

# **Review of epidemiology, prevention and management of blood-borne viruses experienced by Aboriginal and Torres Strait Islander peoples**

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# Acknowledgement of Country

# Overview

- Background
- Epidemiology
- Methods
- Prevention and Management
- Testing, Treatment and Management
- Treatment and Care
- Programs and Services
- Future Directions/conclusion

\*Please note, the term 'First Nations' will be respectfully used in reference to Aboriginal and Torres Strait Islander peoples for this presentation

# Background

- Demographics - population, location [1]
- Historical, social & cultural factors - colonisation, systemic racism, over-incarceration, shame & stigma and a lack of culturally appropriate healthcare [2-14]
- Holistic view of health [15]
- Strengths based - Affirmative Cultural determinants of First Nations Health in Australia [16]
  - Family & kinship
  - Culture
  - Country
  - Language
  - Identity
  - Self-determination [16]

# Epidemiology

- Incomplete information of Aboriginal and/or Torres Strait Islander identification
- Increased healthcare accessibility issues, age structure of First Nations population and BBV risk factors compounded in remote areas [17]
- Influence of covid on testing, diagnosis & treatment of STIs & BBVs across 2019-2022 [18]

**Table 1. HBV, HCV and HIV notification rates, Aboriginal and Torres Strait Islander peoples, 2022**

Type	Total notifications	Notification rates per 100,000			
		Age-standardised	Remote areas	Regional areas	Major cities
HBV	108 (2% of all notifications in Australia in 2022 [5,075 overall in Australia])	19	27	20	13
HCV	1,088 (16% of all notifications in Australia [6,728 overall in Australia])	156	54	193	209
HIV	25 (5% of all notifications in Australia [555 notifications overall in Australia])	3.2			

Source: Naruka et al., 2023

[18]



# Mortality and Burden of Disease

- BBVs contribute to mortality rates through increasing susceptibility to other infections [19]
- HBV mortality 2000 - 2019, 29 deaths attributed to acute HBV
- HCV and HIV mortality data not available for First Nations peoples

Table 2. Years lived with disability (YLD), Aboriginal and Torres Strait Islander peoples, 2018

Acute HBV	0.12 YLD (equivalent to 0.0 YLD per 1,000 population)
Acute HCV	0.64 YLD (equivalent to 0.0 YLD per 1,000 population)
HIV/AIDS	35 YLD (equivalent to 0.1 YLD per 1,000 population)

Source: AIHW, 2022

[20]

Table 3. Years of life lost (YLL) and disability adjusted life years (DALY), Aboriginal and Torres Strait Islander peoples, 2018

	Acute HBV	Acute HCV	HIV/AIDS
YLL	49 YLL (equivalent to 0.1 YLL per 1,000 population)	0.16 YLL (equivalent to 0.0 YLL per 1,000 population)	87 YLL (equivalent to 0.1 YLL per 1,000 population)
DALYs	49 DALYs (0.1 per 1,000 population)	0.8 DALYs (0.0 per 1,000 population)	122 DALYs (0.2 per 1,000 population)

Source: AIHW, 2022

[20]

# Priority setting: Prisons

- Prevalence of BBVs and injecting drug use significantly greater in custodial settings
- National Prison Entrants' Blood Borne Virus Survey (2016) [21]
- Limited data available on BBV status within juvenile custodial settings
- New surveillance system: Australian Hepatitis and risk survey in prisons [22]

**Table 4. Number of antibody tests conducted and positive results, Aboriginal and Torres Strait Islander prison entrants, 2016**

BBV	Number of antibody tests conducted	Number of positive tests (%)
HBV	98	31 (32%)
HCV	99	21 (21%)
HIV	102	0 (0%)

*Source: Butler & Simpson, 2017*

[21]

# Health Service Utilisation

- GP attendance and engagement in BBV screening data limited
- Hepatitis B screening introduced for all pregnant women in the NT in 1985 [18]
- Universal HBV vaccination available

- Australian Needle Syringe Program Survey (ANSPS)

Hepatitis C testing:

- Annual HCV antibody testing rates reportedly declined among First Nations ANSPS participants from 2013 -2022 [18]
- Females testing rates declined from 57% to 46% in this period
- Males testing rates declined 55% to 47% in this period

HIV testing

- Recommended in national testing guidelines to occur across multiple contexts
- Female ANSPS participants reported 41% testing over previous year (2022)
- Male ANSPS participants reported 52% testing over previous year (2022)



# Education and Prevention

## Community education and engagement [23-26]

- Community education on transmission and prevention
- Healthcare providers education
- Peer-led Education and support groups

## Vaccination programs

- Hepatitis B vaccinations campaigns, including catch-up programs

## Harm reduction programs [27]

- Needle and Syringe Programs (NSPs)
- Education on safe injection practices
- Availability and uptake of PrEP and Pep in high risk populations
- Condom distribution and safe sex education

# Screening

## Screening programs

- Routine screening for high-risk populations
- Screening in Aboriginal Community Controlled Health Services
- Antenatal care

## Early detection and diagnosis

- Mobile clinics and outreach testing options
- Point-of-care testing, self-testing options, community-based testing initiatives
- Regular screening and follow up for hepatitis B

# Treatment and Management

- Access to Direct Acting Antivirals (DAAs)
- Access to Antiretroviral Therapy (ART)
- Support for treatment adherence
- Culturally safe healthcare delivery
- Integration of BBV care with other health services
- First Nations Health workforce [28-29]

# Common themes

- Cultural safety, community led approaches, access to culturally safe healthcare [29]
- Peer education and support programs [30]
- Hepatitis B vaccination & catch up programs [31]
- First Nations health workforce [29]
- Addressing the social determinants of health

# Programs & Services

## National initiatives:

- Australian Needle and Syringe Program Survey
- The Pharmaceutical Benefits Scheme
- Medicare Benefits Scheme
- National Immunisation Program

## Role of primary health care services:

- Aboriginal Community Controlled Health Services
- 715 Health Check
- Antenatal BBV screening



# Policies & Strategies

## **Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018-2022**

Other relevant national policies:

- Ninth National HIV Strategy 2024 -2030
- Draft Fourth National Hepatitis B Strategy 2023-2030
- Draft Fourth National Hepatitis C Strategy 2023-2030
- National Bloodborne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Plan 2018-2022
- First National Bloodborne Viruses and Sexually Transmissible Infections Research Strategy 2021-2025

# Future Directions

- Expand access to culturally safe healthcare
- Community led health initiatives
- Integrating innovative approaches for underserved communities
- Policy and system reform, introduction of NSPs into custodial settings
- Ongoing research and data collection

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# Thank you

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