

Blood borne viruses and sexually transmissible infections: epidemiology and local trends

Jennifer MacLachlan
Epidemiology, The Doherty Institute
jennifer.maclachlan@mh.org.au

With contribution from Nasra Higgins
Communicable Disease Epidemiology and Surveillance, DHHS Victoria

Shepparton Forum



A joint venture between The University of Melbourne and The Royal Melbourne Hospital

Outline

- Risk factors and transmission routes
- Local burden and trends
- Access to prevention and care

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Acute Hepatitis B

- Major risk factors are recent injecting drug use and sexual transmission
- Number of cases generally declining, in both metropolitan and rural areas
- <100 diagnoses per year in Victoria
- Predominantly Australian-born individuals in metro areas
- Prevention, vaccination

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Acute Hepatitis C

- Major risk factor is recent injecting drug use
- Number of cases stable
- <200 diagnoses per year in Victoria
- Predominantly Australian-born individuals in metro areas, but shifting to rural

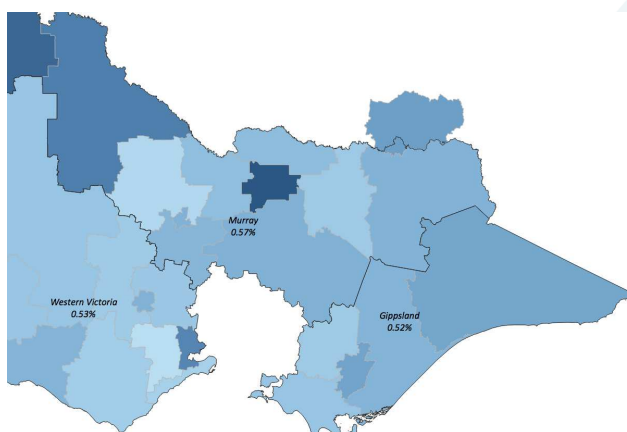
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Chronic Hepatitis B

- 61,000 Victorians living with infection
- Most commonly born overseas and Aboriginal and Torres Strait Islander people
- ~2,000 new diagnoses per year in Victoria
- Effective care available but 1/3 undiagnosed, majority not being monitored

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Chronic Hepatitis B in Shepparton



- Highest prevalence in rural Victoria
- Overseas-born: China, Afghanistan, DR Congo
- 10-15% Aboriginal and Torres Strait Islander
- Treatment uptake 3%

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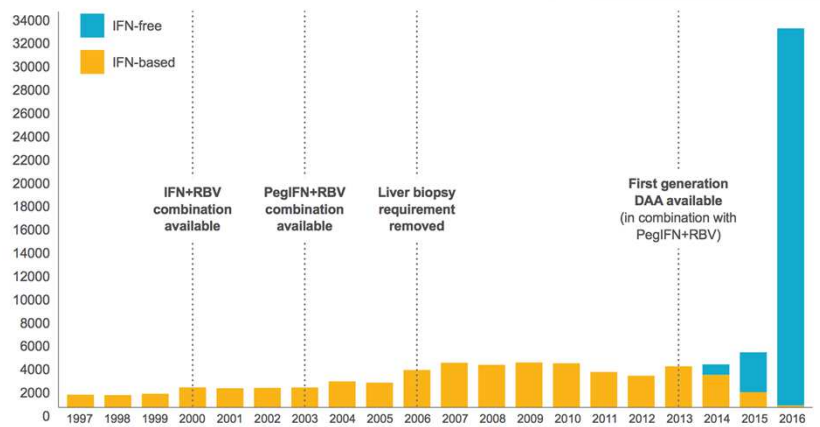
Chronic Hepatitis C

- 40,000 Victorians living with infection
- Most commonly affects people with a history of injecting drug use
- Burden greater among men, rural residents
- Highly effective treatments available since March 2016 – low side effects, broad eligibility

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HCV treatment uptake in 2016

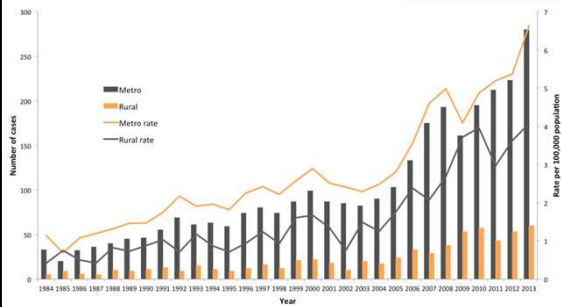
Estimated annual number of individuals with chronic HCV infection initiating HCV treatment from 1997 to 2016 in Australia.



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The Kirby Institute, July 2017.

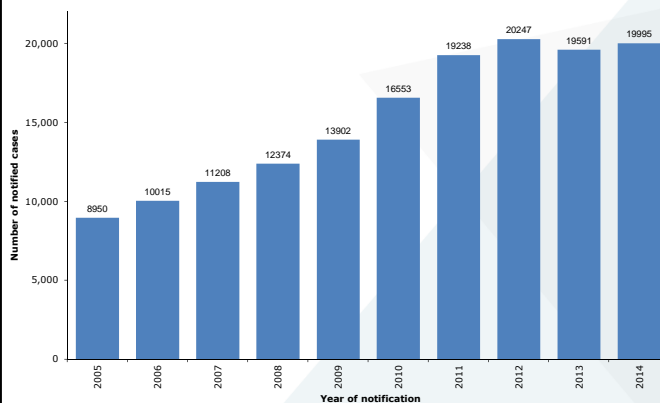
Adverse outcomes of viral hepatitis



- Liver cancer 6th most common cause of cancer death in Victoria
- Rural residents have higher rates, lower survival

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Chlamydia in Victoria

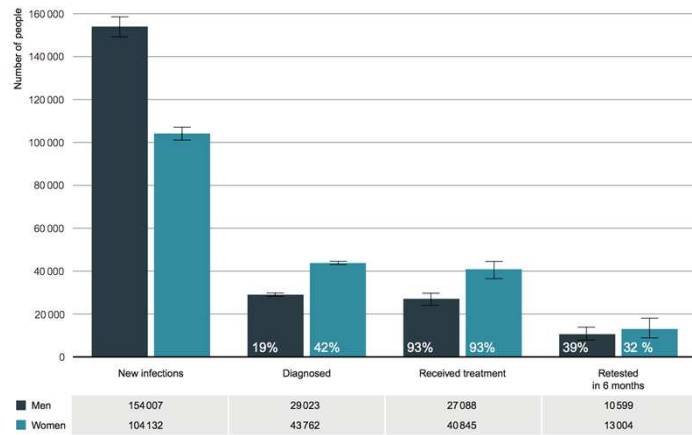


- Heterosexual women most commonly affected in Victoria
- Most cases diagnosed through screening

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Chlamydia – cascade of care

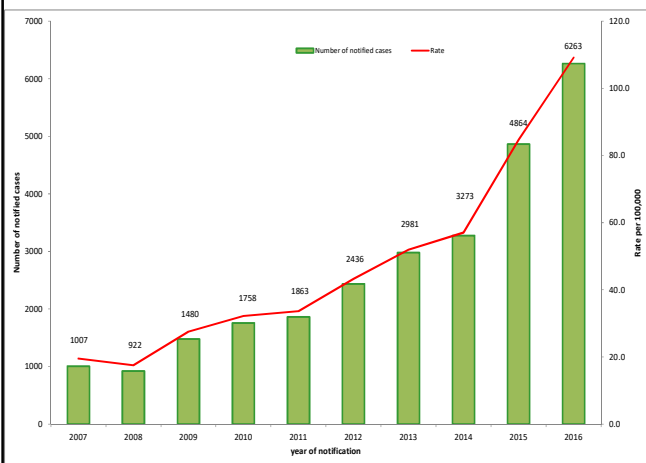
Figure 3.1.13 The chlamydia diagnosis and care cascade in people aged 15–29 years, 2016, by sex



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Kirby Annual Surveillance Report 2017

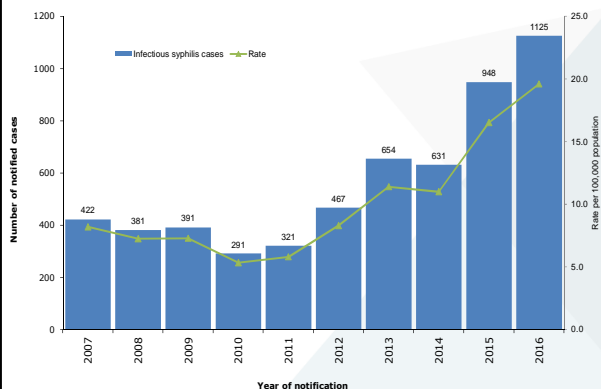
Gonorrhoea in Victoria



- Most commonly affects men who have sex with men
- Ages 20-39
- Increasing trend since 2010

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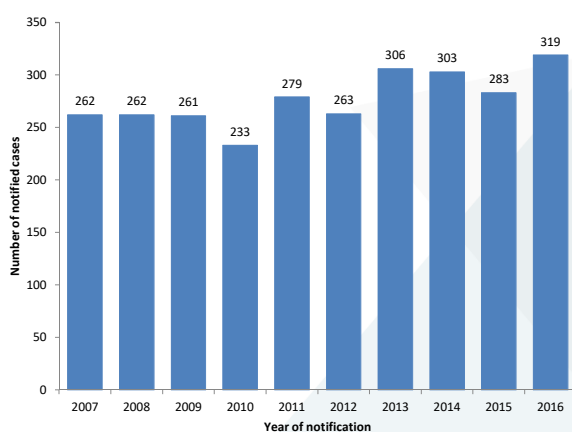
Infectious syphilis in Victoria



- Most commonly affects men who have sex with men
- Ages 25-39
- Increasing trend since 2012
- Disproportionately affects Aboriginal and Torres Strait Islander people

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HIV in Victoria



- Most commonly affects men who have sex with men
- Ages 20-39
- Women, people born overseas less likely to be diagnosed in timely way

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Summary

- BBVs and STIs commonly under-diagnosed
- Distributed across Victoria, with some disproportionately affecting Shepparton region (HBV and HCV)
- Effective strategies available
 - Prevention
 - Testing
 - Treatment

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