

Fast Facts – Viral hepatitis and the Aboriginal Community - updated November 2018

The Aboriginal community is significantly over – represented in both prevalence and incidence for viral hepatitis	
<p style="text-align: center;">Hepatitis B</p> <ul style="list-style-type: none"> • Notification rates of newly diagnosed hepatitis B are 2 times higher than in non-Aboriginal populations (1) • It is estimated that 11% of Australians living with chronic hepatitis B are Aboriginal (4) • At 2013 the prevalence of hepatitis B remained four times higher among Indigenous compared with non-Indigenous people (5) • The prevalence of hepatitis B in pregnant women has decreased since the year 2000, however remains higher in Aboriginal women than in non-indigenous women (5) 	<p style="text-align: center;">Hepatitis C</p> <ul style="list-style-type: none"> • Notification rates of newly diagnosed hepatitis C are nearly 4 ½ times as high as rates in non- Aboriginal Australian populations. (1) • While Aboriginal people only make up 3% of Australia’s total population (2), it is estimated that 11% of notifications for hepatitis C in five states in 2017 were among the Aboriginal population (1) • Notification rates for hepatitis C - Between 2013–2017, there was a 15% increase in the notification rate of hepatitis C in the Aboriginal and Torres Strait Islander population whereas the rate in the non-Indigenous population decreased by 12% (1)
Unfortunately, stigma and discrimination prevents access to potentially life-saving treatments, and this is greater for Aboriginal and Torres Strait Island people.	
<p style="text-align: center;">Hepatitis B</p> <ul style="list-style-type: none"> • Stigma and discrimination have been identified as leading causes for missed diagnoses of HIV and viral hepatitis and for the failure of people living with these conditions to engage with the health system and seeking timely care. (6) • “Imagine being ill, being in pain, but you’re refused help from a hospital. Imagine being faced with a doctor that didn’t believe you, and a nurse who thought you were lying just to get drugs.” – Aboriginal patient (7) 	<p style="text-align: center;">Hepatitis C</p> <p>A study by the Centre for Social Research (3) showed that:</p> <ul style="list-style-type: none"> • 55% of Aboriginal people believed “I feel shame because of my HCV” • 63% of Aboriginal people believed ‘Some people act as though it’s my fault that I have hepatitis C • 64% of Aboriginal people believed ‘I worry that people may judge me when they learn that I have hepatitis C’ • 47% did not believe that their hepatitis diagnosis was given in a culturally sensitive manner
It is critical that we overcome issues including lack of awareness and stigma and discrimination so that people are able to access management and care for chronic hepatitis B and C	
<p style="text-align: center;">Hepatitis B</p> <ul style="list-style-type: none"> • There is a highly effective hepatitis B vaccination which should be offered to all clients, particularly Aboriginal people where vaccination coverage is less than that that of the non- Aboriginal Australian population. • Emphasis should be placed on ongoing monitoring of people with chronic hepatitis B to reduce the risk of serious liver damage 	<p style="text-align: center;">Hepatitis C</p> <ul style="list-style-type: none"> • There is highly effective new direct-acting anti-viral treatments for hepatitis C, which provides a 95% success rate for most hepatitis C genotypes and minimal side effects. • GPs can now prescribe hepatitis C treatment in consultation with specialists

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Racism mars the healthcare system for Indigenous people, who are accused of faking pain, have their Aboriginality denied, and die while in state care.
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