

World Hepatitis Day 2008

Approximately 500 million people worldwide are affected by hepatitis B or hepatitis C – that's 1 in every 12 people on the planet.

The following 12 questions will help you report on hepatitis issues.

1. What is World Hepatitis Day?

- World Hepatitis Day will take place on Monday 19 May
- The initiative is being led by the World Hepatitis Alliance, representing viral hepatitis community and patient groups around the world
- **"Am I number 12?"** is the theme for 2008. One in 12 people in the world are living with chronic hepatitis B or C – a shocking and little known statistic.
- Over 200 groups worldwide will be taking part and highlighting the need for urgent action to stem the epidemics of hepatitis B and hepatitis C.

Hepatitis Australia is the co-ordinator of National Hepatitis Awareness Week and a founding member of the World Hepatitis Alliance.

Within Australia, May 19 will mark the first day of National Hepatitis Awareness week and awareness raising events and activities will continue throughout the week in all States and Territories. View www.hepatitisaustralia.com for the full list of activities in Australia and see www.aminumber12.org for the global campaign.

For more information

www.hepatitisaustralia.com

Consumers can be directed to the national hepatitis info line on **1300 437 222 (1300 HEP ABC)**

2. What are hepatitis B and hepatitis C?

Hepatitis B and hepatitis C are different viruses which both attack the liver causing inflammation. If infection persists for longer than 6 months, it is called "chronic infection" and is long-lasting. Chronic hepatitis can lead to debilitating symptoms and in some cases cirrhosis, liver cancer and death.

Hepatitis B

- Of those infected some will clear the virus spontaneously whilst others will develop chronic (long-term) infection.
- Development of chronic infection is largely determined by age, approximately 90% of infants; 30% of children; and 5 % of adults will progress to chronic infection

Hepatitis C

- Of those infected with the virus approximately 25% will clear the virus spontaneously and the remaining 75% will go on to develop chronic (long-term) infection.

3. How many people have chronic hepatitis B and C?

	Chronic Hepatitis B	Chronic Hepatitis C
Worldwide	400,000,000	170,000,000
Australia	90,000 - 160,000	200,000

An estimated 6,000 new cases of hepatitis B and 10,000 new cases of hepatitis C occur annually in Australia.



It's everywhere,
all across the world



Globally, it is estimated that 4,110 people die **every day** as a result of chronic hepatitis B or C.

4. How are hepatitis B and hepatitis C transmitted?

Hepatitis B

The virus is spread by contact with infected blood or bodily fluids, including semen. Hepatitis B is classified as a sexually transmissible infection.

Vertical transmission from a mother with chronic infection to her baby is common in many countries.

Pregnant women are routinely screened in Australia to reduce this transmission risk.

Groups at risk of hepatitis B infection in Australia include:

- People born in countries of high hepatitis B prevalence
- Aboriginal and Torres Strait Islander people
- Men who have sex with men
- Sex workers
- People with a history of injecting drug use

Hepatitis C

The virus is spread through blood to blood contact.

Sexual transmission is rare but may occur in the context of blood to blood contact.

Groups at risk of hepatitis C infection in Australia include:

- People with a history of injecting drug use;
- Prisoners;
- Aboriginal and Torres Strait Islander people
- People born in countries of high hepatitis C prevalence ;
- Recipients of blood or blood products prior to 1990;
- People who have unsterile tattoos or piercings.

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5. How can hepatitis B and hepatitis C be prevented?

Hepatitis B

There is a safe and effective vaccine for hepatitis B, this provides the best protection.

- Practice safe sex ;
- Avoid blood to blood contact (as for hepatitis C).

Hepatitis C

There is no vaccine for hepatitis C.

Avoid blood to blood contact:

- Do not share drug injecting equipment;
- Ensure tattoos, body art and piercings are only performed in a sterile way;
- Ensure equipment used in medical and dental procedures is adequately sterilised;
- Ensure blood and blood products are not contaminated;
- Avoid sharing toothbrushes and razors.

6. What are the common symptoms of chronic hepatitis B and chronic hepatitis C?

Hepatitis B

Not everyone will experience symptoms, however, as the immune system reacts to the virus symptoms such as jaundice, nausea, loss of appetite, tiredness, fever, joint pain, and abdominal pain can be experienced.

Hepatitis C

Symptoms are rare in the early stages of chronic infection.

Symptoms can take many years to appear, and include fatigue, flu-like symptoms,



abdominal pain, nausea, depression, loss of appetite and sleep disturbance. Some people may not experience any symptoms.

7. Is there a treatment available?

Hepatitis B

Effective treatments exist for hepatitis B but few people access treatment (around 5% of those eligible).

Hepatitis B treatment aims to suppress the virus to prevent progression to serious liver disease. It does not provide a cure. There are two main types of treatment funded in Australia:

- Pegylated interferon (also used for treating hepatitis C);
- Anti-viral medications such as Lamivudine and Entecavir .

Resistance to standard anti-viral medications can occur and Adefovir is approved for use in some circumstances. Treatment may not be appropriate for everyone.

Hepatitis C

Effective treatments exist hepatitis C but few people access treatment (around 2% of those eligible).

A combination of a weekly injection of pegylated interferon and daily tablets of ribavirin is the standard treatment for hepatitis C, generally taken over a 6 or 12 month period. Cure rates vary according to the particular strain of the virus and range from 50-80%. Side effects can be very debilitating and vary from person to person. Treatment may not be appropriate for everyone.

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8. Are people with hepatitis B and hepatitis C subject to discrimination?

Yes, and discrimination can have a major impact on people with hepatitis B and hepatitis C.

- Discrimination can result from unfounded fears of infection and assumptions and judgments relating to some of the common risk behaviours.
- Discrimination can occur in all aspects of life including: healthcare settings, employment, housing, insurance, superannuation and social networks.
- Discrimination can act as a major barrier to people with hepatitis accessing healthcare services

9. Why don't more people have treatment?

There are many factors which impact on the uptake of treatment of both hepatitis B and hepatitis C including:

- Lack of knowledge of the advantages of treatment
- Limited resources for the expansion of treatment services. Most treatment services across Australia are operating at maximum capacity.
- Different cultural beliefs and health practices
- Lower levels of access to health services in regional and rural areas
- Stigma and fear of discrimination
- Support to deal with treatment side effects (interferon based treatments)
- Waiting times to see a liver specialist
- Language barriers
- Other complex social or health issues





implies people infected in other ways are 'guilty' victims.	
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10. What can people with hepatitis B and hepatitis C do to help themselves?

Improving self-knowledge is often a key to successful self-management. Small lifestyle changes can make a big difference. Avoiding or cutting back on alcohol consumption, maintaining a healthy weight, eating a balanced diet, avoidance of tobacco and reducing the impact of stress have been shown to improve outcomes for people with viral hepatitis.

11. What is preferred terminology when reporting on hepatitis issues?

Balanced and respectful reporting of hepatitis issues plays a major part in raising awareness and reducing discrimination against people living with hepatitis. Here are some examples of poor wording, and preferred alternatives:

 Poor Wording	 Preferred Wording
Hepatitis victim or sufferer Implies a person living with hepatitis is powerless and has little control over their condition	Person living with hepatitis
Junkie Marginalises people who are often disadvantaged socially and can act as a barrier to them accessing health	Person who injects drugs
Innocent victim This term is sometimes used to describe a person with a medically acquired hepatitis infection, and incorrectly	Person living with hepatitis/person with medically acquired hepatitis

12. What is the Professor Geoff Farrell Medal?

The Professor Geoff Farrell Medal honours Australian-based members of the media who have provided responsible, accurate and timely reporting on advances in hepatitis C prevention, research, treatment and patient support. Coordinated by Hepatitis Australia, entries are judged by an independent expert panel based on criteria including factual accuracy, objectivity and use of appropriate terminology and referencing.

The next edition of the Professor Geoff Farrell Medal is to be launched during National Awareness Week 2008.

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