

# **LIVERWELL REGIONAL FORUM:** **Albury Wodonga**

**AN INTERSECTIONAL LENS ON  
LIVER HEALTH, VIRAL HEPATITIS,  
AND SUPPORTING YOUR COMMUNITY.**

WELCOME!







What is your  
name?

What is your role  
/ position?

What is one  
thing you want to  
learn today?

How are you  
feeling today?

**On a scale of cats, how  
do you feel today?**



Which dog are you today?



# LiverWELL Albury Wodonga Forum

- **Build workers' understanding of liver health and viral hepatitis**
- **Build greater understanding of the lived experience**
- **How to support people with viral hepatitis and liver disease**
- **Information sharing and local insights**

- **Discuss care and referral pathways local to Albury Wodonga**
- **Identify strengths and gaps of service delivery**

- **Connect and collaborate with other organisations**
- **Better outcomes for the community living with viral hepatitis or liver disease**
- **Commitment to elimination**





## **ABOUT LIVERWELL**

**LiverWELL, incorporating Hepatitis Victoria, champions the interests of people affected by or at risk of viral hepatitis and liver disease.**

**Our vision is a Victorian and Australian community where viral hepatitis is eliminated, and where people with liver disease drive the response to liver disease and are able to maximise their health and wellbeing.**





Elaine Montegriffo  
CEO of LiverWELL

# Elaine Montegriffo

**A strategic business leader and experienced CEO, Elaine has senior executive leadership and governance experience across diverse sectors and cultures. Elaine has held executive leadership roles in the international development and community sectors including with Oxfam and Australian Red Cross, and is passionate about improving access to basic human rights, especially healthcare, for all communities.**

# Elaine Montegriffo

**LiverWELL CEO Welcome**





## WHAT WILL WE COVER TODAY?

1. **Lived Experience Story - *Steve***
2. **Introduction on Hepatitis B, C and Liver Disease – *Pearl Prabal and Alain Palines***
3. **Hepatitis C and referral and care pathways – *Geoff Bartlett***

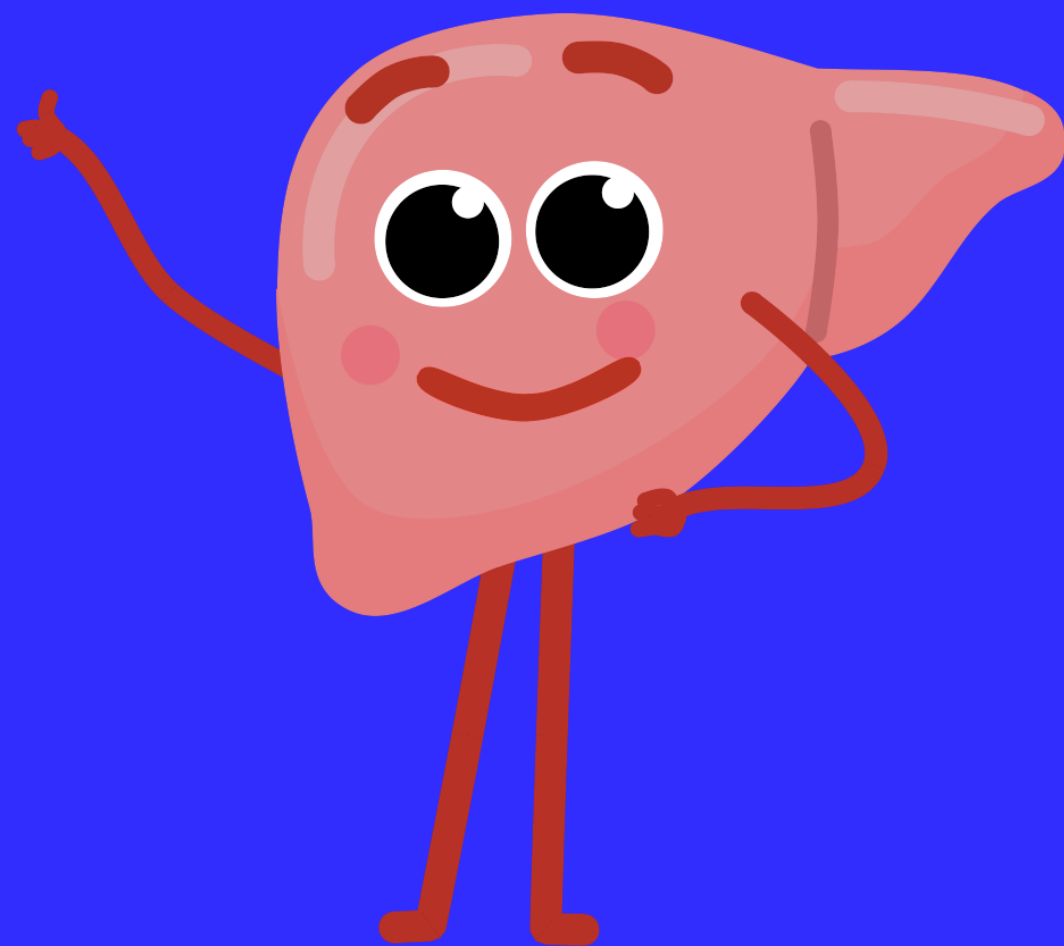
### *Morning Tea*

4. **Lived Experience Story - *Jane***
5. **Hepatitis C–related legal, policy and practice stigma and discrimination – *Emily Lenton***
6. **Activity – Round Robin Brainstorming exercise**

### *Lunch*

7. **Lived Experience Story – *Shane***
8. **Hepatitis B Education, AMEP, Visa and Migration– *Alain Palines and Tepy Heoung***
9. **LiverWELL App, programs, and resources – *Alain Palines***
10. **Evaluation and Closing**





# Housekeeping

**Morning Tea: 11:25am – 11:40am**

**Lunch: 12:35pm – 1:20pm**

- **Toilets**
- **Fire exits**
- **Please kindly switch mobile phones to silent**
- **Please use microphones (for speakers and attendees)**

# Steve

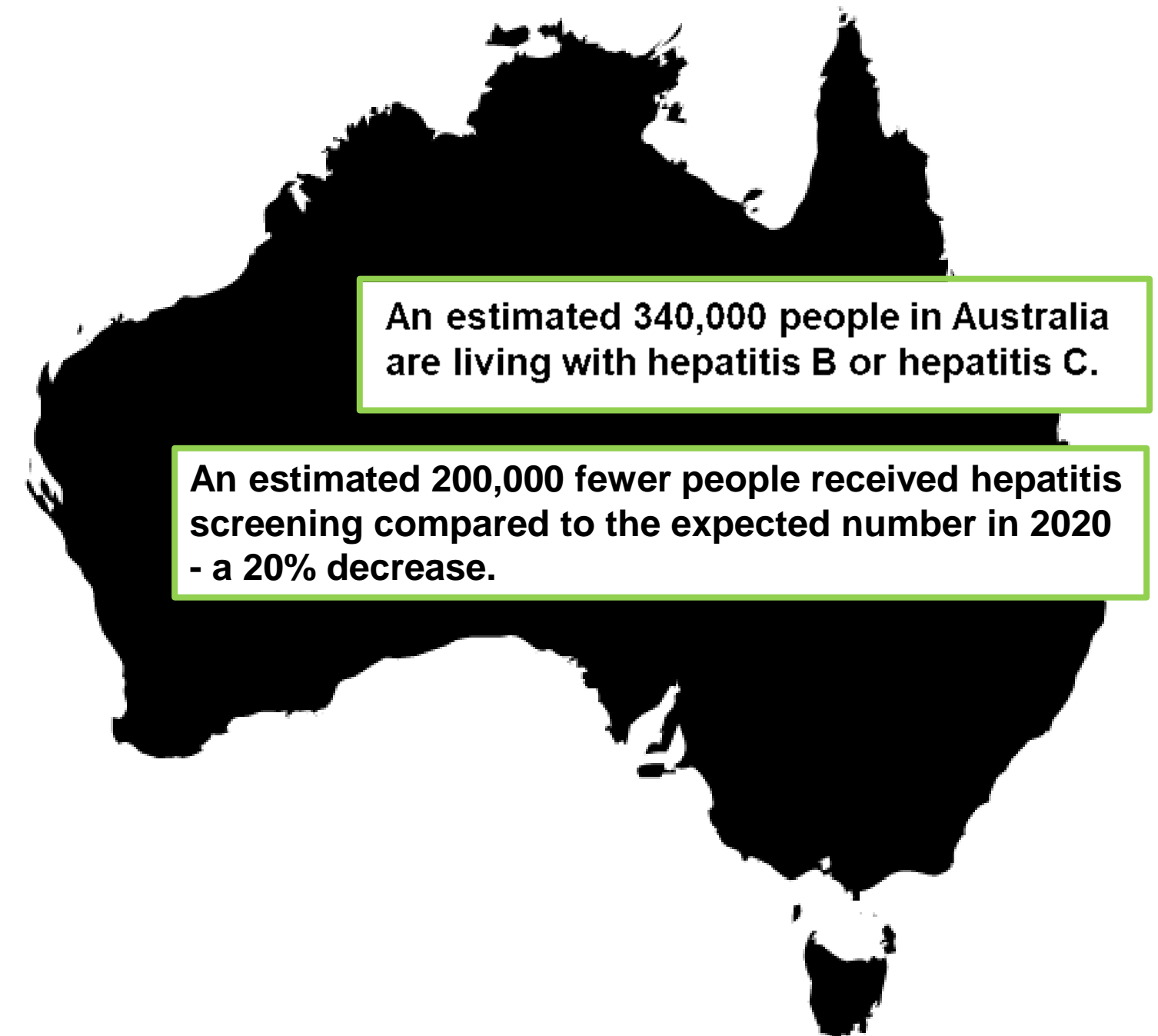
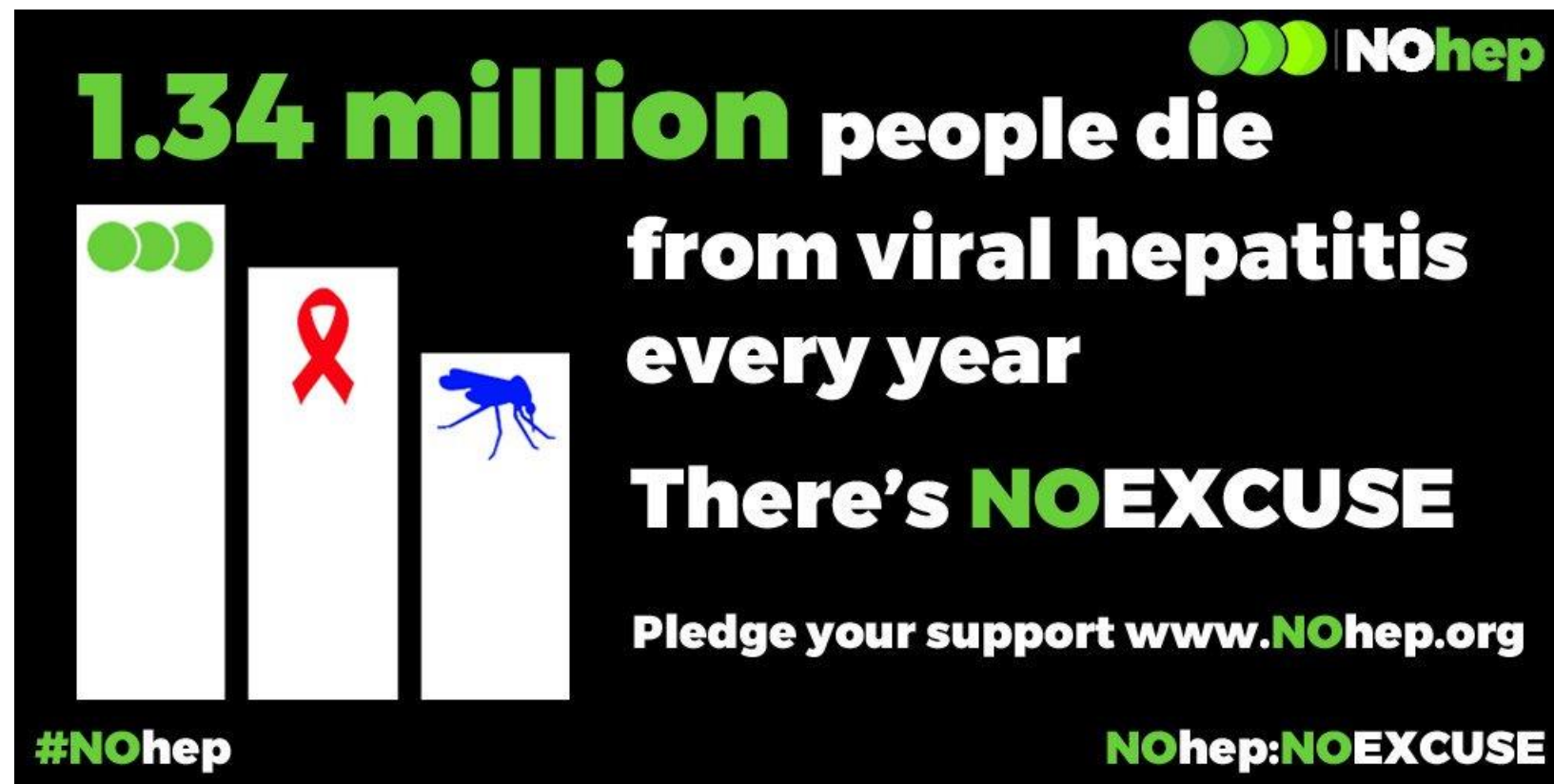
## Lived Experienced Story



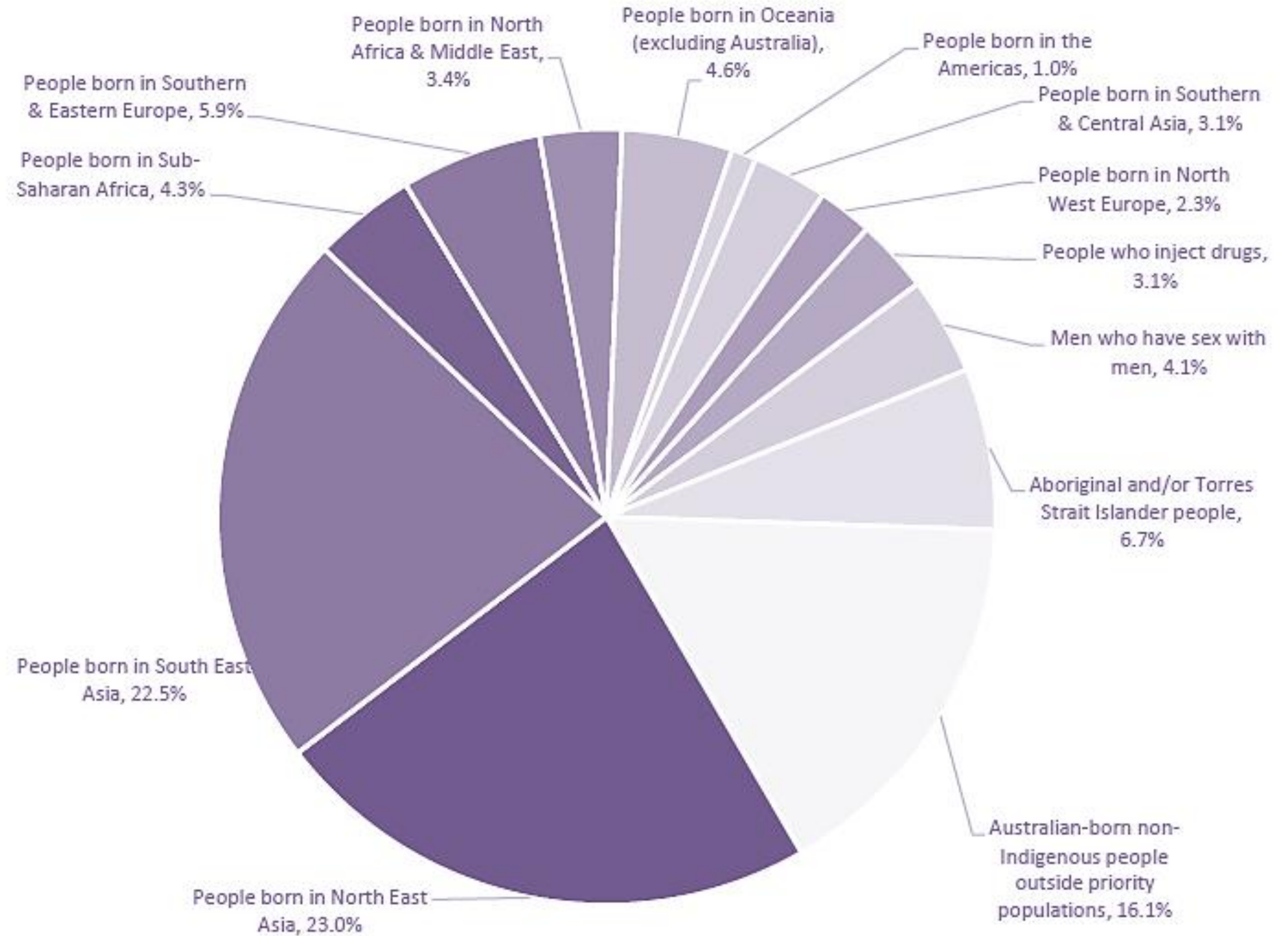
# Pearl Prabhal & Alain Palines

**Introduction on Hepatitis B, C and Liver Disease  
And Epidemiology**

# Viral Hepatitis : The Global and Australian context



# Hepatitis B : Who is at risk?





# Hepatitis B : Epidemiology

An estimated 200,385 people were living with chronic hepatitis B in Australia in 2021, representing 0.78% of the total population.



More than **70%** of people living with chronic hepatitis B are not receiving care.<sup>5</sup>



Only **10%** of people living with chronic hepatitis B are getting antiviral treatment. This is **half the number** estimated to need treatment.<sup>6</sup>

In Victoria, approximately 56,837 people are living with chronic hepatitis B. In NSW, approximately 72,058 people are living with CHB. Due to the large populations of NSW and Victoria, these states are home to an estimated two-thirds of people living with CHB who have not yet been diagnosed.

# Epidemiology

## Murray PHN

People living with CHB – 2401

Treatment uptake – 8.6%

Care uptake – 20.8%

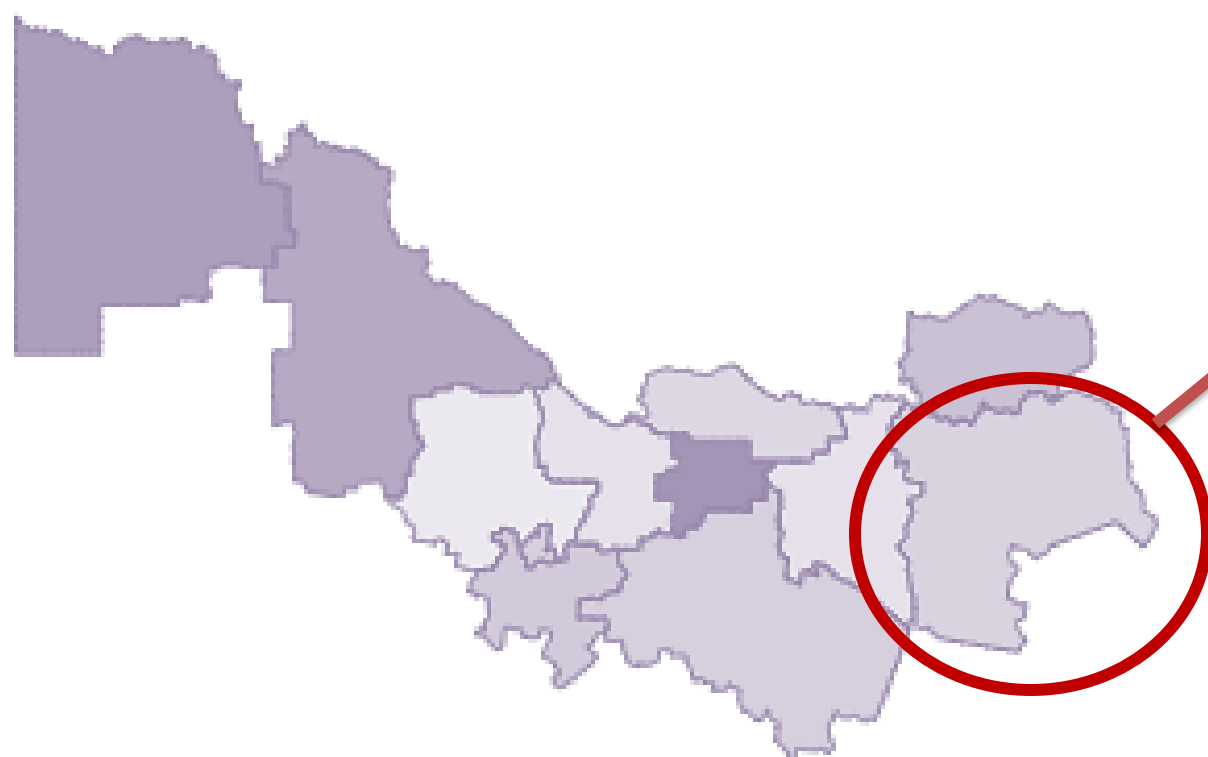
## Albury

People living with CHB – 265

Treatment uptake – 3.4%

Care uptake – 10.6%

# Epidemiology



## **Wodonga – Alpine**

People living with CHB – 258

Treatment uptake – 5.4%

Care uptake – 10.9%



# Transmission

Hepatitis B is transmitted from  
**Blood** of a person with hep B entering  
Into the **blood** stream of another person

*OR*

Through unprotected sex  
(sexual fluids into blood *only*)

*OR*

Mother to baby



# Hepatitis B testing

There are three tests for Hepatitis B. By ordering all 3 tests you can determine susceptibility, immunity through vaccination or past infection, or current infection.

- Hepatitis B surface antigen – HBsAg : tests for hep B virus : current infection.
- Hepatitis B core antibody – anti-HBc or HBcAb : tests for exposure to hep B virus.
- Hepatitis B surface antibody – anti-HBs or HBsAb : tests for immunity to the virus.

Hepatitis serology testing is free with a Medicare card.



# Hepatitis B - Pre and post test discussion

- Seek consent to test for co-infection with other blood borne viruses like HIV
- Discuss vaccination
- Discuss transmission and prevention
- Address lifestyle factors like minimizing alcohol and a healthy diet
- Test household contacts, family members, and sexual partners
- Assess needs and refer to support agencies such as LiverWELL or Hepatitis Australia if required – National Infoline : 1800 437 222.



# Vaccination for Hepatitis B

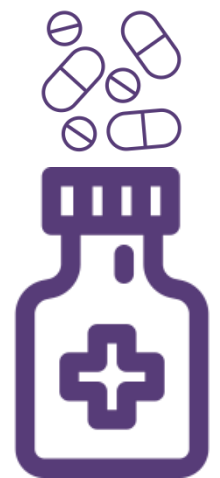
- Vaccination offered to all newborns in Australia since 2000.
- Doses required - at birth, 2, 4 and 6 months.
- Vaccination for adults: 3 doses over 6 months.
- Catch up vaccines and booster doses.





# Managing and Monitoring Hepatitis B

- Current antiviral treatments do not cure Hepatitis B completely.
- Medication is used to achieve viral suppression, thus reducing liver damage and risk of liver cancer.
- Entecavir and Tenofovir are commonly prescribed.
- Important to monitor for cirrhosis and liver cancer.



# What are the WHO 2030 Elimination goals?

WHO's global hepatitis strategy, endorsed by all WHO Member States, **aims to reduce new hepatitis infections by 90% and deaths by 65% between 2016 and 2030**. Every year on 28 July, WHO and partners mark ***World Hepatitis Day*** to increase awareness and understanding of viral hepatitis and the diseases it causes. This date honours the birthday of Nobel Laureate Professor Baruch Samuel Blumberg, who discovered the hepatitis B virus.

# National Hepatitis B Strategy (2022 – 2030) - Victoria

- **Childhood vaccination coverage of 95%** at birth, 12 and 24 months.
- **100% uptake of hepatitis B immune globulin (HBIG) and birth dose vaccine** for all infants born to women with chronic hepatitis B.
- **Reduce the number of newly acquired hepatitis B infections by 90%** with a focus on priority populations.
- Increase the proportion of **people living with chronic hepatitis B who are diagnosed to 90%**
- Increase the total proportion of **people living with chronic hepatitis B receiving care to 90%**
- Reduce **hepatitis B-attributable mortality by 35%**
- Reduce the **reported experiences of stigma, racism and discrimination** among people living with or affected by hepatitis B to **less than 10%**
- **Eliminate mother-to-child transmission** of hepatitis B



# National Hepatitis B Strategy (2023 -2026) – New South Wales

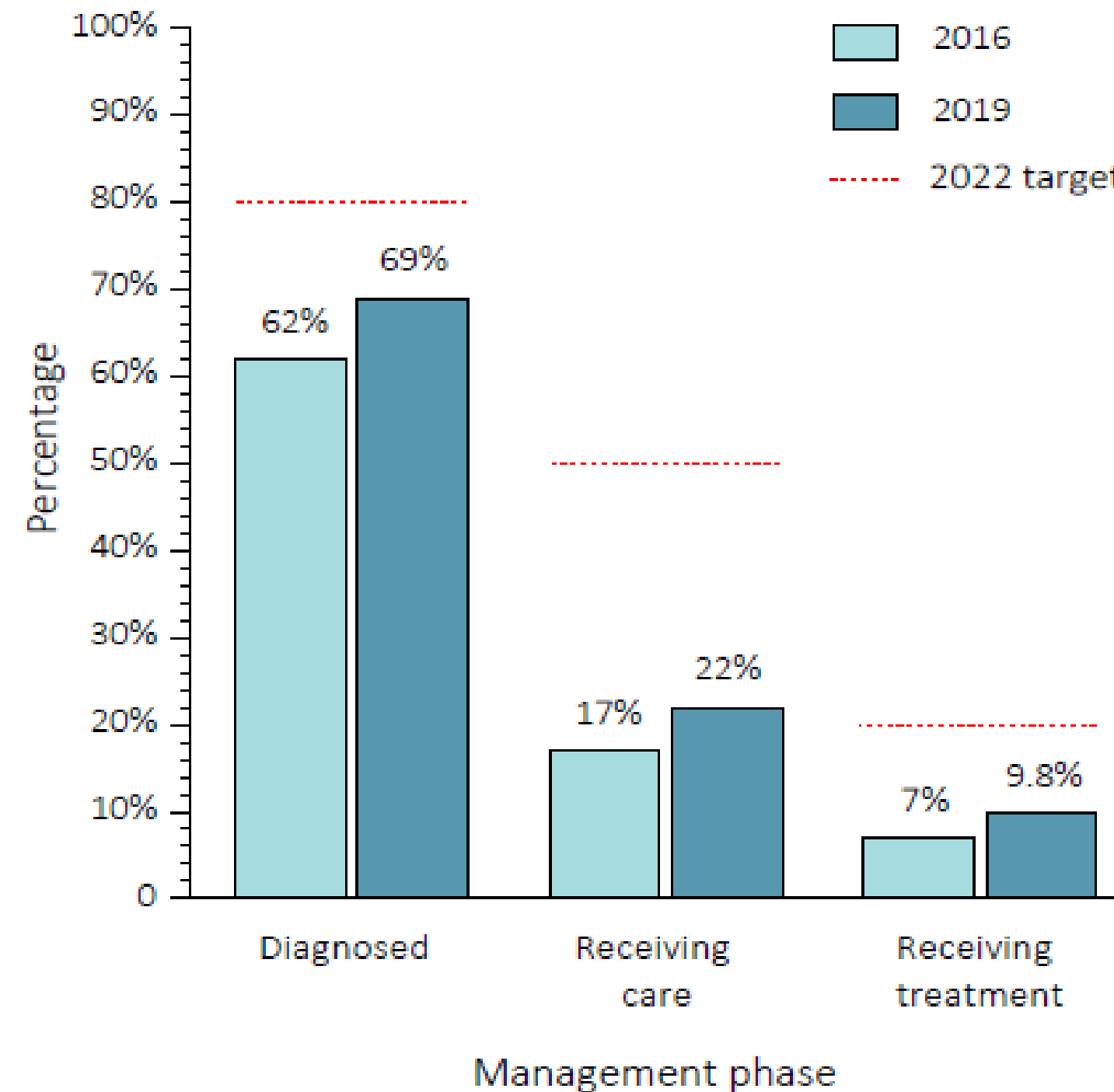
- **95% or higher vaccination coverage** for Hepatitis B (childhood vaccination and birth dose).
- **100% of pregnant women** screened for hepatitis B
- **100% of infants born** to hepatitis B positive mothers receive immunoglobulin within 12 hours of birth and 100% of pregnant women are offered treatment (those with high viral load)
- **90% of people** with hepatitis B are **diagnosed**.
- **100% of people** with hepatitis B **receive care**.
- **20% of people** with hepatitis B **receive antiviral treatment**.
- **20% reduction** in hepatitis B **related mortality**.
- **75% reduction in stigma and discrimination** towards people living with hepatitis B by **healthcare workers**.
- **75% reduction in stigma and discrimination** towards people living with hepatitis B by **general public**.





# Cascades of care

**Figure 3. Cascade of care for chronic hepatitis B in Australia**

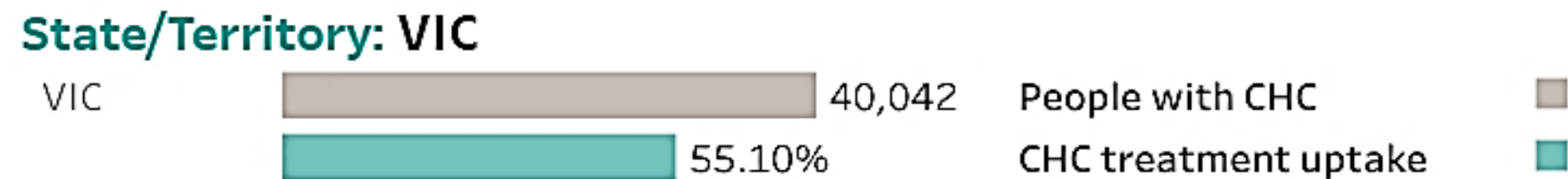


Data sources: Chronic hepatitis B prevalence estimates based on mathematical modelling incorporating population-specific prevalence and population data.<sup>28</sup> Treatment and care data from Department of Human Services Medicare statistics. These are compared with 2022 national targets (red dashed lines).<sup>28,38,39</sup>

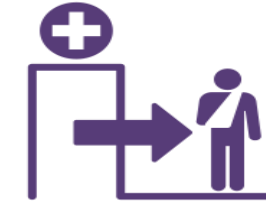
\*Australian consensus recommendations for the management of hepatitis B infection. Gastroenterological Society of Australia. March 2022.

# Hepatitis C

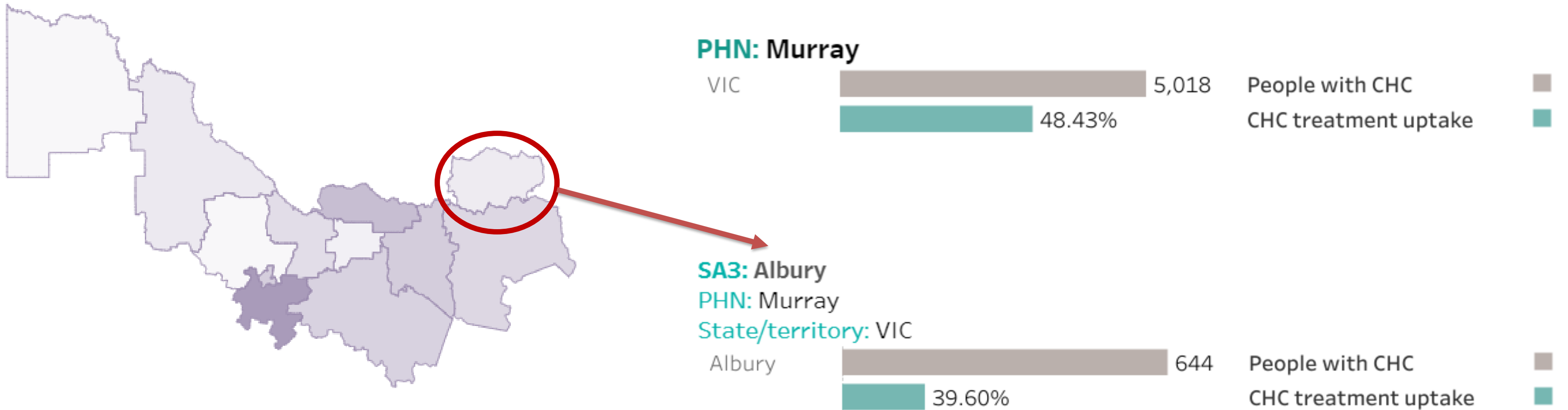
- Affects approximately 118,000 Australians and more than 60% of Australians living with hepatitis C remain untreated. Of those who are considered 'diagnosed', one-quarter have not received confirmatory testing to know whether their hepatitis C is chronic.
- In Victoria 40,042 people are living with chronic Hepatitis C, with a treatment uptake of approximately 55%.



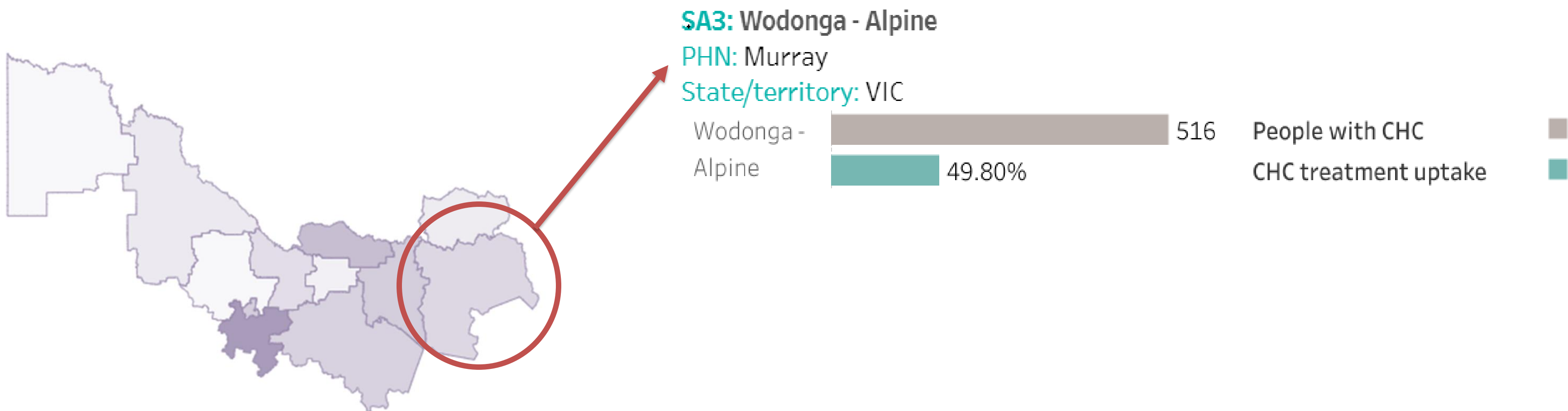
- Who is at risk of Hepatitis C?



# Hepatitis C - Epidemiology

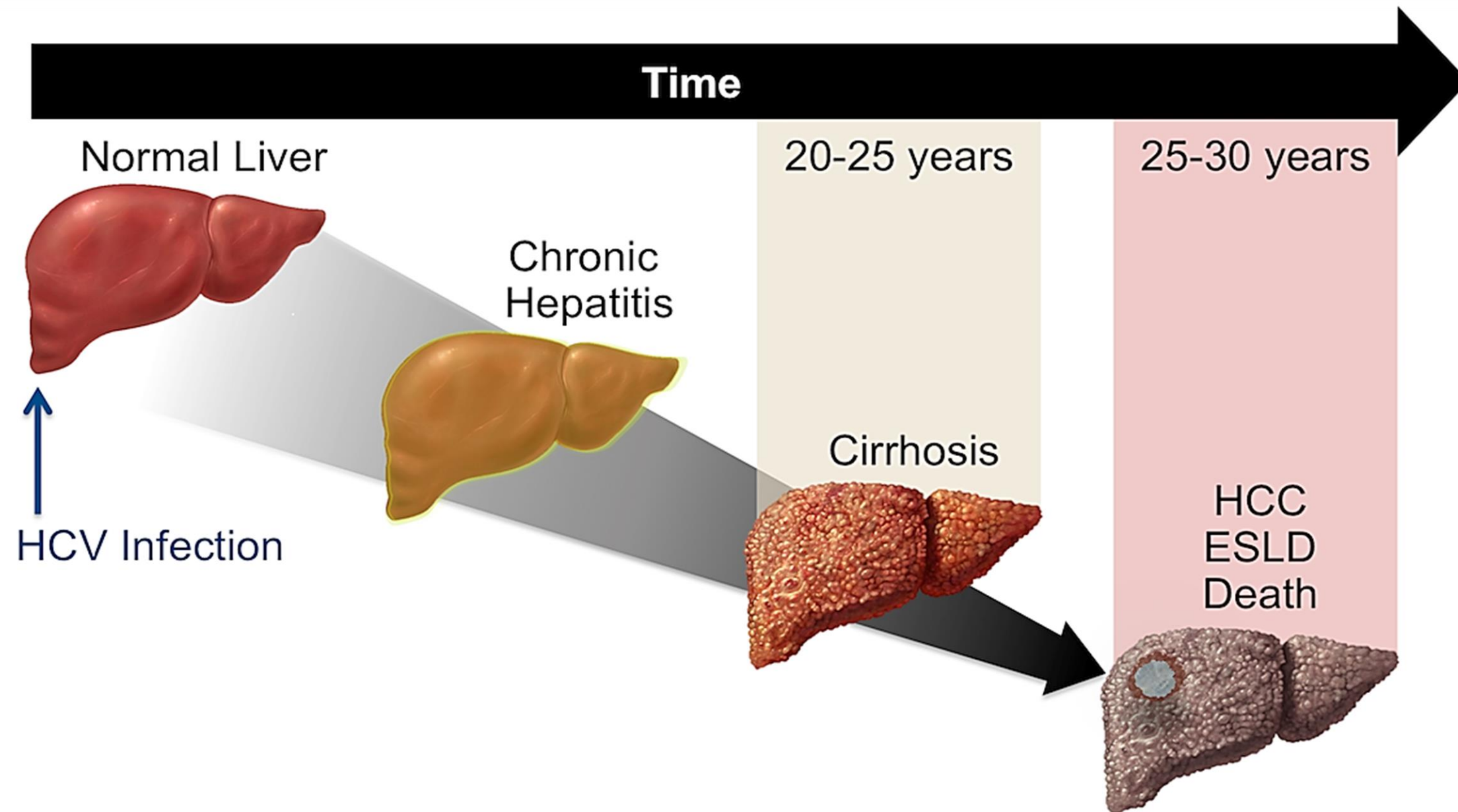


# Hepatitis C - Epidemiology





# Hepatitis C: Why does it matter?



# Transmission

**BLOOD TO BLOOD**

Unsterile tattooing & piercing



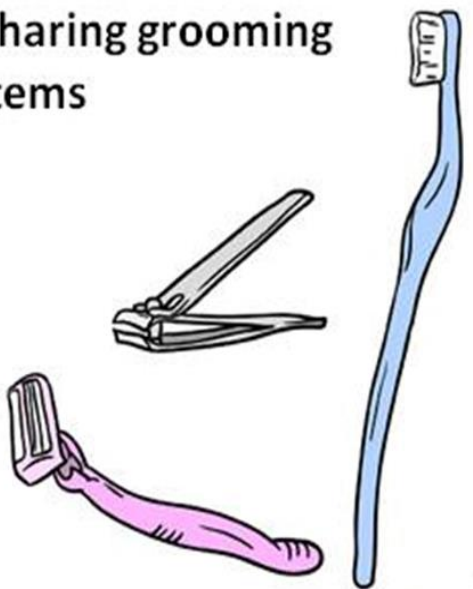
Sharing injecting equipment



Sharing snorting equipment



Sharing grooming items



Workplace exposure



Mother to baby



# Prevention

- Needle and syringe programs
- Education
- Treatment as prevention
- Universal precautions: “Treat every person as infectious”



81% avoided telling someone about their hepatitis status out of worry for being treated badly

# Testing and Diagnosis

The tests are free through Medicare, there is a limit on the number of tests you can get for free each year.

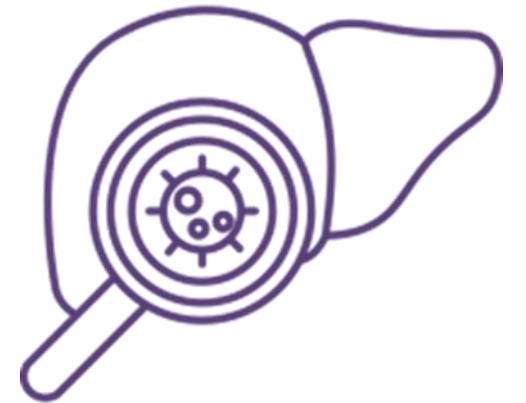
- **Initial testing: The Antibody Test** – Confirms exposure to HCV.

- negative – no further tests required (unless there are new risks)
- positive – need to do a HCV PCR test

- **Secondary testing: The PCR Test** – Confirms if someone still has a current HCV infection.

- negative – has cleared hepatitis C
- positive – has hepatitis C

- Ultrasound imaging: **Fibroscan** – Screening for liver scarring and stiffness.
- Other tests - **Point-Of-Care Testing (POCT)** for high-risk populations.
- Monitoring Hepatitis C – Reinfection and retreatment.





# Hepatitis C - Pre and post test discussion

- Seek consent to test for co-infection of Hepatitis A, Hepatitis B, and HIV.
- Discuss vaccination if susceptible to Hepatitis A and B virus.
- Discuss with the patient about reason for testing, transmission, risk reduction, monitoring and availability of curative treatment.
- Lifestyle factors like minimizing alcohol and a healthy diet.
- Referral to a specialist
- Previous treatment regime (if any), discuss pregnancy and contraception.
- Availability of peer support services, information and support services like LiverWELL or Hepatitis Australia - National Infoline 1800 437 222.

# Hepatitis C: Treatment

- **Pre-assessments** are performed to determine the best course of treatment.
- **Old treatment:** Interferon Therapy.
- **New treatment: Direct Acting Antivirals (DAAs)**
  - Available since March 2016.
  - More than 95% success rate.
  - Cost : Subsidized rates on the Australian Pharmaceutical Benefits Scheme.
  - Treatment with tablets.
  - Commonly prescribed - Epclusa, Maviret, Harvoni.



# National Hepatitis C Strategy (2022-2030) - Victoria

- **Reduce the number of newly acquired hepatitis C infections**, with a focus on priority populations, by **90%**
- Increase the proportion of people living with hepatitis C **who are diagnosed to 97%**
- Increase the cumulative proportion of people living with chronic hepatitis C who **have initiated direct-acting antivirals treatment to 96%**
- Reduce **hepatitis C-attributable mortality by 67%**
- Reduce **the reported experiences of stigma, racism and discrimination** among people living with or affected by hepatitis C **to less than 10%**



# National Hepatitis C Strategy (2023-2026) – New South Wales

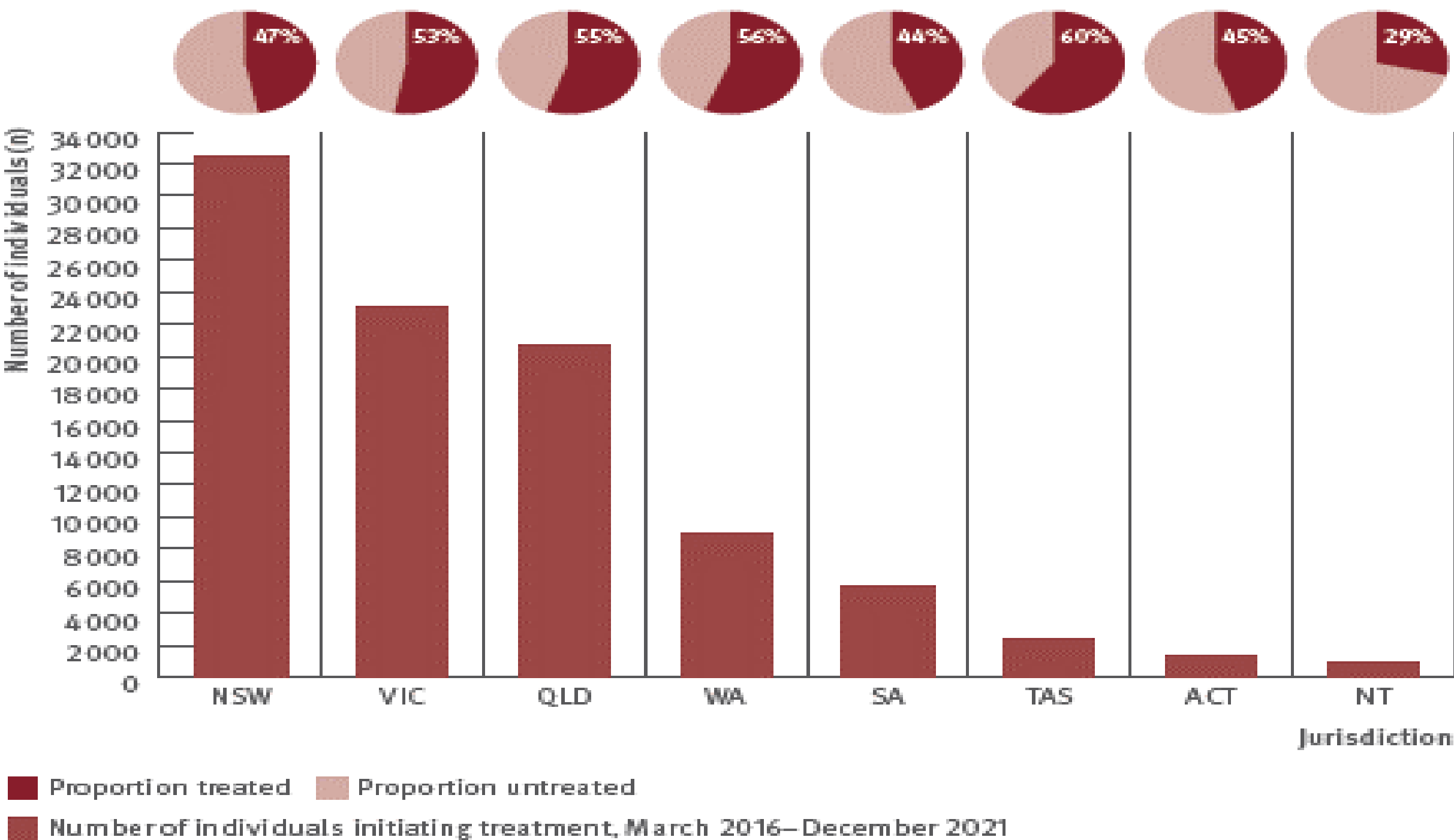
- **60% reduction** in the number of **hepatitis C** infections
- **20% or lower rates** of **receptive needle sharing**
- **10% increase** in **distribution** of **clean needles and syringes**
- **10% increase** in number of **hepatitis C** **antibody tests**
- **20% increase** in **hepatitis C** **PCR tests**
- **65% cumulative proportion** of people living with **hepatitis C** **who have initiated DAA treatment**
- **50%** in **hepatitis C** **attributable mortality**
- **75% reduction** in **stigma and discrimination** among people who inject drugs
- **75% reduction** in **stigma and discrimination** among people who inject drugs by **healthcare workers**



# Treatment uptake

## Monitoring treatment uptake

Figure 21. Estimated number of individuals initiating DAA treatment and the proportion of individuals living with chronic hepatitis C who initiated DAA treatment by jurisdiction, PBS database, March 2016–December 2021





# Covid 19, hepatitis and liver health

- Some people with COVID-19 have reported abnormal liver function and liver injury. Hepatitis screening and treatment uptake has been affected by COVID-19.
- Pre-existing liver conditions like hepatitis or fatty liver disease have been associated with increased risk of developing serious illness and poor health outcomes following Covid-19 infection.
- Encourage self-care and address lifestyle factors. LiverWELL has developed four lifestyle guides - eating well, getting active, feeling well, and being drink aware.



# Summary

- Significant rates of viral hepatitis B and C in Australia.
- Both have an acute phase and a chronic phase.
- There is an effective vaccine for hepatitis B.
- There is no vaccine for hepatitis C.
- There are effective cures for hepatitis C.

Virus	Transmission	Incubation Period	Chronic Infection	Vaccine	Treatment
Hepatitis B	Blood-to-blood Sexual body fluids Mother to baby	2 – 24 weeks	Yes	Yes	Yes – To manage condition
Hepatitis C	Blood-to-blood Mother to baby (5%)	4 – 20 weeks	Yes	No	Yes – Can cure



**THANK YOU FOR  
LISTENING**



# Geoff Bartlet

**Hepatitis C and referral  
and care pathways**



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# Albury Hepatitis C Clinic

Geoff Bartlett RN



# Acknowledgment of Country

- We acknowledge the traditional custodians of the land upon which our health services are provided, we acknowledge our Elders; past, present and future, and we pay our respects to the wisdom, knowledge and leadership that our Elders and community provide.

# Disclosures

- Presenter has accepted financial support from:
  - Gilead
  - Abbvie

# AWH Hepatitis C clinic

- The Service
- The goals
- The tools
- Pretreatment assessment and regimen selection
- On-treatment monitoring
- Post-treatment follow-up
- Remaining challenges

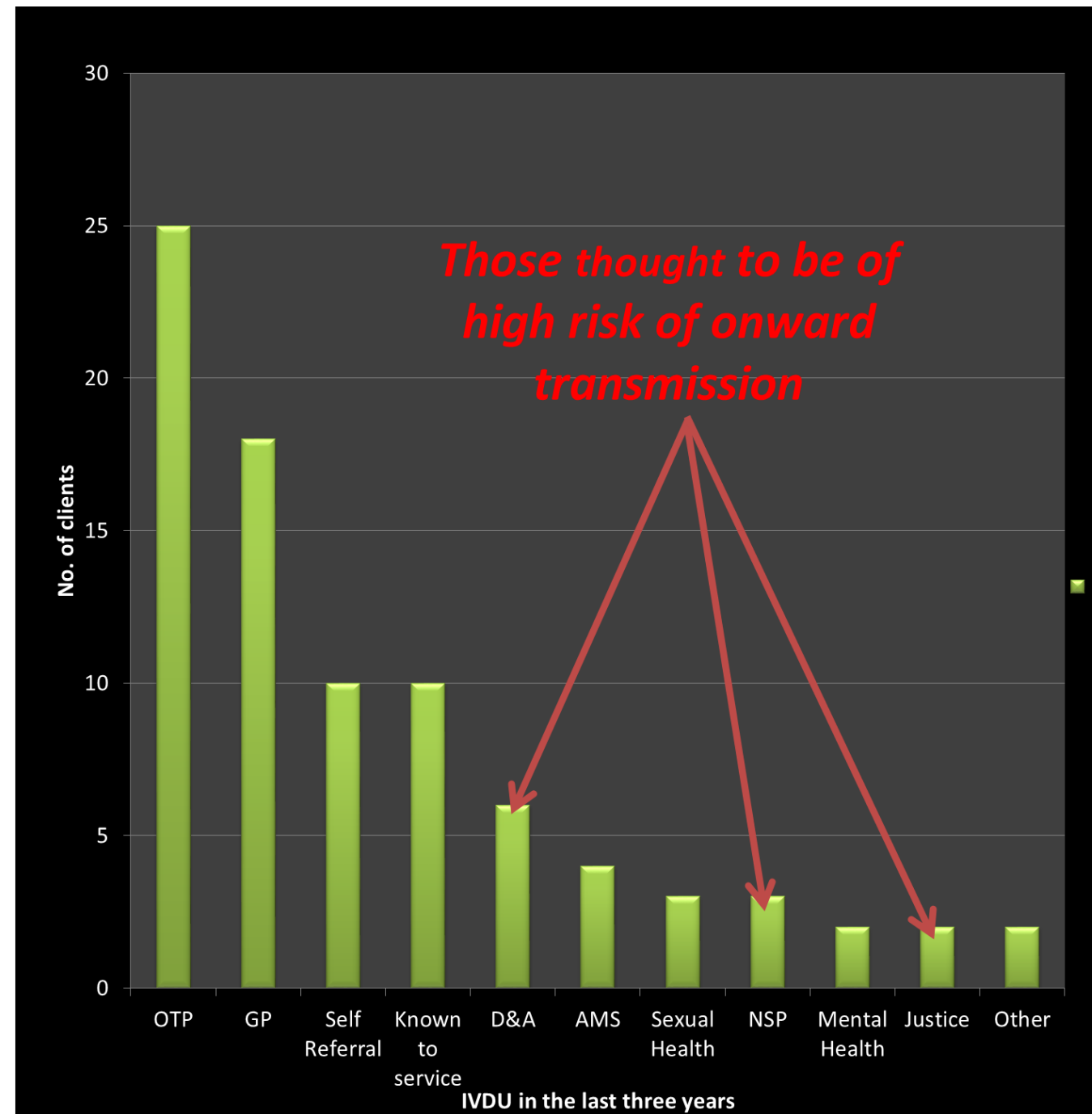
# The Service

- Nurse lead clinic
- Three days a week
- Medical support available
- Transition from interferon to DAAS
- No wrong door
- Free/confidential
- Not limited to Albury Wodonga
- GP Resource





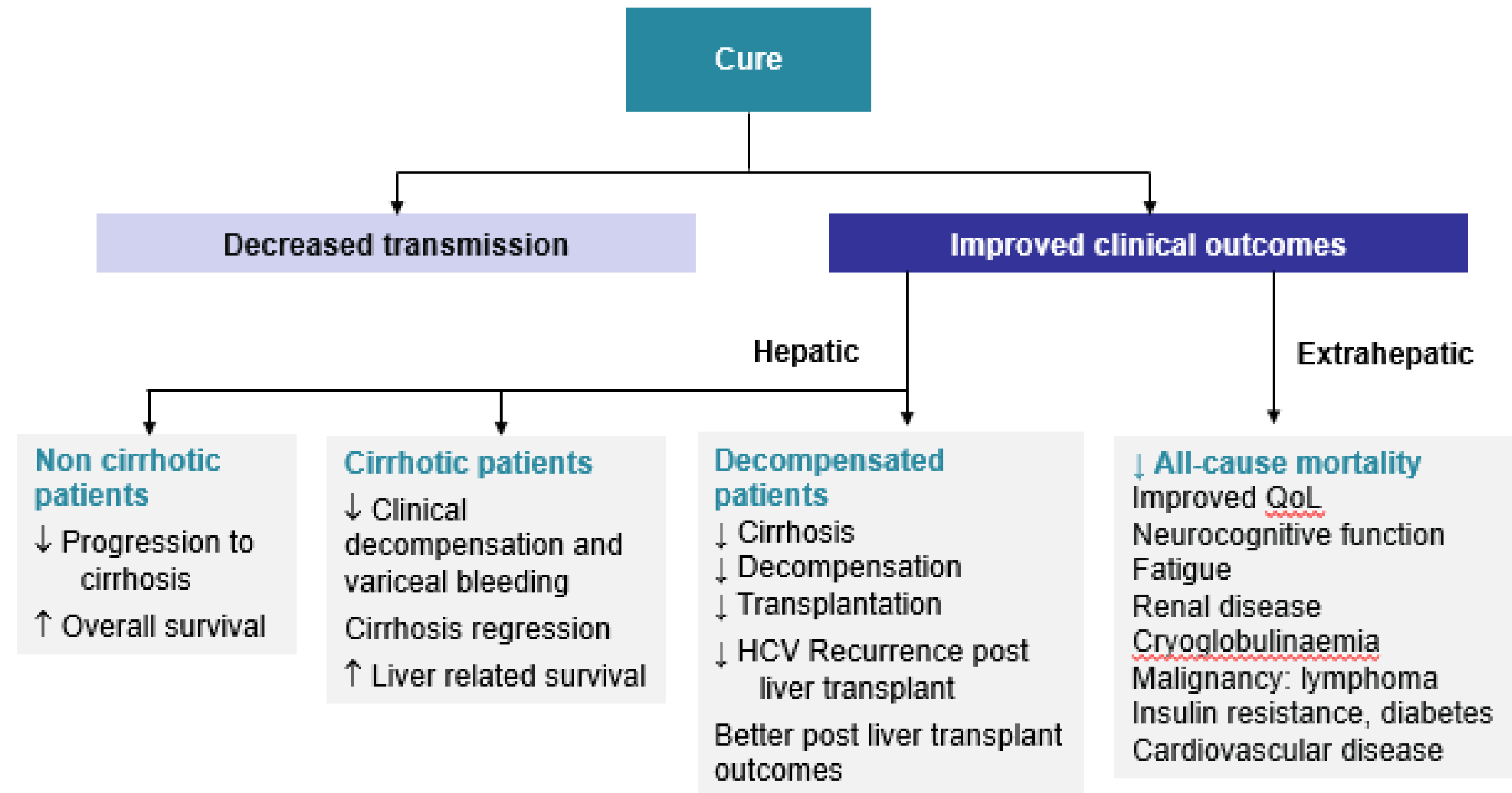
# The Goals



- Free/confidential treatment
- No wrong door
- Minimise Barriers
- No Stigma

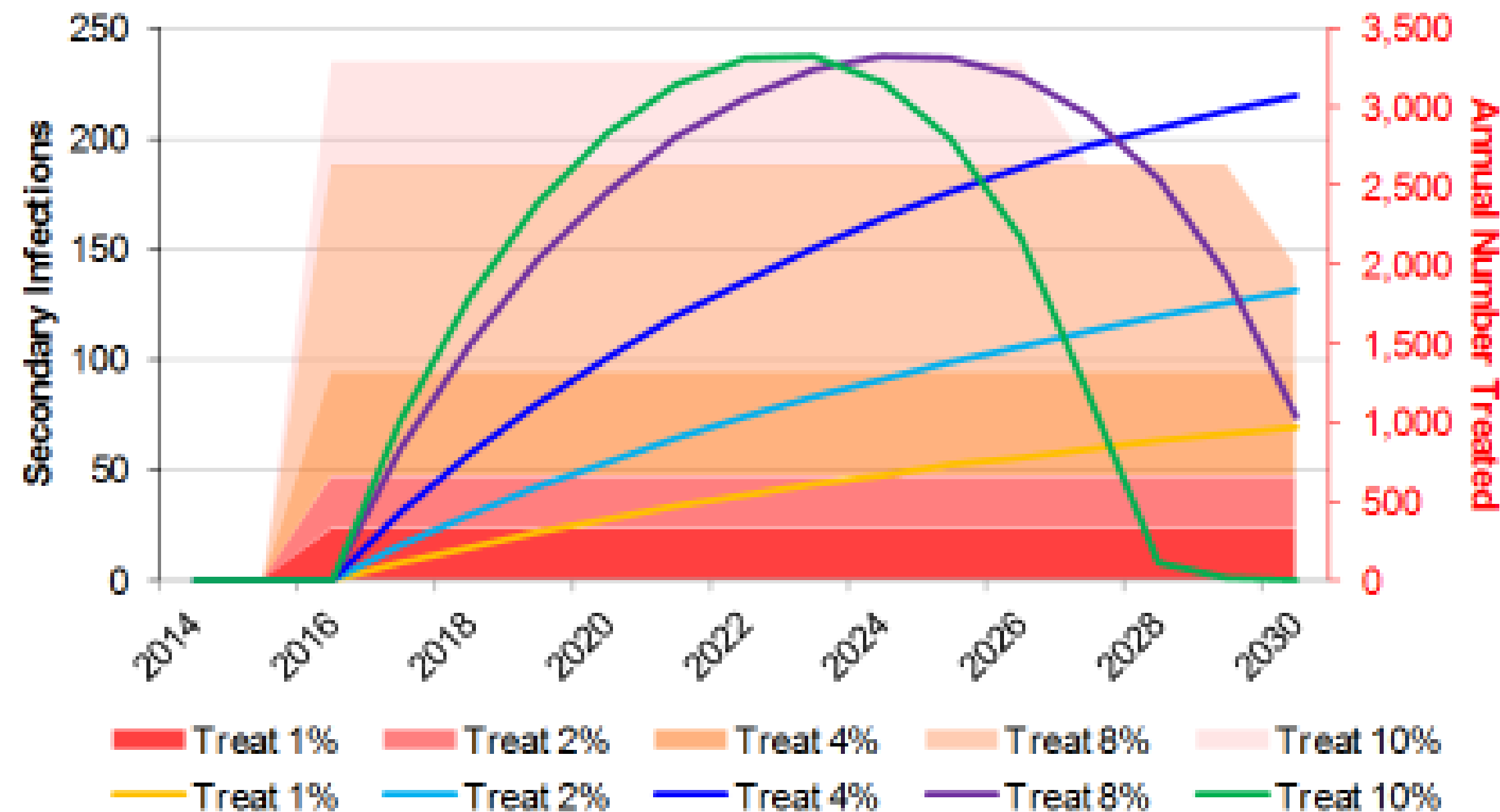


# Benefits of Curing HepC



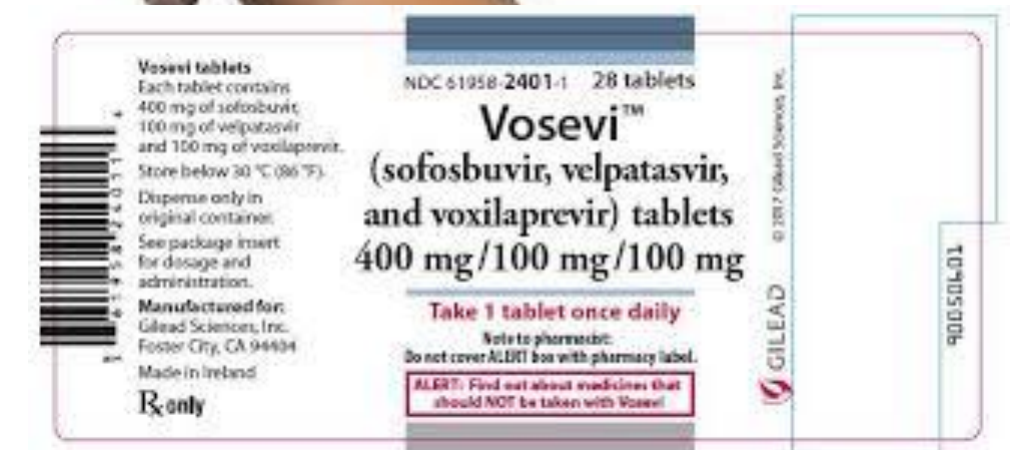
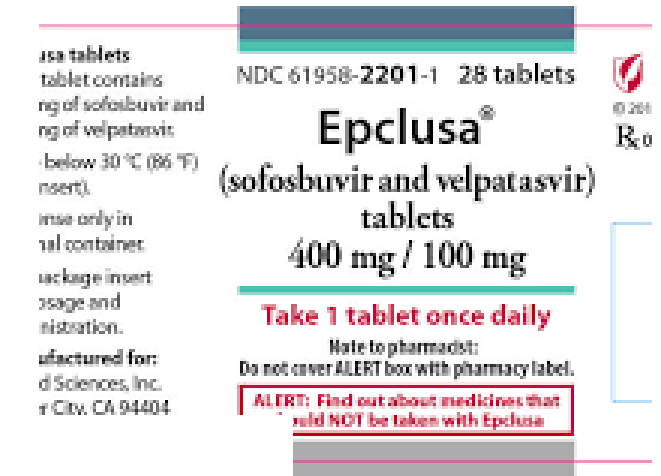
# HCV treatment as prevention among PWID

## Impact of different DAA scale-up levels



# The tools

- 8-12 Week treatment time
- Tablet(s) only
- Pangenotypic
- Minimal side effects
- No significant contraindications to treatment – IVDU OK
- 95% + cure rate



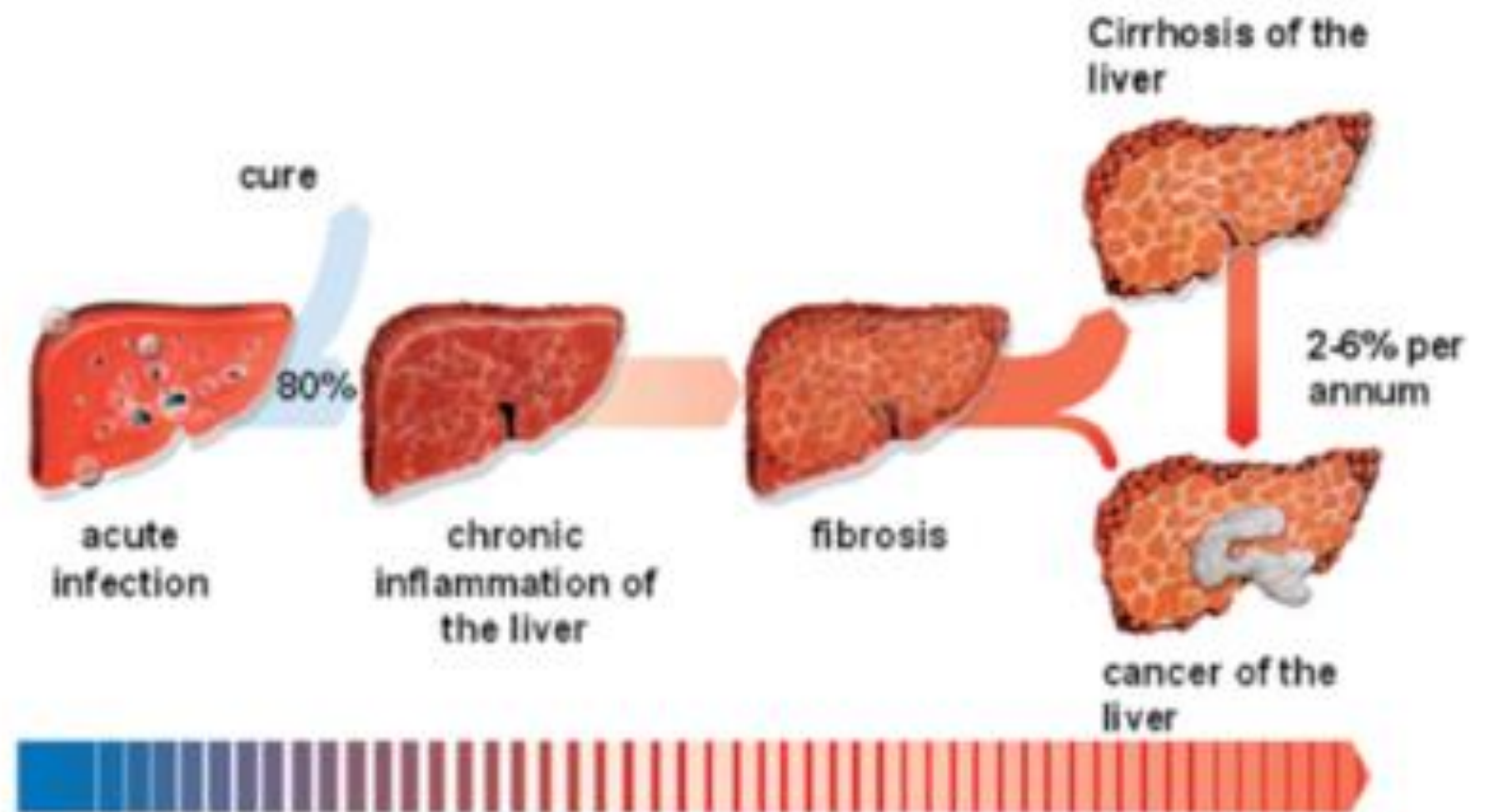
## Pretreatment assessment and regimen selection

- Pathology
  - HCV RNA, LFT, FBC, HBV, HIV, Genotype??
- Fibroscan, evidence of liver disease
  - APRI, Fib4
  - Referral to gastro/ID
  - Cirrhosis > Epclusa, ?ribavirin
- Abdominal Ultrasound
- Drug Drug Interaction
- Treatment Naive or Previous treatment
- Alcohol
- Barriers
- DBST- POC - ASHM
- Contra indications for treatment (chance of pregnancy), CKD
- Current IVDU



# Liver Disease


## Course of illness with Hepatitis C





# Drug/Drug Interaction

[www.hep-druginteractions.org](http://www.hep-druginteractions.org)



Interaction Report

Report ID:

Date Produced:

Hepatitis Treatment	Co-medications
Glecaprevir/Pibrentasvir Sofosbuvir/Velpatasvir	Hyoscine Methadone Pantoprazole

This report lists the summaries of potential interactions (i.e. "red", "amber" and "yellow" classifications) for the drugs in the table above.

Interactions with a "green" or "grey" classification (i.e. no clinically significant interaction or no clear data) have been checked and are listed at the end of this report, but summaries are not shown. Please note that some co-medications with a green classification may require dose adjustment due to hepatic impairment.

For full details of all interactions, see [www.hep-druginteractions.org](http://www.hep-druginteractions.org).

Description of the interactions

Potential clinically significant interaction - likely to require additional monitoring, alteration of drug dosage or timing of administration (AMBER)

**Sofosbuvir/Velpatasvir + Pantoprazole**  
Coadministration has not been studied and is not recommended as concentrations of velpatasvir may decrease. If use of a proton pump inhibitor is considered medically necessary, the US Prescribing Information recommends sofosbuvir/velpatasvir to be administered with food and taken 4 hours before omeprazole 20 mg but does not recommend the use of other proton pump inhibitors. The European Summary of Product Characteristics states that sofosbuvir/velpatasvir could be administered with food and taken 4 hours before a proton pump inhibitor at a dose not to exceed that comparable to omeprazole 20 mg.

Potential weak interaction - additional action/monitoring or dosage adjustment is unlikely to be required (YELLOW)

**Glecaprevir/Pibrentasvir + Pantoprazole**  
Coadministration has not been studied but may result in decreased concentrations of glecaprevir. Coadministration with omeprazole (40 mg once daily) decreased glecaprevir AUC by ~50% and a similar effect may occur with equivalent doses of pantoprazole. For omeprazole, the European SPC for glecaprevir/pibrentasvir indicates that no dose adjustment is required and the US Prescribing Information indicates no clinically significant interaction and no dose adjustment required. However, it is important to note that currently there are no data with doses of omeprazole greater than 40 mg once daily.

No clinically significant interaction expected (GREEN)

Sofosbuvir/Velpatasvir + Methadone  
Sofosbuvir/Velpatasvir + Hyoscine  
Glecaprevir/Pibrentasvir + Hyoscine  
Glecaprevir/Pibrentasvir + Methadone



# On Treatment Monitoring

HCV TREATMENT FLOW SHEET											Patient Label			HCV TREATMENT FLOW SHEET																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						</
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# On-treatment monitoring



Barriers



Compliance



Keeping client engaged



Lost to follow up

# Post treatment follow up

SVR 12 v SVR 4

Dried Blood spot/POC

GP Referral

AOD

Harm minimization

Open Door

# Ongoing Challenges/Opportunities

- Constantly evolving process
- Ongoing profile of clinic amongst health workers
- Finding new clients and keeping them engaged
  - MH
  - IVDU
  - Homeless/Transient
  - Indigenous
- Stigma
- Pathology requirements
  - POC
- ? Nurse Practitioner Role
  - ASHM
- GP Prescribing
- Liver Clinic





# ***Morning Tea Break***





***Kahoot!***



# Jane

## Lived Experienced Story

# Emily Lenton

**Hepatitis C-related legal, policy and practice  
stigma and discrimination**



# Using research to develop tools to address hepatitis C-related stigma

LiverWELL Forum: Albury/Wodonga

Tuesday 30<sup>th</sup> June 2023

Australian Research Centre in Sex, Health and Society

La Trobe University



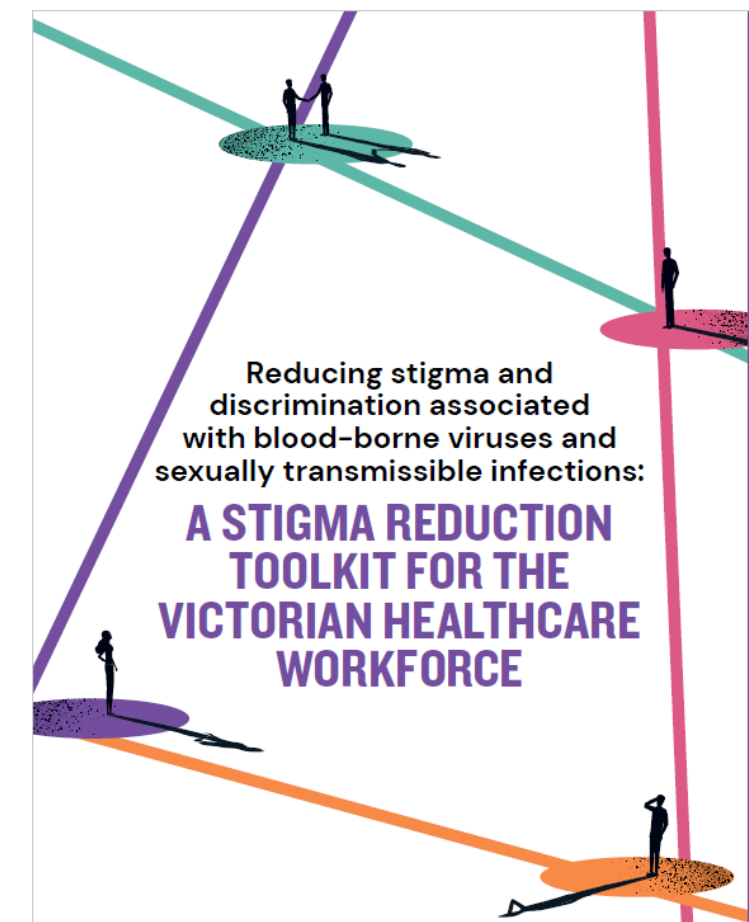
# Acknowledgement of Country

*We acknowledge the traditional owners of country throughout Australia and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past and present.*

# ARCSHS

The Australian Research Centre in Sex, Health and Society (ARCSHS) conducts world-class research and education on the social dimensions of sexuality, gender, health and human relationships. We work collaboratively with other researchers, communities, community-based organisations, government and professionals to advance knowledge and promote positive change in policy, practice and people's lives.

vitalvoicesonhepc.org 



# What is stigma?

- Involves negative attitudes about, and actions against, certain individuals or groups of people, based on a distinguishing characteristic such as a health condition, mental illness or disability.
- Is a product of cultural ideas and social processes that label some people as 'normal' and others as 'abnormal' (Parker & Aggleton, 2003).
- Has many negative health implications, such as impacts on mental health, reduced healthcare access and increased social isolation.
- Can take many different forms: for example, overt discriminatory actions by individuals or institutions, or subtle forms of exclusion and judgement.
- To experience discrimination is to also experience an effect of stigma.

# Stigma in healthcare

- Just over a third of participants would behave negatively towards other people because of their HIV (37%), hepatitis B (34%), or hepatitis C (36%) status.
- About a quarter of participants (23%) indicated that they would behave negatively towards other people because of their sexual orientation.
- Just under half of the participants would behave negatively towards other people because they engaged in sex work (46%) or had experienced an STI (43%).
- More than two-thirds of the participants (69%) indicated that they would behave negatively towards other people who injected drugs, including nearly 18% who would 'often' or 'always' do so.

Stigma Indicator Monitoring Project, 2022

# Stigma in healthcare

- 58% of people living with hepatitis C reported negative treatment by health workers, including 8% who indicated that this was 'often' or 'always' the case (Broady et al., 2022a).
- 75% of people who inject drugs reported negative treatment by health workers, including 23% who indicated that this was 'often' or 'always' the case (Broady et al., 2022b).
- 91% of sex workers reported negative treatment by health workers, including 24% who indicated that this was 'often' or 'always' the case (CSRH, 2022b).
- 27% of men who have sex with men reported negative treatment by health workers, including 3% who indicated that this was 'often' or 'always' the case (CSRH, 2021).



# Hepatitis-related stigma

Intertwined with other stigmatised identities and practices

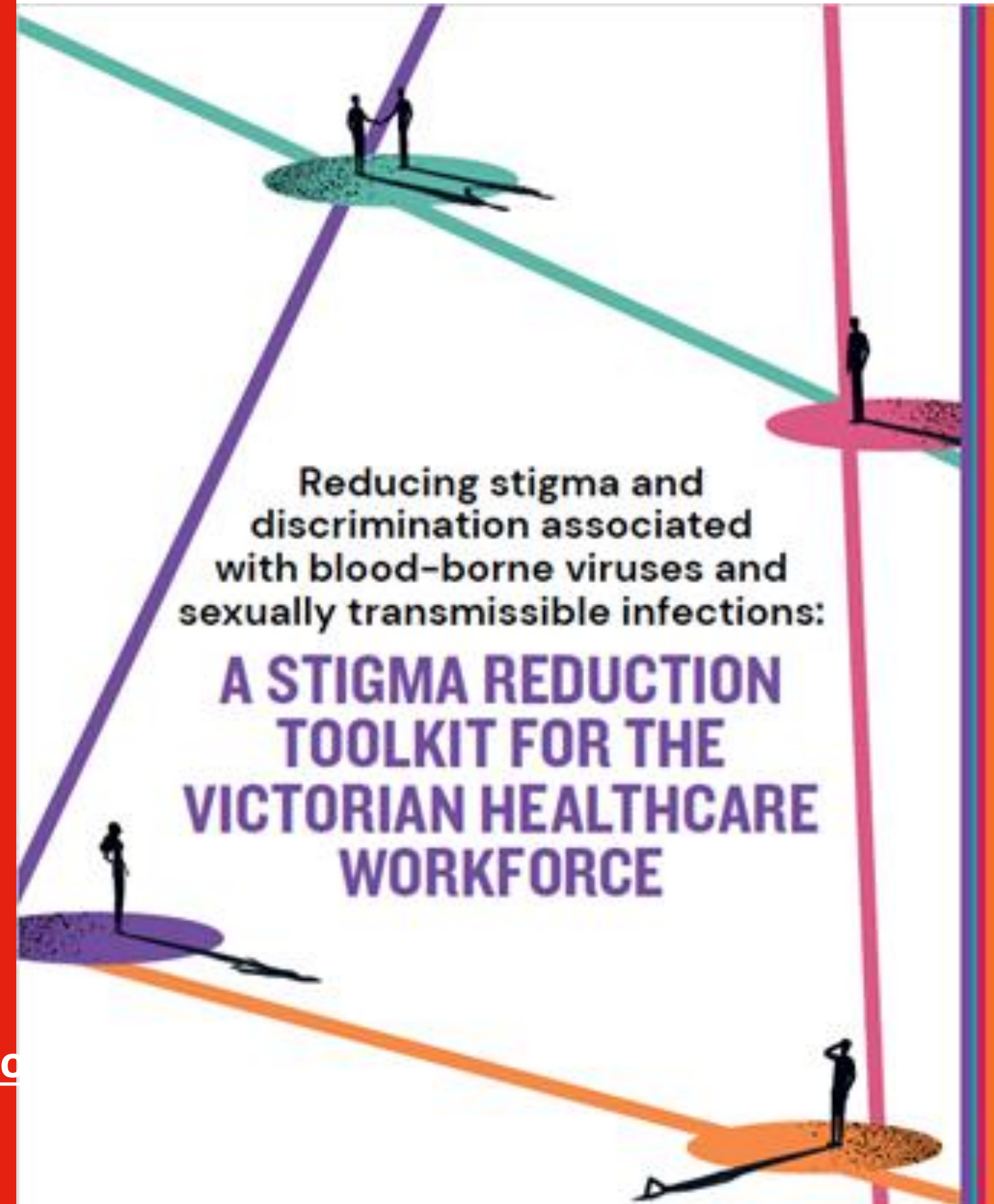
- Hepatitis C: injecting drug use
- Hepatitis B: racism

Impacts include

- Access and quality of healthcare
- Social isolation
- Loss of employment, insurance coverage

**Funded by the Victorian  
Department of Health**

<https://www.latrobe.edu.au/arcs/hs/publications/social-responses-to-hiv-and-viral-hepatitis>



# Stigma reduction toolkit

1. Individual-level strategies such as those focussed on improving knowledge about stigma, language and communication strategies and reflective professional practice
2. Service-level strategies such as those focussed on demonstrating allyship with affected communities, supporting resilience and improving healthcare systems, standards and guidelines
3. Community-level strategies such as advocacy and law reform initiatives designed to change the social and political factors that produce stigma

# Individual-level strategies

1. **Improving knowledge and education:** Increasing knowledge and understandings of BBVs and STIs and the effects of stigma and discrimination on individual health, quality of life, and public health.
2. **Improving language and communication:** Using inclusive language and avoiding language and communication styles that may have negative meanings or be considered stigmatising.
3. **Embedding reflective professional practice:** Instituting reflective practice as part of a process of a career development and continuous learning.

# Service-level strategies

1. **Demonstrating allyship and building connections:** Actively promoting shared responsibility for tackling stigma and discrimination by listening to, advocating for, and actively engaging with people who have lived experience.
2. **Building resilience:** Increasing the capacity of people with lived experience of BBVs and STIs to challenge stigmatising practices in healthcare services.
3. **Improving systems, standards and guidelines:** Ensuring that the systems, standards and guidelines that shape individual health service and healthcare systems more broadly enable inclusive and stigma-free healthcare.




# Community-level strategies


## Promoting advocacy and law reform

- Develop an advocacy plan for your healthcare service
- Advocate for change that will reduce stigma, and promote inclusivity and cultural safety
- Elevate the voices of people living with and affected by BBVs and STIs
- Write submissions to parliamentary inquiries

# Hepatitis testing

- ✓ Confidentiality and notification
- ✓ Introduce and normalise testing
- ✓ Testing history?
- ✓ Basic information about HIV/ hep C/ hep B
- ✓ Basic information about possible results from the tests
- ✓ Window period
- ✓ Stigma-sensitive discussion about risk
- ✓ Prepare for test result
- ✓ Informed consent

**ACIPC**  
Australasian College  
for Infection Prevention and Control



## Blood Borne Virus TESTING COURSE



The course has been designed for healthcare practitioners involved in undertaking testing in all healthcare settings including midwifery, acute care, community health, women's health, correctional health, rural and remote health, refugee health, sexual health, and infection prevention and control practitioners.

**DURING THE COURSE YOU WILL LEARN ABOUT:**

- ✓ Epidemiology, transmission, management options and prevention of HIV, hepatitis B and hepatitis C
- ✓ Different tests available to correctly diagnose, testing intervals post exposure and window periods for testing
- ✓ Post incident pre- and post-test discussion for both the recipient and the source following the incident
- ✓ The personal impact and medical consequences of HIV, hepatitis B and hepatitis C
- ✓ Conducting a risk assessment for HIV, hepatitis B and hepatitis C
- ✓ Strategies and resources for effective health promotion and prevention education
- ✓ Basic counselling skills including listening, questioning, reflecting and summarising

**COST: \$350**

If you have any questions,  
please email [learning@acipc.org.au](mailto:learning@acipc.org.au)  
or go to our website for more  
information [acipc.org.au](http://acipc.org.au)



**MORE  
INFORMATION**

# vitalvoicesonhepc.org

Lou (F, 40, experience with new treatment [DAAs]) explains that she didn't think hepatitis C was in her 'orbit' until a sexual health check led her to find out that she had acquired it through a medical procedure she had as an infant. ([Read her personal story here](#))

Original voice recording



SHARE   

VIEW TEXT



**Thank**

**you**

**Website: [latrobe.edu.au/arcshts](http://latrobe.edu.au/arcshts)  
Twitter: @LTU\_Sex\_Health**



# Round Robin Brainstorm Activity





# Instructions

**Each corner, there will be four topics. You will be divided into four groups.**





# Instructions

## 1

**For 2 minutes at each topic, you are to write down...:**

- **the barriers or limitations you or what other people working in the sector might face in achieving this**
- **questions you might have about this topic**





# Instructions

## 2

**For 2 minutes at each topic, you are now to write down...:**

- **answers/solutions to these questions**
- **Ideas/insights**
- **comments/observations**





# Instructions

## 3

**You will end with the topic you started with.**

- **3 min discussion in your groups reflecting on answers and comments – do you have anything you would like to add?**
- **Check back with everyone**

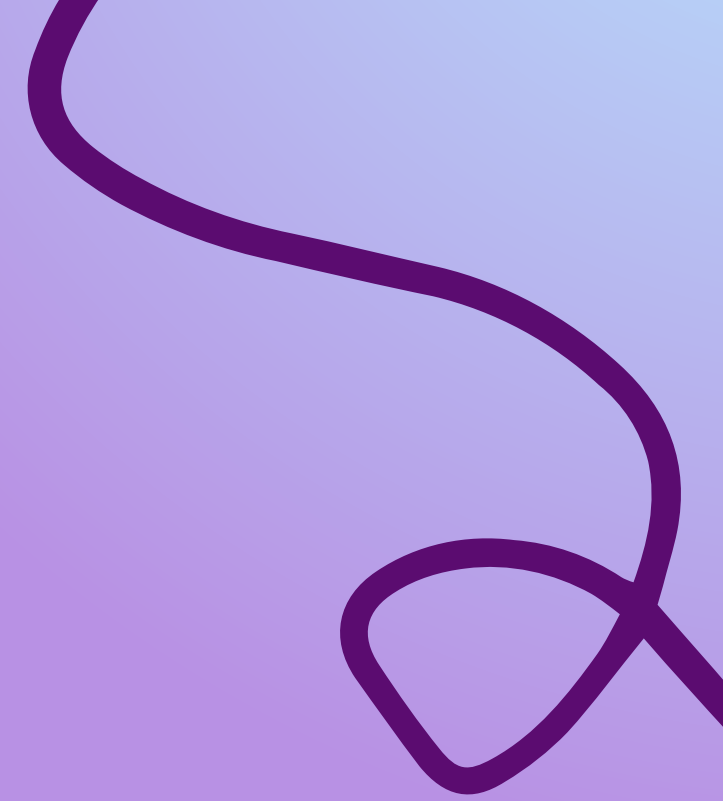






# ***Lunch Break***

## ***12:35 – 1:20***



# Shane

## Lived Experience Story

LiverWELL

Incorporating HEPATITIS VICTORIA

Your liver ▾

Liver conditions ▾


Services ▾

Get Involved ▾

About us ▾

Resources


LiverLine

 1800 703 003


News


Shane O’Sullivan’s lived experience story: interview and podcast


January 17, 2023



Share








Interview and podcast: Shane O’Sullivan’s lived experience story.

How illness can be a catalyst for change.

If Shane O’Sullivan had one piece of advice it is this: if someone is worried they might have contracted hepatitis B, please go and get tested. He believes there is no shame in seeking treatment and support, and he wants people living with hepatitis to know that a diagnosis is

View all news



# Alain Palines and Tepy Heoung

**Hepatitis B Education,  
Adult Migrant English Learners,  
Visa and Migration**

# HEPATITIS B AND MIGRATION

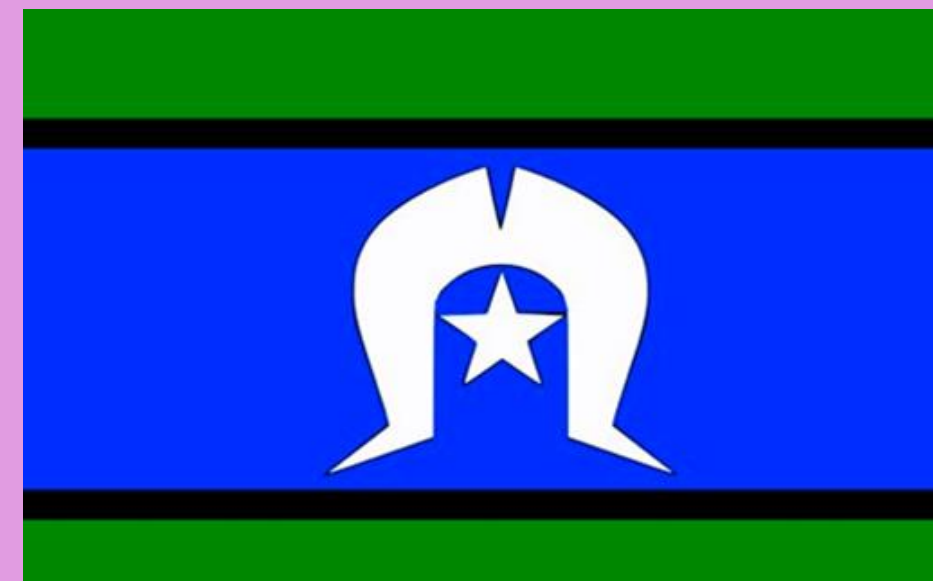
Tepy Hoeung | Health Promotion Officer





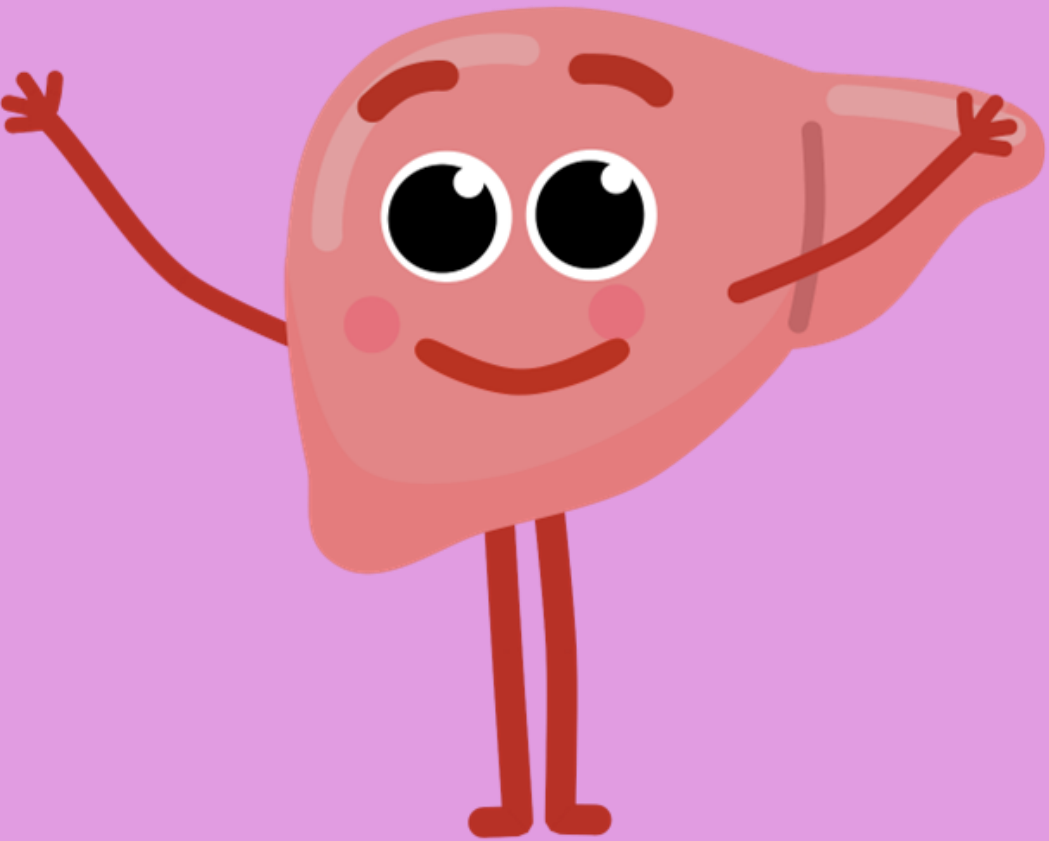
# Acknowledgment of Country

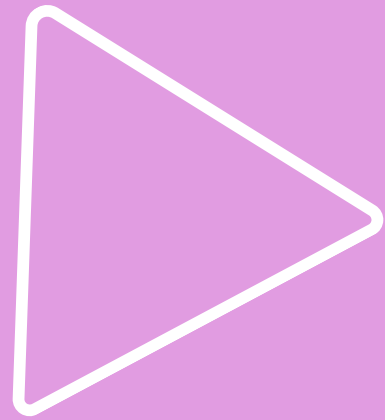
I would like to begin today acknowledging the traditional owners of the land we meet today, we pay our respects to Elders past and present, and to emerging leaders. We extend this acknowledgment to any Aboriginal and or Torres Strait Islanders who may also be present today. We express our gratitude for their continued and ongoing care and curation of these lands and waters.



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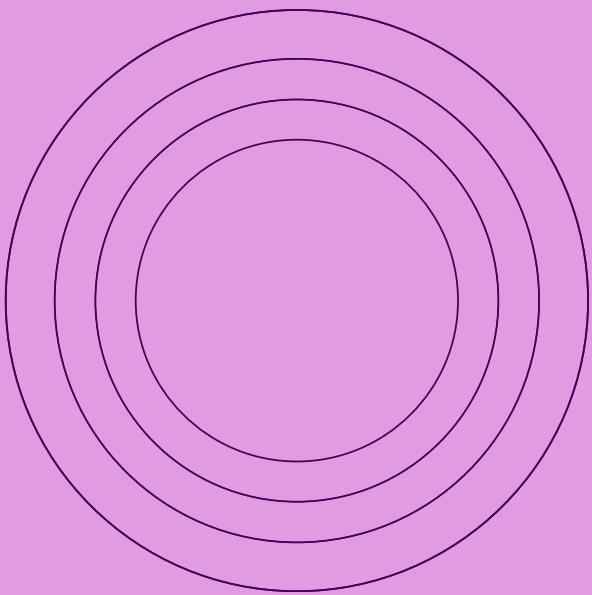
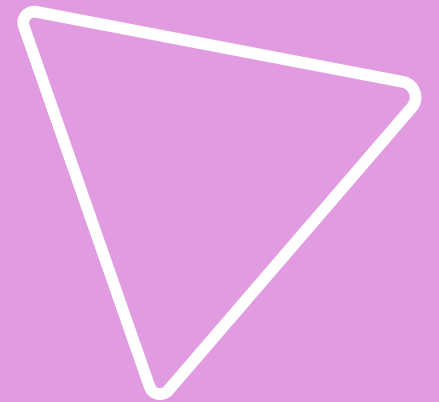
01	Introduction	05	Health undertaking
02	Change to migration health requirment	06	Health waivers
03	Hepatitis B and Visa migration process		
04	Health assessment for visa applicants		





# Introduction

Individuals with chronic hepatitis B (CHB) could be denied a permanent visa due to failing the Department of Home Affairs' health requirements.



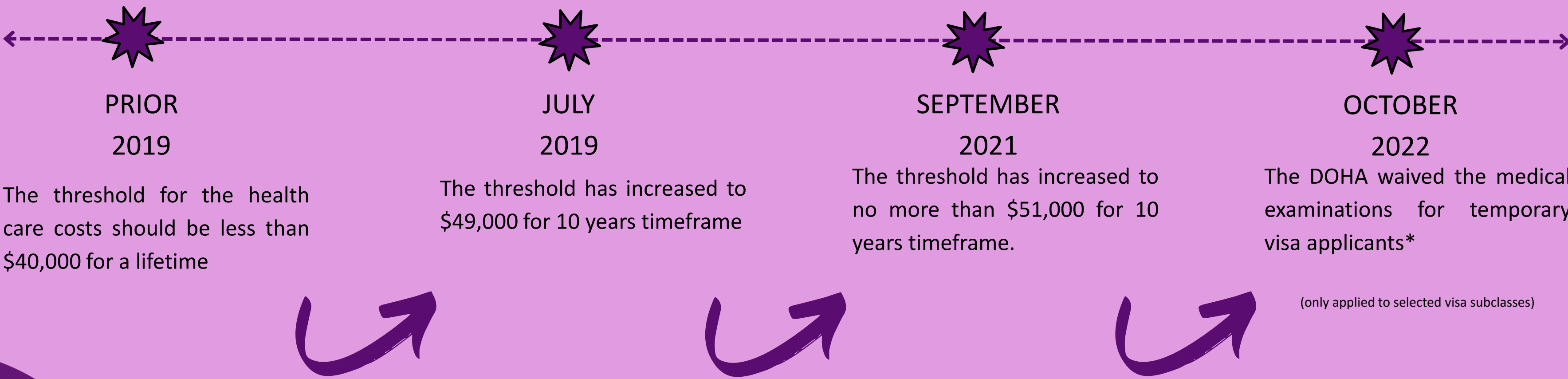


## Health Waiver for Australian Visas

**VisaPlan**  
Australian Migration Lawyers

Depending on the type of visa applied for, applicants may have the opportunity to request a health waiver through a “natural justice” process.

# CHANGE TO MIGRATION HEALTH REQUIRMENT





\*The DOHA waived the medical examinations to applicants for the following visa subclasses, and only if you are already in Australia:

403 - Temporary Work International Relations

405 - Investor Retirement

407 - Training

408 - Temporary Activity

417/462 - Working Holiday

461 - New Zealand Citizen Family Relationship

462 - Work and Holiday

476 - Skilled Recognised Graduate

482 - Temporary Skill Shortage

485 - Temporary Graduate

500 - Student

590 - Student Guardian

600 - Visitor

870 - Sponsored Parent (Temporary).



However, temporary visa applicants that mentioned above will still be required to undertake relevant medical examinations and/or chest x-rays if they:

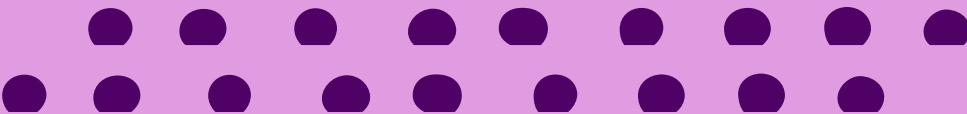
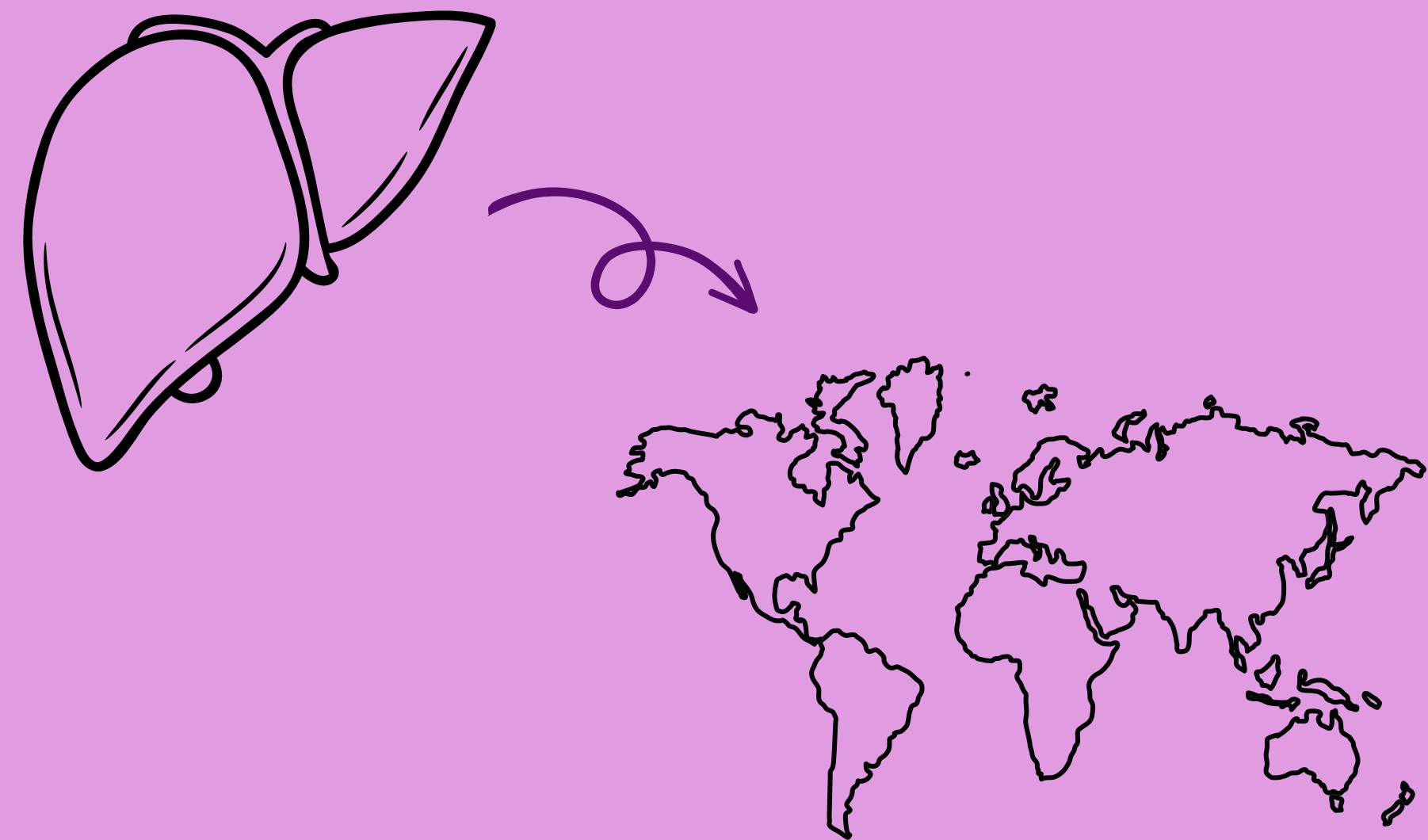
- have applied for a medical treatment, temporary protection, or a provisional visa
- expect to incur medical costs or require medical treatment
- are intending to work as (or study to be) a doctor, dentist, nurse, or paramedic
- will enter a hospital, aged or disability care facility
- are pregnant and intending to have the baby in Australia
- will work or train at an Australian childcare centre
- are aged over 75 years (if applying for a visitor visa)
- have had previous household contact with TB or
- are requested to do so by the DOHA.

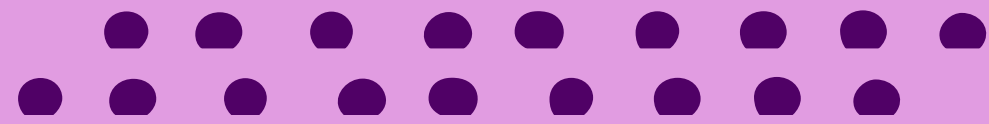


# HEPATITIS B AND VISA MIGRATION PROCESS

To be eligible for permanent visa applicant must meet the health criteria set by the DOHA that include:

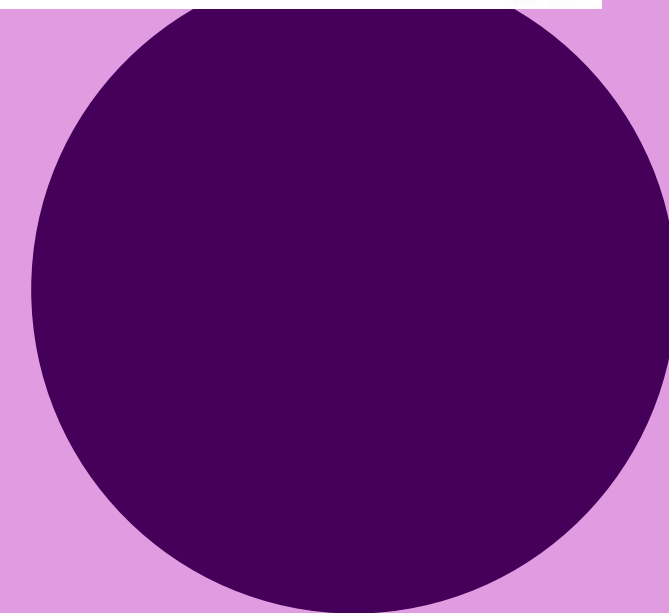
- free from TB
- free from any disease that is a threat to the public health in Australia
- free from disease or condition that likely to require healthcare or community services.





## ONE FAIL ALL FAIL CRITERIA

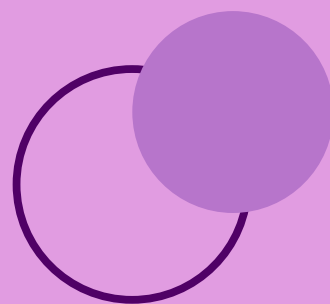
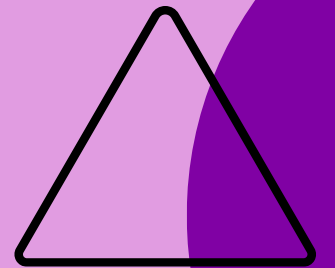
It is necessary for most of the visa applicants to fulfill the health requirement. Even an applicant's family members are required to meet the health requirement as the DOHA has One Fail All Fail criteria.



# HEALTH ASSESSMENT FOR VISA APPLICANTS

When applying for a permanent or temporary visa the applicant must undergo a health assessment conducted by MOC under private health care company, Bupa. If the applicant living with CHB, the health examinations will include

- Medical Examination
- Chest X-Ray
- HIV blood test
- Hepatitis B blood test
- Hepatitis C blood test
- TB screening test
- Liver Function Tests
- HBV DNA (in some cases).





## AFTER YOUR HEALTH EXAMINATIONS

MOC will access your medical examination result and understand the different aspect of it that include

- determining if the medical condition threatens public health
- points toward massive healthcare costs
- or demands healthcare facilities and services that are already facing shortages.

MOC is only responsible for advising the DOHA regarding an applicant's medical condition without considering their personal circumstances.



# HEALTH UNDERTAKING

**Australian Government**  
Department of Immigration and Border Protection

**Health undertaking**

Form 815

Please read the information about your health undertaking on page 1 of this form.  
Please use a pen, and write neatly in English using BLOCK LETTERS.  
Tick where applicable ☒

**Your details**

**1** Your full name  
Family name   
Given names

**2** Date of birth

**3** Do you have a passport?  
No ☐  
Yes ☒ Give details  
Passport number   
Country of passport   
Date of issue   
Date of expiry   
Issuing authority/  
Place of issue as  
shown in your  
passport   
**Note:** Most visa applicants will be required to hold a valid passport before they can be granted a visa. It is strongly recommended that the passport be valid for at least 6 months.  
If you change your passport after you have been granted a visa you must notify the nearest Australian Visa Office or office of the department.  
**WARNING:** You will not be granted a visa without this information.

**Office use only**  
HAP ID   
ICSE Client ID

**4** Contact details in Australia  
**Note:** Give full residential address, including postcode and telephone number where possible. If you do not know what your address in Australia will be, you must give the name and address of a person in Australia who will know how to contact you (for example, a relative, a friend, your employer or a staff member at your proposed study institution).  
Address   
  
  
Telephone numbers  
Office hours    
After hours    
Mobile   
**5** Do you agree to the department communicating with you by fax, email, or other electronic means?  
No ☐  
Yes ☒ Give details  
Fax number    
Email address

**6** Intended duration of stay in Australia  
permanent ☐  
temporary ☒ Indicate length of stay in Australia  
months  weeks  days

© COMMONWEALTH OF AUSTRALIA, 2014 815-Design-Nov2014- Page 1

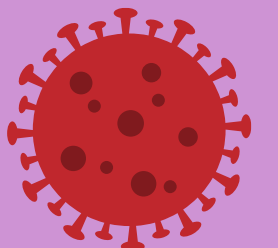
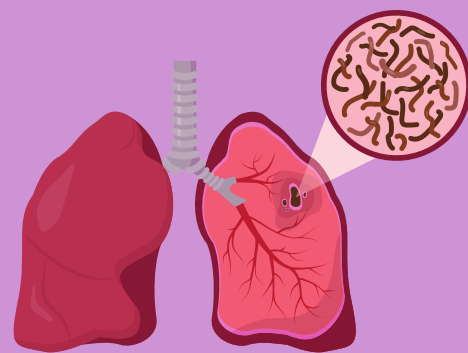
A health undertaking is an agreement you make with the Australian Government to meet the health requirement.

DOHA will ask applicant to sign a health undertaking, if they have a significant health condition such as

- TB
- HIV
- Hepatitis B and C
- Hansen's disease

or if the applicants

- had health examinations outside Australia
- apply for a protection visa
- pregnant (require to sign a pregnancy health undertaking that you will have one after birth).





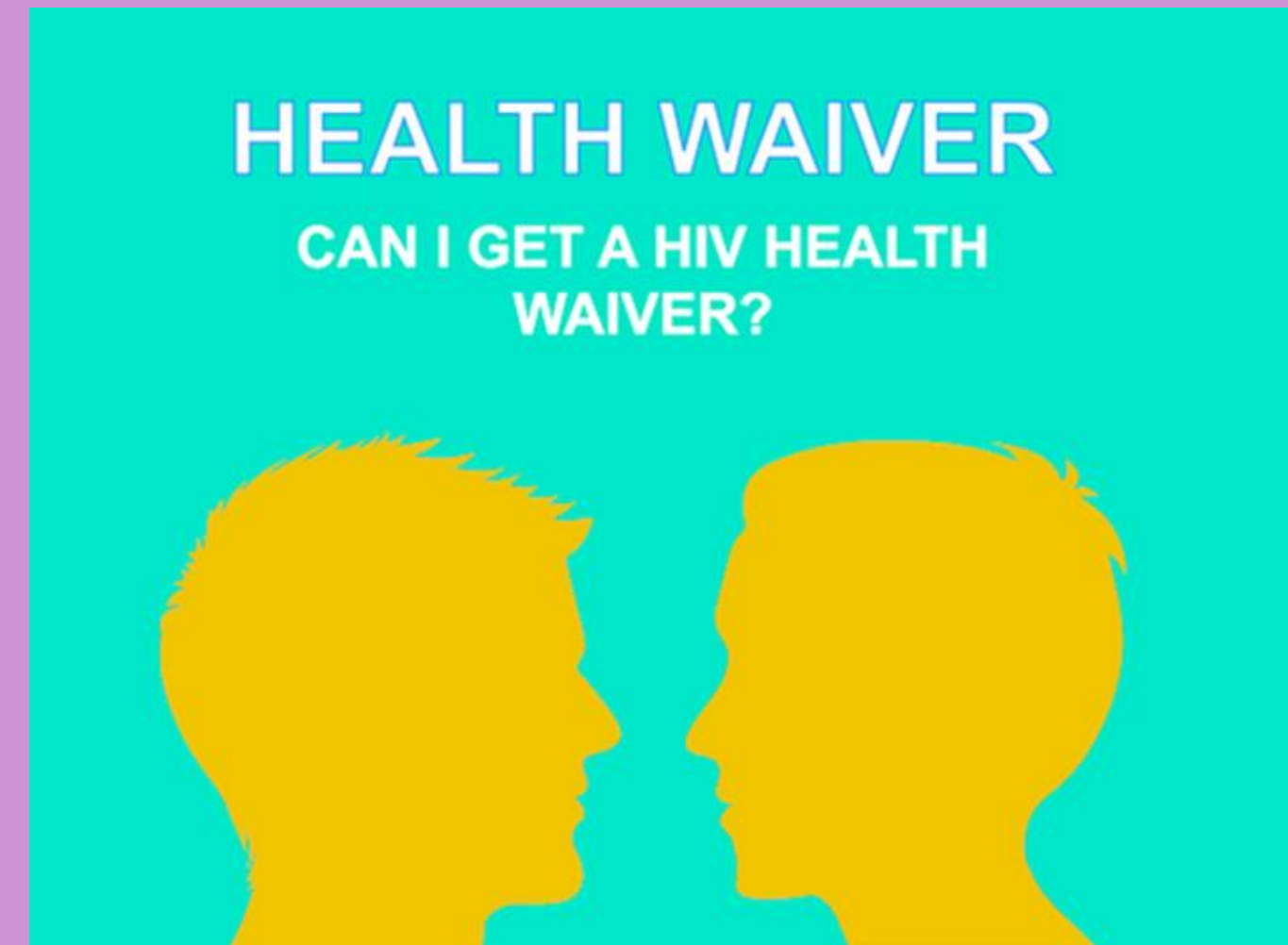
# THE COST OF TREATMENT FOR HEPATITIS B

The cost of treatment if patient is on <b>Tenofovir</b>	Unit cost	Estimated cost	Estimated 10 years cost
Medication	\$404.59	\$5,260	\$52,600
GP consultation	\$37.60	\$75	\$750
Specialist consultation - treatment & management	\$267.85	\$268	\$2,680
Blood test	\$373.6	\$757.2	\$7,572
Total	\$1083.6	\$6360.2	<b>\$63,602</b>

The cost of treatment if patient is on <b>Entecavir</b>	Unit cost	Estimated cost	Estimated 10 years cost
Medication	\$179.25	\$2,330	\$23,300
GP consultation	\$37.60	\$75	\$750
Specialist consultation - treatment & management	\$267.85	\$268	\$2,680
Blood test	\$373.6	\$757.2	\$7,572
Total	\$858.3	\$3,430	<b>\$34,302</b>

# HEALTH WAIVERS

According to ASHM (2018), Australian migration law provides two distinct types of health-related Public Interest Criteria that is included risk of progression by age at infection and by visa type and health waiver.



# Public Interest Criteria 4005

**Bupa Medical Visa Services**

29/01/2015

**FORM 884: OPINION OF A MEDICAL OFFICER OF THE COMMONWEALTH**  
**THE APPLICANT DOES NOT MEET THE HEALTH REQUIREMENT**

HAP Id  
Client Surname  
Client Given Names  
Birth Date  
Sex  
Visa Sub Class

15/10/1976  
MALE  
190

The applicant has been assessed against Public Interest Criterion (PIC) 4005 [see attached extract] for the period of a permanent stay in Australia.

The applicant does not satisfy sub-subparagraph PIC 4005(1)(c)(ii)(A) in Schedule 4 to the Migration Regulations.

The applicant is a 38 year old person with:  
• Asymptomatic chronic viral Hepatitis B  
Form and severity of the applicant's condition: The applicant has chronic asymptomatic Hepatitis B infection with a detectable viral load and abnormal liver function tests. Provision of services to a hypothetical person with the applicant's condition: a hypothetical person with this condition at the same severity as the applicant would be likely to require long term specialist health care services including treatment with antiviral pharmaceuticals. This condition is likely to be Permanent.

I consider that a hypothetical person with this disease or condition, at the same severity as the applicant, would be likely to require health care or community services during the period specified above.

These services would be likely to include:

Medical services  
Pharmaceuticals

Provision of these health care and/or community services would be likely to result in a significant cost to the Australian community in the areas of health care and/or community services.

In preparing this opinion, I have had regard to the information available to date concerning the applicant, including, but not limited to Report of the panel physician dated 16th December, 2014 and the report of Dr [REDACTED] International SOS, China dated 25th January, 2015

Medical Officer of the Commonwealth  
Position Number: BUPA034

A Medical Officer of the Commonwealth for the purposes of providing an opinion on whether prescribed health criteria under the Migration Regulations 1994 are met.

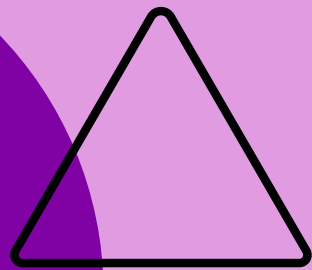
Bupa Medical Visa Services

**Bupa Medical Visa Services** 33 Exhibition Street, Melbourne, VIC 3000  
**Phone:** 1300 794 919 **Email:** enquiries@bupamvs.com.au **Web:** www.bupamvs.com.au  
Bupa Australia Health Pty Ltd **ABN** 50 003 098 655 trading as Bupa Medical Visa Services

This PIC 4005 applies to most visas and sets the health requirement criteria which includes the applicant meeting the 'significant cost' and 'prejudice to access' requirements.

A health waiver for PIC 4005 is not available; however, immigration lawyers can sometimes challenge the MOC's assessment and argue that the health condition or illness does not fail PIC 4005, and that the MOC made an error in their assessment.





## FACTORS CANNOT BE CONSIDERED TO MITIGATE PIC

### 4005 HEALTH REQUIREMENTS

- Will choose not to use available services
- Costs will be met through a variety of alternative
- Bringing own supply of medication or travelling with a carer
- Someone else will cover the costs (eg, a foreign government)
- Family members will be caring for them or providing support
- The services required are not available in particular locations in Australia.

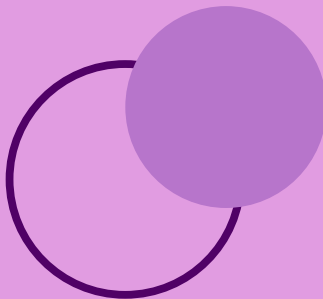


# Public Interest Criteria 4007

If you have failed to meet PIC 4007 a health waiver can be exercised by the DHA. A health waiver can only be exercised when all the following criteria are met:

- The visa applicant(s) satisfied all other criteria for the grant, and
- The Department is satisfied that the granting of the visa would be unlikely to result in:
  - Undue cost to the Australian community or
  - Undue prejudice to the access to health care or community services of an Australian citizen or permanent resident

PIC 4007	
Applied to most family stream*, all humanitarian and limited number of skilled visas including temporary employer nominated work.	*Health waiver is not available for parent, carer, or adoptive child visas.



Humanitarian Visa Subclass Information					 Incorporating HEPATITIS VICTORIA
Visa subclass	Visa name	Details	Offshore/ons hore	Length of stay	
200	Refugee	for people who the United Nations High Commissioner for Refugees (UNHCR) has referred to Australia for assistance.	Offshore	Permanently	
201	In-country Special Humanitarian	for people who are still living in their country and have been unable to leave.	Offshore	Permanently	
202	Global Special Humanitarian	for people who are outside Australia (offshore), living outside of their home country, subject to substantial discrimination in their home country amounting to a gross violation of their human rights, and proposed by an Australian citizen or Permanent resident, an Eligible New Zealand citizen, or an organisation based in Australia.	Offshore	Permanently	
203	Emergency Resue	which gives priority processing for people who are in immediate danger.	Offshore	Permanently	
204	Woman at Risk	for women who do not have the protection of a partner or a relative and are in danger of victimisation.	Offshore	Permanently	
449	Temporary Humanitarian Stay	For Afghan nationals evacuated to Australia after the Taliban takeover.	Offshore	3-12 months	
866	Protection	for people who arrived in Australia on a valid visa and want to seek asylum.	Offshore/ons hore	Permanently	

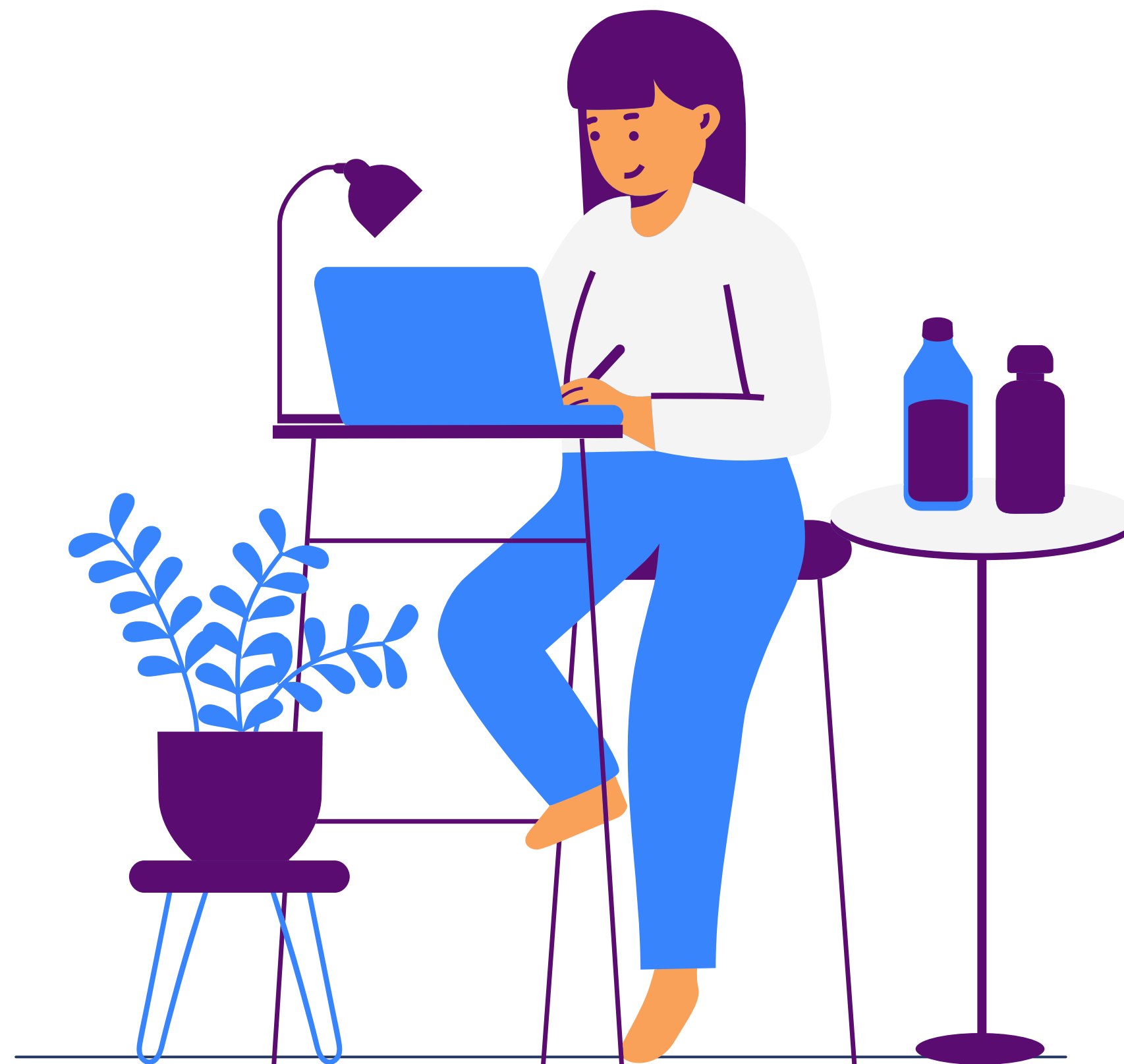
Humanitarian Visa Subclass Information				
Visa subclass	Visa name	Details	Offshore/onshore	Length of stay
786	Temporary Humanitarian	for Ukrainian nationality that affected by the war in Ukraine.	Onshore	3 years  *The offer of a Temporary Humanitarian stay has now expired. Ukrainian nationals can no longer accept this offer.
790	Safe Haven Enterprise	For people who arrived in Australia without a visa and want to seek asylum. It lets you stay in Australia temporarily if you engage Australia's protection obligations and meet all other requirements for the grant of the visa.	Onshore	5 years
785	Temporary Protection	for people who arrived in Australia without a visa and want to seek asylum. It lets you stay in Australia temporarily if you engage Australia's protection obligations and meet all other requirements for the grant of the visa.	Onshore	3 years

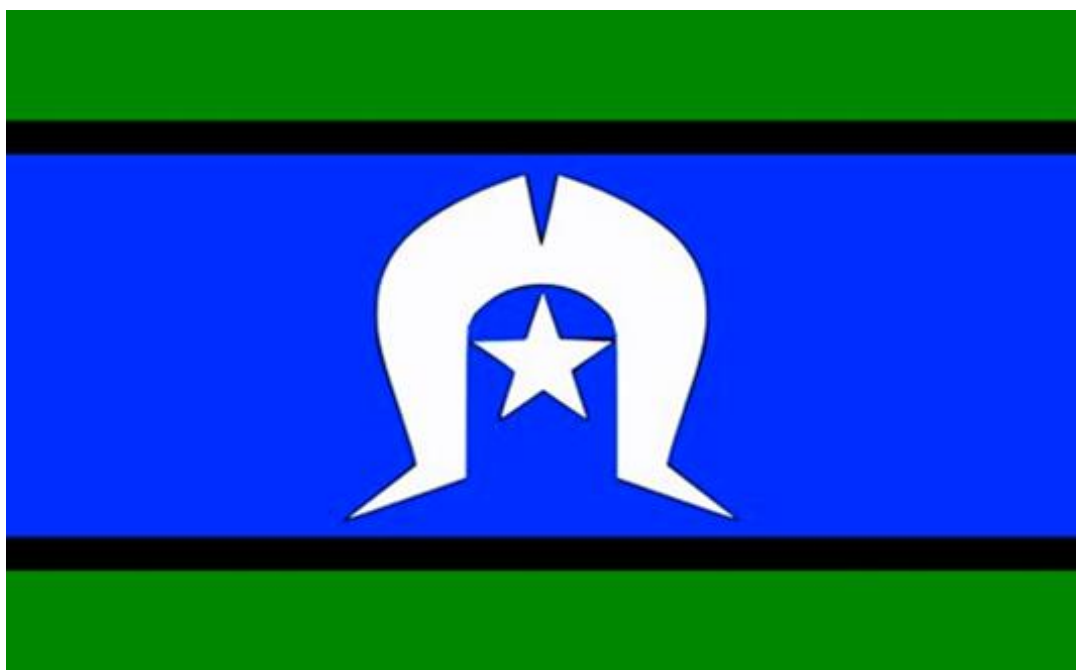




# Hepatitis B education and the Adult Migrant English Program (AMEP)

Alain Palines - LiverWELL





# Overview

of the project

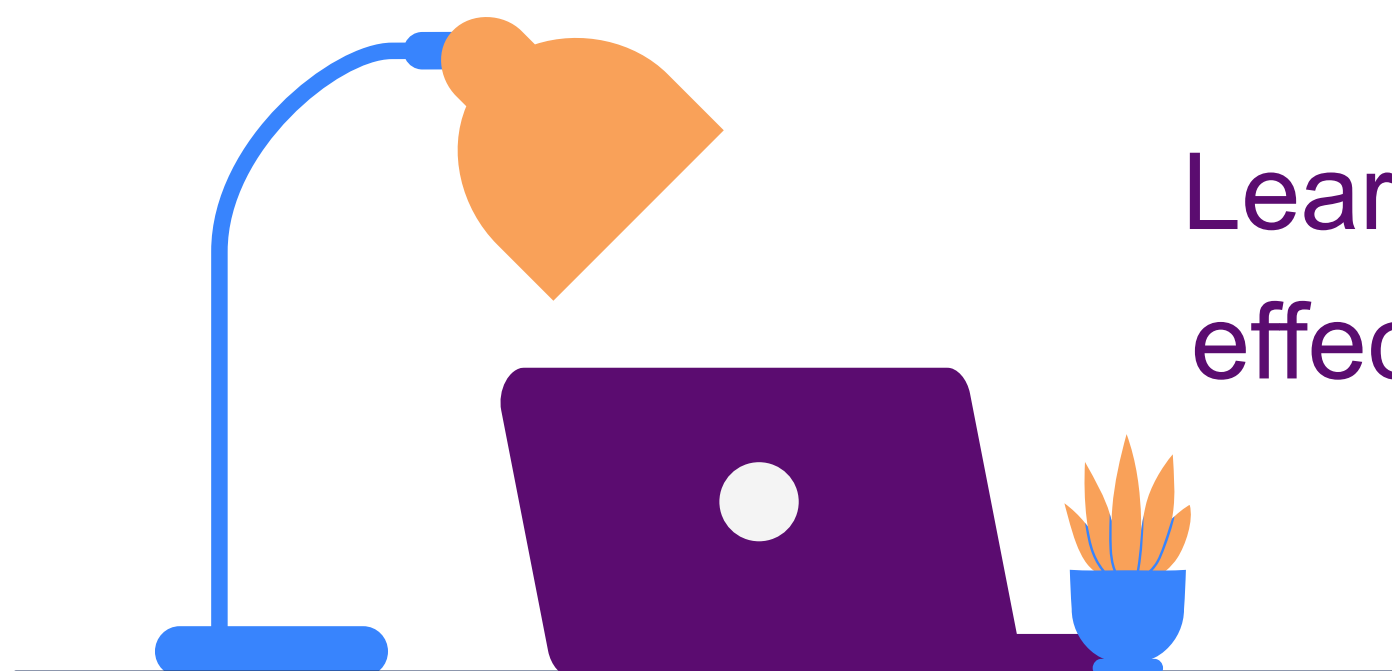
What is it?

What did we  
do?

What were the  
outcomes?

Analysis

Learnings and looking at  
effective and meaningful  
engagement





# What is it?

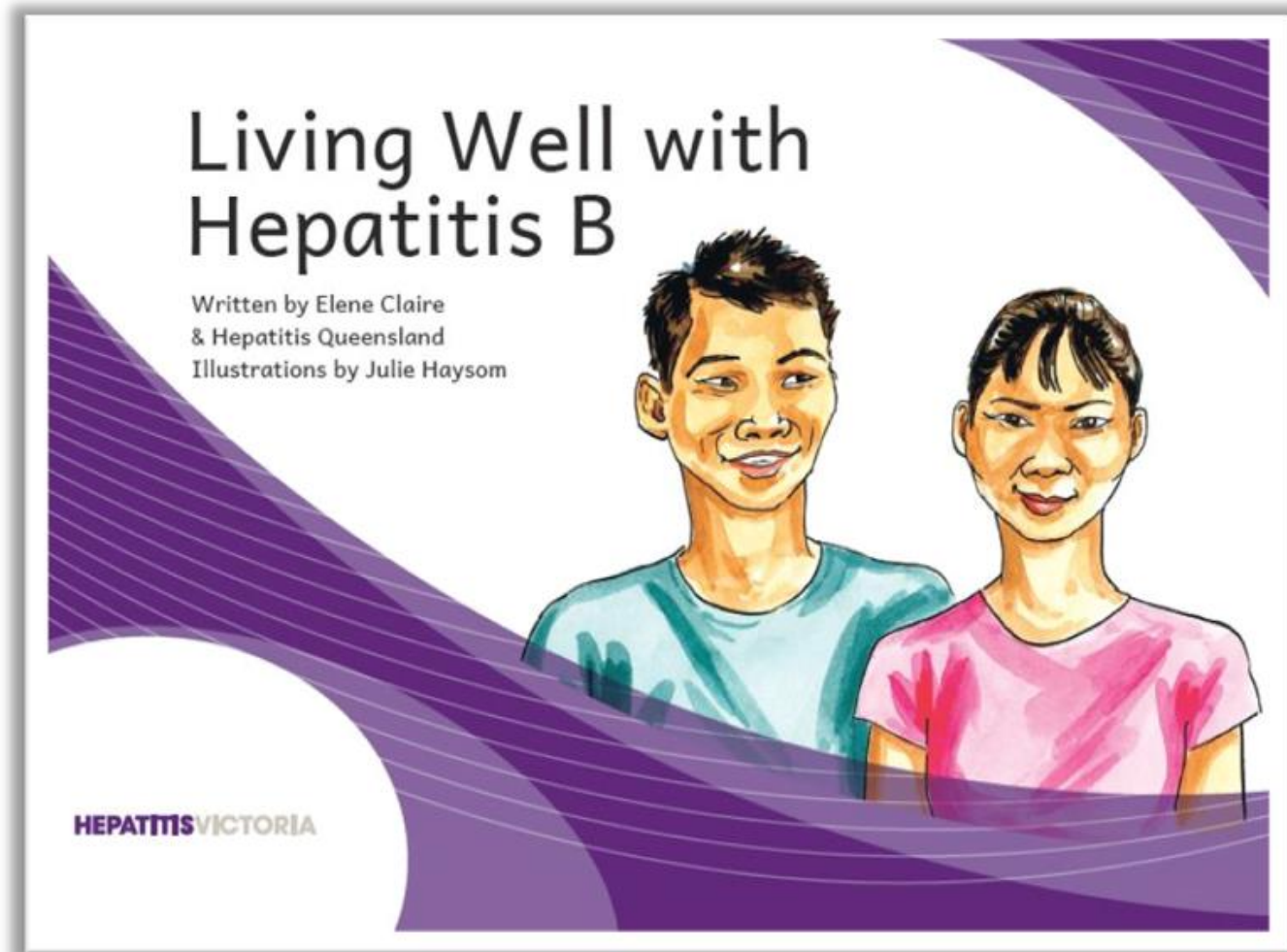
A project looking to:

- provide hepatitis B education to people who may be born from hepatitis B endemic regions
- improve health literacy and English skills for those under the AMEP
- 2018-2020 - Hepatitis Victoria
- 2021-2022 - LiverWELL (inc. HepVic)





# What did we do?



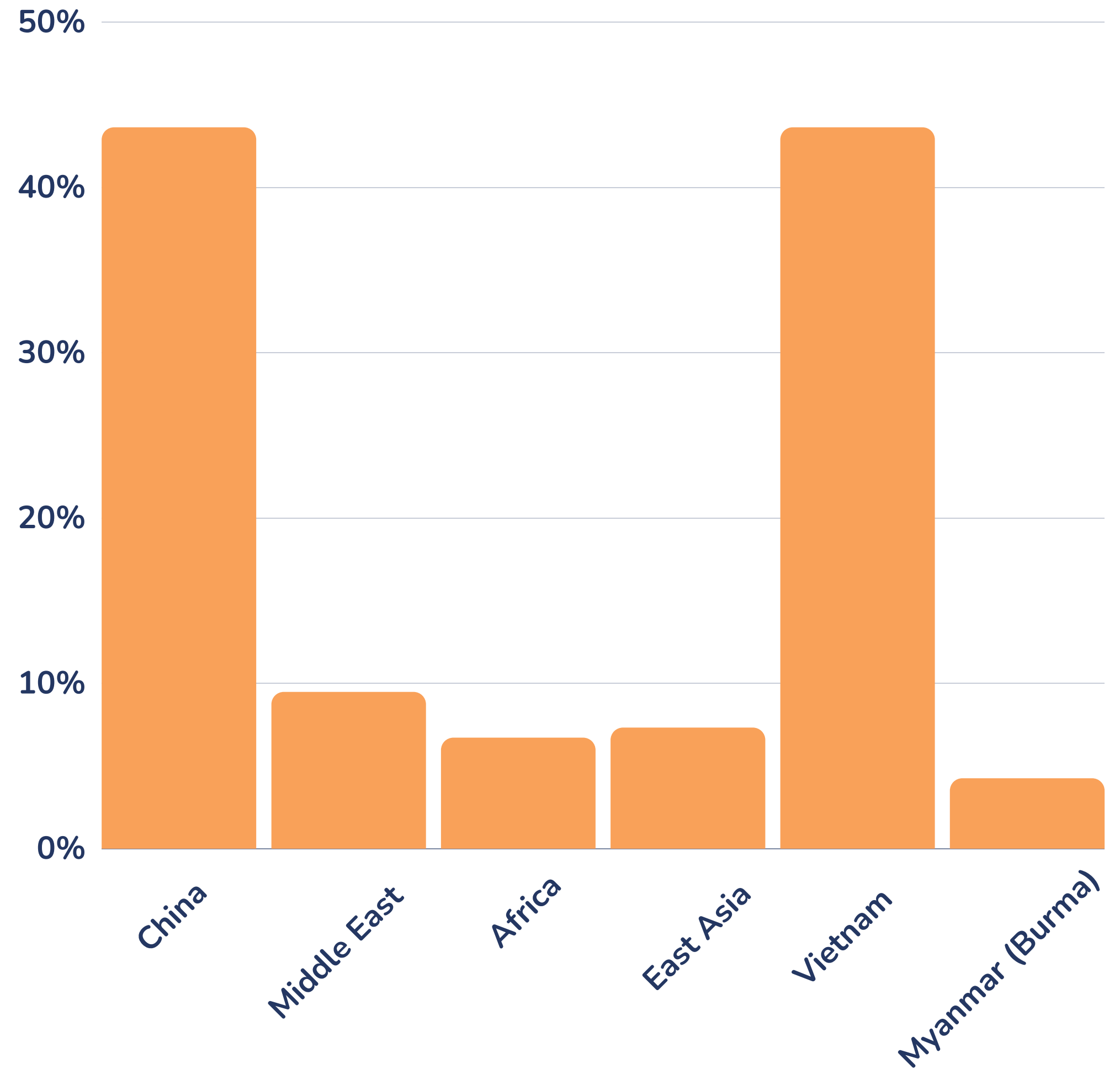
- Living Well with Hepatitis B reader and student workbook (All English levels)
- Activities and games
- Distributed resources and materials (including translated resources)
- Conducted evaluations
  - 2018-2020
  - **2021-2022**



# Outcomes

2021-2022 evaluations

- 380 participants completed evaluations



# Outcomes

- 60% were aged 30-49
- More than 2/3 are female

**75%** of participants found the session to be  
informative and helpful

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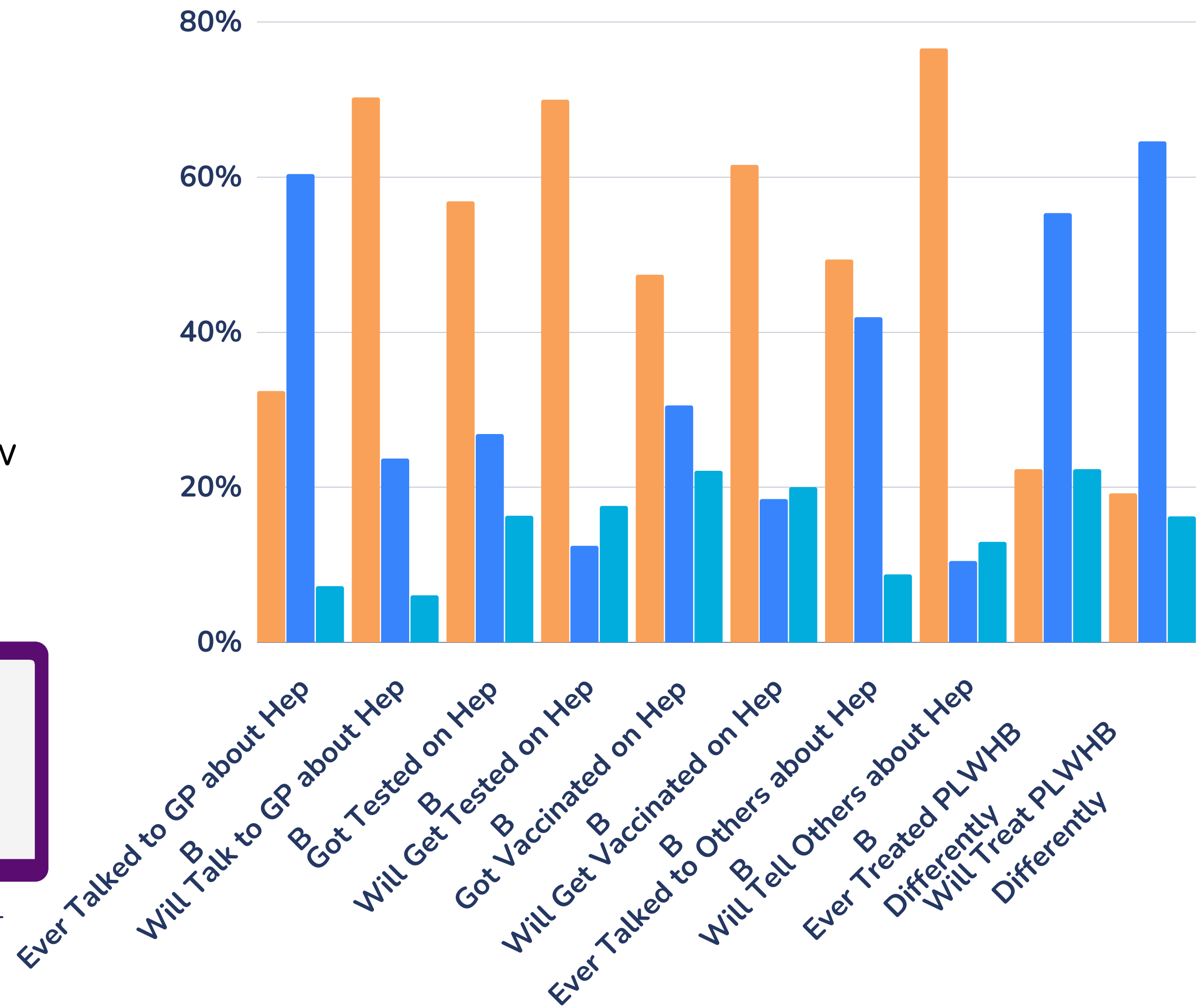
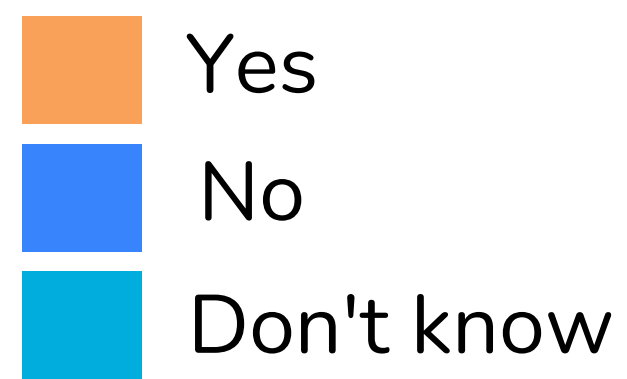
Pre and post-tests reveal increases in  
hepatitis B knowledge of **31%**

---

with **95%** of students getting more than  
half the questions correct in the post-test.



# Outcomes



# Key findings



67%

Will not treat people living with hepatitis B differently

70%

Will talk to their GP about hepatitis B

70%

Will get tested for hepatitis B

77%

Will tell others about hepatitis B

62%

Will get vaccinated against hepatitis B

# Analysis/ Learnings



## Activities and games

Hepatitis Bingo  
Picture card activities  
LWWHB Student workbook  
Reading and speaking



## Delivered in English

Use images and prompts  
Slowly paced and basic English  
Translated resources



## Barriers

Evaluation form - not suitable for low levels  
Resource languages not available in many African languages  
No interpreters for low levels



# Sensitive engagement



- interpreter (phone or in-person)
- Using simple language (even in language)
- Power dynamic and biases
- Allowing people to set their own goals
- Gender
- Don't assume health literacy



# Effective engagement

- Slowly paced and repetition
- Explanation
- Prompts and use of pictures
- Viral hepatitis
- highlight importance of family and protection
- Talking about myths and stigma





# Meaningful engagement



- People can carry trauma and attitudes from previous health or community services
- Empower and support through giving resources and tools so that they can have control
- Acknowledging unique individual circumstances

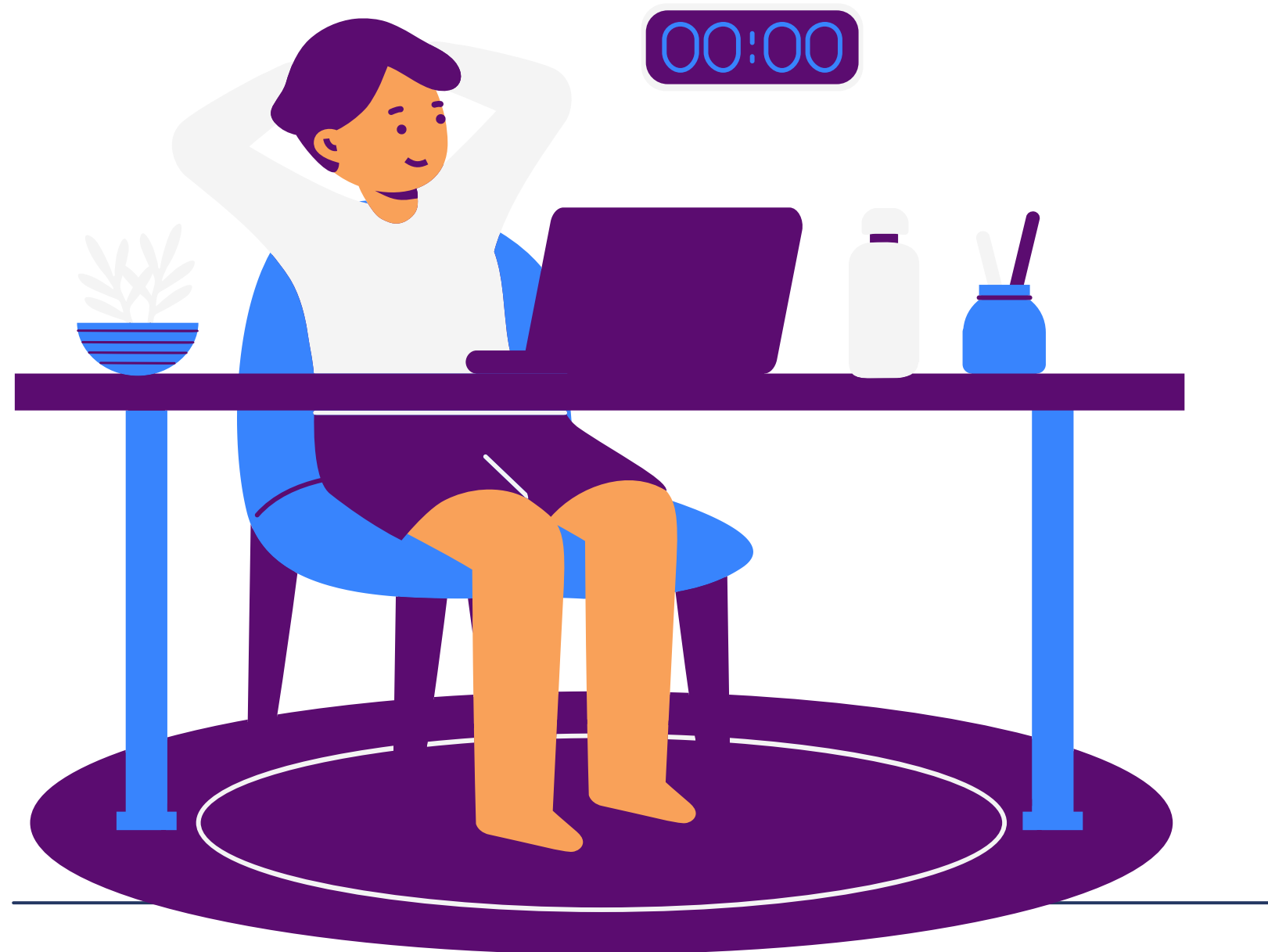
# What next?



## System enablers

- Reducing stigma, racism and discrimination
- Strengthening workforce capacity
- Fostering partnerships and collaboration
- Consultation for tailored health promotion messages

# Contact Us



03 9274 9793



[alain@liverwell.org.au](mailto:alain@liverwell.org.au)



[liverwell.org.au](http://liverwell.org.au)





# LiverWELL

## Alain Palines



01

**Services**

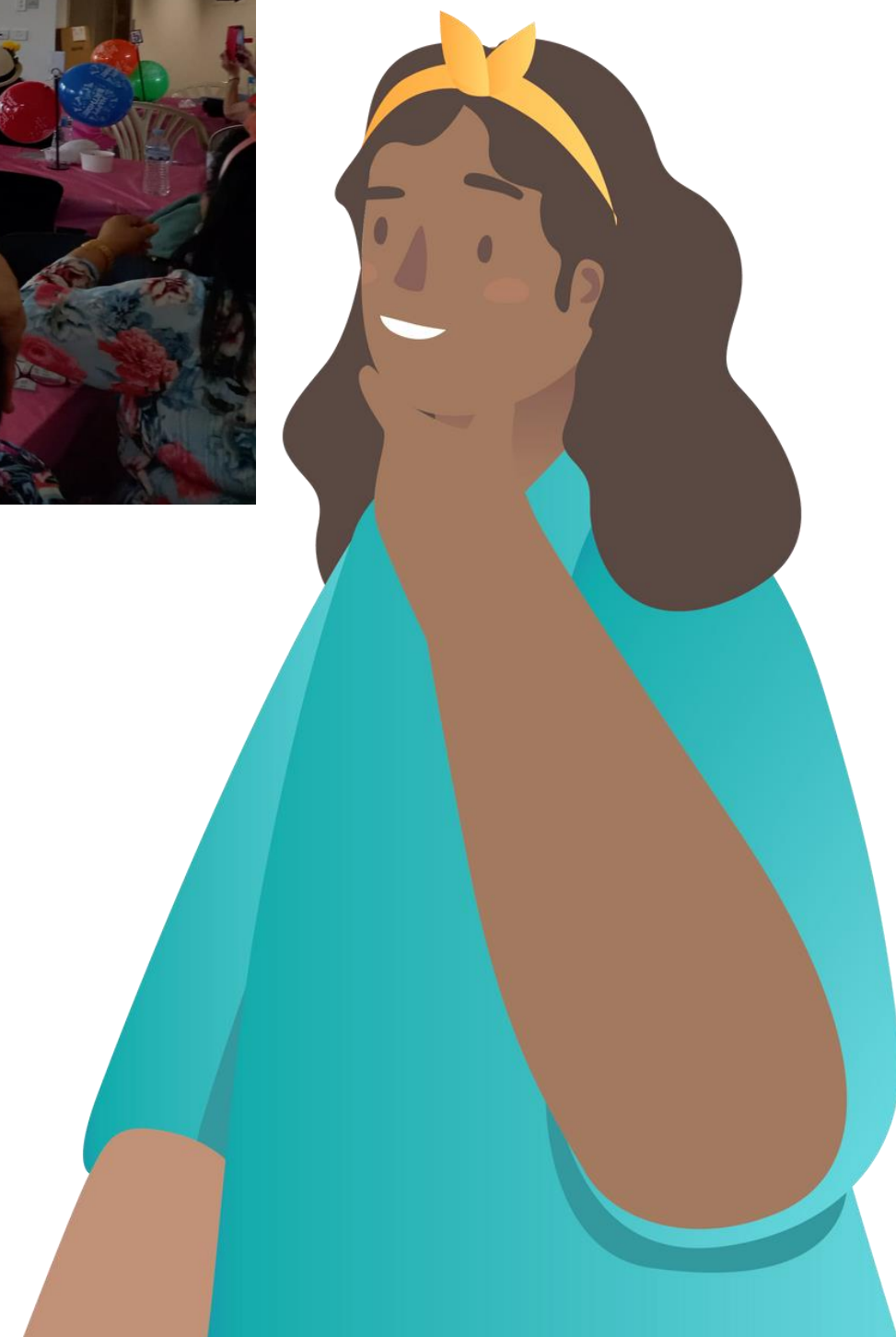
02

**Resources**

03

**Programs and Projects**





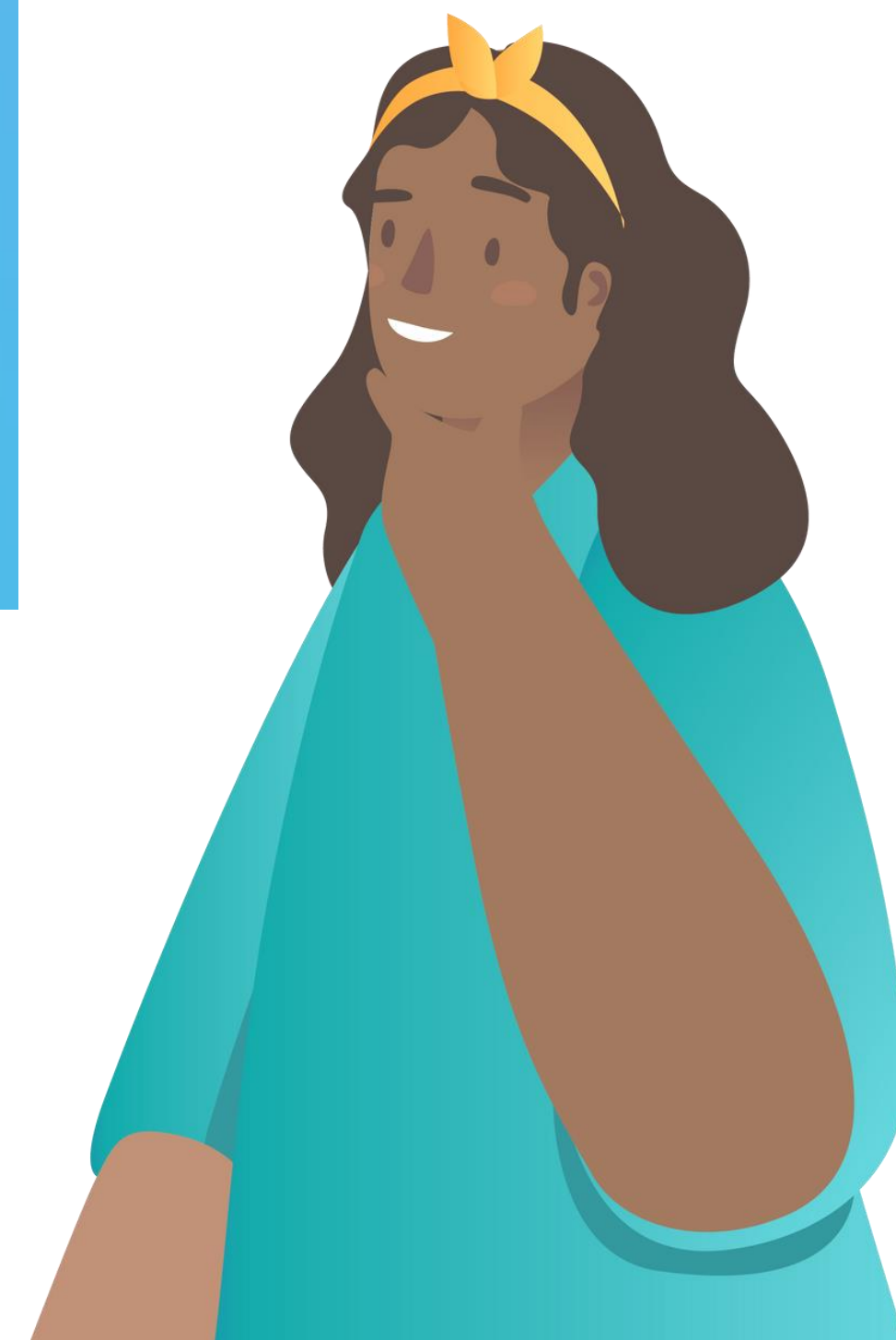




## WebChat

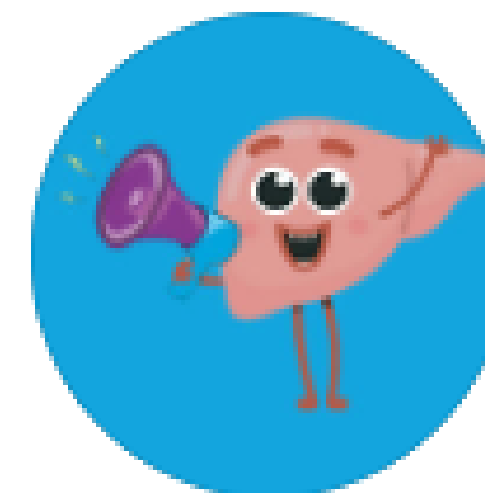


Can I help you? Let's chat





**13 years of StreetShot**



HEPSpeakers



HEP Heroes



# Our Multicultural Communities



**LiverWELL** Incorporating HEPATITIS VICTORIA

Your liver ▾ Liver conditions ▾ Services ▾ Get Involved ▾ About us ▾ Resources

LiverLine  
1800 703 003

<b>Arabic</b> العربية >	<b>Burmese</b> မြန်မာစာ >
<b>Dari</b> دری >	<b>Dinka</b> Thuɔŋjäŋ >
<b>Filipino</b> Filipino >	<b>Hakha Chin</b> Laitong >
<b>Hindi</b> हिंदी >	<b>Indonesian</b> Bahasa Indonesia >
<b>Karen</b> ကညီကျိာ် >	<b>Khmer</b> ភាសាខ្មែរ >

Send email >





## The new LiverWELL App

The latest tools and information for managing your liver health

**Support for people with liver disease including:**

- ☒ Hepatitis B
- ☒ Fatty liver disease
- ☒ Hepatitis C
- ☒ Auto-immune hepatitis
- ☒ Alcohol related liver disease
- ☒ Cirrhosis

## HEALTHY LIVING GUIDE for young people

### Eat Well

- eat a balanced diet
- wholegrain cereals
- fruits and vegetables
- lean meats and fish
- substitute unhealthy food with healthy options
- avoid foods that are high in fat and oil

### Drink Aware

- avoid or limit alcoholic drinks
- avoid or limit sugary drinks
- bring a drink bottle wherever you go
- use a teaspoon of honey instead of sugar
- add fruit or fruit cubes into your water

### Get Active

- talk with friends while walking
- listen to podcasts or music while you walk
- join a sports club or activities group
- walk all or a part of your destination
- take the stairs instead of the elevator
- take a yoga or dancing class
- bodyweight activities like squats or pushups

### Feeling Well

- try mindfulness and meditation
- do things that you enjoy
- listen to music or draw
- hang out and talk with friends and family
- get a proper sleep for your body to recover

**LiverWELL**  
liverwell.org.au

For more information or support please call the LiverLine today or chat with us online.  
**1800 703 003**

Have tips for others or wanting to see how others keep their liver healthy? Have a look and share your video/photo with us!






# WORLD HEP DAY INCENTIVES

Let's take action on viral hepatitis  
and liver health for World Hepatitis Day,  
28 July 2023

Applications for 2023 World Hepatitis  
Day incentives are now open!

In 2023 the global theme is  
'Hepatitis Can't Wait'.

LiverWELL is committed to collaborating  
with communities and the health workforce  
to take action on viral hepatitis.

We invite communities and not-for-profit  
organisations to apply for incentives of up  
to \$1000 to provide events and activities  
which increase awareness and  
engagement on World Hepatitis Day,  
especially among communities affected by  
viral hepatitis and liver disease.

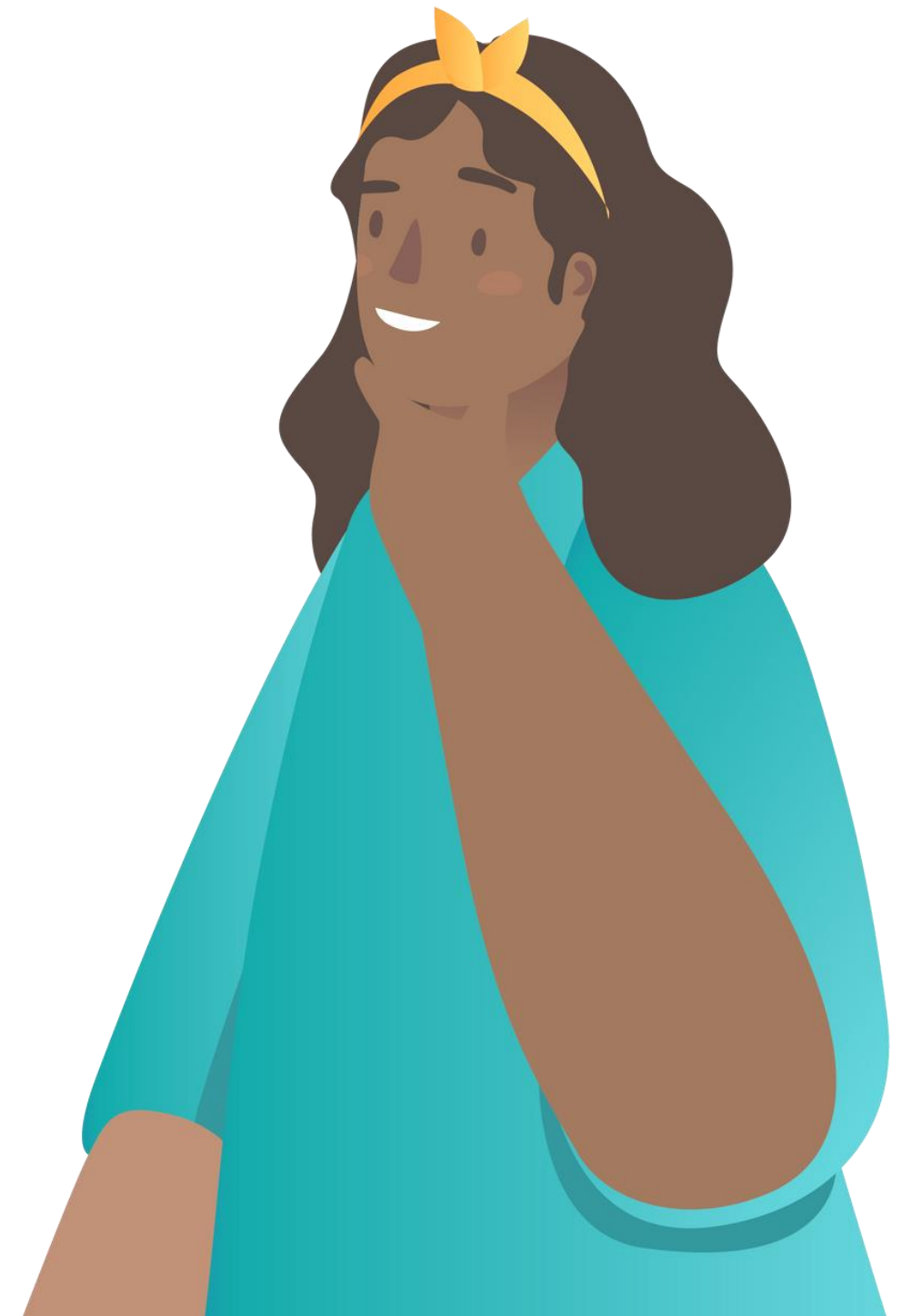
APPLICATIONS CLOSE  
4 JUNE AT 5PM

WE LOOK FORWARD TO RECEIVING YOURS!



Incentives up to \$1000!  
For events and activities to  
spread awareness and  
education surrounding viral  
hepatitis!

Apply here!



**LiverWELL**  
Incorporating HEPATITISVICTORIA

*Check out our social media links by visiting -  
[linktr.ee/liverwell](https://linktr.ee/liverwell)*



**@hepvic**



**Hepatitis Victoria**

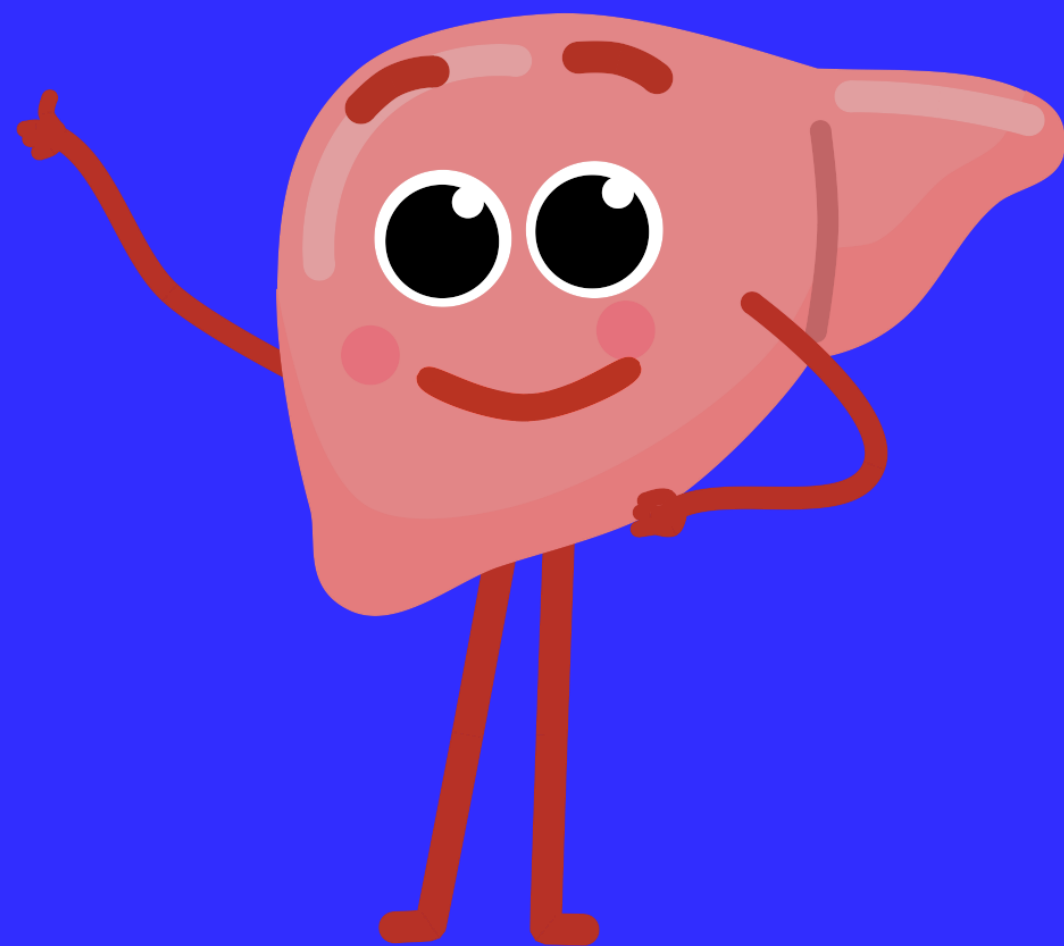


**liverwell\_hepvic**



**HEPChat**

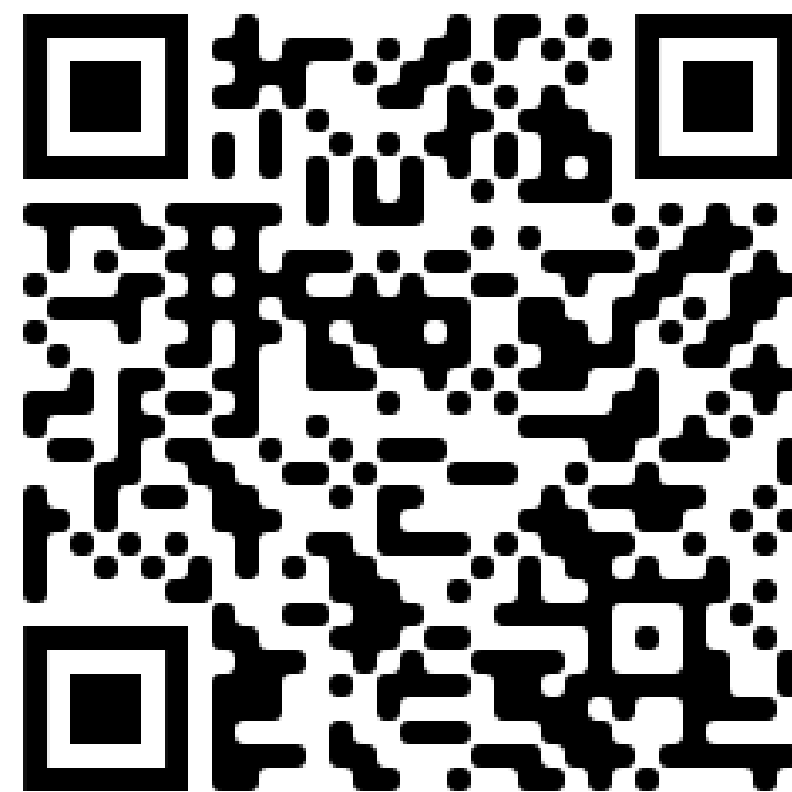




# Evaluation Forms

[https://forms.monday.com/forms/a1ded0a0b348](https://forms.monday.com/forms/a1ded0a0b348529e1309d125ccb04782?r=use1)

[529e1309d125ccb04782?r=use1](https://forms.monday.com/forms/a1ded0a0b348529e1309d125ccb04782?r=use1)





**THANK YOU FOR  
ATTENDING**





# CONTACT US



**Phone**

**LiverLine**  
1800 703 003



**Email**

**admin@liverwell.org.au**



**Website**

**liverwell.com.au**



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North Melbourne VIC 3051**