dedicated section on our [website](#) that provides specific information about COVID-19, particularly its potential impact on those living with liver conditions. It will be updated regularly and provides links to a range of trusted resources to help you stay up to date.



Photo by bongkarn thanyakij from Pexels

New online chat functionality available at: www.hepvic.org.au

Available weekdays, 9 am to 5 pm, online chat allows people to engage in a private, one-on-one, online discussion with a trained professional. Our hope is that this channel will provide easy access for people whose second language is English, and those who may find making a private phone call difficult.



Top five podcasts

If you find yourself at home with spare time, why not catch up on some great podcasts you may have missed . . . here are the five most listened to. Just click on the blue link:



All things liver, including a Q&A session
by Dr. Paul Gow



Nutrition and health
presented by dietitian Priscilla Hiromi Correa.



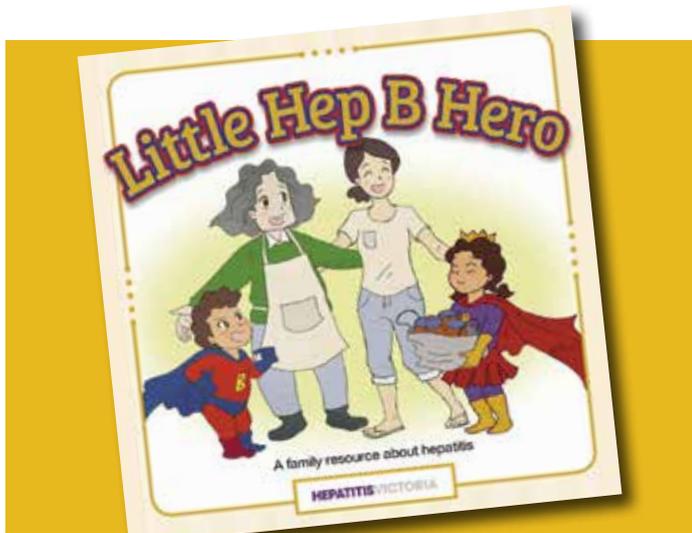
The pernicious impact of stigma and discrimination on health
presented by Dr Bruce Bolam.



Five years as a Hepatitis Victoria volunteer and employee featuring Will Scott.



Discrimination in the blood: Why can't people who have fully recovered from hepatitis C donate blood featuring Emily Male and Amy Hatfield.



More Little Hep B Heroes

Hepatitis Victoria is very grateful for the commitment among our volunteers to see the Little Hep B Heroes resource for children and families expand its reach to include the Hindi and Arabic speaking communities.

Work has commenced to translate the story book into these languages. Once funding is secured to continue the work, we will move to print and distribute this valuable resource within the relevant communities. If you, or your organisation would like to contribute to support the continuation of this valuable work, please contact us on 03 9380 4644.



Volunteer hours really mount up

In just the first few months of 2020, volunteers have already contributed over 200 hours of their valuable time to support the important work of Hepatitis Victoria. Thanks to everyone who has so generously volunteered their time and expertise.



Sydney Road Festival, Brunswick

O'Liver was out and about again, making new friends and renewing old acquaintances at Brunswick's Sydney Road Festival in March. He is pictured here enjoying the sun and the company of Hepatitis Victoria's staff and volunteers. He was a big hit with the kids, spending much of his time getting in on their selfies!

Of interest, many of those who approached the stand were interested in learning more about Fatty Liver Disease. If you'd like to learn more about this important topic, have a look at the story on page 14.

Events like these provide an excellent opportunity to raise awareness, and offer support and help to the local community.

We would like to thank the Moreland City Council for allowing us to participate in this event, and our volunteers and staff members who worked around the clock to ensure its success.

End Hepatitis Now!

Rotary joins the fight to 'End Hepatitis Now!'

The Melbourne Rotary Club, one of the most established and influential community organisations in Australia, has joined forces with Hepatitis Victoria/LiverWELL® collaborating to raise awareness about the seriousness of liver disease and the need to 'End Hepatitis Now!'

"Rotary has an incredible history of pioneering disease elimination. Their work to help eliminate polio has changed the lives of millions of people for the better," said Hepatitis Victoria/LiverWELL® CEO Melanie Eagle.

"I am delighted that in the coming year our educators and lived experience speakers will present at up to 30 Rotary Clubs in Victoria, speaking to hundreds of people about the need for them to take action to fight viral hepatitis, and to get tested, vaccinated and treated."

Melanie said the scale of the problem and its corrosive impact on health and lives is very poorly understood.

"There are 30,000 Rotarians in Australia, but more than ten times that many people are living with viral hepatitis, so we must do everything we can to raise awareness," said Melanie.

The first event - a short presentation and distribution of materials, followed by a question and answer session - took place on 22 January at the Rotary Club in Camberwell. Brighton's Rotary Club received a similar presentation at the end of the month. A dozen other clubs have already arranged for a presentation.

HEP Hero, Mark Farmer Award winner for 2018 and lived experience speaker Andree Dolby said she was thrilled by the response of the audience at the 'kick-off' event.

"It's fantastic to have the opportunity to collaborate with Rotary to encourage testing and treatment, and to spread the positive message that together we can stop viral hepatitis," she said.

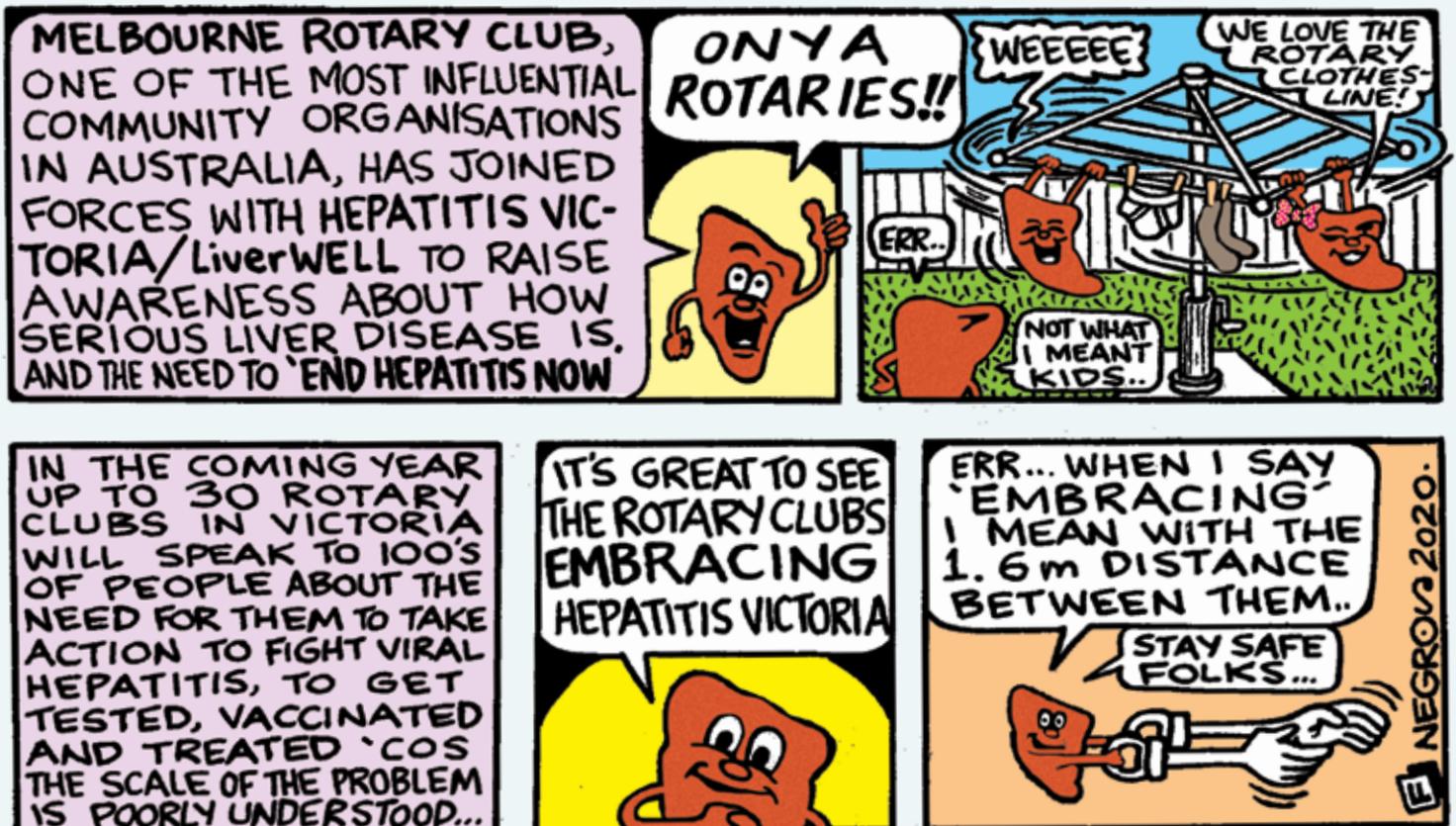
Dr Peter Clark of the Melbourne Rotary Club, who has been instrumental in the Rotary/Hepatitis Victoria/LiverWELL® collaboration said he was very pleased with the first presentation.

"I thought the presentation materials were excellent, it was the first time I had seen them and their professionalism was evident. The feedback from all present was very positive," he said.

"The Rotarians and their guests were clearly interested and asked a variety of questions, with one of the members even interested in becoming a HEP Hero," Peter said.

While the COVID-19 health situation has unfortunately required Rotary to suspend their face-to-face meetings, Hepatitis Victoria will continue to work with Rotary in the short and long term to End Hepatitis Now!

Contact Martin Forrest, Hepatitis Victoria's Health Promotion Programs Manager martin@hepvic.org.au or 03 9385 9111 to learn more.



Want to get Fit for Cure?

Read on to learn how...

Hepatitis Victoria/LiverWELL® has recently commenced an exciting new project in Brimbank and surrounds. Kindly supported by the Brimbank City Council, we are working alongside the staff and clients of alcohol and other drug (AOD) and crisis services in the area to develop a local resource focused on hepatitis C testing and treatment.

Our goal is to develop a useful, appropriate and unique resource for at risk members of the Brimbank community, including a service directory of harm reduction and hepatitis C treatment contacts in the local area.

Ultimately, we are working to raise awareness of hepatitis C and treatment across Brimbank and to improve knowledge of, and access to relevant services for residents.

Give us your thoughts

If you are local to or work in Brimbank and have suggestions or thoughts about a new resource, or perhaps you would like to be notified when it is available, we would love you to get in touch.

Furthermore, if you work in Brimbank and provide AOD-friendly hepatitis C testing, treatment or support, as well as broader harm reduction services, that could be included in the resource, please let us know!

What else?

The second key component of the project is upskilling staff to help facilitate suitable change and ongoing awareness.

This is through tailored and free staff training that is available to organisations in Brimbank (or who have a significant number of clients who reside in Brimbank) working with people who are at risk of, or living with viral hepatitis. This may include crisis and AOD services among many others. We are looking at innovative ways to deliver this training and are happy to work with you to develop a program that suits your organisation, perhaps developing online services or related resources.

If this is of interest to your team or colleagues, please do not hesitate to get in contact. Otherwise, for now... stay tuned!

For more details, please contact:
isabelle@hepvic.org.au
or phone (03) 9385 9112.

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HepLOGIC Community Insights Research: An update



Thank-you to everyone who has completed, shared, participated in or was otherwise involved in the HepLOGIC community insights research. We are extremely grateful for everyone's time, contributions and effort.

HepLOGIC is a Victorian Cancer Agency funded research project that will design and evaluate the effectiveness of a program implemented in primary care to improve prevention of liver cancer in people living with chronic viral hepatitis.

Over the past few months, Hepatitis Victoria/LiverWELL® in collaboration with the Doherty Institute WHO Collaborating Centre for Viral Hepatitis has been recruiting for and undertaking research to help inform the development of these programs.

We have been talking to those with experience of hepatitis B and/or C, as well as their family members to identify the tools and strategies that have helped them engage more effectively in care.

We also wanted to learn about any specific tools used to manage their health and how these might be improved.

The response has been tremendous, with over 40 interviews conducted so far, and numerous responses to the online survey.

Your involvement has been vital and will play a key role in informing the development of the programs with the aim of increasing the rates of testing for viral hepatitis, as well as strengthening and enhancing ongoing engagement in care. This is an important step to help address liver cancer by working to reduce the risks associated with unmanaged viral hepatitis.

Further information, including the current status of the study is available at: www.hepvic.org.au/research

Feel free to get in touch if you'd like to learn more: research@hepvic.org.au or phone (03) 9385 9112.

Impacts of COVID-19

Like many people and organisations around the world Hepatitis Victoria/LiverWELL is constantly assessing and responding to the many impacts of COVID-19.

From an organisational perspective we are committed to supporting our Board, staff, volunteers, as well as the wider community through this difficult time.

How we've adapted so far

At the time of going to print:

- Our office is closed and our team is working from home. While you can't drop into our office, you can still call us on all our usual numbers, as well as email us in the usual way as well. We are all set up to keep in touch.
- The Freecall Hepatitis Infoline 1800 703 003 remains fully operational and is busier than ever.
- We have launched an online chat functionality on our website. This new communication channel aims to provide another way for you to make contact. The service provides direct access via a one-on-one, private chat with a trained Infoline team member. Its available 9 am – 5 pm (Melbourne time), Monday to Friday (excluding public holidays). If we're offline, simply send an email and we'll respond as quickly as we can.
- Work is underway to determine how we can continue to effectively deliver our programs, potentially using online and digital technology. We'll keep you updated via our regular HepCHAT e-newsletter, and via the website as more information becomes available.
- Our website has a **dedicated section** to providing information about the impacts of COVID-19. It provides specific information for those with liver health conditions, as well as links to trusted sources.

Keep updated

- If you haven't already signed up for our HepCHAT e-newsletter, do so now by visiting www.hepvic.org.au. Simply scroll to the bottom of the page and enter your name and email address where indicated.

Most importantly. Please take care, stay informed and keep connected.

COVID-19 and liver health conditions website hub

Hepatitis Victoria/LiverWELL has created a dedicated section on the website to support the needs of people living with liver health conditions, including viral hepatitis by bringing together information and resources about the potential impact of COVID-19 on their health.

Visit the hub for resources such as:

- Answers to the most Frequently Asked Questions about liver health and COVID-19. This resource has also been translated into Vietnamese.
- A range of information and resources for health care workers.
- Access to the latest updates from the Department of Health and Human Services.
- And much, much more.

Hepatitis, Vaccination and COVID-19 (for those who speak Vietnamese)



More than 10,000 views have been recorded of a 60 minute FaceBook stream held in mid-April in which Helen Tran of Hepatitis Victoria/LiverWELL collaborated with Dr. David Hiep Dinh Phan and Dr. Nhan Phuc Pham to answer the questions regarding Hepatitis, Vaccination, and COVID-19.

Visit the FaceBook page: www.facebook.com/tochucviemganVictoria to watch the recording.

Looking after yourself and others

Lifestyle factors are important when caring for your liver, either for prevention or maintenance of a liver condition. We have developed four lifestyle guides to provide tips and advice about healthy living that provide guidance and suggestions for: Eating Well, Getting Active, Feeling Well and being Drink Aware. These are more important than ever, so visit: www.liverwell.org.au to learn more.

Reveal project

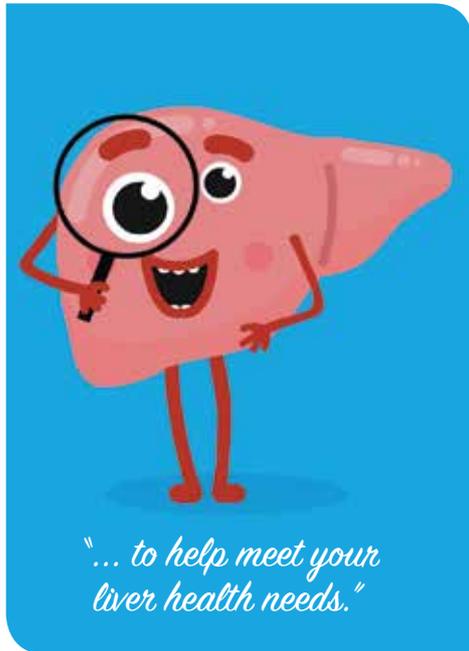
Developing resources and referrals for all types of liver disease

Provide your thoughts on improving support for those experiencing liver disease

Up to 40% of Australians currently live with fatty liver disease. Many of whom will develop more serious conditions like non-alcoholic steatohepatitis, cirrhosis, and even liver cancer.

Hepatitis Victoria/LiverWELL® is undertaking a project (called Reveal) to develop resources and extend its current information provision, support and referral services to include all forms of liver disease.

The first step in this process involves consulting with health professionals who work with people who have liver disease, as well as those experiencing the disease themselves, to gather their input.



Providing your input is easy – online or via the phone

Whether you are currently living with a liver condition, or you are part of the health workforce who support those who do, you are invited to provide your feedback.

There are two online surveys – one for health workers and one for those living with liver conditions.

Complete the survey now.

All survey responses will be treated confidentially and privacy is assured.

There'll also be the opportunity to participate in a more personal way through an interview process conducted over the phone. If you'd like to register to participate in this way, please contact Martin Forrest, martin@hepvic.org.au in the first instance.

The information collected, will focus on learning about . . .

- The liver health conditions that are of the greatest concern or interest.
- Most appropriate and accessible types of health promotion education and associated resources to meet the identified needs.
- Referral pathways and available service directories.
- Community attitudes and awareness of liver disease, the impacts of stigma and discrimination on people living with liver disease.

If you are a health worker and know someone with a lived experience who would like to contribute, please ask them to complete the online survey or phone (03) 9385 9111.

What will happen next?

The information and feedback provided will be analysed to identify needs and gaps, ultimately informing resource and service developments to best provide information, support and referral to the community and workforce.

Stay tuned . . . we'll provide more information as the project progresses.

World Liver Day 2020

Did you know?

- Your liver is your largest internal organ, performing up to 500 functions to keep you healthy.
- More than six million Australians are or have been affected by liver disease.
- More than 7,000 Australians die each year from chronic liver disease.

Improve your liver health

For World Liver Day 2020, consider the impacts of the current COVID-19 restrictions on your liver health.

Visit www.liverwell.org.au/your-liver-health/world-liver-day/ for tips on supporting your liver health while at home for extended periods of time, with reduced access to loved ones, support networks and the outdoors.

Share and win!

Show how you've been kind to your liver by posting on Facebook, Twitter, Instagram or LinkedIn by Friday 22 May, and go in the draw to win one of two meals. Our shout! #kindtoyourliver

Post a pic of a liver-friendly meal, an indoor exercise routine, something that boosted your spirits, or your favourite mocktail using the #Kindtoyourliver #Stayhome #Kindness

On our **Facebook**, post in the comments section of any post promoting the competition.

On **Instagram**, post in your account and tag @hepvic

On our **Twitter**, post in the comments section of any post promoting the competition.

On our **LinkedIn**, post in the comments section of any post promoting the competition.

Liver language:

Lifting the fog

'Acute', 'chronic', 'hepatocytes': words you may have heard but were too afraid to ask about

Healthcare workers sometimes use highly specialised terms that refer to a person's body or health condition, to the consternation and confusion of the listener if they can't completely grasp what is said.

Often these specialised terms are technical and not easily understood. To help, Hepatitis Victoria/LiverWELL® has created a glossary of words you may hear when talking with health specialists about your liver, along with a clear explanation of their meaning.

"Coping with a diagnosis of liver disease and managing the ongoing impact of a condition is in itself very challenging," said Melanie Eagle, Chief Executive Officer of Hepatitis Victoria.

"What we need is clarity and understanding around the terms we hear when specialists talk about our health. This is particularly important for people who don't have English as a first language," she said.

The glossary contains words people might have heard but are not 100 percent sure about. Words such as hepatoma (cancer of the main liver cells), jaundice (yellowing of the skin), and fibrosis (mild to moderate scarring of the liver).

Meg Perrier, Hepatitis B Community Mobilisation Project Officer is also a Registered Nurse. She helped create the glossary to broaden awareness about liver health and to challenge stigma.

"The way we communicate can help or hinder access to care, so it is vital healthcare workers are conscious of the language they are using," she said.

"There is nothing wrong about not knowing the exact meaning of a particular health term, it's perfectly normal as people can't know everything.

"Our glossary is a start if you have a question and we will be adding to the list as terms or words are suggested to us for explanation," she added.

The list is available on our website, but we've highlighted some here:

Alcohol and other drugs (AOD)

A common term used when referring to substances (alcohol and other drugs) of dependency (that is, people rely on these substances to feel good, normal, or to cope with day to day life).

Asymptomatic

A condition or infection that shows no signs or symptoms of illness being present. Chronic hepatitis B (CHB) is often referred to as an asymptomatic infection, as many people carry the virus, however they do not look or feel ill.

Autoimmune liver disorders

An autoimmune disease is a condition in which your immune system mistakenly attacks your own body and cells.

Autoimmune liver diseases are when there is an abnormal increase in immune cells in the liver that results in damaging liver cells through inflammation.

These are rare disorders and include autoimmune hepatitis and primary biliary cirrhosis (commonly affecting women) and primary sclerosing cholangitis (commonly affecting men).

Acute

Short-term illnesses or infections that last less than six months are called acute illnesses. Hepatitis A is often referred to as an acute infection as it usually lasts less than six months and our bodies are able to clear the infection.

Blood Borne Virus (BBV)

Blood borne viruses are viruses that travel through our blood and can be shared through direct blood to blood contact with another person. Viruses in this group include Human Immunodeficiency Virus (HIV), hepatitis B and hepatitis C.

Cirrhosis

Very bad scarring of the liver. This is when the healthy cells of the liver are progressively replaced by scar tissue, which seriously impairs liver functioning. This has many causes but is commonly due to viral hepatitis infection or excessive alcohol intake.

Cancer or Carcinoma

Abnormal cell growth that has the potential to develop into tumours and invade or spread to other parts of the body. Cancers that are dangerous and can spread are called malignant tumours. Cancers that do not spread are called benign tumours.

Primary cancer refers to the initial location of the cancer in the body. Primary liver cancer is a malignant tumour that begins in the liver.

Secondary cancer, or secondaries, refers to a cancer that has spread from the primary site to another location in the body. This can also be to the liver. Secondary cancers are often named after the primary cancer, for example breast cancer with liver secondaries.

Chronic

Long-term illnesses or infections that last for more than six months, sometimes even a lifetime.

Direct Acting Antivirals (DAAs)

Often referred to as DAAs, these are a new group of drugs used for treatment of hepatitis C. The DAAs have a nearly 95% success rate of curing hepatitis C. Compared to the previous treatment (Interferon), the DAAs are easier to take, have fewer side effects and can be taken in a shorter period of time.

Fatty liver disease (FLD)

This is the most common of the alcohol-induced liver disorders. Fat builds up inside the liver cells, causing cell enlargement (steatosis) and sometimes cell damage (steatohepatitis), which can lead to cirrhosis. This condition, but in the absence of excessive alcohol consumption, is called Nonalcoholic Fatty Liver Disease (NAFLD).

Fit Pack

A fit pack contains new clean syringes and needles for injecting drug use. Not sharing and using only new clean equipment each time reduces the spread blood borne viruses. Fit packs can be collected and returned to Needle Syringe Program (NSP) locations.

Fibrosis

Mild to moderate scarring of the liver. This is when the healthy cells of the liver are slowly replaced by scar tissue, which can start to impair liver functioning. Fibrosis of the liver is often asymptomatic, however cirrhosis can have symptoms of jaundice, weakness and fatigue. Excessive alcohol intake is the leading cause of fibrosis.

Hepatitis

Inflammation (swelling) of the liver. Hepatitis comes from two words put together – HEPA (meaning liver) and ITIS (meaning inflammation).

Hepatitis can be caused by viruses (viral hepatitis; including hepatitis A, hepatitis B, hepatitis C, hepatitis D, and hepatitis E). Other causes include excessive consumption of alcohol or autoimmune diseases.

Hepatocytes

The main cell type of the liver.

Hepatoma or Hepatocellular Carcinoma (HCC)

Cancer of the main liver cells, hepatocytes. Hepatoma is often used to describe a tumour of the main liver cells (hepatocytes).

Jaundice

Yellowing of the skin due to build-up of bilirubin (waste product of red blood cell break down) in the blood. Often an indication of liver problems.

Naloxone

Naloxone is a drug used to prevent or reverse an opioid overdose (if given early enough).

Nonalcoholic Steatohepatitis (NASH)

NASH is the advanced progression of NAFLD, in which there is further liver inflammation and liver cell damage, due to excessive fat build up. NASH may progress to advanced scarring (cirrhosis) and liver failure in a very small number of people.

Nonalcoholic Fatty Liver Disease (NAFLD)

Nonalcoholic fatty liver disease (NAFLD) is a condition in which fat builds up in your liver cells, reducing liver function. This occurs in people who do not drink excessive amounts of alcohol, but are overweight, obese or have diabetes. The liver becomes enlarged, causing discomfort on the upper right side of the abdomen. People with NAFLD can go on to develop NASH, which is a more aggressive form of fatty liver disease.

Needle Syringe Program (NSP) or Needle Syringe exchange Program

These services offer the safe disposal (removal of) used needles and syringes, and the opportunity to collect new clean needles and syringes.

Opioid Substitution Therapy (OST)

Otherwise known as Opioid Replacement Therapy (ORT). Common therapies include Methadone, Buprenorphine, or Depot Bupe (a longer lasting version of Buprenorphine)

Sexually Transmissible Infection (STI)

Also sometimes called Sexually Transmissible Diseases (STD), these are infections that are shared through sexual contact and sexual fluids with another person. They can be either bacterial infections like Chlamydia or viruses like hepatitis B.

There are some less common liver conditions that you may also come across, including:

Alpha-1 antitrypsin deficiency

This is a rare inherited disorder that can cause cirrhosis of the liver.

Galactosaemia

The body's reaction to particular milk sugars damages the liver and other organs. This is a rare inherited disorder.

Haemochromatosis

This inherited disease makes the body absorb and store higher than normal amounts of iron. This damages many organs including the liver, pancreas and heart.

Wilson's disease

This disease is when liver can't excrete copper. Various organs of the body, including the liver and brain, are affected by the excessively high copper levels. This is an extremely rare condition.

We need clarity and understanding around the terms we hear when specialists talk about our health.



Featured podcast

Dr. Alex Hodge, gastroenterologist



'Waist' loss and top liver health tips

Q&A with gastroenterologist and expert in chronic liver disease **Dr Alex Hodge** from Monash Medical Centre. Alex has a particular interest in obesity and has shared his thoughts on the many ways to combat it.

Q Why do you focus on 'waist loss' and not 'weight loss'?

A What I am talking about is central adiposity-visceral fat. That's fat inside the abdomen and the fat we want lose.

Q Is there a particular waist size or waist shape?

A There are measurements that are dependent on gender and ethnicity, but generally it's the fat that you can't generally pinch, not the love handles but the fat around the belly.

Q You have said that up to 40% of Australians have this fat and children are also now affected. Is the trend getting better or worse?

A Unfortunately, it is not getting better, and yes, it is affecting children and we are not yet sure of long-term ramifications for them.

Q What is the big deal with fatty liver?

A Some studies suggest that up to 30% of people in the world have fatty liver, so we are talking about fat in the liver generally from lifestyle, not from alcohol. It is impacting developing countries too. As far as developing liver disease, 3-5% of people with fatty liver will go on to develop significant liver disease and by that I mean liver cirrhosis.

The way I like to look at fatty liver is I just call it non-alcoholic fatty liver disease or NAFLD. Under that umbrella there are

various sub-types. Some people just have fatty liver and some have NASH (non-alcoholic steatohepatitis), which is the fat plus inflammation. It is those people who typically are at risk of developing liver fibrosis, called liver cirrhosis at its worst stage. Those people are the ones with some abnormal liver enzymes or where imaging may show they have some liver damage.

Ten to fifteen percent of the people who have fatty liver in Australia have the inflammatory component, which is a reasonable number of people. Of course, a smaller number of those will go on to develop cirrhosis.

Q Any simple tips to help them?

A I look at what fat can do inside the liver, and what fat means for the patient outside the liver. Inside, it can eventually cause fibrosis and cirrhosis, and outside it is a risk factor for developing diabetes. The recommendation for both of these is generally the same - lifestyle modification, and what that really means is focusing on diet and exercise.

The recommendation for diet is very similar to what we have in **Eating Well: A LiverWELL Lifestyle Guide** the Grecian-Mediterranean diet, and we couple that with coffee and of course exercise.

Q Is it about eating less or eating better, and are diets such as intermittent fasting useful?

A Yes, it is about eating better, if you distil it down its about cutting out those bad calories. Those include starchy vegetables, carbohydrates, the breads, the pastas, potatoes and rice, cutting back on those things, and focusing on whole grains, good oils, above-ground plants and lean proteins – that's eating better. Eating less, of course, is helpful. Often we eat too much and intermittent fasting which is eating less but doing so over a period of time. There are many ways to lose weight and like all types of diets it is best to be coupled with some type of exercise, so we don't lose muscle mass. You need to lose generally 5% of body weight to have meaningful liver improvements.

Q What about your research into the benefits of coffee?

A All the studies of coffee have been positive studies. Not just my study shows that there's an association between coffee consumption and improvement in various liver parameters. There haven't been any causal studies, by this I mean there hasn't been one yet that shows giving people coffee and their

liver gets better, but there are many that show if you give people four or more cups of coffee a day, they have less liver cancer, less liver fibrosis. It's caffeinated coffee we are talking about, so it could be instant, espresso-based or filtered coffee.

Q Where are we going with pharmaceutical remedies for fatty liver?

A Many drug companies are pouring money into research because it is such a global problem, but because it is weight related, there are many pathways and different approaches. There are many different clinical trials and we are seeing some decent results but we are a ways away before we can apply any of these to patients in the clinic.

Q What has surprised you about the development of fatty liver as a health issue in the community?

A Firstly, we are seeing younger people with fatty liver, and secondly people are still under the notion that it is the fat in their diet that causes fatty liver, as opposed to some of the high caloric foods. It is really the sugars and the soft drinks that lead to fatty liver. And still the majority of the fast-food industry in our society pedals high-sugar, high carbohydrate, high-caloric foods.

Q Do you think Government should pay a bigger role in pointing out the problem?

A Absolutely. There has to be a top-down approach to regulate that industry [fast food] and start making changes to help the population become healthier.

Q What about other drinks, water, alcohol, fruit juice, what's your advice for drinking them?

A Let's start with alcohol. As recent as the last two years there have been some very large studies that show, unfortunately, that there is no safe amount of alcohol that we can recommend to patients. Previously we'd say if you follow the Australian guidelines you should be safe, but now if somebody asks you the safest amount of alcohol to drink, the answer is zero.

Studies show that for patients with NAFLD even a modest amount of alcohol impedes the liver's function. That's one thing that has changed in the last couple of years.

Water is a great beverage. Juice is high in sugar and we recommend not drinking it, especially if sugar is added.

Q Where would you like to see fatty liver as a health issue develop in the next 20 years?

A I would like to see a concerted interdisciplinary approach. The liver is attached to the rest of the body and fatty liver is risk factor for diabetes, it's a risk factor for high blood pressure, high cholesterol, obstructive sleep apnoea, and of course it is linked into obesity. Considering all of this, I would like to see a multi-disciplined approach where gastroenterologists, dietitians, psychologists, and nurses, all work together looking at the patient as a whole and applying a coordinated effort to provide the best patient care.

Q Final health tips to make your liver healthier?

A Drinking coffee is beneficial, eating better and eating less, following the Eating Well Guidelines, along with exercise, doing anything just getting out there and doing something.

Let's not become complacent, let's be aware and fight fatty liver to focus on the long-term health of our family.

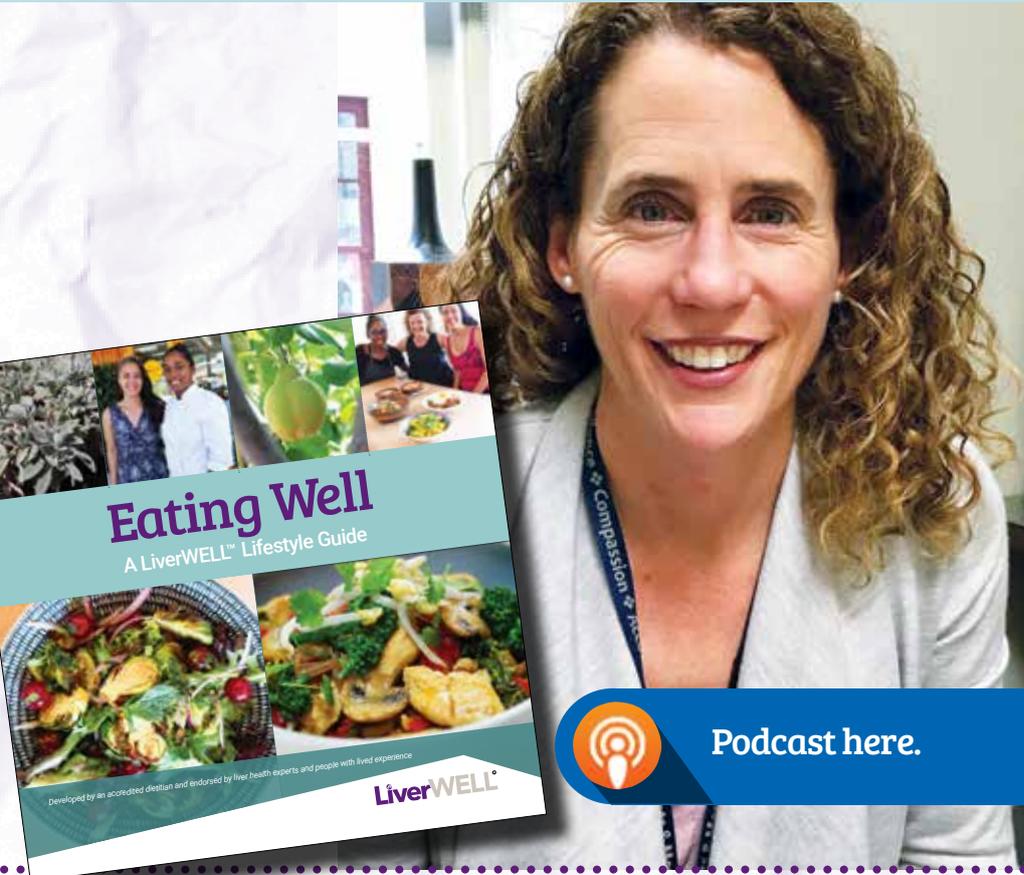


[Listen to the full podcast](#)

Some studies suggest that up to 30% of people in the world have fatty liver, so we are talking about fat in the liver generally from lifestyle, not from alcohol.

Fatty liver

NASH and the importance of raising awareness



Dr Marno Ryan, Gastroenterologist and Hepatologist at St Vincent's Hospital joined us in the studio recently to talk about fatty liver, NASH and the importance of increasing awareness.

The following article is based on the resulting podcast. [Visit our website to listen to or download the full recording.](#)

Marno has a special interest in fatty liver disease, a condition that is fast becoming a serious health issue not only in Australia but throughout the world. It is now the second most common indicator in Australia for liver transplants.

Marno says that while 30% of the Australian population has some fat in their liver, not everyone will go on to develop more serious liver health issues.

"People who are perhaps a bit overweight or obese and have other metabolic risk factors like diabetes are likely to have some fat in their liver," she says.

"Of interest most people have absolutely no symptoms at all, and a fatty liver is often only revealed incidentally through a liver test or an ultrasound scan," Marno says.

The specific fatty liver condition to really worry about however, is non-alcoholic steatohepatitis (NASH) which affects 2-5% of the population. It is an inflammatory condition where the fat has irritated the liver and caused inflammation, leading to scarring and cirrhosis.

"We are trying to work out why some people go down the path of inflammation and cirrhosis, and others don't, but it seems to be related to the number of metabolic features you have.

"The only way to determine if someone has NASH is a couple of tests, initially an ultrasound, blood test and potentially a fibroscan. The only way to really know though is to do a liver biopsy," Marno says.

The people most at risk of NASH are typically males with a body mass index (BMI) over 30 and diabetes, as well as those living with diabetes who drink alcohol.

"We need to cast the net wide ... it's a growing issue and we do need to increase awareness," she says.

So, what can people who think they might be living with NASH do?

Marno says that people living with diabetes who have a BMI over 30 should get a blood test and potentially an ultrasound.

"The most important thing people living with fatty liver can do is manage their other metabolic conditions such as diabetes. That means controlling sugar intake, managing blood pressure and cholesterol, as well as losing weight."

For those who develop more serious liver diseases such as NASH, losing between 5-10% of body weight can make a really positive difference she says but weight-loss is difficult and everyone struggles.

"If you lose up to 5% of your body weight you can stop the inflammation and losing up to 10% can reverse the scarring and fibrosis."

The Mediterranean diet is very good. Marno recommends that people consider fish 2-3 times a week, eat avocados, tree nuts and green leafy vegetables, and have less red meat and carbohydrates.

"Avoid simple sugars. Fructose is particularly bad because it converts directly into fat. High-fructose drinks are a problem," she says.

When asked about 'super' foods or drinks, Marno says, "Coffee has been associated with reversing liver scarring and fibrosis, but if you have a latte with multiple sugars, it's not going to be as good for you as an espresso.

"I think it is really important to remember you don't have to lose a lot of weight to get better, you only need to lose a small amount of weight," Marno says.

[Listen to the full podcast](#) to learn more, including finding out about which diets and drinks promote liver health.

Educators plan ahead

Hepatitis Australia's resource planning workshop

In December 2019 representative staff from each of Hepatitis Australia's member organisations, including Hepatitis Victoria came together in Melbourne for a resource planning workshop and skill-sharing session.

Hepatitis Victoria's Project Officers Aliasgar Khaki and Kay Dufty joined other attendees to discuss emerging issues and information gaps, as well as hear from a number of experts and people with lived experiences of hepatitis B and C.

The theme of the workshop was 'tackling barriers to care' and participants discussed the complex barriers that prevent people with hepatitis from getting appropriate testing and treatment. Just a few of the insights gained in this meeting include:

- Many patients like openness about hep C treatment side-effects as this helps them recognise what is normal when undergoing treatment.
- It only takes one GP in a practice to start treating hep C, to encourage the whole practice to start treating.
- Stigma remains around the cost of hep C treatment, and people often worry about being 'worthy' of treatment. This is particularly prominent in cases of re-infection.
- Telling people that myths or misconceptions are wrong is not enough. People are emotionally invested in their beliefs and it takes time to break down those barriers.
- Immigration health laws remain a major barrier to people getting tested and treated for hepatitis B.
- Liver disease is often better understood and less stigmatised than hepatitis B, which can make it a good entry point for discussions about hepatitis B.

Aliasgar said, "I particularly enjoyed sharing the work Hepatitis Victoria has undertaken in the Victorian community."

.....
"It was an excellent opportunity to also learn about the challenges others are facing, and workshop potential solutions based on our collective knowledge."
.....

"This year's theme provided the opportunity to discuss scenarios that arise for people seeking treatment and care related to viral hepatitis and liver health. It was a valuable opportunity to share ideas on how we can improve our approach to care and better support people who are affected and at risk," he said.

HEP Hero Paul Stewart Honoured for services to community and the performing arts

Don't put your head in the sand - get tested and act.

On behalf of Hepatitis Victoria's Board and staff, a big congratulations to our HEP Hero Paul Stewart, who was awarded an Order of Australia in the 2020 Australia Day Honours for "...services to the community and the performing arts".

In addition to being a founder and member of *The Transplants*, a group of musicians who have all received transplants, Paul works with the music program at Jesuit Mission.

Paul joined forces with Shane Laffy (ex Man Friday) to form the band. Together they raise awareness of the risks, thank those who have donated organs, and support others who have had a transplant or are waiting for one.

A very worthy recipient of this honour, he also works at the Brosnan Centre in Brunswick, as well as with a few youth organisations.



He works with young people who are at risk, in particular those who have been in prison or youth justice centres.

In Paul's words, "I believe that through positive education messages we can make people more aware of hepatitis C and end the silence. Don't put your head in the sand - get tested and act."

HEP Heroes

Prof. Peter Reville, and Vicki Muscat



Prof. Peter Reville

Medical Scientist focused on the molecular virology for the hepatitis B virus (HBV)

I have dedicated my working life to fast tracking a cure for chronic hepatitis B and eliminating stigma associated with living with viral hepatitis.

I am co-founder and Chair of the Governing Board of the International Coalition to Eliminate Hepatitis B (ICE-HBV). I also lead a research group dedicated to understanding how HBV causes liver cancer and develop new approaches to cure HBV infection.

I have been researching hepatitis B virus in my capacity as a scientist at Melbourne Health for over 15 years.

In 2016, with colleagues from Melbourne Health, the ANRS in France, and the International HBV meeting, we formed the International Coalition to Eliminate HBV (ICE-HBV), which is coordinating global research efforts to fast track HBV cure.

There are 257 million people worldwide living with chronic HBV, including 221,000 Australians and while there are effective therapies, treatment is daily, long term, and does not eliminate the risk of liver cancer.

HBV causes 40% of all liver cancers, and as the highly effective preventative vaccine has no impact on existing infections, a cure is urgently required.

Peter's message to others...

Together we can beat this virus!



Vicki Muscat

Nurse

I am a mother of three adult children and a pug. I went to university, receiving my nursing degree when my youngest child was three years old. I went on to do a Post-Graduate Diploma in Advanced Clinical Nursing (psychology stream), at the same time completing a Diploma of Aromatherapy and Certificate of Massage.

I integrated all of my learning to enhance the well-being of my patients through holistic care, always looking outside the box.

The reason I did nursing was to make a difference, which I have been able to do with my work and in particular the work I do with refugees - I have a great affection for the Karen community, who expect nothing but give so much in return.

My journey started working at a community centre in the western suburbs of Melbourne, where I was asked to initiate a nurse-led care plan clinic. The patients were mainly Karen, who come from a state in Burma.

I was fortunate enough to have as my assistant an interpreter who spoke both Karen and Burmese. The GPs were of great support to me and very experienced in hepatitis B. I also completed a two day hepatitis B seminar organised by Jacqui Richmond in 2015.

Through the hepatitis B care plan, contact tracing began. My educational tools were the Hep B story and video, a hepatitis B spread sheet was my data base where I recorded all bloods, liver ultrasounds and contact tracing.

All my patients were always booked back in with me and given a pathology slip for bloods, and if a liver ultrasound was due a

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radiology slip. That was how close surveillance was always maintained. I had a great team with myself at the centre of a centralised system.

I also presented at the Australian Primary Health Care Nurses Association (APNA) conference in 2016 and successfully published an article about my work. Not long after, through the University of Melbourne, a clinic audit was completed, funded by a Primary Health Network. One of our GPs facilitated with the audit and my hepatitis B spread sheets were used for data collection.

The clinic audit was also presented in poster form at a viral hepatitis conference in 2017, and I did a QA Evaluation and a power point presentation to the PHN in 2017.

I continue seeing patients with hepatitis B and HIV at Footscray and Laverton through my health care plans. I continue to have surveillance for hepatitis B patients, to educate them to help stop the spread of hepatitis B and reduce the risk of liver cancer.

Vicki's message to others...

Hepatitis B patients can be managed through care plans in a GP setting and probably elsewhere. After working successfully managing hepatitis B patients through care plans in a streamlined system, I know it works and it's a matter of applying this to other GP's practices.

Don't give up - continue to look at ways to manage hepatitis B patients and contact tracing and working holistically.

Join the hundreds of people who have already downloaded the LiverWELL[®] App. It provides a wealth of information about liver health, the latest news, as well as great tools to support the management of a range of liver health issues, including viral hepatitis.

Four key projects evaluated

La Trobe University's Australian Institute for Primary Care & Ageing has undertaken detailed evaluations of four Hepatitis Victoria/LiverWELL® projects.

The reports reveal the breadth, depth and creativity of the work that Hepatitis Victoria/LiverWELL® is undertaking in communities throughout Victoria, touching thousands of people with the goal of raising awareness about the need to tackle viral hepatitis and liver disease more broadly.

President Frank Carlus welcomed the reports, saying, "affected communities are at the heart of our work and we strive to be transparent around demonstrating the positive changes we have been able to make for them through the work that we do".

An overview of the reports and the key findings follow.

Love Your Liver

The *Love Your Liver* campaign raised awareness about viral hepatitis and liver health. The campaign was supported by HEPReady Regional workshops that were conducted during the campaign period. The campaign targeted areas of Victoria with high prevalence of hepatitis as well as regions where treatment uptake is low.

Key findings and outcomes

The campaign has contributed to the following priority focus areas in the Victorian Hepatitis C Strategy 2016-2020 and the Victorian Hepatitis B Strategy 2016-2020:

- Victorians are supported to reduce their risk of contracting viral hepatitis.
- Victorians with viral hepatitis know their status.
- The Victorian workforce has the skills, knowledge and attitudes needed to deliver best practice hepatitis B & C prevention, testing, treatment and care.
- Systems and settings are integrated to meet the needs of people affected by hepatitis B & C.

HEPReady AOD Workforce Training

The HEPReady AOD Workforce Training project delivered free HEPReady workshops to Alcohol and Other Drug (AOD) services in Victoria.

Key findings and outcomes

- 522 participants from 39 organisations across the state attended the training over an 11 month period.
- One-third of attendees completed surveys that measured changes in knowledge, attitudes and behaviour. The results indicated:
 - a significant increase in accurate knowledge of participants from pre- to post-training sessions
 - at least eight in 10 respondents indicated that as a result of the training they intended to:
 - identify risk factors for hepatitis B and C for individuals (78%)
 - recommend hepatitis testing (85%)
 - recommend vaccinations (85%)



Responding to Stigma

The Responding to Stigma project aimed to reduce stigma about viral hepatitis amongst health workers and the general community and to improve the experiences of people living with viral hepatitis. While the project funded in 2018-2019 was the subject of the evaluation, it built on and complemented activities Hepatitis Victoria conducted or supported both before and after that time.

Key findings and outcomes

The project delivered eight individual activities throughout the 2018-19 financial year. Notable achievements included:

- Australian Visa Applicants and Hepatitis leaflet – translated into five community languages.

The web page housing these resources was viewed 3,453 times from October 2018 to September 2019.

- Stigma Stories, a 12-part series of short videos and podcasts featuring interviews with people about hepatitis-related stigma and discrimination, the consequent impact, and perceptions on how the community can address the issue. Promotion of Stigma Stories generated an increase in user engagement across Hepatitis Victoria's social media platforms.

Hepatitis B Community Mobilisation

The program aimed to increase awareness of hepatitis B and drive vaccine uptake, particularly amongst people from countries where chronic hepatitis B is endemic. The program was delivered to areas within Victoria where the highest numbers of people from the identified countries were living. Extensive engagement with local communities and relevant organisations was employed as a mechanism to extend reach and amplify impact.

Key findings and outcomes

- Data from the Victorian Infectious Diseases Reference Laboratory for 2017 and 2018 demonstrate an increase in the number of doses of vaccine ordered by health providers. Hepatitis Victoria is likely to have contributed to this increase through the diverse projects delivered by the Hepatitis B Community Mobilisation Program.

...the breadth, depth and creativity of the work that Hepatitis Victoria/LiverWELL® is undertaking in communities throughout Victoria, touching thousands of people with the goal of raising awareness about the need to tackle viral hepatitis and liver disease more broadly.



StreetShot turns 10

2020 marks the 10th anniversary of the *StreetShot* program and competition. The program delivers interactive health education sessions to young people and invites them to take part in the associated *StreetShot Arts* competition.

The program is underway for 2020, with sessions being delivered at schools, TAFES, alternative education locations and youth groups, in metropolitan and regional centres. Traditionally these sessions have been conducted face-to-face, but we are looking to introduce new and inventive ways to deliver these in the coming months.

To take part in the *StreetShot Arts* competition, young people are encouraged to think broadly and “outside the square”, to create an arts piece where they can convey a message to other young people about viral hepatitis.

Photos or videos of art entries, along with a few words of explanation, are then uploaded to the *StreetShot* website, which features further information about viral hepatitis, and a gallery of selected entries from previous years of the competition.

A highlight of the *StreetShot Arts* program is the *StreetShot* Exhibition. Entries that have made the competition’s shortlist are displayed at a gallery, winners are announced and significant cash prizes are awarded.

The 2020 *StreetShot* Exhibition will likely take place for the second consecutive year at the St John Street Gallery, Melbourne Polytechnic, Prahran Campus with the exact date to be determined.

Young people, teachers and youth group leaders from near and afar are encouraged to come to the exhibition and celebrate the participation of the young people.

Applications can be made for assistance toward travel costs, to better enable those from regional and rural areas to come and take part.

Learn more about *StreetShot* by visiting:
www.streetshot.org.au



From 2016

Dandenong Highschool VCAL Class.

Don't Gamble with hep C

Alexandra Stubna.
Upper Yarra Secondary College.

Better Safe than Sorry

Description: Hepatitis B is contracted through contact with infected blood or body fluids. It can be passed on through unsafe sexual contact. Using a condom when having sex will reduce the risk.



From 2019



From 2015

Kandy Vannasith, Jason San Miguel, James Satoa.
Victoria University Secondary College.

Anybody Could Have It

Description: Hepatitis C is chronic liver disease caused by infected blood. It is spread when someone's infected blood enters your blood stream. Anybody could have hepatitis C and not even be aware of it. Because hepatitis C isn't an externally visible disease, people could go decades without knowing that they have this sickness. But until they get a blood

test, then they'll know. This photo represents that anybody near you could have it. 130-150 million people in the world have this disease. There could be a handful of people nearby you right now who are infected and you wouldn't even know and there is a 50% chance that the person who has the disease doesn't know either. Currently, there isn't an official cure for hepatitis C, so that just doubles the dangers of this illness. We want people to take precautions when getting involved with activities that include blood to blood contact. Because even you could catch this disease and not even know.



Grace.
Pines Learning INC

Jarred Feelings

Description: The main emphasis of this photo is the two jars the girls are wearing, the red jar representing healthy blood cells and the yellow jar mimicking hepatitis C cells. Jars are symbolic of entrapment and being closed up, which is what people with Hepatitis C struggle with. It is not an easy thing to open up about this kind of problem, and it's important that we give our loved one's support when they feel like they're the odd one in the crowd. As supporters, it is our job to help victims of Hepatitis C take off the lid of their emotions and share the burden they feel with others that care and love them for who they are.



Holly Debono, Ella Hutten, Claire McDonald-Brown.
Upper Yarra Secondary College

One Drop Is All it Takes

Description: One drop is all it takes



Som Arrikij.
Wodonga TAFE

Unmask hep C

Description: The faceless, the nameless, the invisible, Hep C. ME!!!!!! No one should have to hide behind a mask to be themselves but we all need to face up to the fact that our actions may put us at risk.



Visit: www.streetshot.org.au to learn more and get involved in this year's competition.

Custodial programs progress report

Collaboration with Justice Health produces new resource

Working with Victorian prison communities has long been a priority for Hepatitis Victoria. For more than 12 years the health promotion team have designed and delivered a range of education programs aimed at educating both staff and prisoners about viral hepatitis. Programs are currently being delivered to 10 different prison sites across Victoria.

The importance of this work can't be underestimated, particularly as prisoners are at least 20 times more likely to have hepatitis C than someone living in the wider community. This is due to the higher rates of viral hepatitis in the prison system, the increased risks of passing viral hepatitis when living in confined spaces, as well as cultural practices like receiving a 'prison tatt.'

While our prison education programs have primarily focused on engaging with prisoners directly (and continue to do so), it has long been recognised that increasing prison staff's knowledge would not only provide personal benefit but may also help improve the health and wellbeing of the prisoners.

"Our view is that a more informed prison workforce will be better equipped to look after themselves, as well as help facilitate improved health outcomes for prisoners," says Neylan Aykut, Hepatitis Victoria's Health Promotion Officer responsible for delivering custodial programs.

Expanded focus to educate prison staff very well received

Engaging and meeting the needs of staff was a key success factor in developing a new resource, specifically for prison staff, *A Guide to Viral Hepatitis for Staff Working in Prisons*.

Prisoners are 20 times more likely to have hepatitis C than someone living in the wider community.

The first step was to determine what knowledge staff already possessed about viral hepatitis and the currently available programs. A survey completed by more than 300 staff from across all sites found:

- Everyone surveyed wanted more education about viral hepatitis.
- One in four respondents understood the difference between hepatitis A, B and C.
- 18% of respondents were aware of the Statewide Hepatitis Program.
- One in 10 respondents were aware of Hepatitis Victoria's Hepatitis Infoline.

New resource widely distributed

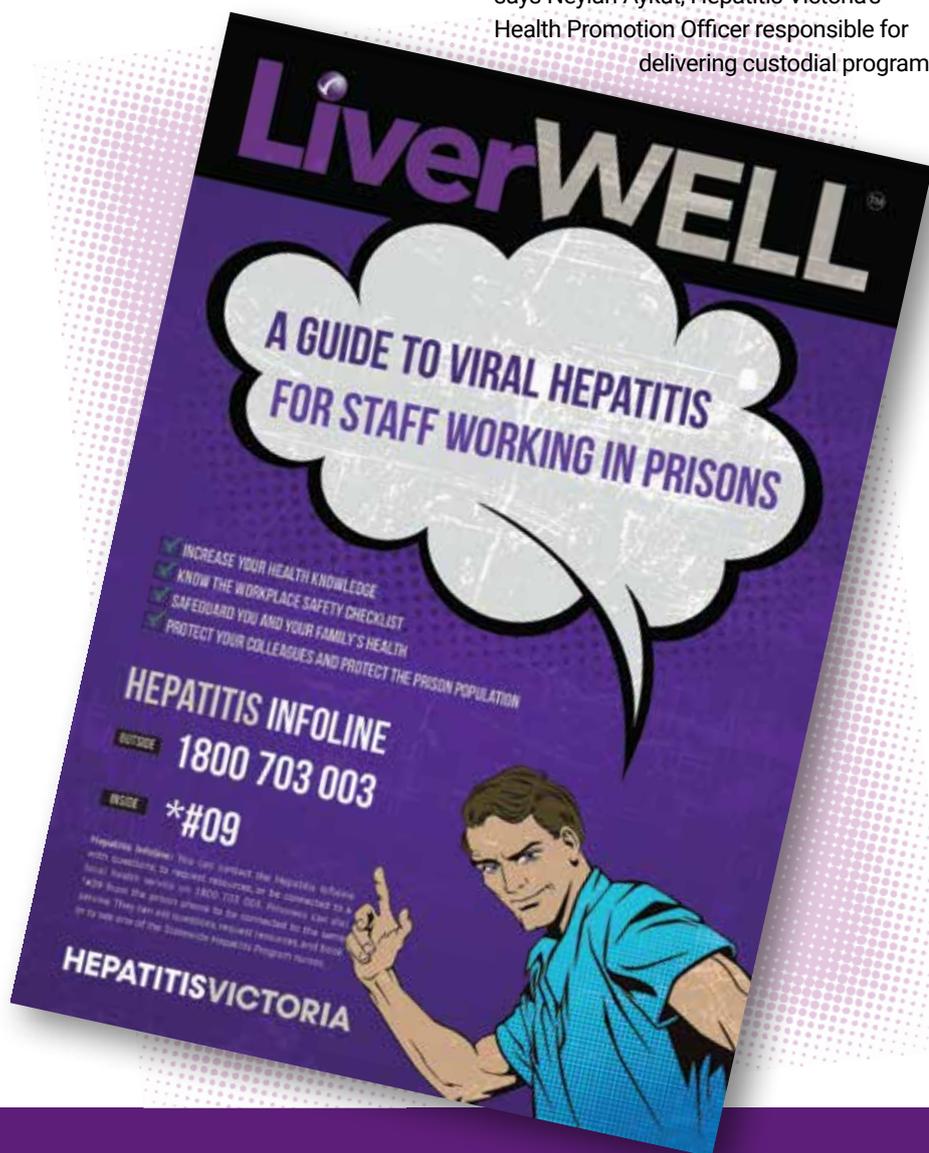
Armed with this information, Hepatitis Victoria worked closely with Justice Health, the Department of Justice and Community Safety to create a resource for prison staff to try and meet the identified needs.

The end result was an easy to follow booklet: *A Guide to Viral Hepatitis for Staff Working in Prisons*. Producing the Guide was just the first step. Justice Health have distributed the first 6000 copies to the prison sites, and in addition, all new recruits also receive a copy as part of their induction training.

Want to learn more?

If you are interested in learning more about custodial programs, please contact:

neylan@hepvic.org.au



Feeling well

with Allan Dumbleton



Allan Dumbleton is both a HEP Hero and HEPspeaker. His journey towards overcoming hepatitis C has been long and challenging. Today he is well and free of the condition.

In a new Hepatitis/LiverWELL® short video, Allan talks about how managing stress through mindfulness and how 'feeling well' has been crucial to his recovery and ongoing sense of well-being.

"I feel well because I now have clarity, I didn't feel well for many years because I had brain fog," he says.

"My journey began in 1999, when some of the pharmaceuticals I took to get rid of the hepatitis C virus had really detrimental effects on me both mentally and physically. Throughout that period I lived with brain fog."

Practising mindfulness has helped him gain clarity. It has become a useful tool in his daily life.

"Mindfulness is taking yourself out of the situation and concentrating on small things

like touch, feel, sound and smell. It's about being in that moment and it's something you have to practice," Allan says, although mindfulness is not always easy to do when you have, or have had, a chronic condition.

"I had the anxiety of waiting on results through three attempts at a cure, while bringing up a beautiful family and working in a fairly full-on career - it was exhausting!"

Now, Allan says that dealing with his mental health and using tools such as mindfulness means he feels 'refreshed.'

"I know what is important to me now," he says.

Allan's advice to others with hepatitis C? "Go to your GP, there is a cure now and if you're experiencing any mental health problems ask your GP for a mental health plan."

Learn more?

- Watch Allan's video on our YouTube channel
- About mindfulness by visiting: www.liverwell.org.au/feelingwell



Non-alcoholic Steatohepatitis: NASH

New LiverWELL resource launched

Many people are surprised to learn that there is a liver disease that while similar to the kind caused by long-term heavy drinking, can also impact those who drink alcohol rarely, or even not at all.

Called Non-alcoholic steatohepatitis (or NASH), experts don't yet know why some people with a buildup of fat in the liver develop NASH and others don't.

In February, Hepatitis Victoria/LiverWELL® launched a new brochure (available both online and in print) that provides important information about this condition. The brochure explains that people with NASH often experience no symptoms in the early stages and it can take many years for symptoms to show.

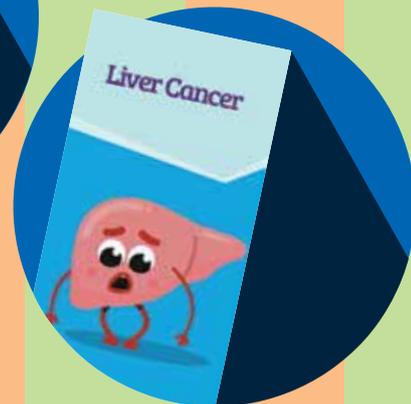
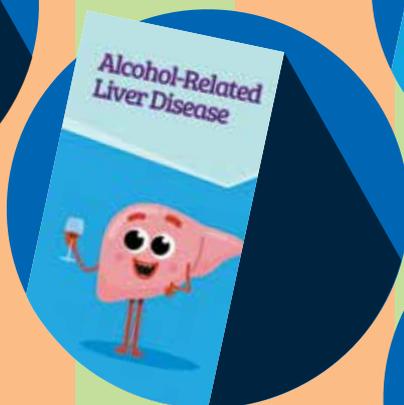
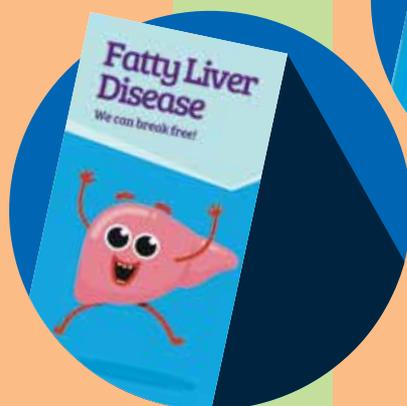
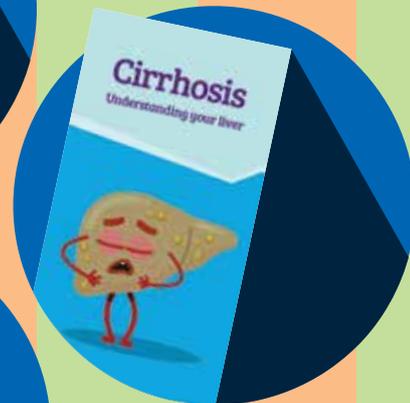
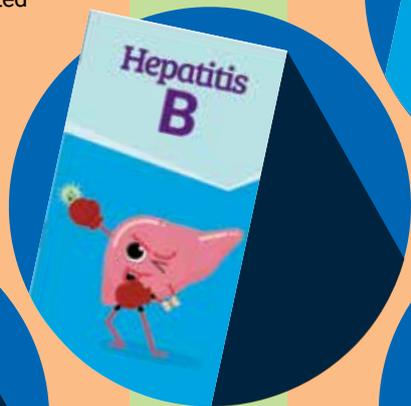
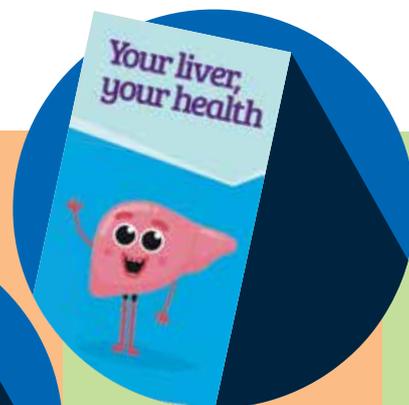
The brochure highlights that you are at higher risk for NASH if you have insulin resistance and type 2 diabetes, high cholesterol and high triglycerides, metabolic syndrome, or are obese. While most people who have NASH are over 50, younger people have also been diagnosed.

[Download your copy](#) of the NASH brochure now. Alternatively, contact us if you would like us to mail you a copy.

This brochure is the eighth in the suite of LiverWELL resources covering a range of liver related conditions.



NEW!



The brochure has been supported by an unrestricted grant from Gilead Sciences Pty Ltd.

Melbourne Lunar Festivals

Great Lunar Festivals raise awareness about viral hepatitis

Hundreds of people visited our stands at the Lunar New Year Festivals held in Richmond and Springvale in January. The Richmond event was supported by the Vietnamese Women's Association Inc and Yarra City Council.

Hepatitis Victoria/LiverWELL staff and volunteers raised awareness about viral hepatitis and liver health with fun activities, games, face painting and advice.

"We engaged with more than 350 people at the Springvale Festival. Many of whom asked questions about treatment and prevention of hepatitis B and C," said Hepatitis B Community Mobilisation Project Officer,

Aliasgar Khaki. The Springvale Festival provides an excellent opportunity. There are about 14,880 people living with Chronic Hepatitis B and 11,868 living with Chronic Hepatitis C in Melbourne's South East and therefore this was an ideal event to raise awareness for viral hepatitis and promote better liver health.

"Our spinning wheel activity was once again the highlight and engaged children and their parents in learning more about liver health," he said.

We also presented our Volunteer of the Month award for January at the Springvale Festival, which went to Jomy Jose who has worked on various projects within the organisation and attended the stall at previous events.

"Jomy is an excellent volunteer, it is great to have him recognised for his efforts," Aliasgar said.



Frank Carlus, Hepatitis Victoria/LiverWELL President and staff at the Luna New Year Festival.

Services listing

Some locations offer multiple services. Service types are shown as icons, which refer to the following:

Key:

-  **Needle and Syringe Program**
-  **Medical Services including hepatitis and liver Nurses and Doctors**
-  **Counselling Services**
-  **Alcohol and Other Drug (AOD) Services**
-  **Liver Specialists**
-  **Fibroscan**
-  **Bulk-Billing**
(confirm eligibility)
-  **Pathology/ Blood Tests**
-  **Private Clinic**

Statewide Support Services

Alfred – HIV: Hepatitis; STI Education & Resource Centre

Statewide Resource Centre on HIV/AIDS, Hepatitis & Sexually transmissible infections.
8 Moubay Street
Contact: (03) 9076 6993

Cancer Council Victoria – Living with Cancer Education Program

Contact: (03)13 11 20
Programs across Melbourne and Victoria

Direct Line

1800 888 236
www.directline.org.au
24/7 Victorian confidential help line for referral, support, drug counselling & programs

Drug Info

Level 12, 607 Bourke Street
Drug Info Line Contact:
1300 85 85 84
<https://adf.org.au/contact-us/>

Health Complaints Commissioner

Level 26, 570 Bourke Street
Contact: 1300 582 113

Carlton

Melbourne Sexual Health Centre

580 Swanston Street,
Contact: (03) 9341 6200



Needle Syringe Programs

Find NSPs statewide
<https://bit.ly/31VMVF7>

North Melbourne Harm Reduction Victoria (HRV) and Pharmacotherapy Advocacy Mediation and Support (PAMS)

A walk in service.
128 Peel Street, North Melbourne
Contact: (03) 9329 1500



Southbank

Living Positive Victoria
Suite 1/111 Coventry Street
Contact: (03) 9863 8733

St Kilda

Resourcing Health & Education in the Sex industry (RhED)
Contact: 1800 458 752
www.sexworker.org.au
sexworker@sexworker.org.au

Victorian AIDS Council

615 St Kilda Road
Contact: (03) 9865 6700

North Western PHN:

Altona Meadows

IPC Health
330 Queens Street
Contact: (03) 8368 3000



Broadmeadows DPV Health

42–48 Coleraine Street
Contact: 1300 234 263



Braybrook Cohealth, Braybrook Community Centre

107–139 Churchill Avenue
Contact: (03) 9448 5507



Brunswick Merri Health

11 Glenlyon Road
Contact: 1300 637 744



Carlton Melbourne Sexual Health Centre
580 Swanston Street
Contact: (03) 9341 6200



Coburg Merri Community Health Services

93 Bell Street
Contact: 1300 637 744



Uniting Care Re Gen
26 Jessie Street
Contact: (03) 9386 2876



Collingwood Cohealth Innerspace Primary Support Service

4 Johnston Street
Contact: (03) 9448 5530



Cohealth
365 Hoddle Street
Contact: 03 9448 5528



Craigieburn Anglicare Victoria
59 Craigieburn Road
Contact: (03) 9483 2401



Fitzroy Cohealth Fitzroy
75 Brunswick Street
Contact: (03) 9411 3555,
(03) 9448 5531



St Vincent's Hospital
Victoria Parade
Contact: (03) 9231 2111



Victorian Aboriginal Health Service
186 Nicholson Street
Contact: (03) 9419 3000
AOD, family and youth specific, connects with services at other sites.



Footscray Health Works
4 –12 Buckley Street
Contact: (03) 9448 5511



Cohealth
78 Paisley Street
Contact: (03) 9448 5502



Gisborne

Macedon Ranges Health

5 Neal Street

Contact: (03) 5428 0300



Kensington

Cohealth

12 Gower Street

Contact: (03) 8378 1600



Laverton

Cohealth

95 Station Road

Contact: (03) 9448 5534



Melbourne

Living Room, Youth Projects

7-9 Hosier Lane

Contact: (03) 9945 2100



Melton

Djerriwarrh Health Services

Yuille Street

Contact: (03) 8746 1100



Moonee Ponds

Dr Froomes

Suite 4, level 1/8 Eddy Street

Contact: (03) 9331 3833



Moonee Ponds

Specialist Centre

1003 Mt Alexander Road, Essendon

Contact: 03 9372 0372



Northcote

Your Community Health

42 Separation Street

Contact: (03) 8470 1111



Parkville

Royal Melbourne Hospital

300 Grattan Street

Liver Clinic – hepatitis, advanced liver disease and cirrhosis

Contact: (03) 9342 7000

switchboard

Fax: (03) 9342 7212

(outpatients referrals fax)

Infection Diseases Department,

OPD Ninth Floor,

Contact: (03) 9342 4234

Fax: (03) 9342 7277



Preston

Preston Anglicare

42 Mary Street

Contact: (03) 8470 9999



Victorian Aboriginal Health Services (VAHS)

238-250 Plenty Road

Contact: (03) 9403 3300

for appointment or drop in

Wednesdays 9-4pm



Your Community Health

300 Bell Street

Contact: (03) 8470 1111

(03) 8470 6710



Reservoir East

Your Community Health

125 Blake Street

Contact: (03) 8470 1111



Richmond

North Richmond Community Health

23 Lennox Street

Contact: (03) 9418 9800



Automated dispensing machine for syringes 24/7

Multicultural Health &

Support Services (HIV, hepatitis

and sexually transmissible

infections) <http://nrch.com.au>



Automated Dispensing Machine for syringes 24/7

The Epworth Centre

(GP referrals)

Suite 7.6 / 32 Erin Street

Contact: (03) 9428 9908

Fax: (03) 9421 3435



Turning Point Alcohol and Drug Centre

110 Church Street

VIC 3121

Contact: (03) 8413 8413



St. Albans

IPC Health

1 Andrea Street

Contact: (03) 9296 1200



Sunbury

Sunbury Community Health Centre

12-28 Macedon Street

Contact: (03) 9744 4455



Werribee

Anglicare Victoria

2 Market Road

Contact: (03) 9731 2500

All referrals via Odyssey House:

1800 700 514



Eastern Melbourne PHN:

Bayswater

Anglicare Victoria

666 Mountain Highway

Contact: (03) 9721 3688

Shore Intake Contact:

1300 00 7873



Box Hill

Carrington Health

CLEAR Liver Care Clinic

43 Carrington Road

Contact: (03) 8843 2317

Fax: (03) 9890 2220



Box Hill Hospital

8 Arnold Street

Contact: (03) 9895 3352

(Specialist Outpatient Clinics)

1300 342 255 (General)



Caulfield South

Caulfield Endoscopy

544 Hawthorn Road

Contact: (03) 9595 6666



East Melbourne

Melbourne GI & Endoscopy

130-132 Grey Street

Contact: (03) 9417 5306

Fax: (03) 8677 9625



Eltham

Healthability

917 Main Road

Contact: (03) 9430 9100



Ferntree Gully

EACH Ltd

1063 Burwood Highway

Contact: 1300 003 224



Heidelberg

Austin Liver Clinic

145 Studley Road

Rapid Access Clinic

Contact: (03) 9496 2787

Fax: (03) 9495 7232



Northern Hospital

185 Cooper Street

Contact: (03) 8405 8000

Fax: (03) 9495 7232



Hawthorn

Wellbeing at Swinburne University Health Services

George Swinburne Building, Level 4,
34 Wakefield Street
Contact: (03) 9214 8483



Heidelberg

Austin Liver Clinic

145 Studley Road
Contact: (03) 9496 2787
Fax: (03) 9496 7232



Rapid access clinic

Northern Hospital

185 Cooper Street
Contact (03) 8405 8000
Fax: (03) 9495 7232



Heidelberg West

Banyule Community Health Service – Needle Syringe Program

21 Alamein Road
Contact: (03) 9450 2000



Hepatitis C Rapid Access to Treatment Clinic

Contact: 0481 909 741
Fax: (03) 9496 2732



Lilydale

Inspiro Community Health

17 Clarke Street
Contact: (03) 9738 8801



Nunawading

Nunawading Clinic

Dr. D Ross
176 Springvale Road
Contact: (03) 9878 9191



Ringwood

EACH Ltd

46 Warrandyte Road
Contact: 1300 003 224



Ringwood East

EACH Ltd

75 Patterson Street
Contact: 1300 003 224



South Eastern Melbourne PHN:

Moorabin

Moorabin Specialist Centre

873 Centre Road
Contact: (03) 9579 0100



Clayton

Monash Medical Centre

246 Clayton Road
Contact: (03) 9594 6666
Fax: (03) 9594 6111
GP referrals via Monash Health in Clayton (03 9594 6250)



Cranbourne

Monash Health Community

140–154 Sladen Street
Contact: (03) 5990 6789



Dandenong

Community Access Partnership (CAP)

84 Foster Street
Contact: (03) 9792 7630, or
1800 642 287 after 6:30pm



Frankston

Anglicare Victoria

Level 2 / 60-64 Wells Street
Contact: (03) 9781 6700
www.anglicarevic.org.au



Hastings

Hastings Community Health Service

185 High Street
Contact: (03) 5971 9100



Pakenham

Monash Health Community

Henty Way (top of the hill)
Contact: (03) 5941 0500



Prahran

Star Health

240 Malvern Road
Contact: (03) 9525 1300



Alfred Hospital

Infectious Diseases Unit

Contact: (03) 9076 6081
99 Commercial Road

Hepatitis Clinic

Contact (03) 9076 5276



Rosebud

Southern Peninsula Community Support and Information Centre

878 Point Nepean Road
Contact: (03) 5986 1285



South Melbourne

Star Health Group

341 Coventry Street
Contact: (03) 9525 1300


 Wednesdays 8.30 -12 pm

Springvale

Monash Health Community

55 Buckingham Avenue
Contact: (03) 8558 9000
Referrals and counselling
Contact: 1300 342 273

Liver Clinic (Wednesdays)

Fax (03) 9594 6250



St. Kilda

Star Health

18 Mitford Street
Contact: (03) 9525 1300



Star Health

22-28 Fitzroy Street
Contact: (03) 9525 1300



Salvation Army Health Information Exchange

29 Grey Street
Contact: (03) 9536 7703



Access Health

31 Grey Street
Contact: (03) 9076 6081



FIRST STEP

42 Carlisle Street
Contact: (03) 9537 3177.



Gippsland PHN:

Bairnsdale

Advantage HealthPoint

46-56 Nicholson Street,
Contact: (03) 5152 3500



Churchill

Latrobe Community Health Service

68 Macleod Street
Contact: 1800 242 696



Lakes Entrance

Gippsland Lakes Community Health Centre

18–28 Jemmeson Street,
Contact: (03) 5155 8300



Moe
Latrobe Community Health Service

42–44 Fowler Street
Contact: 1800 242 696



Leongatha
Gippsland Southern Health Services

Koonwarra Road
Contact: (03) 5667 5555



Morwell
Latrobe Community Health Services

81–87 Buckley Street
Contact: 1800 242 696



Nowa Nowa
Nowa Nowa Community Health

6 Bridge Street
Contact: (03) 5155 7294



Orbost
Orbost Regional Health

104–107 Boundary Road
Contact: (03) 5154 6666



Rosedale
Rosedale Community Health Centre

2–8 Cansick Street
Contact: (03) 5199 2333



Sale
Central Gippsland Health Service Division of Community Care

Palmerston Street
Contact: (03) 5143 8800
52 McArthur Street
Contact: 1800 242 696



San Remo
Bass Coast Community Services

1 Back Beach Road
Contact: (03) 5671 9200



Traralgon
Latrobe Community Health Services

Cnr. Princes Highway and Seymour Street
Contact: 1800 242 696



Warragul
West Gippsland Healthcare Group Community Services Division

31–35 Gladstone Street
Contact: (03) 5624 3500



Wonthaggi
Bass Coast Health

235–237 Graham Street
Contact: (03) 5671 3333



Yarram
Yarram and District Health Service

50 Bland Street
Contact: (03) 5182 0270



Western Victoria PHN:

Apollo Bay
Apollo Bay Hospital

75 McLachlan Street
Contact: (03) 5237 8500



Belmont
Barwon Health

1–17 Reynolds Road
Contact: (03) 4215 6800



   (by referral)

Colac
Colac Area Health

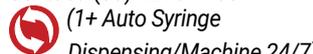
2–28 Connor Street
Contact: (03) 5232 5100



(links to Wathaurong Aboriginal Service)

Corio
Corio Community Health

2 Gellibrand Street
Contact: (03) 4215 7100



(1+ Auto Syringe Dispensing/Machine 24/7)



Drysdale
Bellarine Community Health

21–23 Palmerstone Street
Contact: (03) 5251 4640



Geelong North
Wathaurong Aboriginal Service

62 Morgan Street
Contact: (03) 5277 0044



Horsham
Wimmera Health Care Group

83 Baillie Street
Contact: (03) 5381 9111



Lucas
Ballarat Community Health Centre & NSP

12 Lilburne Street
Contact: (03) 5338 4500



Maryborough
Maryborough District Health Service

75–87 Clarendon Street
Contact: (03) 5461 0400



Portarlington
Bellarine Community Health

39 Fenwick Street
Contact: (03) 5258 6140



Portland
Portland District Health

141-151 Bentinck Street
Contact: (03) 5521 0333



Sebastopol
Ballarat Community Health Centre

260 Vickers Street
Contact: (03) 5338 4585



Stawell
Grampians Community Health

8–22 Patrick Street
Contact: (03) 5358 7400



Torquay
Torquay Community Health Centre & NSP

100 Surf Coast Highway
Contact: (03) 4215 7800



Warrnambool
Brophy Family and Youth Services

210 Timor Street
Contact: (03) 5561 8888
For persons aged 12 –25



Wendouree
Ballarat Community Health Centre

1104 Howitt Street
Contact: (03) 5338 4585



Murray North
Western PHN:

Albury
Albury Community Health

596 Smollett Street
Contact: (02) 6058 1800



Services available to people in NE Victoria

Bendigo

Bendigo Community Health Service

171 Hargreaves Street
Contact: (03) 5406 1200



Castlemaine

Castlemaine District Community Health

13 Mostyn Street
Contact: (03) 5479 1000



Eaglehawk

Bendigo Community Health Services

3 Seymour Street
Contact: (03) 5406 1200



Echuca

Echuca Regional Health

226 Service Street
Contact: (03) 5485 5000



Kangaroo Flat

Bendigo Community Health Services

13 Helm Street
Contact: (03) 5406 1200



Kyneton

Cobaw Community Health Service

47 High Street
Contact: (03) 5421 1666



Mildura

Sunraysia Community Health Service

137 Thirteenth Street
Contact: (03) 5022 5444



Murray North Eastern PHN:

Alexandra

Alexandra Community Health Services

12 Cooper Street
Contact: (03) 5772 0900



Benalla

Benalla Health

45/63 Coster Street
Contact: (03) 5761 4222



Cobram

Cobram District Health

24-32 Broadway Street
Contact: (03) 5871 0777



Euroa

Euroa Health

36 Kennedy Street
Contact: (03) 5795 0200



Mansfield

Mansfield District Hospital

53 Hihett Street
Contact: (03) 5775 8800



Myrtleford

Gateway Health

32 Smith Street
Contact: (03) 5731 3500



Shepparton

Primary Care Connect

399 Wyndham Street
Contact: (03) 5823 3200



Wangaratta

Gateway Health

45-47 Mackay Street
Contact: (03) 5723 2000



Wodonga

Gateway Health

155 High Street
Contact: (02) 6022 8888



Yea

Yea and District Memorial Hospital

45 Station Street
Contact: (03) 5736 0400



Hepatitis Infoline

Call the Hepatitis Infoline to talk about:

Information: We can answer questions and mail information to you.

Support: We can provide support for a range of issues and concerns.

Referral: We can refer you to other organisations and services.

Unable to make a call in private? Try the new webchat functionality. Visit: www.hepvic.org.au and click on the flashing box that says Hepatitis Victoria/LiverWELL is online.

The **Hepatitis Infoline** is a free and confidential service for all Victorians.

Hours

Monday to Friday 9.00am – 5.00pm



English

Hepatitis Information Line. If you need an interpreter, please first call the Translating and Interpreting Service on 131 450.

Vietnamese

Đường dây Hướng dẫn Bệnh Viêm Gan. Nếu cần thông dịch viên, trước tiên xin quý vị vui lòng gọi Sở Thông ngôn và Phiên dịch số 131 450.

Farsi

خط اطلاعات هپاتیت. اگر نیاز به مترجم حضوری دارید، لطفاً با مرکز خدمات ترجمه کتبی و حضوری با شماره 131 450 تماس بگیرید.

Amharic

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Arabic

خط المعلومات عن التهاب الكبد. إذا كنت بحاجة لخدمات مترجم، الرجاء الاتصال أولاً بخدمة الترجمة الفورية والتحريرية على الرقم 131 450.

Chinese

肝炎信息专线。如需传译员协助，请先致电翻译服务处电话131 450。

Khmer

ខ្សែទូរស័ព្ទផ្តល់ព័ត៌មានអំពីជំងឺរលាកថ្លើម។ ប្រសិនបើលោកអ្នកត្រូវការអ្នកបកប្រែភាសាជាជំនួយ សូមទូរស័ព្ទទៅកិច្ចប្រឹកប្រែភាសាសរសេរ និងនិយាយ លេខ 131 450។

hepatitisinfoline

1800 703 003

Your donations make a difference!

Your donations help us to provide information, services, advocacy, resources and support for people affected by viral hepatitis, health professionals and members of the general public.

All donations of \$2 or more are tax deductible.

If you do not receive your receipt promptly, then please call Hepatitis Victoria on 03 9380 4644, or email: admin@hepvic.org.au

I would like to donate the following amount:

\$20 \$50 \$100 \$_____ (Your choice)

I have enclosed my cheque/money order/cash or

Please debit my credit card for \$_____

Type of card: Visa/MasterCard _____

Name on Card _____

Card number:

Expiry Date _____

Please send my receipt to:

Name _____

Address _____

Suburb/City _____

Postcode _____ State _____

Send to: Hepatitis Victoria
Suite 5, 200 Sydney Road
Brunswick, Victoria 3056