



# CASH NETWORK NEWS

CANBERRA AND SURROUNDS HEPATITIS NETWORK

Sponsored by:

ACT Hepatitis Resource Centre, PO Box 50, Woden ACT 2606

[www.hepatitisresourcecentre.com.au](http://www.hepatitisresourcecentre.com.au)

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- Service Profile: The Junction
- Member Profile: Carolyn Sakkara
- Resources About Hepatitis and Youth

## Recent Articles

National Hepatitis C Needs Assessment FOR 2008 has been published recently. To view it, please visit

Hepatitis B in Australia: Responding to a Diverse Epidemic

Diabetes, Obesity And Hypertension Increase Mortality in Hepatitis C Patients

## Learn more about Hepatitis B

- Hepatitis Australia
- Gastroenterological Society of Australia
- NSW Health

## Breaking News

Hepatitis C infection treatment option equally effective, likelihood of success known early on  
- Johns Hopkins Medicine

Welcome to the "Autumn" edition of the CaSH Network Newsletter focusing on Youth and Hepatitis, a growing issue in our community. The enclosed information is drawn from highly regarded sources and we have included all references and provided links to improve your understanding and knowledge about this interesting and controversial strain of hepatitis.

The Service Profile for this issue highlights The Junction who offer a range of services to assist refugees and asylum seekers who are often from countries where hepatitis B is endemic. People with hepatitis B often experience stigma and discrimination akin to people affected by hepatitis C. Companion House provides supportive and informative services to meet the health and psycho-social needs of their clients.

... and don't forget to have a look at our Member Profile – it could be you!!

## About Hepatitis & Young People

The Hepatitis B Virus (HBV) is a virus transmitted in blood, semen and saliva. It was discovered in 1965 in Australia (initially named the Australia Antigen after its discovery in Indigenous Australians). At present, it is reported that up to 160,000 people in Australia are chronically infected with HBV<sup>i</sup>.

<http://www.hepatitisaustralia.com/documents/WHDFebIssuesm.pdf>

HBV presents a complex natural history. HBV may cause acute hepatitis or chronic liver disease including primary liver cancer. The diverse outcomes of infection (either acute or chronic) are related to the way different persons respond to infection<sup>ii</sup>.

Acute HBV is more likely to occur in adults – this is mainly due to the capacity of adults to produce an active immune response to the presence of HBV. This active response is responsible for acute inflammation in the liver, producing the symptoms of acute infection. Symptoms are likely to arise approximately 12 weeks after initial infection and include jaundice, anorexia (loss of appetite), lethargy, nausea, abdominal pain, muscle and joint pain<sup>iii</sup>.

People with chronic HBV infection are frequently asymptomatic for many years. This is because HBV multiplies in the hepatic (liver) cells causing little observable damage. The infected hepatic cells are then killed by the body's immune system (over a long period of time), which can result in cirrhosis (scarring of the liver) and liver cancer. Approximately 25% of people chronically infected with HBV will develop cirrhosis, and one in five people with cirrhosis will then develop liver cancer<sup>iv</sup>.

Hepatitis B is 100 times more infectious than the AIDS virus, yet **it can be prevented with a safe and effective vaccine**. For the 400 million people worldwide who are already chronically infected with hepatitis B, the vaccine is of no use. The future, however, is much brighter with the current advances in drug development and treatment options<sup>v</sup>.

The specific populations most at risk (of acquiring HBV) in Australia are:

- People born in Asia and the Pacific Islands
- People born in other hepatitis B endemic communities
- People from Indigenous communities
- People who inject drugs
- Men who have sex with men
- People in custodial settings

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## Events

National Hepatitis  
Awareness Week  
17-23 May 2010

CaSH NETWORK MEETING  
Wednesday 4th November  
final gathering for 2009

Lunchtime Seminar  
"Hepatitis B & Doughnuts"  
Evaluation & Annual Wrap-  
up

University House  
The Hotel  
At The National university  
103 Crawford Street  
Queanbeyan

Book now - limited places  
Call Lesley or Norbert:  
02 6282 2611

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THE AUSTRALASIAN  
EVALUATION SOCIETY  
INTERNATIONAL  
CONFERENCE 2009

Wednesday 2nd September to  
Friday 4th September

NATIONAL CONVENTION  
CENTRE  
Glebe Park, Canberra

**For further information  
please contact the Conference**

**Managers:**  
PH: 02 6285 3000

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NATIONAL HEPATITIS  
HEALTH PROMOTION  
CONFERENCE 2009

Thursday 29th & Friday 30th  
October

GRAND CHANCELLOR  
HOTEL  
1 Davey Street  
Hobart, Tasmania

## Hepatitis B *continued*

A recent Australian study identified the following as the strongest risk factors for HBV infection:

- Birth in Asia or the Pacific Islands
- Birth in North Africa, the Middle East and the Mediterranean regions
- Injecting drug use
- Household contact with someone diagnosed with HBV
- HIV infection

### National Hepatitis Awareness Week May 17 - May 23, 2010.

Australia's approach to HBV has been mainly focussed on vaccination programmes. Treatment, care and support issues for hepatitis B have taken a secondary role in the public health response. There are still important public health challenges to be addressed in the context of HBV. These challenges include:

- High numbers of people chronically infected
- Poor hepatitis B vaccination rates among young people and high-risk adults
- Low percentage of people with chronic HBV infection who are getting antiviral therapy
- Lack of public awareness about hepatitis B, surrounding stigma and consequent lack of early diagnosis.

In addition, children who contract HBV are in danger of chronic infection. Pregnant women with HBV need to access medical intervention and education early in their pregnancy to ensure their newborn is adequately protected immediately after birth. The Hepatitis B Prevention program will raise awareness of women at risk by providing local information to ensure early intervention and protect children at risk.

### *Findings of the 2007 National Hepatitis B Needs Assessment<sup>VI</sup>:*

- *Cultural understandings of HBV inform how people interpret being infected with HBV. Communities play an important role in providing information about hepatitis B.*
- *Communities most affected by chronic hepatitis B in Australia are often affected by the virus in a context of highly disrupted lives; where health care services may have been non-existent, and where hepatitis B is not seen as a priority.*
- *People with HBV report little or no pre or post test discussion at the point of diagnosis. This fundamentally affects how people with HBV understand and respond to their infection.*
- *People with HBV report their diagnosis as shocking with little understanding of how infection occurred or the implication of being infected.*
- *There were indications that people with HBV were ill-informed about their infection and that decisions made about health were based on incorrect information.*
- *Few resources were available for people with HBV or their families that would assist in understanding their infection and how to promote their health and well-being.*

Other findings identified workforce development as necessary across sectors commencing with the provision of basic information about HBV. In addition, it was found that the National Immunisation Program is often poorly promoted to communities most at risk and General Practitioners noted a need to strengthen skills in managing patients with HBV. [You can find this report at http://www.hepatitisaustralia.com/documents/07HepBNeedsAssess\\_000.pdf](http://www.hepatitisaustralia.com/documents/07HepBNeedsAssess_000.pdf)

### *Note:*

*Locally, the ACT Hepatitis Resource Centre has recorded an increase in requests for HBV information and support from affected individuals and community sector workers, and is building a catalogue of relevant information to meet that need (see Resources below). In addition, the Centre has recently broadened its scope to address the emerging issues surrounding HBV in the ACT, and currently has an application for funding with ACT Health. The proposed Hepatitis B Awareness Initiative will include workforce development, needs based education programs and health promotion projects regarding HBV, treatment and information.*

Phone :+61 (3) 6235 4535  
Facsimile :+61 (3) 6223 8175  
Toll Free in Australia :1800 75  
33 79 (1800 SLEEPY)

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## Service Profile:

### THE JUNCTION – YOUTH HEALTH SERVICE

The Junction is a free Youth Health Service targeting young people aged 12-25, particularly homeless or otherwise at risk young people, operating out of the new Club 12/25 Youth Service in Civic. The Junction is open from 12.45pm - 5pm Monday to Friday. Appointments can be made by dropping in or over the phone (depending on staff availability, the phones will be answered from 10am each day).

The Junction provides flexible, multidisciplinary, confidential, caring, safe and integrated health and support services with access to youth friendly doctors, nurses, counsellors, youth workers and a range of other health and support workers. The Junction staff are non-judgmental and place emphasis on treating all young people equally regardless of life circumstance, gender, sexual preference, culture, race, religion or ability.

The Junction is part of the Canberra City Youth Services. These include; being Youth in the City (youth centre), CYCLOPS (connecting young carers to life opportunities and personalised support), YEP (Young Education Program) and the Young People Housing Program. The new premises was officially opened in August 2005.

The Junction staff include a General Practitioner, a Youth Health Nurse, Youth Workers, a youth specific Counsellor, a Paediatric Registrar, and a specialist Sexual Health Nurse Practitioner. The Junction has established a healthy reputation as a key service provider in youth health in the ACT and surrounding regions. In addition, the Junction provides an Outreach



Youth Health Service to Tuggeranong, Gungahlin and West Belconnen, assessing and linking young people to Health Services and Doctors in their region. The Junction also provides assistance with Medicare and Healthcare cards, and possible brokerage for young people to access medical needs such as prescriptions and other pharmaceuticals as well as any other identified health needs. The Junction also aims to provide health promotion/prevention services and programs tailored to the specific needs of the service group.

Our latest achievement is a new smoking cessation clinic and Outreach assessment, support and free Nicotine Replacement Therapy.

You can find The Junction at Corner of Ballumbir Street & Petrie Street Canberra City and you can phone (02) 6232 2423. For more information, you can visit our website [www.thejunction.org.au](http://www.thejunction.org.au) or email [junctioninfo@anglicarecg.org.au](mailto:junctioninfo@anglicarecg.org.au).

If you would like your service profiled to cash members please phone 6282 2611

## Member Profile: Carolyn Sakkara - Youth Nurse Consultant

**POSITION:** Youth Nurse Consultant

**WORKPLACE:** The Junction Youth Health Services

**I JOINED CaSH:** To understand and keep up-dated with hepatitis vaccination, infection and treatment information.

**GENERATION:** Baby Boomer

**BIRTHPLACE:** Wollongong

**FAVOURITE FOOD:** Pudding.

**LAST HOLIDAY:** One week in Tasmania April 2009

**FAVOURITE PAST-TIME:** Gardening

**FAVOURITE BOOKS:** Vision of Edna Walling.

**MY PASSION IS...** Spending time with my Husband and family.

**OTHER INFO:** Favourite Music – Australian Folk/Country

## THE LITTLE BOOK OF HEP B FACTS

*Hepatitis C Council of South Australia*

A Concise, easy to understand factual booklet about Hepatitis B.

## You can learn more about Hepatitis B at the CaSH seminar on 4<sup>th</sup> November 2009.

*Here are a the only snap two from the well received Hepatitis Awareness Week 2009 "Hepatitis B & Doughnuts" seminar held at the Division of General Practice... mmm what's on Anne's mind?!*



## Statistics - Key stats about Hepatitis B

- Worldwide, there are an estimated 350 million people with chronic (lifelong) hepatitis B infection, with the majority living in the Asia-Pacific region. World Health Organisation (2005)
- In Australia, it is estimated between 90,000 and 160,000 people are chronically infected with hepatitis B. Between 1991 and 2005, there have been over 90,000 people diagnosed with chronic hepatitis B in Australia<sup>vii</sup>.

**Table 1. Notifications of unspecified/prevalent hepatitis B by state and territory: 2000 – 2008**

(National Notifiable Diseases Surveillance System. 2009 in Thein, H. Dore, G. J. (2009) Trends in chronic viral hepatitis: notifications, treatment uptake and advanced disease burden. CancerForum, Vol. 33, No. 2)

	2000	2001	2002	2003	2004	2005	2006	2007	2008
ACT	48	54	82	57	51	90	70	55	64
NSW	3900	4559	3466	2771	2757	2685	2463	2589	2910
NT	NN	NN	NN	NN	4	206	237	241	194
QLD	859	758	702	720	744	892	959	967	843
SA	276	293	257	232	282	325	315	506	413
TAS	39	20	34	71	60	52	46	38	60
VIC	1686	1762	1744	1556	1495	1667	1571	1870	1830
WA	915	485	355	398	388	374	590	630	634
Total	7723	7931	6640	5805	5781	6291	6251	6896	6948

NN, no notifications

Note: notifications for 2008 may be incomplete for all States at the time of this manuscript. **The correct total for ACT of unspecified notifications was 69.**

Thein and Dore (2009) state that the low rate of progression to chronic HBV infection following incident infection among adolescents and adults, the major component of new transmission in Australia, means that incident infections make a limited contribution to the overall burden of HBV disease. The number and trends in unspecified or prevalent HBV notifications are therefore more informative of disease burden. Over the period 2000 – 2008, the number of hepatitis B notifications has fluctuated between nearly 6,000 to 8,000 notifications per annum. A total of 109,749 unspecified/prevalent hepatitis B infections were notified to the National Notifiable Diseases Surveillance System from 1990 to 2008. The ACT and Tasmania represent less than 1% of HBV notifications.

- Most healthy adults (90%) who are infected will recover and develop protective antibodies** against future hepatitis B infections. A small number (5-10%) will be unable to get rid of the virus and will develop chronic infections. Unfortunately, this is not true for infants and young children – **90% of infants and up to 50% of young children infected with hepatitis B will develop chronic infections.** Therefore, vaccination is essential to protect infants and children<sup>viii</sup>.

<sup>i</sup> AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS Inc, Briefing Paper, Hepatitis B, January 2008, Updated 5 February 2008.

<sup>ii</sup> AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS Inc., Briefing Paper, Hepatitis B, January 2008, Updated 5 February 2008.

<sup>iii</sup> AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS Inc., Briefing Paper, Hepatitis B, January 2008, Updated 5 February 2008.

<sup>iv</sup> AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS Inc, Briefing Paper, Hepatitis B, January 2008, Updated 5 February 2008.

<sup>v</sup> HEPATITIS B FOUNDATION, URL: <http://www.hepb.org/hepb/statistics.htm>, Accessed 29 July 2009.

<sup>vi</sup> NATIONAL HEPATITIS B NEEDS ASSESSMENT, Jack Wallace, Stephen McNally & Jacqui Richmond, Australian Research Centre in Sex, Health and Society, 2007.

<sup>vii</sup> NATIONAL DISEASES SURVEILLANCE SYSTEM, URL: <http://www9.health.gov.au/cda/Source/CDA-Index.cfm>, Accessed 6 August 2009.

<sup>viii</sup> HEPATITIS B FOUNDATION, URL: <http://www.hepb.org>, Accessed 6 August 2009.