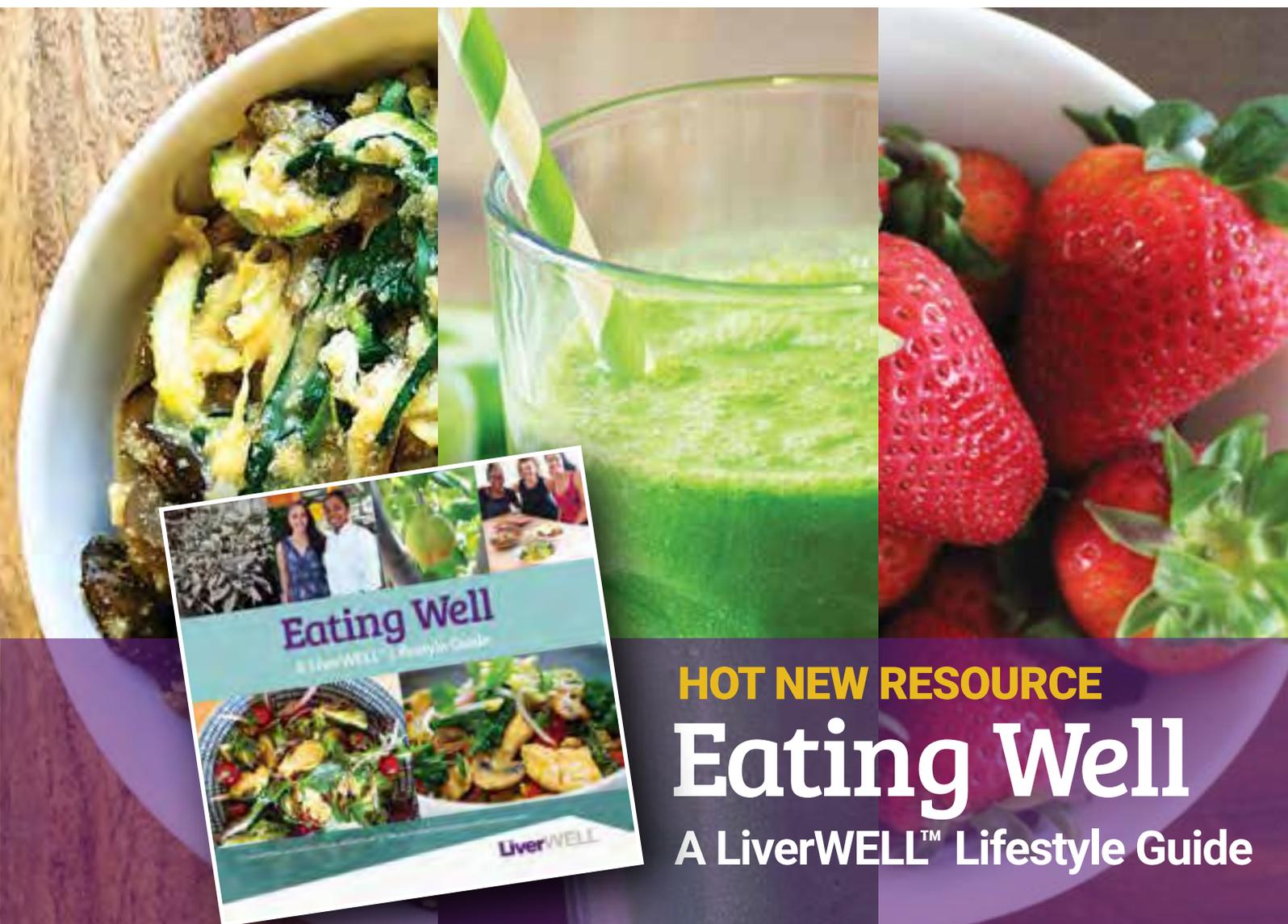


June/July 2019

# Good Liver



**HOT NEW RESOURCE**  
**Eating Well**  
A LiverWELL™ Lifestyle Guide

## Eat your way to a lovelier and healthier liver

*Eating Well: A LiverWELL™ Lifestyle Guide*, a beautifully illustrated digital resource, available for free download by anyone looking for delicious recipes plus hints and tips to help improve their liver health.

## The rapid trajectory for liver disease and its cost

The number of cases of liver disease is projected to increase to over 8 million in Australia by 2030 with *Non-Alcoholic Fatty Liver Disease* being the biggest contributor to the total number.

## The highest rate of hepatitis B in Victoria

Brimbank has the highest rate of hepatitis B and one of the highest rates of hepatitis C in Victoria, both are combined with worryingly low rates of treatment uptake and care.

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### Reader response

Your comments or experiences in regard to any articles in *Good Liver* are welcome.  
Email: [admin@hepvic.org.au](mailto:admin@hepvic.org.au)

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From the desk of the Chief Executive Officer



Welcome to our winter edition of *Good Liver*.

Leafing through these pages, I am again frankly impressed by the innovation, breadth and diversity of the work our team does to raise awareness about viral hepatitis and liver disease.

It's true we have very limited resources, but with the skills and expertise of our talented staff and amazing volunteers, we always seem to make the most of every opportunity. We strive to get the message out to the varied communities we are targeting - often in multiple languages- as well as to a more general audience.

While the main feature of this edition is our *Eating Well Guide*, you can also read about some of our other campaigns and activities. And it's interesting to see how many of them complement our more general aspiration to improve liver health - while not taking away from our main focus and our commitments in relation to viral hepatitis.

On 19 April - World Liver Day - we launched the first of four fully-fledged lifestyle-focused - practical tools to challenge, and help reverse, our national slide into poorer liver health.

*Eating Well: A LiverWELL™ Lifestyle Guide*, the digital book, video and podcast were all produced in-house (with recipe assistance from the extraordinary Kessavee Lutchman) and have been very well-received nationwide.

## Raising awareness means taking action = saving lives

Stayed tuned for developments in the other three domains of *Living Well: Getting Active, Feeling Well and Drink Aware*.

Meanwhile, we remain focused on the global and local aspiration of the elimination of viral hepatitis by 2030. A key galvanising activity is our annual *LIVERability Festival* in the lead-up and aftermath of World Hepatitis Day on 28 July.

The Festival is packed to the brim with exciting events including our popular Streetshot Youth Program and awareness raising at the Springvale Snow Festival. Take a look at the *LIVERability Festival* webpage for the most up-to-date details.



Kes helped prepare the recipes for the *Eating Well Guide*.

Meanwhile, the *Love Your Liver#2* campaign is getting the message to communities and regions where the epidemiological evidence reveals the highest prevalence of viral hepatitis. It showcases where we truly excel. Funds from Victoria's Department of Health and Human Services have enabled

us to implement this cutting-edge campaign integrating workforce training with a range of exciting communications tools, to significantly raise awareness of viral hepatitis and liver disease in vulnerable communities throughout Victoria.

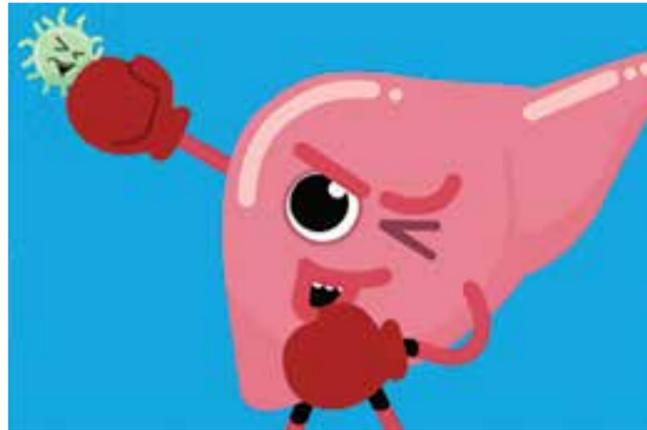
But there remains much more to be done if we are to actually achieve the elimination aspiration by 2030. There are many who are unaware they have hepatitis. And others are not being vaccinated or engaging in care when they should.

Hence the World Hepatitis Alliance campaign of 'Find the Missing Millions.'

Yet we continue to have an impressive impact. Which we could not do without the many volunteers who allow us to achieve this. View inside how we thanked them at our *Cheers Volunteers!* Event - where we also test-tasted some of the recipes from our *Eating Well Guide*.

# De-Livering the news

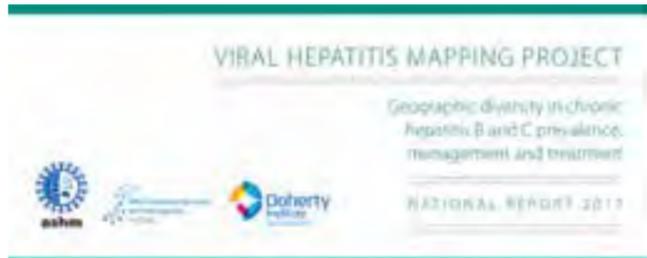
Some frequently asked questions



## The latest you need to know about hepatitis C all in one handy little brochure

What is hepatitis C, how do you get it, what new treatments are there and how can you keep your liver healthy? These are just some of the many questions answered succinctly in one of our latest online and print resources called "Hepatitis C". Download it [here](#).

"I wanted to create a resource was not only colourful and easy to read, but also really informative," said Isabelle Purcell, the Health Promotion Officer responsible for the brochure. Hepatitis C is one of the latest in a suite of handy liver health brochures including *Your Liver Your Health*, *Fatty Liver Disease* and *Cirrhosis*.



## 2017 National Mapping Report

The Doherty Institute's reports are among the most important and useful pieces of research about the state of viral hepatitis and liver disease in Australia. The [2017 National Mapping Report](#), released in April takes a new direction, combining data for both hepatitis C and hepatitis B and including, for the first time, research findings about the spread of liver cancer. Author of the Report, epidemiologist Jennifer MacLachlan, speaks in a Hepatitis Victoria podcast about what she found most surprising from the 2017 results.

 [Read more on page 8 and listen.](#)



## LiverWELL™ gets great 3rd party rap!

**LiverWELL™** our dedicated app created and launched last year to support people with liver disease to manage their medications, appointments and results, has received an ORCHA score of 71% for its functions, usability and professionalism.

The **ORCHA review** puts LiverWELL™ in a category of high-performing apps obtaining a score of more than 65% and according to ORCHA, LiverWELL™ is the highest scoring consumer app dealing with liver health and related issues such as viral hepatitis.

ORCHA is a leading health app evaluation and advisor organisation helping organisations like the National Health Service in the UK to choose and deliver health apps that will safely make the biggest impact in terms of improving outcomes.



## New resource to help fight hepatitis C inside

Victorian prisons have a very high prevalence of hepatitis C, according to one estimate more than 20 times the state average. Raising awareness of viral hepatitis, testing and treatment inside,

for both prisoners and prison workers, is recognised as a vital and urgent task if the State Government's goal of elimination by 2030 is going to be achieved. To assist in this effort, Hepatitis Victoria has created new resources including a brochure and pamphlet. Project officer Neylan Aykut said she felt confident the new resources make a difference. "We surveyed Victorian prison staff and 100% said they wanted to know more about viral hepatitis. Victorian prison staff being more aware will mean better outcomes for both the workers and the prisoners health. They will understand who and how staff or prisoners may be at risk, and how to assist people with concerns," she said.



## Mildura Mayor supports HEPReady® workshop

Our *Love Your Liver* campaign in regional Victoria has reached up to Mildura where Mayor Cr Simon Clemence gave the opening address at our HEPReady® Workshop on 21 June. Mildura Regional City Council gave welcome public support for the event, which was held at the Alfred Deakin Centre in town. Health and community workers attended and gave warm and positive feedback.

"It's a real concern that the Murray has the lowest take up for hepatitis C treatment and care of any PHN in Victoria," said Mildura Council Mayor, Cr Simon Clemence.

"The seriousness of this issue cannot be underestimated, particularly for our community so I am delighted this workshop will shed some light to this ongoing health problem," he said.

 [Read more on pages 6-7.](#)

## Take control of your own health journey: LiverWELL™ Coaching Sessions

Our FREE one-day LiverWELL™ Coaching session, will equip you with the knowledge and tools to take control of your own health journey.

Learn how to better manage living with a chronic liver disease and support each other.

Get the latest approaches to goal setting and putting health goals into action and better manage your chronic condition.

LiverWELL™ Coaching is suitable for people living with a chronic liver disease, carers, friends and family and covers the following topics:

- Nutrition
- Exercise and fitness
- Mental wellbeing and sleep
- Medication management, alcohol and other drugs

 [Find out more information about sessions and register, \[here\]\(#\).](#)



## New resources in Vietnamese

Hepatitis B Community Mobilisation Project Officer Helen Tran has been busy exploring new ways to reach the breadth and depth of Victoria's Vietnamese-speaking community using ads in traditional media and a Facebook page for Vietnamese-speaking fans of Hepatitis Victoria. Since May an awareness-raising ad has appeared in Vietnews, a free publication that is distributed in 315 areas of the state and has a circulation of 20,000. "I am hopeful these activities will be an effective approach to the Vietnamese community about hepatitis B," Helen said.

# Highest rate of hepatitis B in Victoria

## Brimbank workshop sharpens focus on urgent health concern



### Well-attended HEPReady® event strongly supported by local Council Mayor

Brimbank not only has the highest rate of hepatitis B and one of the highest rates of hepatitis C in Victoria, both are combined in the area with worryingly low rates of treatment uptake, and care. According to the latest research from the Doherty Institute, more than 4000 people in Brimbank are living with viral hepatitis but most are unaware or are not getting treated for their condition.

“Our HEPReady® event in March was therefore not only timely but also very

welcome with over 30 participants from health groups, correctional centres and local culturally and linguistically diverse communities attending, to name just a few,” said Martin Forrest, Health Promotion Programs Manager.

As usual for our HEPReady® events, feedback from the audience was overwhelmingly positive with respondents praising the breadth of presentations and in particular the honesty and authenticity of lived-experience speakers. They also loved the snacks and free lunch provided.

“It is important to have a balance between expert commentary on the epidemiology

and treatment for the disease with real-life experiences,” explained Martin.

“These events are great because we speak to the people who are on the frontline of this very real health crisis dealing with viral hepatitis every day,” he said.

Ross Williams, a Hepatitis Victoria Board member was a valued speaker. He gave a moving talk about the personal challenge of overcoming hepatitis C and recipient of lifesaving liver transplants. An interview recorded at the event is also a featured podcast for this edition of *Good Liver* (see page 20).

The HEPReady® workshop which highlighted

how to tackle the challenge of viral hepatitis and promote overall better liver health was held at the Victoria University Conference Centre, Sunshine on Thursday 7 March.

The workshop took place as a compliment to Hepatitis Victoria’s “Your liver needs your love, too” campaign promoted in Brimbank GP surgeries, on the backs of buses, and in local shopping centres calling for people to get tested and, if they are living with viral hepatitis, to get treated. Links to the campaign material can be [accessed here](#).

“Raising awareness can save lives, but to do this effectively all the services which support the community must be engaged in the battle with this very silent and ignored epidemic,” said CEO of Hepatitis Victoria, Melanie Eagle.

“The workshop was a very practical session for health and community workers as the focus is on developing leadership to improve liver health. The forum was also useful for anyone keen to understand this serious health problem,” Melanie said.

To underscore the seriousness of the issue for Brimbank the Mayor, Cr Lucinda Congreve gave the opening address expressing her strong support for tackling viral hepatitis and raising more awareness.

“As a Council we are really concerned about this issue and I am really proud you have come out here today to try to raise awareness and educate our people, so thank you,” said Lucinda.

“The prevalence of chronic hepatitis B in Brimbank is the highest in Victoria, and reports of chronic hepatitis C are among the highest in the state... the seriousness of this issue cannot be underestimated, particularly for our community,” she said.

More than 50% of people in Brimbank were born overseas and over 160 languages spoken in the community, so it is really a challenge to get this message to the right people.

“We have a new health and well-being centre that we are building in St Albans which will

have a whole heap of wrap-around services for people, and we might treat viral hepatitis in that centre, and are developing some innovative approaches to try to address these health issues.

“As a Council we are dealing with it but realise it’s a slow-burn and it might take 10 years or longer before we see significant change,” Lucinda concluded.

Supported by the Victorian Department of Health and Human Services, the workshop is one of a number of regional events organised by Hepatitis Victoria to bring a local perspective to the testing, treatment, management, care and prevention of viral hepatitis and overall liver health.



Read more about the event on page 20.

**HEPATITIS C**  
Brimbank 1.14%  
Maribyrnong 1.37%

According to the Doherty Institute’s *National Mapping Project Report 2016*, 1.14% of people in Brimbank (1,525), and 1.37% of people in Maribyrnong (1,021) are living with hepatitis C, and less than a quarter of those have accessed the treatment now available through the PBS.

**HEPATITIS B**  
Brimbank 2.08%  
Maribyrnong 1.71%

Rates of Hepatitis B are higher. 2.08% of people in Brimbank (2,793) and 1.71% of people in Maribyrnong (1,281) live with the condition. Less than half are accessing treatment to manage the condition.



# Latest National Mapping Report 2017

Bringing the liver diseases together



The Doherty Institute's viral hepatitis National Mapping Report 2017 was published in April, providing an Australia-wide snapshot of prevalence, treatment and progress for hepatitis B, hepatitis C, and for liver cancer.

In a podcast interview with Hepatitis Victoria, Jennifer MacLachlan, Epidemiologist at the Doherty Institute said there were some surprising revelations, but first explained the decision to combine what were previously separate reports, and to add new data related to liver cancer.

"At a time when we are making progress with hepatitis C through new medications, we want to make sure hepatitis B doesn't fall behind - in other words lose focus on one area at the expense of another," Jennifer said, hence the combined and expanded report.

"The overall focus is on tackling viral hepatitis as essentially one thing, and to do this it is good to have everything in one place," she said.

But gathering such vital data was complex and slow, and included discussions with local health experts in some areas to tease out the evidence, explain or challenge anomalies. Jennifer said it's was a process that "...takes time and but delivers".

## So, what are some of the highlights?

"For hepatitis C, we saw great uptake for the new treatments when they became available in 2016, and in 2017 uptake has stabilised

at a steady rate. It's a decline but one that is consistent nationwide.

## Poor uptake of hepatitis C cures in regional areas a worrying trend

"The good news is that current levels of treatment still give hope that we are going to achieve the elimination goals of 2030, but there are some places in Australia which are falling behind, making success in those areas less likely," Jennifer said.

"It's clear that miracle drugs are not enough if people don't know they are living with a condition or know but not cognizant of the long-term effects of avoiding treatment.

"We have to make sure we are reaching out to those communities and making sure they are getting service delivery," she said.

Prisons are also an important nexus of hepatitis C and a special section of the report is devoted to uptake data from inside.

## It's clear that miracle drugs are not enough if people don't know they are living with a condition or know but not cognizant of the long-term effects of avoiding treatment

Jennifer said that for hepatitis B, one of the biggest challenges is that priority populations vary greatly according to area, for example, 60% of people living with hepatitis B in the Northern Territories are Aboriginal and Torres Straight Islanders, while the majority in urban Melbourne were born overseas.

"This underscores the fact that if we are going to respond to hepatitis B effectively, we need to tailor the messages precisely to the groups affected," she said

For hepatitis B and cancer, Jennifer said it is clear there is a stark correlation between both diseases where there is a high prevalence of hepatitis B.

## Gaps in the cascade of care for hepatitis B

Perhaps the biggest revelation from the report is in the hepatitis B cascade of care, where fewer people than previously thought are receiving ongoing treatment,

"People living with hepatitis B are falling through the cracks between their general practitioner and liver specialist, only 8% of those living with chronic hepatitis B are receiving regular treatment, not 20% as previously thought," Jennifer said.

There needs to be more thought on what is causing this serious situation and how it should be tackled.

Key deliverables from the report include the need for closer monitoring of the cascade of care, looking at how well people are being followed up by their health professionals, and investment in effective awareness campaigns for the public as

"...chronic disease is challenging, and it is difficult to remain focused."

"We can also see for the first time some of the disparities in liver cancer incidence by geographic area, and these insights are extremely valuable when it comes to informing policy and health approaches," Jennifer said.

For the next report Jennifer said she and her team at the Doherty want to look further at liver cancer geographically, and to "...make sure the data we are publishing is timely and that we are tracking in an up to date way how we are progressing."

Jennifer MacLachlan

# Creating a Khmer version of Little Hep B Hero

A possible global model?

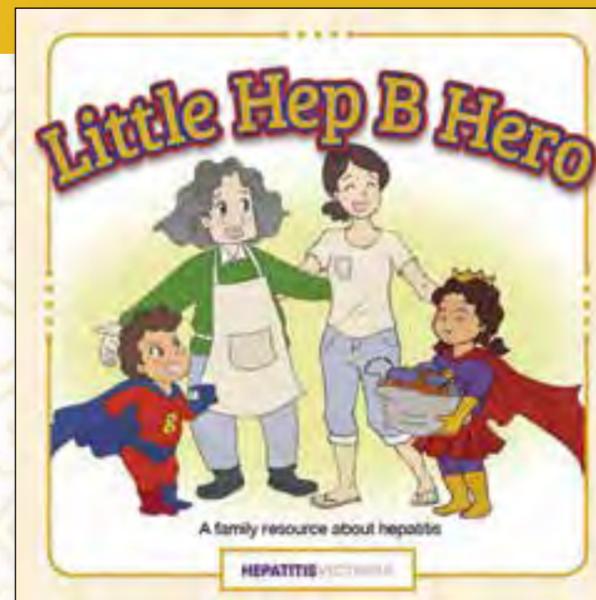
Andrée Dolby is a HEP Hero and Hepatitis Victoria volunteer. She is also the recipient of the 2018 Mark Farmer Award

Little Hep B Hero is a high-quality and delightful resource for families and children. It was launched by Hepatitis Victoria to widespread public acclaim in April 2018 – you can find it on our website in digital formats in English, Khmer, Simplified Chinese and Vietnamese.

Our goal with the book is to make it as accessible as possible to those we are trying to reach, especially families and children where there is high prevalence of hepatitis B. A successful innovation has been the creation of a beautiful animated film - available on our website and YouTube - in English.

Since the launch there has been interest and requests for translations from communities where languages other than the three, are spoken.

Cambodia has one of the highest rates of



hepatitis B in the world, but progress is being made for children with ongoing high rates of vaccinations.

As I had worked in Cambodia, I was able to use my network of contacts and knowledge to ask a few favours from some very generous people. I sent an English version of Little Hep B Hero to Angkor Research, an organisation that is a leader in research and social transformation, in Phnom Penh. To my delight, they rapidly translated the book into Khmer and presented Hepatitis Victoria with a translation that includes additional words that are culturally appropriate.

Example of these culturally appropriate words in Khmer are when the character Rosa is speaking to the children or they are speaking to her, the word for 'Aunt' is used when the kids address her, and the word for 'young child' when she addresses them.

There were a few hiccups in the design format, as the translator kept the flow of text like the English version though, Khmer text is often one long string of words all grouped together - sometimes with punctuation. The font used is one for Khmer children's books and finally the finished book was proofread by persons both in Cambodia and Australia.

A digital version of the book was revealed late in 2018 by Cr Youhorn Chea, a HEP Hero

who also happened to be the Mayor of Dandenong at the time. Cr Chea warmly endorsed the book.

## Next steps: The leap from digital to print.

To produce our Khmer digital version of Little Hep B Hero in hard copy is a long-term goal. It is not easy as complicated logistics are involved and printing is costly.

Funding needs to be sought and indeed possibilities are being explored with the ultimate aim of making the book available to community in both Australia and Cambodia. Printing can

be done in Cambodia and copies of the Khmer version sent to Australia, the cost would be less, but it still costs – (if there are any kind benefactors out there who can support our project that would be marvellous hint, hint!).

Doing the research for printing has been instructive as it has meant looking at relevance in community, response, printing methods and paper, importation, exportation, permissions for distribution and consideration of possible support partners.

Even if the model evolving does not work for Cambodia the framework and process I am using -digital translation in-country for high prevalence communities- could be applied to other communities, languages and countries.

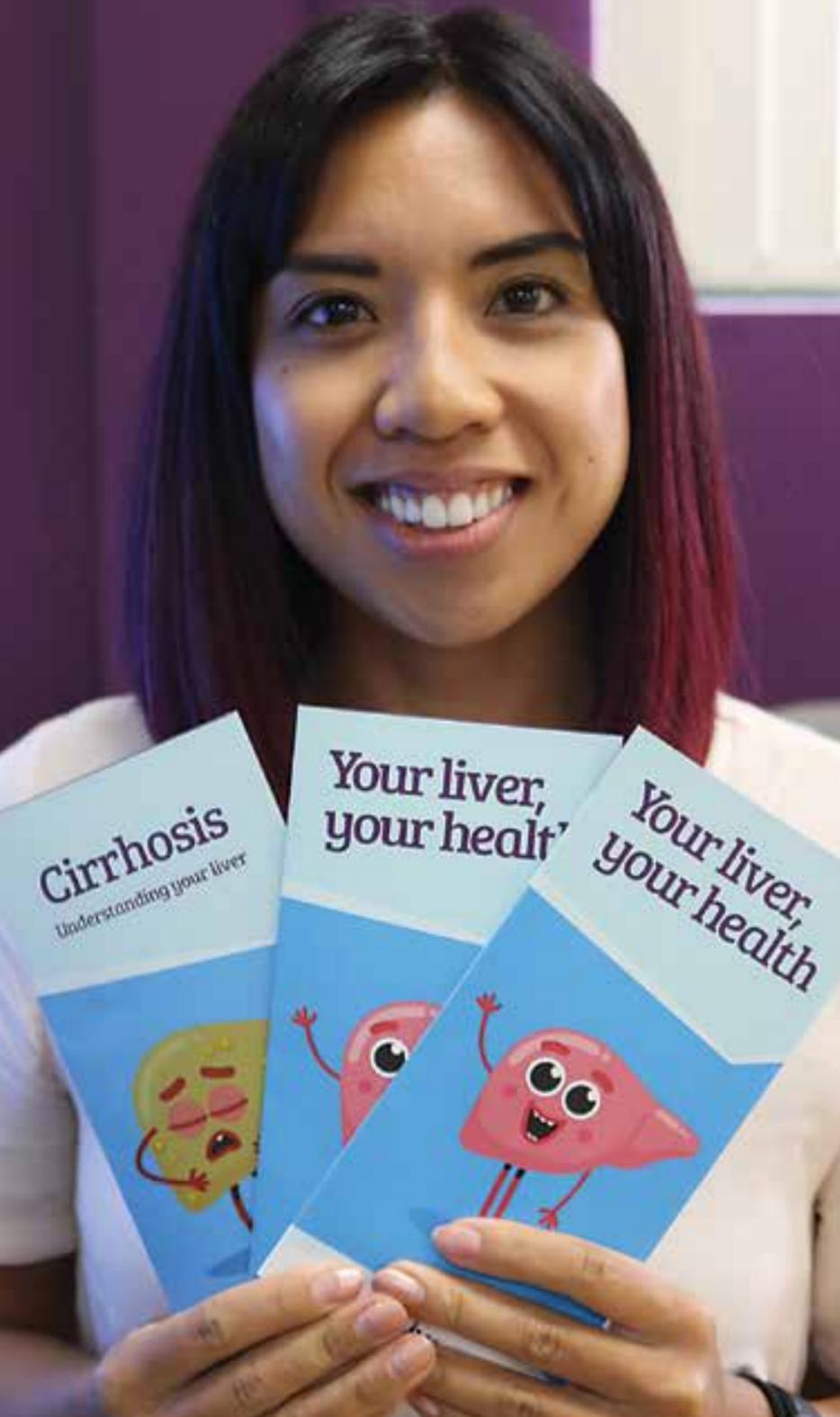
Creating multi-language translations for information and stories focused on education and health are vital if we are going to reach and raise awareness in high-prevalence communities whose mother-tongue is not English.

Requests for Little Hep B Hero in other languages have been numerous. At one mid-winter Dandenong event people braved the elements to request translations of the book in Dari, Khmer, Arabic and also in Oromo.

Let's hope Little Hep B Hero will be available in hard copy soon, both for communities in Cambodia and our Khmer community in Victoria.

# The rapid trajectory of liver disease and its cost in Australia

Phoebe Trinidad



**D**r. Nicole Allard and Phoebe Trinidad are Hepatitis Victoria Board members and health experts in the liver and its associated diseases. They recently presented the latest information about liver disease to Hepatitis Victoria staff and spoke at length - particularly about non-alcoholic fatty liver disease (NAFLD) - and answered questions.

First, they sketched the overall picture of the annual health costs to the economy of treating liver disease. If patient services are included it's \$432 million – and the estimated figure is an astronomical \$4.2 billion every year if hospital admissions are considered. (2012 Deloitte Access Economics).

"The number of cases of liver disease is projected to increase to over 8 million in Australia by 2030 with NAFLD being the biggest contributor to the total number," Nicole said.

"The scale of the problem in terms of health impacts and economic costs is expected to grow significantly in the coming years," she said.

NAFLD is a 'disease of affluence and lifestyle' and is emerging as a silent epidemic especially in developed countries where there is 'excess nutrition' with between 20-40% of adults affected.

Ironically, 'affluent' in this context does not mean eating a good diet, and in Australia NAFLD has greater impact among people of low-social economic status.

"It's a complex picture as people often present with more than one condition and a combination of health issues," Nicole said.

"The liver is doing the job of exchanging glucose in and out of the bloodstream... producing clotting factors and bile salts for digestion etc, and what we know is this fat accumulation is related to this whole syndrome," she said.

The data also shows that men fare worse than women, with the older cohort impacted most.

In answer to a question, Nicole pointed

out that while NAFLD is very common, not everyone develops cirrhosis, and many may never need an appointment with a liver specialist but, that doesn't mean it can be ignored.

## To screen or not to screen?

Nicole said screening for NAFLD is not yet recommended. At present, the disease is often discovered following tests for another condition but... "the test is unclear." "We can say if you have NAFLD, but we can't tell you how bad it is or whether it will evolve into cirrhosis or not.

"There is not enough understanding of the condition yet and there is no accepted treatment regime," Nicole added.

The recommended treatment for NAFLD includes the 'hard things'; improve your diet and lose weight.

"If you make those lifestyle changes you will see an improvement in your NAFLD and the health of your liver. A lot can be gained by a change in diet," she said.

## Non-alcoholic steatohepatitis (NASH) and alcoholic-related liver disease (ARLD)

For most people, liver disease is a continuum, and the next stage after NAFLD is non-alcoholic steatohepatitis (NASH), and while the vast majority of people with NAFLD will not develop NASH, if they do it is often the precursor to cirrhosis. An estimated 3% of the adult population will develop NASH and those who do have a 2.6% increased risk of dying (Chalasanani et al 2018).

The accepted treatment for NASH patients with an end-stage liver disease, liver failure or liver cancer is transplantation.

Nicole and Phoebe said that alcohol related liver disease (ARLD) is common, but if it hasn't progressed to end-stage liver diseases such as liver failure or liver cancer, depending on the patient's circumstances, treatment can be quite straightforward.

"Not drinking alcohol effectively doubles the survival rate as the liver has the ability to regenerate, but treatment of other factors is also very important, as is the management of the decompensation of the liver," Phoebe said.

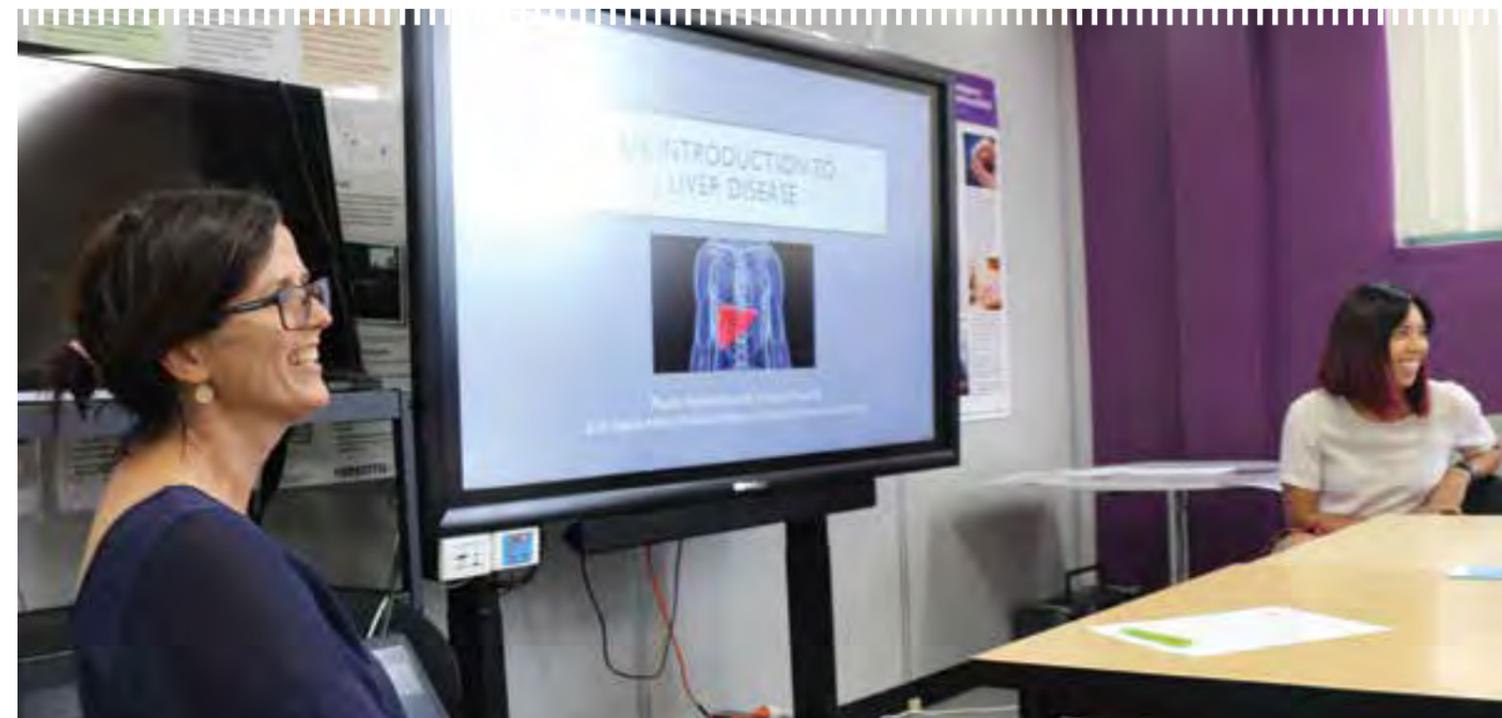
"From personal experience in our clinic, we see a lot of men in their 40s and 50s who are developing alcohol-related liver disease and quite early cirrhosis," she said.

"What do we recommend for alcohol consumption? Two standard drinks for women three for men and two alcohol free days per week," Nicole said.

Other interesting topics covered in the talk included obesity which is a potent factor in the rise of liver disease in children and advances in genetic research which are revealing that some people are more prone to NAFLD than others.

In summary, three points from Nicole and Phoebe's talk were clear; liver disease is going to become more prevalent in Australia in the next 10-15 years; there are various forms of liver disease, but most are risk factors for cirrhosis, and preventing and treating liver disease requires a multi-faceted approach.

Dr Nicole Allard and Phoebe Trinidad



Culturally and linguistically diverse (CALD) community coalitions are key to addressing health disparities, pooling resources and providing the means to develop, sustain and deliver effective grassroots approaches. Basing our activities on community coalition action theory, and lessons learned from overseas Jade Ribbon campaigns, we launched into a three-year project (2018 – 2020) to establish and develop a sustainable Victorian Chinese community coalition to lead and advance the Chinese community in mobilising to tackle chronic hepatitis B (CHB).

These activities fed into the global Jade Ribbon movement and worldwide #NOhep campaign, directed by objectives described in the [Victorian Chinese Jade Ribbon Action Statement](#) announced at a ceremony held by the Chinese Health Promotion Coalition (CHPC) in September 2018. Partners of the CHPC have conducted various collaborative health promotion activities since the start of 2019.

A summary of CHPC partnership activities to date:

### 1. Linking GPs of Chinese heritage to HBV S100 Prescriber Course

Since November 2018, two key CHPC partners, Hepatitis Victoria and the Australian Chinese Medical Association of Victoria (ACMAV), in collaboration with Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) planned, coordinated, promoted and co-hosted two training workshops for GPs of Chinese heritage and those who have a large number of patients of Chinese ancestry. (see picture 1)

#### The two sessions included:

- Hepatitis B and C Management in Primary Care, 26 March 2019, in Melbourne's East
- Hepatitis B Section 100 Prescriber Course, 19 May 2019, at North Western Melbourne Primary Health Network

66 people registered and 59 actually attended the 2.5 hours dinner/workshop facilitated by Dr Chris Leung (ACMAV) and co-hosted by Dr Lilia Iliina (ACMAV). The majority of attendees were health professionals of Chinese heritage. After the workshop, a total of 2200 items of consumer-resources (in Chinese and English) were packed and posted to GPs who made additional orders from the Hepatitis Victoria project team.

“15 GPs attended the full-day course, and among them nine were of Chinese heritage,” reported Wen WEN and Yu FU, two Chinese project volunteers who provided support on site.

“We are thankful to have had the opportunity to work in partnership with Chinese community members and leaders, and the VHHITAL project team to reach out and encourage as many GPs of Chinese heritage as possible to participate in the Victorian HBV s100 Prescriber Course,” said Dr Lilia Iliina, a GP who participated in the training. Dr Iliina, ACMAV board member and the immediate past president of Chinese Professional and Business Association (CPBA), and a co-founder of the CHPC.

“Knowledge of HBV, its transmission and treatment, and the fear of HBV infection were key features in understanding HBV related stigma and discrimination within the Chinese community,” said Lilia at the CHPC launch ceremony.

“To reduce discrimination, community education programs and awareness campaigns are needed to focus on improving knowledge about HBV and changing attitudes towards fear of HBV infection. The recognition and prioritising of chronic hepatitis B and its related liver cancer is the coalition's first priority and the announcement of the Victorian Jade Ribbon Action Statement will boost the confidence of the workforce in this sector to tackle the public health issues of viral hepatitis,” she said.

### Misconceptions and misunderstandings

Collected during community engagement and educational events.

- ☹️ *I know mother-to-child hepatitis B, it is a genetic disease, and a family can have several hepatitis B patients at the same time*
- ☹️ *I don't plan to have children because I don't want to pass on my hepatitis B to the next generation*
- ☹️ *I don't think a mother who has hepatitis B can breastfeed her child, there is risk of passing on hepatitis B to the child*
- ☹️ *Because of my hepatitis B, I choose not to attend house-parties... no BBQ for me, I am afraid that I may pass on my hepatitis B to my friends and their families if I visit their homes. I always carry my chopsticks and water-bottle with me wherever I go*
- ☹️ *I am a healthy carrier, and I don't need worry about hep B and don't need to see doctor, because I have no symptoms at all.*



Picture 1. Dr. Chris Leung presents workshops for GPs of Chinese heritage.

### 2. Chinese Media Campaign

In addition to articles published on the Chinese WeChat platform, a Chinese media campaign, scheduled from 1 March – 28 June, utilised the 3CW Radio Station (Mandarin AM 1341), to broadcast the latest hepatitis B related health information to Chinese radio program listeners, endorse the Victorian Chinese Jade Ribbon Movement, and promote CHPC partner's collaborative approaches in tackling hepatitis B in Victoria.

The planning and operation of the media campaign received firm support from CHPC partners, Chinese project volunteers and people living with CHB. To maximise the outreach impact, the media campaign has two components:

#### Radio Ads

A 50-second radio commercial (in Mandarin) was produced and initially aired (on AM1341) from 1 March until the end of May. It helped raise awareness of chronic hepatitis B and related liver cancer within the Chinese-speaking community in Victoria and increased awareness among the target audience about accessing the government-supplied hepatitis B vaccination. The long-term aim was to promote increased uptake of hepatitis B testing and vaccination within the community.

#### Radio Interviews

The second component of the media campaign was the production and broadcasting of 12 episodes of a series in-depth interviews on the radio program – *Chinese Health Times*. The interviews focus on general health information about hepatitis B, its impact on Chinese Victorians, current responses made by professionals and service providers in the sector to the public health issue, and the pledge from the Victorian Chinese Jade Ribbon movement made by Chinese community leaders -the Chinese Health Promotion Coalition partners. The 12 episodes aired on AM 1341 on Mondays (6pm – 6:30pm) from 1 April to 28 June. (See picture 2)

Since the promotion campaign started in March, we have received very positive

feedback from the Victorian Chinese community. One example is the ongoing inquiries made by Chinese Infoline callers for more information of hepatitis B testing and vaccination, and request for consumer-resources. I have received 55 incoming calls from Chinese listeners (of AM 1341) between 1 March and 31 May, including calls from Chinese people living with CHB.

The goal is to extend the broadcast of the 50-second radio advertisement for another three months to strengthen the impact of Chinese Media Campaign and to expand the outreach effect. Meanwhile, some callers raised issues about how they confronted unforeseen barriers while seeking hepatitis B testing and vaccination at local community clinics. For instance, it's reported a small number of GPs were unaware of the expansion of government-funded hepatitis B vaccination while others were unsure how to help eligible clients to order government-funded vaccines. Therefore, it is important for us to continue to work along with sector stakeholders and the community.”

As an immediate solution, the Chinese project team posted parcels to those callers' GPs. Each parcel was packed with relevant information flyers and multilingual consumer educational resources.

Aurora Tang



Picture 2. Radio interview. Aurora and Amanda at 3CW.

### 3. Community awareness and educational events

- With continuous support from the Springvale Asian Business Association (SABA), the Hepatitis Victoria project team had opportunities three years in a row to host a viral hepatitis awareness and liver health information stall at the annual Springvale Lunar New Year Festival. This year, we reached more than 450 community members (including Chinese-speaking, Vietnamese, Cambodian and other communities) distributing relevant consumer information resources that included 200 *Love Your Liver* bags prepacked with educational materials in Chinese and Vietnamese. The CHPC's Victorian Chinese Jade Ribbon Action Statement was one of the flyers distributed, alongside Hepatitis B Jade Ribbon Fridge Magnets.
- The Chinese Cancer and Chronic Illness Society of Victoria (CCCIS, FKA CCSV) piloted a social support group for people living with hepatitis B at the Box Hill head office site in Feb/March 2019 while conducting outreach at the Box Hill Hospital Liver Unit. Hepatitis Victoria delivered consumer information resources to CCCIS for distribution.
- Following the success of last year's Chinese peer facilitator/educator training, we conducted an in-house workshop on 17th May. Five project volunteers and interns of Chinese heritage attended the training that helped them become well-equipped peer facilitators/educators. Some of them have started work with a hepatitis B community mobilisation project officer in the field supporting the delivery of community educational sessions for Adult Migrant English Program participants in Box Hill Institute. (See picture 3)



Picture 3. Wen and Andrée pack resources.

#### In the calendar

- 📅 Three community educational events to highlight **World Hepatitis Day (28 July, 2019)**
- 📅 **Saturday 15 June** – hepatitis B community awareness session and information stall at the Clayton Community Centre
- 📅 **Monday 1 July** – hepatitis B community educational session at Mount Waverley for the Chinese Association of Monash
- 📅 **Friday 19 July** – hepatitis B community engagement and education event at the Multicultural Hub for general Victorian Chinese and Chinese international students

Most importantly, on Sunday 28th July – World Hepatitis Day, Chinese peer facilitators/educators will join with Hepatitis Victoria staff and volunteers to support and host an information stall at the annual Springvale Snow Fest to promote liver health, raise awareness of viral hepatitis B and C, and raise awareness of stigma and discrimination against people living with the chronic condition.

In addition, in partnership with the Migrant Information Centre, we aim to coordinate and deliver 6-7 Chinese hepatitis B and liver health community educational sessions

for Chinese parents' groups and seniors of Chinese friendship associations in the Eastern Melbourne region between August and October 2019.

Receiving pro-bono legal support from lawyers of Chinese heritage from the Colin Biggers & Paisley Lawyers, Hepatitis Victoria will support the CHPC to become an independent health promotion charity that allows its partners to collaboratively develop program proposals and succeed in grant-sourcing for Victorian-Chinese hepatitis B health promotion.

Furthermore, beyond 2030 - the year the World Health Organisation wants to achieve the worldwide elimination of viral hepatitis- the CHPC's goal is to be able to identify newly-emerging health issues within the Victorian Chinese community and to have the capacity to secure funding and develop partnerships with well-established mainstream community health organisations and/or service providers, to systematically-respond to the emerging health concerns and support needs within Chinese communities in Victoria.

*Acknowledgement: we thank the support of founding partners of the Chinese Health Promotion Coalition. Throughout 2019 Aurora's position and the implementation of phase two of the project are jointly funded by the Collier Charitable Fund and the Victorian DHHS Hepatitis B Community Mobilisation Project Grant.*

## Liver disease. What it means to me...

### Featured Podcast: Will Scott's journey to Hepatitis Victoria



For the last five years, Will Scott has worked both as a staff member and volunteer at Hepatitis Victoria.

In a short podcast interview he talks about his experiences first as a volunteer and then working in the challenging role of Community Participation Coordinator, and the wonderful people he has met a long the way.

He also talks with candour about his personal battle to overcome hepatitis C.

Will says he would never had become a volunteer at Hepatitis Victoria until viral hepatitis came "...screaming, roaring and eventually slamming into my life."

"Hindsight is 20/20" he says, but looking back there were a few indicators he was unwell.

"I distinctly remember one of my friends remarking that my skin had a 'yellowish tinge' to it and attributing this to the fact it was Summer time, and that I had been lathering myself in fake tan. This feels painfully ironic now," he says.

When Will was diagnosed the direct acting anti-viral 'miracle drugs' were not available, and the treatment for hepatitis C was a combination of interferon and ribavirin which meant injections once a week and 5 tablets everyday.

He underwent months of gruelling treatment but the impact of the stigma and fear he felt when first diagnosed was in some ways a bigger a shock for him. "I was so profoundly affected by the news of my condition, even though I didn't know what hepatitis was, I put my reaction down to the fact that hepatitis carries so much stigma, I was so in the dark and I had absolutely no idea," he says.

With the strong support of his amazing family, friends and medical staff at Box Hill Hospital, he was eventually cleared of the virus.

"I am so thankful we live in a country where life-saving medication has been added to the pharmaceutical benefits scheme (PBS), and the narrative for people living with viral hepatitis in Australia is changing," he says.

Talking about his experience as a staff member of Hepatitis Victoria, he says he was surprised by the variety of tasks in the role and did not anticipate how challenging it would be.

"You're the point to contact for so many different people, HEPSpeakers, HEP Heroes, volunteers, and many others so it felt like the whole of Melbourne suddenly got my email address," Will says.

"I am incredibly glad I got to work at Hepatitis Victoria, because my colleagues here are hands down the best group I have ever worked with, I genuinely mean that and I have loved coming to work.

"Everyone is so hardworking, dedicated and fun. I know I have made lifelong friends, and moreover I have learnt so much about myself as a worker and being professional and definitely developed a lot of new skills I will take to my next role."

 Listen to Will's podcast here.

# Talking testing

## improving hepatitis B and hepatitis C testing conversations

**J**en Johnson is the Blood Borne Virus Sector Development Program Coordinator at the Australian Research Centre in Sex, Health and Society at La Trobe University. She specializes in development and implementation of knowledge translation and exchange strategies within the hepatitis and HIV sectors.

Increasing hepatitis B and hepatitis C testing rates, particularly among people who have not been tested before, is important if Australia is to meet the goal of the virtually eliminating of hepatitis B and hepatitis C.

The Australian Research Centre in Sex, Health and Society at La Trobe University conducted a series of in-depth interviews and focus groups in 2017 to both better understand the non-medical needs of people around the time of testing and diagnosis, and identify the elements of quality HIV, hepatitis B and hepatitis C testing encounters.

Hepatitis testing urgently needs to be normalised in all health care settings. This requires a shift away from the idea that testing is only discussed with people at high risk of acquiring or testing positive for hepatitis. Normalised testing means that all patients across a range of preventive and general health care settings, such as cancer prevention and travel medicine, are offered hepatitis B and C testing.

### Stigma-sensitive practice

Hepatitis stigma is a significant impediment for normalised hepatitis testing. Stigma makes it difficult for people to ask for testing, and also for health care providers to initiate testing discussions with patients. We developed the idea of stigma-sensitive practice for health care providers as a way of minimising stigma for their patients. Stigma-sensitive practice simply means the conscious use of basic communication skills to convey the practitioner's awareness that stigma exists, and that it can be exacerbated in healthcare settings. Stigma-sensitive practice also involves the meaningful recognition that communities affected by hepatitis B and hepatitis C experience many

forms of marginalisation, and that the whole experience of testing is, for many people, not at all easy.

### We developed a checklist of the key aspects of a stigma-sensitive pre-test discussion to support conversations about hepatitis B and C testing.

- ▶ Information about confidentiality and notification
- ▶ Enquiry about testing history
- ▶ Plain language information about the virus(es) and the test
- ▶ A brief assessment of health literacy
- ▶ Stigma-sensitive description or patient-led discussion about risk and transmission
- ▶ Information or discussion about support and treatment should the result be positive
- ▶ Details of when and how the result will be delivered
- ▶ Consideration of the patient's capacity to give their informed consent

### What is a stigma-sensitive way of talking about hepatitis risk and transmission?

Provide information about hepatitis B transmission using very broad terms whilst also creating space for questions. Even though sex is not talked about in many cultures, key information still needs to be conveyed. Explain that hepatitis B transmission can happen through blood-to-blood contact, childbirth, medical procedures or sex. Including sex in a longer list of transmission routes minimises the chance that the person feels embarrassed or stigmatised.

Direct questioning about hepatitis C risk factors during the pre-test discussion is of limited value, and may even put people off

being tested. Asking about risk practices, or taking a risk history of drug use and sexual practices, is often experienced as stigmatising, confronting and unnecessary. It can also be uncomfortable for health care providers, and may deter some providers from talking about testing with their patients.

Test providers can also acknowledge in a non-judgemental way that vein access and taking blood may be difficult for some people. Patients often have expert knowledge in accessing their veins.

### Should hepatitis C testing include discussions about prevention and harm reduction?

There no evidence that talking about prevention as part of pre-test discussion is helpful for the person being tested. Participants in our study told us that providers need to have a nuanced understanding of the contexts of drug use for hepatitis C prevention conversations to be useful. For example, understanding and acknowledging that people do not want to share injecting equipment, but do so because sterile equipment is not always available when needed. Unless practitioners are competent at stigma-sensitive practice, written information about prevention, with referral to peer-based harm reduction organisation, is probably more helpful.

### Health literacy and informed consent

Health literacy is important in testing. Different people will have different knowledge levels and information needs. The role of the test provider is to work out the knowledge level of the person being tested and determine how much discussion is needed to gain informed consent. Testing for hepatitis B often happens alongside other tests and competing health or social issues. It all depends on the context, and the most effective healthcare providers will adapt and give the right information, rather than go

through every single thing with every person every time.

Some test providers told us that their threshold for hepatitis C information provision and informed consent for testing had changed since the new curative direct acting antivirals were added to the PBS. In some cases, test providers and services were engaging in more active 'case-finding'. An example of case-finding is opt-out testing, where service users are told that they will be tested unless they decline. Importantly, many participants in our study felt it was important to maintain focus on informed consent for testing, because the decision to test is very different to the decision to start treatment. Not all people with hepatitis C benefit equally from the availability of a Medicare-funded cure.

### Positive results

#### This study also developed a checklist for the delivery of positive results

- ▶ Prepare prior to delivery by locating printed information and contact details for support services
- ▶ Focus on the non-medical and psychosocial needs of newly diagnosed people
- ▶ Provide reassurance but minimise the amount of information given on the day of diagnosis
- ▶ Provide stigma-sensitive of information about transmission, prevention and vaccination
- ▶ Discuss personal, community and peer supports
- ▶ Discuss privacy, disclosure and contact tracing

### Supporting people newly diagnosed with hepatitis B

Supporting newly diagnosed people to understand the importance of regular



monitoring and linkage to care is a high priority. It might be equally important to work with people (and their families) to understand hepatitis B transmission. It is common for more than one family member to have hepatitis B, so a good understanding of transmission facilitates conversations about both family testing and vaccination for close contacts. Participants overwhelmingly emphasised the importance of accurate information about transmission, because people with hepatitis B and their families frequently misunderstand household hepatitis B transmission and the protective effect of the vaccine. These complex conversations depend on the person's relationships with their partners and family, as well as the cultural meanings and stigmas associated with hepatitis B in their community.

### Testing positive for hepatitis C antibodies

Studies have shown that while more than 80% of Australians with hepatitis C have been diagnosed as antibody positive, fewer than 50% have had a PCR RNA test to confirm their infection. It is essential that providers explain that the first line antibody test is unable to distinguish between past infection and current infection. Providers should also be aware that they need to order follow-up confirmatory tests, which may involve taking another blood sample.

People newly diagnosed with hepatitis C may need time to make sense of their emotional response before engaging with treatment services. People may be further marginalised by health care provider assumptions that

they want to, or are ready to, be referred immediately into treatment and cure.

### Talking testing

Conversations about risk, prevention and contact tracing need to be led by the patient and sensitive to each individual patient's cultural and community context.

The hepatitis peer and multicultural workforce needs to be bolstered to enhance its role in supporting people to consider testing. They also have a role in models of care which incorporate peer-led and peer-supported testing in a range of non-health settings.

### References and further information:

#### Talking hepatitis C testing:

[www https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0005/972239/Talking-Testing-Hepatitis-C.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0005/972239/Talking-Testing-Hepatitis-C.pdf)

#### Talking hepatitis B testing:

[www https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0011/972236/Talking-Testing-Hepatitis-B.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0011/972236/Talking-Testing-Hepatitis-B.pdf)

#### Full report:

[www http://webstat.latrobe.edu.au/c.latrobe?nm=https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0010/848107/BBV-pre-and-post-test-discussion-best-practice-consultation-report.pdf](http://webstat.latrobe.edu.au/c.latrobe?nm=https://www.latrobe.edu.au/_data/assets/pdf_file/0010/848107/BBV-pre-and-post-test-discussion-best-practice-consultation-report.pdf)

**Jen Johnson**  
La Trobe University/HEP Hero

# New LiverWELL™ approach underscored by Special General Meeting

Strategic health



**You cannot see the liver in isolation. I think the new constitution positions the organisation to keep in the forefront of new developments and new challenges. - Eddie Micallef**

A Special General Meeting of Hepatitis Victoria members met on 19 March to consider a resolution proposed by the Board to put into effect a range of important changes to the organisation they had been considering over recent months.

The resolution proposed transferring the registration of Hepatitis Victoria from an incorporated association in Victoria, to a company regulated under the Commonwealth Corporations Act, and in doing so adopt a new constitution that reflects these changes.

Speaking before the vote, Chairperson of the Governing Committee Donna Ribton-Turner said: "...we are endeavoring to formalise the work we have been doing since 2017 (helping) the one-in-four Australians that has some form of liver disease. We want to be able to operate outside Victoria and provide information, education, helplines and resources, and that requires us to move from an association to a company limited by guarantee.

"We also want our work in the broader liver area reflected in our name, hence LiverWELL™. And we are very clear as a Board, that this change will in no-way diminish the work we are doing in hepatitis B or hepatitis C, as that will continue."

Donna said that more work in the broader liver health is something really needed in the community.

"No-one else is doing it, and we think it's a great opportunity for Hepatitis Victoria to play a real part in improving the health of all Australians, particularly those with liver disease," she said.

Hepatitis Victoria President Frank Carlus said the decision to encompass liver health more broadly was the result of decisions made in the lead up to the creation of the 2017 Strategic Plan.

"Our Strategic Plan was developed in close consultation with our members, community representatives, sector partners and funders, and this was proceeded by an in-depth review of our past and immediate achievements, the threats and opportunities we face, and most importantly the needs, aspirations and expectations of our broader community," he said.

"As an organization, our purpose has always been to advocate and deliver meaningful outcomes for our community, for almost 30 years, we have ridden the highs and lows; changes in government, changes in policy, changes in technology, and thankfully

changes in medical treatment. Throughout all of that we have stuck steadfast to our objectives and mission, and that will not change."

Frank said the organization had evolved in many ways and is today considered a highly effectively, successful and sustainable organisation.

"Some of our deeds have been recognised nationally and overseas. We have come a long way and made the best of the opportunities we've had," he said commending the Special Resolution to the meeting.

"The proposals to consider tonight will not change our purpose or resolve, and the Board believes these proposals will strengthen our organization and better place us to be able to continue to deliver even better outcomes," he said.

Before the vote was cast, a number of those present spoke in support of the motion.

Board member Ross Williams said, "...we are a well-managed, effective organization, and that growth has led us to change though the general purpose remains the same."

Treasurer and Board member Kieran Donoghue said "... already almost 10% of the

calls to our helpline relate to broader liver health issues, and there isn't an alternative organization that meets community needs, so this is very much an empty space -we are not treading on anyone else's toes."

Board member Eddie Micallef said "... you cannot see the liver in isolation... I think the new constitution positions the organization to keep in the forefront of new developments and new challenges."

Over 80% of the membership of Hepatitis Victoria participated in the vote, which was passed overwhelmingly. Some 30 proxies, exercised by the Chair were in favour of the motion and one against.

The resulting new organisation – eventually to be known as LiverWELL™ Limited- does not diminish the 'Hepatitis Victoria' we know and love and which will continue as our main brand for now.

"It was great to have not only this participation through people sending in their proxy votes, but also to have members attend," said CEO Melanie Eagle.

"There will be some work now to implement these changes – legally and administratively, getting the word out and communicating with stakeholders, but it is important to remember the core work of Hepatitis Victoria remains the same. Our business will be done under the same name, while the LiverWELL™ language will be introduced in some areas of our work.

"We will be championing the rights, informing and supporting people who live with or at risk of viral hepatitis, and raising awareness in the community in relation to this, and we will be delivering on our funding commitments to this end. Where we have the scope, sometimes in conjunction with the above and sometimes through sourcing additional resources, we will be responding to currently unmet needs of people with other forms of liver disease," she said.

# Justice conference inspires



**Neylan Akult is a Hepatitis Victoria Health Promotion Project Officer. In April, she attended the Justice Health Conference in Sydney. Here is her report.**

The Justice Health Conference 2019 ran over two days, Tuesday April 9 and Wednesday April 10, and covered some fascinating themes. Policy and leadership played centre-stage on the first day including the role of Aboriginal Controlled Community Health Organisations (ACCHOs), Justice Health and Justice Reinvestment, the prison health nexus, including mental health, brain injuries and epigenetics.

There was also a focus on the accurate collection of data in prisons, viral hepatitis, blood-borne viruses and sexually transmitted diseases, Throughcare and community reintegration. The first day was without doubt a very busy and interesting introduction.

On the second day the themes were alcohol, tobacco and other drug use inside, prison health care, Closing the Gap: family, cultural and community care, complex needs, mental health and trauma, Youth justice and prevention and finally, before and after prison.

The youth justice and prevention sessions contained some particularly powerful presentations, with speaker Dylan Voller, as well as a lawyer, arguing why the criminal age should be raised from 10 to 14.

It was really encouraging to learn that the Public Health Association of Australia (PHAA) -which put on the conference- agreed to lead a renewed campaign to have the legal age of incarceration raised to 14, so watch this space!

The PHAA also launched their election manifesto on the first day of the conference, the details of which you can learn about here ['Disease prevention must be a key driver in future health investment.'](#) Their stance is interesting.

The PHAA has a great reputation for advocacy and excellence, and both of these elements were strongly represented at the conference.

I am very glad to report that the quality of research, analysis and inspirational ideas was high, and there was genuine excitement among delegates at reaching for improved outcomes for justice health. It was humbling to hear of the scope of work and innovation occurring around the nation in this space.

Around viral hepatitis from Victoria; Nicole Romero from the Doherty Institute presented Epidemiology of viral hepatitis in Victorian correctional facilities: insights from enhanced surveillance

David Rhodda from Correctcare / Hopkins prison presented A micro-elimination success story - Hopkins Correctional Centre is hepatitis C free.

I presented on Hepatitis in Victorian prisons –integrated health promotion for success

Other very interesting sessions included Ms Fiona Montroy and Mr Thomas Wright from New South Wales and Queensland respectively, who presented *The Hepatitis in Prisons Elimination (HIPE) Program* in NSW Correctional Centres. Ms Samantha Bolton presented about the state funded and ASHM delivered; *Hepatitis C Treatment in Prison: A Forum for Queensland.*

[www](#) Find out more about the conference [here](#).



# Liver disease: What it means to me...

Ross Williams

Ross Williams is a Hepatitis Victoria Board member, HEP Hero and a HEPspeaker. On 7 March, he spoke passionately about his lived experience of hepatitis C and two liver transplants during the Brimbank HEPReady® forum and recorded a podcast interview at the event soon after. Listen to the [podcast here](#). Ross talks about why denial of one's condition or 'self-stigma' is such a damaging aspect of living with viral hepatitis and why it is so difficult to overcome.

"Hepatitis B and hepatitis C are relatively unknown so there is a lot of fear, combined with the idea they are 'dirty' diseases," he says.

"There is a fear if you got it you will be ignored and shunned - that's the traditional fear of infectious diseases which goes back centuries. People have to deal with a sense of shame, not rational shame but its real, and so you hide rather than tackle directly what you've got.

"The direct acting antiviral (DAA) drugs have changed things a lot, but what we noticed - when they came on the market- there was a very rapid uptake from patients who had been diagnosed and were waiting for the drugs, but

once that large uptake had gone through, the numbers dropped-off."

Ross says the fact is most people chose to ignore the signs of illness or blame something else.

"People go into denial and refuse tests, shake their heads and deny it, particularly if they know they have been at risk," Ross says.

"When I was diagnosed, I was asymptomatic so its easy to put your symptoms down to other things and to ignore, but for me, I partially



## The fear was in me of their response rather than the real response I got



overcame the self-stigma by simply saying to myself 'this is too serious to try and hide', so I let my family and workmates know."

While he was afraid how people would respond to his status, Ross says he found that people were mostly very supportive.

"The fear was in me of their response rather than the real response I got. Now this is not always the case, my general practitioner at the time -no longer my GP- was not at

all supportive... but it's your life, and being anxious about how people will treat you is a secondary consideration," he says.

"Still, being aware that I could potentially pass on the disease continued to worry me for a very long time... once I walked into a glass door in a public place and there was blood everywhere... I was so panicked by that.

"Before my second transplant I was a week away from death and I got the transplant at the very last possible moment, and the process of liver failure is ghastly so what your facing if you don't manage it, is a pretty awful fate," Ross says.

Being a HEPspeak has been an important outlet for him but more than that, it has enabled others to learn from his experience.

"To have someone who can speak in the flesh challenges the stigmatised images.

"When you get up and you're a real person, you get past the sense of 'the other' and the 'othering' of people who have infectious diseases is a really big problem getting them into treatment and getting cured".



# Cheers! Volunteers

Thanked at CERES MERRI Café

world of difference to the capacity of the organisation.

"On behalf of the Board and myself I want to thank you from the bottom of my heart, we are extremely grateful," said Frank Carlus, President of Hepatitis Victoria.



Community Participation Officer Chehani Liyanapathirannehelage was a key organiser of the Cheers Volunteers event. She introduced to the audience one of our most active volunteers and latest HEP Hero Sambath My.

"He has been very active in the Khmer community in Springvale promoting hepatitis B awareness and spoken on SBS Khmer radio and television... his consistently positive attitude, determination and passion has seen him become a highly valued volunteer," said Chehani.

"The list of activities Sambath has done just goes on and on, you came and spoke to our staff meeting and sharing some of the things you have been doing, it's just absolutely phenomenal," said Melanie.

"To have a champion with your passion and ideas is just so valuable you have impacted so many people's lives," she said.



Every year Hepatitis Victoria celebrates and honours the dozens of volunteers who freely give their time and work to the community, and without whom our work - in all its rich variety - could never get done.

'Cheers Volunteers' coincides with National Volunteer week and it's a chance to get together and celebrate with some refreshments provided by us. But this year, the refreshments were specially tailored with a special treat in mind, to reflect the recipes in our recently announced *Eating Well: A LiverWELL™ Lifestyle Guide*.

The Guide is our exciting new resource which provides information and recipes about dietary choices that support liver health. Whilst producing this resource, we were fortunate to have input from Chef Kessavee Lutchmanen from CERES Merri Café in East Brunswick. Kess helped create liver health friendly dishes and with dietitian Priscilla Correa created the recipes.

This year's event was therefore hosted at CERES Merri Café, giving people the chance to see the venue where the recipes were created and tested.

It was a fabulous evening of fun tastings, story-telling and good memories in the company of volunteers, HEP Heroes, HEPspeakers, Board members, staff and colleagues.

"I'm so happy we could hold the event at the Merri Café as we had the chance to sample some of Kess and Priscilla's amazing recipes," said Hepatitis Victoria CEO Melanie Eagle who paid tribute to Kess's incredible voluntary work on the Guide.

"I don't think people realise that Kess did all the work voluntarily, hours and hours of her time...the creative effort and the generosity of the approach and the way it unfolded, it was a stunning creative effort, and mind-blowingly generous, thank you!" she said.

In 2019, our 44 active volunteers contributed over 500 hours of work in a range of capacities.

"Hepatitis Victoria is grateful to have such an incredible number of people who voluntarily contribute their invaluable time and skills to assist us in a multitude of capacities, ranging from language translation, project and event organisation to administration support," explained Melanie.

"This is a massive contribution when you consider that many of our volunteers are balancing work and other commitments in their busy lives," said Stephanie Houghton, Community Participation Coordinator.

"And our HEPspeakers are truly remarkable, presenting their personal stories to combat stigma and raise awareness through public speaking at events across the region," she said.

So far this year HEPspeakers have given 10 presentations of their personal and lived experiences, reaching over 150 people - not to mention the filming recently done which could reach an even wider audience.

"We have also recruited more HEP Heroes so far this year, with our latest additions being Roz Blades, the Mayor of Dandenong and Sambath My," Stephanie added.

"Volunteers at Hepatitis Victoria are making a difference, and that's what I see every time I come into the offices, and that makes a

# StreetShot sessions in full flight



## Health Promotion Project Officer, Kay Dufty is raising awareness of viral hepatitis promoting this year's StreetShot visual arts competition at educational institutions throughout Victoria

Good Liver spoke to Kay about this year's competition.

### Kay, where have you presented StreetShot this year?

All over it feels! StreetShot youth health education sessions are taking place at schools, TAFE's and youth groups in Melbourne metropolitan and regional areas. I've conducted StreetShot sessions in regional areas including Geelong, Seymour, Mooropna, Wodonga, Shepparton, Warrnambool, Robinvale, and Mildura.

### What's the main aim of StreetShot?

The StreetShot program aims to raise awareness among young people of viral

hepatitis, particularly hepatitis B and C, with discussion and activities taking place regarding transmission, prevention, treatment and support.

### How is this achieved?

What I love about the program is that young people are encouraged to take part in the StreetShot creative arts competition, so we engage people at a creative level and get them to tell our message in their own unique way.



### Any highlights so far?

It's been great bringing the message to so many different groups and learning about their communities.

I have particularly enjoyed the sessions I have done at some of the Clontarf Academy programs in regional areas. The Clontarf Foundation has grown to cater for over 8,000 boys in five states since opening in the year 2000.

Academy activities are planned around education, leadership, employment, healthy lifestyles, life skills and football, toward improving the education, discipline, life-skills, self-esteem and employment prospects of young Aboriginal and Torres Strait Islander young men.

### When does the competition close?

Entries must be received on the StreetShot website by **17 July** so get your entries in quick at [StreetShot.org.au](http://StreetShot.org.au) website.

StreetShot culminates in an exhibition and awards ceremony to take place this year at the Prahran campus of Melbourne Polytechnic, **Friday 26 July**. *There are attractive prizes on offer for winners!*

A StreetShot session was well received at Robinvale Clontarf, featured in the photo!

# Volunteers are our backbone and lifeblood

"Giving back as a good citizen" - Sambath My

Sambath My has been very active volunteering to raise awareness of viral hepatitis at Cambodian community events, distributing information, talking about hepatitis B and the need for community members to get tested and vaccinated. He was Hepatitis Victoria's Volunteer of the Month for March.

"Working with the [Cambodian Association of Victoria](#) and its members, Sambath has done a great job getting the message out in the Khmer language", explained Hepatitis B Community Mobilisation Coordinator, Jawid Sayed.

"Volunteers, particularly those from high-prevalence communities play a vital role because they are embedded in their communities, know who they need to talk to and can spread our messages.

"Sambath has been helping us connect to the community through different events, festivals and religious gatherings, as these are very good ways of targeting large numbers of people," Jawid said.

"Community work is kind of part of my DNA," Sambath said.

"I worked in community development in Cambodia for many years, now I am doing research into policy and development, childcare policy to be specific, so when I heard that Hepatitis Victoria needed a volunteer to support my community, I thought, why not?"

"So far, I have been working with the Cambodian Association and Cambodian religious leaders, to encourage people in the community to talk to their GPs and to get a blood test for hepatitis B or get vaccinated," Sambath said.

The proportion of Cambodian people in Victoria with Hepatitis B is high and Sambath said he wants to encourage them to seek help and to access the Victorian Government's free and ongoing hepatitis B testing and vaccination program.

"I have attended events, such as a Cambodian singing contest, and distributed various

*Everybody as a citizen should not just focus on themselves and their interests, I think everyone should contribute back to society when there is an opportunity, especially giving back to our own communities* -Sambath My



leaflets in Khmer, it is especially easier for older people to read in Khmer. I also attended the "Clean-up Australia Day" where I could meet different groups of Cambodians' who I could give information to."

Sambath said as some people only focus on money and their own interests, so they don't want to give time, but "...giving back is a good way as a good citizen."

"Everybody as a citizen should not just focus on themselves and their interests, I think everyone should contribute back to society when there is an opportunity, especially giving back to our own communities

"I am so proud to be part of the project, it's a way to connect with the community, connecting on the ground, and I want to encourage Cambodian people to start talking and to get a blood test.

"This is a silent killer that we are not aware of and don't think it is a big risk, but in fact it is," said Sambath.

"We have done a lot of work in other high-prevalence groups such as the Chinese, Afghani, Vietnamese and others, but we need to work with communities from Sub-Saharan Africa, especially through volunteers from those communities in order to expand awareness," said Jawid.

"Working with volunteers is a very sustainable and efficient approach, we train them to be peer educators within their communities and they have a real sense of ownership," he added.

Do you want to become a volunteer with Hepatitis Victoria? There are many roles and activities where you can help. Contact: [admin@hepvic.org.au](mailto:admin@hepvic.org.au)

Natalie Abboud, Sambath My,



*Natalie Abboud*

Mayor of Moreland City Council

**A**s the Mayor of Moreland, I feel becoming a HEP Hero is a good thing to do as an elected representative and role model for the city. I am 46, married with three sons and living in Coburg. I love to spend time in the garden.

Knowing what people are up to and how they form part of the complex fabric of our society is something that interests me. I grew up in Carlton in the 70's and 80's so being in a very multicultural city and living in Moreland makes me feel right at home.

I feel that it is very important to support people and break down misunderstanding and stigma wherever I can.

I think that as a leader I can use my voice to support and contribute to valuable conversations about hepatitis. Sharing stories helps to promote understanding and that is very important.

**Natalie's message to others:**

*Help us to raise awareness and break down stigma about hepatitis. All it takes is conversation and an open mind.*

*Sambath My*

PhD candidate and Community Advocate in the Cambodian community



**I** am a HEP Hero because I believe that increasing people's consciousness on the negative consequences of late diagnosis of hepatitis, particularly hepatitis B, and available services is a way to encourage people to have a blood test and get vaccinated or treatment on time.

Based on this belief, I have contributed to the Hepatitis B project through four types of activities: (1) helping the project on translation and production of materials, (2) distributions of these materials to the community through public or religious events, (3) giving some talks about hep B issues through radio programs or social media platforms, at religious events, and (4) production of some interactive video clips and sharing them on community social media platforms.

I am a PhD candidate in Development Studies at the University of Melbourne, and my project is on the 'Constructions of Masculinities and Femininities in Childcare Policy in Cambodia'. I have about a decade of work experience for national and international non-governmental organisations on gender and women's rights in Cambodia.

**Sambath's message to others:**

*I want to call on relevant stakeholders in the Cambodian community in Australia to pay particular attention to health issues, particularly hepatitis B, in our community. Please consider health issues*

My journey is linked with an interaction of a number of matters. I had a high level of cholesterol for many years and finally, I took some medications, which affected my liver. Then, I was interested in understanding more about the liver. My interests increased after the passing of my father-in-law due to hepatitis B.

Then a friend of mine told me about a volunteering opportunity at Hepatitis Victoria. I thought that was a good opportunity for me to understand more about viral hepatitis and to give back to society.

Giving back to society is part of my DNA because I have been working on development work in Cambodia for many years. Just after joining the project, my father passed away.

This situation hit me so hard but triggered me to do more good deeds for society. Therefore, the interaction of my health issues, work experience in development work, and the passing of my father-in-law and father have made me more active in what I am doing with Hepatitis Victoria.

*as important, if not more important, than political issues. Caring about our community health issues is considered as Bon [a meritorious deed] in Buddhism.*

Lucinda Congreve, Kassavee Lutchmanen.



*Lucinda Congreve*

Mayor of Brimbank City Council

**I** am passionate about improving public health and as a leader of a municipality with one of the highest rates of viral hepatitis and I want to help change the statistics.

I am a mum with 2 kids, and Mayor of one of the most diverse cities in Australia. I am an accountant by profession who has left the corporate world to work for the betterment of the community.

As Mayor of Brimbank, I was shocked to learn of the levels of viral hepatitis. Brimbank has some poor outcomes in terms of health statistics and other social issues, but if I can help to improve people's health and lives, I will.

In Brimbank, there are cultural and language barriers for many of our residents. Many don't understand the risks, the signs and the symptoms of viral hepatitis and herein lies the problem. Many of our residents have very limited knowledge about how they contract it and how it can be treated. But viral hepatitis is just one of many wider health issues affecting the community that leads to very poor health outcomes.

**Lucinda's message to others:**

*Get tested and look after your liver!*

*Kassavee Lutchmanen*



**I** am a HEP Hero because I have helped with the Eating Well Guide by creating healthy, seasonal dishes that will hopefully help liver patients and, promote healthy and easy cooking and eating. It has been a wonderful journey all together working with Hepatitis Victoria's dietitian to create delicious and flavourful dishes. I have tried to introduce seasonal and organic food to the guide in order to make cooking more sustainable on a daily basis.

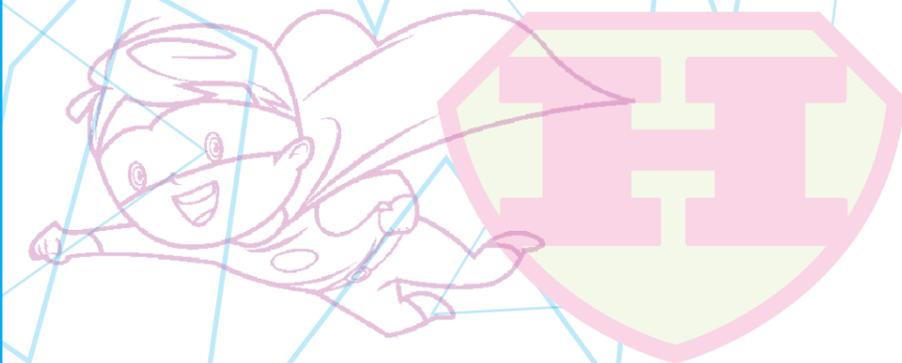
I am passionate about food, gardening, dancing and reading but, I definitely spend most of my time cooking and gardening.

My love for cooking and eating has motivated me to pursue my career as a chef which I started in Mauritius and completed in Melbourne. Along the way I have travelled to France to work for almost a year but, being in Melbourne and seeing the diversity of food and culture here has helped me a lot in being more creative. I joined the CERES Merri Café a couple of years ago and since then, my perspectives around cooking have been taken to another level.

The focus on seasonality and organic food to promote sustainable cooking, has helped me to develop healthier dishes. I believe a healthier way of eating is the solution to keeping us in a better health. The right diet can help our body in various positive ways.

**Kassavee's message to others:**

*Food is an important aspect of daily life. We must take care of what we eat, how much we eat and when we eat in order to ensure a healthy lifestyle.*



# Eat your way to a lovelier and healthier liver



*Kess and Pricilla in the Merri Table Cafe kitchen at CERES discussing recipes.*

**W**orld Liver Day fell on Good Friday, 19 April, this year, and to mark the day we launched *Eating Well: A LiverWELL™ Lifestyle Guide*, a beautifully illustrated digital book and resource, available for free download by anyone looking for delicious recipes plus hints and tips to help improve their liver health.

“Fish on Good Friday is really good for your liver!” boomed our media release distributed to herald the launch of the Guide, a fact confirmed by the fabulous fish recipes and accompanying nutritional information inside.

Endorsed by a range of liver health experts and consumers many of whom have lived experience of liver health issues, the Guide comes at a time when liver disease, including fatty liver and viral hepatitis is

affecting an estimated 6 million Australians, and liver cancer is the fastest growing known cause of cancer deaths in the country.

The Guide, a collaborative health project written by our resident accredited practising dietitian Priscilla Hiromi Correa, and chef Kessavee Lutchmanen, “...is the first of four resources promoting a healthier lifestyle for all, especially those experiencing liver disease,” explained Melanie Eagle, CEO of Hepatitis Victoria.

“We want fast and easy recipes using readily available ingredients that taste good and are great for liver health -but this is more than just a recipe book- it’s a go-to source of information about healthy, balanced food, with nutritional analysis and sensible health tips thrown in,” she said.

*Eating Well: A LiverWELL™ Lifestyle Guide* consists of recipes suitable for breakfast and snacks, lunch and dinner, side dishes and desserts. But it’s also a whole lot more with well-researched information on diet and health.

All recipes have been developed in association with Kessavee Lutchmanen, head chef at the Merri Café at the CERES in Brunswick. The Guide has also received input and endorsement from people with lived experience of liver disease.

Kessavee began her career in Mauritius and trained in France and her palette of dishes reflect her training and background. A fish curry she made with her grandma when a little girl in Mauritius is a special recipe in the book that she wants everyone to try.

Priscilla Hiromi Correa, the Hepatitis Victoria dietitian has become a familiar and pleasant face to the community. She is passionate for good food that improves liver health.

“People do not relate what they eat to liver health, because with a disease like fatty liver, you may not present with obvious symptoms, so we want to raise more awareness,” Priscilla said.

“The Guide highlights ingredients that are part of a balanced, healthy diet which favours liver health, and together with the recipes, you will find nutritional recommendations and what to eat and what not to eat,” she added.

As part of the promotion of the Guide, Priscilla and Kessavee were filmed cooking and testing recipes at the Merri Café in the wonderful green environment of CERES.

“The entire process of developing the Eating Well Guide was very rewarding, and an amazing learning experience. We worked collaboratively with Kessavee, to develop the recipes focusing on liver health,” Priscilla said.

“We also talked with colleagues, specialists, and members of the community to listen to their needs and received their input while writing the content. Moreover, to be part of the production of media resources, the recipes testing and tasting, and learn more about the work developed at CERES was a great opportunity to gain more knowledge from the professionals involved in the project.

“This project made me aware that a healthier life-style and more awareness of a balanced diet can be achieved through a collective and community effort, by sharing experiences and making projects together through partnerships,” she said.

## Eating Well: A LiverWELL™ Lifestyle Guide

### Priscilla Correa

Dietitian and Nutritionist

Priscilla is Hepatitis Victoria’ resident dietitian with a passion for good food and improving liver health, she is the driving force behind *Eating Well: A LiverWELL™ Lifestyle Guide*.

“The Eating Well Guide is the first resource related to the four domains we have in the LivingWELL™ app. Our idea is to develop a resource that is practical, useful, and brings good healthcare information related to nutrition with easy-to-make, simple and quick recipes, that people can find the ingredients for easily, recipes with nutrients that favour liver health.

*If you download the guide you will get practical and simple recipes with health tips and options focused on lived health!*



### Kessavee Lutchmanen

Head Chef, Merri Café CERES

“The nutritional value of the food is connected to how local and fresh it is. If you buy more locally and closer, you will have more nutrients in the food.

“There is a fish curry I made with my grandma when I was a little girl... we used to just go and get the fish from the sea from the fisherman, and get veggies next door from our neighbour, so I am incorporating this recipe of my grandma’s in the book and I hope everyone is going to like it and try it!

*I have always been interested in food since I was young, and especially nutrition and what is good to eat, and all this brought me to be the chef I am today*

Continued over...

Download the Guide, [here](#).  
 Listen to a podcast interview with Priscilla and Kessavee, [here](#).  
 Watch the video, [here](#).

96% of people who took the survey said, 'eating well' was an important part of their daily health regime, and the vast majority said they would use a guide either weekly or monthly, or 'when there is a need'.

40% said they would like to see the guide in digital formats -through the LiverWELL™ app or online- and 20% said they wanted to see a hard-copy print version. 30% wanted both digital and print, and the remaining 10% had no preference.



Soba Noodles

Yoghurt Panna Cotta

## Guide informed by community feedback

An important aspect in the development of the Guide was the way we involved our community in its creation. Right at the beginning we made a genuine effort to gather feedback about what should and shouldn't be included. We asked our community through email, HEPChat and social media posts to complete a brief survey.

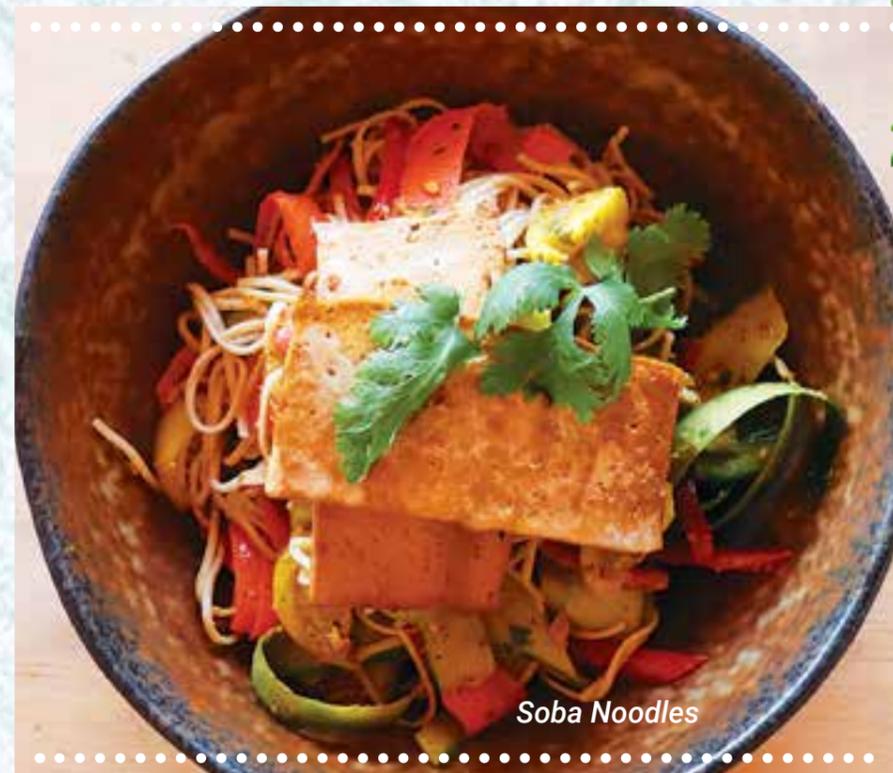
"I was surprised by the number of responses we got to our first survey," said Mark Pearce, Hepatitis Victoria Communications Manager.

"There were 54 responses which showed there is a keen interest and the consensus was that people wanted a combination of easy recipes, nutritional information, health tips and 'what not to eat' advice.

"Some of the ideas submitted were really good such as including products that are ethical as well as healthy so we included as many of the suggestions as we could," he said.

## Media interest across the airwaves

The response to the final product launched on 19 April was overwhelmingly positive, not just from our community, but also from Australia's national radio media which ran dozens of news stories as a result of a media release and radio new release promoted that day. Stories about the resource were syndicated to hundreds of local and regional



radio stations in the Air news network, and to the 125 stations in National Indigenous Radio News network.

Additionally Melanie Eagle was interviewed by presenter Chris Smith from radio 2GB in Sydney and spoke at length about the

book and why we produced it, she also was interviewed by Chris Isley on Perth radio station 6PR afternoon program. Listen to both interviews on our podcast channel.



## Survey results

In early May, we surveyed our community again to find out from those who had downloaded the guide what they thought of the product they had a hand in creating. There were 15 responses all of whom were positive about the results.

The 'easy-to-do' recipes were considered most useful, however readers liked all aspects of the Guide especially the liver tips, healthy hints, nutritional information and the beautiful pictures.

The zucchini and corn burger with plum relish was chosen as the favourite breakfast recipe and Mauritian fish curry the favourite from the lunch and dinner section. The broccoli and cauliflower curry was the favourite side dish, with rustic pear and cinnamon crumble the favourite dessert.

Most respondents said they would use the Guide either weekly or 'when there is a need'. They agreed whole-heartedly that the Guide helps make eating choices that benefit their health.

## Endorsements for Eating Well: A LiverWELL™ Lifestyle Guide

A gorgeous book full of great information and recipes - and IT'S FREE!  
 Thanks @hepvic.

#healthylife  
 #healthydiet  
 #happyLiver

I've had a look at the Eating Well Guide and it looks terrific! There is absolutely some inspiration in there for me -anonymous person with fatty liver disease.

| my Liver@K3mylive

Beautifully crafted booklet, wish you could publish in hard copy.

from online survey feedback  
 April 2019

As someone whose family has been personally and tragically affected by liver disease. I know how challenging it can be to find easy to understand and yet authoritative guidance around how to eat well and look after your liver. This healthy eating guide offers practical and positive assistance at a time when it is most needed.

Maria Marshall

Liver disease affects millions of Australians, yet the vast majority of them are unaware of their condition. Liver health is given a boost if you eat well, that's why I endorse this Guide and its delicious sounding recipes which are good for your liver.

A/Professor Paul Gow, Deputy Director of Gastroenterology, Austin Health.

It is just really exciting to see the new Healthy Living Guide evolve from a single page in Good Liver magazine to a stand-alone publication. Its beautifully photographed and articulated, full of useful information and recipes that are my go-to when I am looking to prepare fast, healthy and delicious food for my family and friends.

Damian Salt

One of the most effective ways you can tackle liver disease and protect yourself is quite simple, it's to eat healthy and delicious food. That's why I strongly endorse Eating Well: A LiverWELL™ Lifestyle Guide.

Dr Alex Hodge, Gastroenterologist

The Eating Well guide is a valuable resource for my patients because there is great evidence supporting the benefits of a well-balanced and nutritious diet in people with liver disease.

Phoebe Trinidad, a Hepatic Clinical Nurse Consultant

# Take control of your own health journey: LiverWELL™ Coaching Sessions



Liver disease is a growing health issue affecting an estimated 1 in 4 Australians.

LiverWELL™ and Hepatitis Victoria are hosting healthy lifestyle coaching sessions in July to support people living with chronic liver conditions, including cirrhosis, viral hepatitis, fatty liver and a range of other liver diseases.

A healthy lifestyle is important to your liver, whether living with a chronic disease or not. Things like fat accumulation, alcohol use, and some medications can cause damage to the liver. While your liver can be forgiving, it has its limits. So, eating a balanced diet, maintaining a healthy body weight, and minimising alcohol can have a positive impact on health and keep your liver in the best shape possible.

Our FREE one-day LiverWELL™ Coaching session will equip you with the knowledge and tools to take control of your own health journey.

Learn how to better manage living with a chronic liver disease in a supportive and informative environment.

Get the latest approaches to goal setting and putting health goals into action to better manage your chronic condition.

LiverWELL™ Coaching is suitable for people living with a chronic liver disease, carers, friends and family and covers the following topics:

- Nutrition
- Exercise and fitness
- Mental wellbeing and sleep
- Medication management, alcohol and other drugs

## Look out for sessions

Venue: Suite 5, 200 Sydney Road, Brunswick, 3058.

Lunch and afternoon tea are provided, please advise of any dietary requirements.

For more information, register at: <https://www.hepvic.org.au/events/113/liverwell-coaching>

Some locations offer multiple services. Service types are shown as numbers, which refer to the following:

### Key:

- Needle and Syringe Program
- Medical Services including hepatitis and liver Nurses and Doctors
- Counselling Services
- Alcohol and Other Drug (AOD) Services
- Liver Specialists
- Fibroscan
- Bulk-Billing
- Pathology/ Blood Tests
- Private Clinic
- Specialist/GP/Fibroscan

## Melbourne

### Cancer Council Victoria – Living with Cancer Education Program

Contact: (03)13 11 20  
Programs across Melbourne and Victoria

### Direct Line

1800 888 236  
<http://www.directline.org.au>  
24/7 - Confidential help line for people in Victoria

Referral, Support, Drug and Alcohol Counselling and programs

### Drug Info

Level 12, 607 Bourke Street  
Drug Info Line Contact: 1300 85 85 84  
<https://adf.org.au/contact-us/>

### Health Complaints Commissioner

Level 26, 570 Bourke Street  
Contact: 1300 582 113

### Melbourne City Council

90 – 120 Swanston Street, Melbourne  
Contact: (03) 9658 9658

### Living Room, Youth Projects

7–9 Hosier Lane, Melbourne  
Contact: (03) 9945 2100



### Prahran

### Alfred – HIV: Hepatitis; STI Education & Resource Centre

Statewide resource centre on HIV/AIDS, Hepatitis & Sexually transmissible Infections.  
8 Moubay Street  
Contact: (03) 9076 6993

### Southbank

### Living Positive

Suite 1/111 Coventry Street  
Contact: (03) 9863 8733

### St Kilda

### Resourcing Health & Education in the Sex industry (RhED)

Contact: 1800 458 752  
[www.sexworker.org.au](http://www.sexworker.org.au)  
[sexworker@sexworker.org.au](mailto:sexworker@sexworker.org.au)

### Victorian AIDS Council

615 615 St Kilda Road  
Contact: (03) 9865 6700

## North Western PHN:

### Altona Meadows

IPC Health  
330 Queens Street, Altona Meadows  
Contact: (03) 8368 3000



### Broadmeadows Dianella Community Health

42–48 Coleraine Street, Broadmeadows  
Contact: (01300 234 263)



### Braybrook Cohealth, Braybrook Community Centre

107–139 Churchill Avenue, Braybrook  
Contact: (03) 9448 5507



### Brunswick Merri Health

11 Glenlyon Road, Brunswick  
Contact: 03 9387 6711



### Carlton

Melbourne Sexual Health Centre  
580 Swanston Street, Carlton  
Contact: (03) 9341 6200



### Coburg

### Merri Community Health Services

93 Bell Street, Coburg  
Contact: (03) 9350 4000



### Uniting Care Re Gen

26 Jessie Street, Coburg  
Contact: (03) 9386 2876



### St. Kyrollos Family Clinic

2A Moore Street, Coburg  
Contact: (03) 9386 0900



### Collingwood Cohealth Innerspace Primary Support Service

4 Johnston Street, Collingwood  
Contact: (03) 9448 5530



### Cohealth

365 Hoddle Street, Collingwood  
Contact: 03 9448 5528



### Craigieburn

Anglicare Victoria  
59 Craigieburn Road, Craigieburn  
Contact: (03) 9483 2401



### Fitzroy

Cohealth Fitzroy  
75 Brunswick Street, Fitzroy  
Contact: (03) 9411 3555,  
(03) 9448 5531



### St Vincent's Hospital

Victoria Parade Fitzroy  
Contact: (03) 9231 2111



### Victorian Aboriginal Health Service

185 Nicholson Street Fitzroy  
Contact: (03) 9419 3000  
AOD, family and youth specific, connects with services at other sites.



### Footscray

Health Works  
4 – 12 Buckley Street, Footscray  
Contact: (03) 9448 5511



### Cohealth

78 Paisley Street, Footscray  
Contact: (03) 9448 5502



### Glenroy

Youth Projects – Foot Patrol  
Needle and Syringe Program  
6 Hartington Street, Glenroy  
Contact: (03) 9304 9100



## Services listing

### Gisborne

Macedon Ranges Health  
5 Neal Street, Gisborne  
Contact: (03) 5428 0300



### Kensington Cohealth

12 Gower Street, Kensington  
Contact: (03) 8378 1600.



### Laverton Cohealth

95 Station Road, Laverton  
Contact: (03) 9448 5534.



### Living Room, Youth Projects

7–9 Hosier Lane  
Contact: (03) 9945 2100



### Victorian AIDS Council

615 St Kilda Road  
Contact: (03) 9865 6700

### Victorian Aboriginal Health Service (VAHS)

186 Nicholson St, Fitzroy VIC 3065  
Contact: (03) 9419 3000  
AOD, family and youth specific  
Connects with services at other sites, including Preston



### Melton

### Djerriwarrh Health Services

Yuille Street, Melton  
Contact: (03) 8746 1100



### Moonee Ponds

Dr Froomes  
Suite 4, level 1/8 Eddy Street  
Contact: (03) 9331 3122

Fax: (03) 9331 3133



**Moonee Ponds Specialist Centre**  
1003 Mt Alexander Road, Essendon  
Contact: 03 9372 0372.  
Fax: (03) 9372 7517



**North Melbourne Harm Reduction Victoria (HRV) and Pharmacotherapy Advocacy Mediation and Support (PAMS)**

*A Walk in service.*  
128 Peel Street, North Melbourne  
Contact: (03) 9329 1500



**Northcote Your Community Health**  
42 Separation Street, Northcote  
Contact: (03) 8470 1111



**Parkville Royal Melbourne Hospital**  
300 Grattan Street  
Liver Clinic – hepatitis, advanced liver disease and cirrhosis  
Contact: (03) 9342 7000

switchboard  
Fax: (03) 9342 4234  
(outpatients referrals fax)  
Infection Diseases Department,  
OPD Ninth floor,  
Contact: (03) 9342 7212  
Fax: (03) 9342 7277



**Preston Preston Anglicare**  
42 Mary Street Preston  
Contact: (03) 8470 9999



**Victorian Aboriginal Health Services (VAHS)**  
238–250 Plenty Road  
Contact: (03) 9403 3300  
for appointment or drop in  
Wednesdays 9–4pm



**Your Community Health**  
300 Bell Street, Preston  
Contact: (03) 8470 1111  
(03) 8470 6710



**Reservoir East Your Community Health**  
125 Blake Street, Reservoir East  
Contact: (03) 8470 1111



**Richmond North Richmond Community Health**  
23 Lennox Street, Richmond  
Contact: (03) 9418 9800



*Has an Automated Dispensing Machine for syringes 24/7*

**Multicultural Health & Support Services** (HIV, hepatitis C and sexually transmissible infections) <http://nrch.com.au/>  
*Has an Automated Dispensing Machine for syringes 24/7*



**The Epworth Centre** (GP referrals)  
Suite 7.6 / 32 Erin Street  
Contact: (03) 9428 9908  
Fax: (03) 9421 3435



**Turning Point Alcohol and Drug Centre**  
110 Church Street  
Richmond VIC 3121  
Contact: (03) 8413 8413



**St. Albans IPC Health**  
1 Andrea Street, St. Albans  
Contact: (03) 9296 1200



**Sunbury Sunbury Community Health Centre**  
12–28 Macedon Street, Sunbury  
Contact: (03) 9744 4455



**Werribee Werribee Anglicare Victoria**  
2 Market Road  
Contact: (03) 9731 2500  
All referrals via  
Odyssey House: 1800 700 514



**Eastern Melbourne PHN:**

**Bayswater Anglicare Victoria**  
666 Mountain Highway  
Contact: (03) 9721 3688  
[www.anglicarevic.org.au](http://www.anglicarevic.org.au)  
Shore Intake Contact:  
1300 00 7873



**Box Hill CLEAR Liver Care Carrington/Eastern Health**  
43 Carrington Road,  
Contact: (03) 8843 2317  
Fax: (03) 9890 2220



**Box Hill Hospital**  
8 Arnold Street  
Contact: (03) 9895 3352  
(Specialist Outpatient Clinics)  
1300 342 255 (General)



**Caulfield South Caulfield Endoscopy** (Private)  
544 Hawthorn Road  
Contact: (03) 9595 6666



**East Melbourne Melbourne GI & Endoscopy**  
130-132 Grey Street  
Contact: (03) 9417 5306  
Fax: (03) 8677 9625



**Eltham Healthability**  
917 Main Road, Eltham  
Contact: (03) 9430 9100



**Epping Hume Whittlesea Primary Care Partnership**  
187 Cooper Street, Epping  
Contact: (03) 9409 8787



**Ferntree Gully EACH Ltd**  
1063 Burwood Highway  
Contact: 1300 003 224



**Heidelberg Austin Liver Clinic**  
145 Studley Road  
Contact: (03) 9496 2787  
Fax: (03) 9496 7232



**Northern Hospital**  
185 Cooper Street  
Contact: (03) 8405 8000  
Fax: (03) 8405 8761



**Ferntree Gully EACH Ltd**  
1063 Burwood Highway,  
Ferntree Gully  
Contact: 1300 003 224



**Greensborough Banyule Community Health Service, Greensborough Centre – Needle Syringe Program**  
Unit 3, 25-33 Grimshaw Street,  
Greensborough  
Contact: (03) 9433 5111



**Hawthorn Wellbeing at Swinburne University Health Services**  
George Swinburne Building, Level 4,  
34 Wakefield Street, Hawthorn  
Contact: (03) 9214 8483



**Healesville Healesville & District Hospital & NSP**  
377 Maroondah Highway,  
Healesville  
Contact: 1300 793 622



**Heidelberg Austin Liver Clinic**  
145 Studley Road  
Contact: (03) 9496 2787  
Fax: (03) 9496 7232



**Northern Hospital**  
185 Cooper Street  
Contact (03) 8405 8000  
Fax: (03) 9495 7232



**Heidelberg West Banyule Community Health Service – Needle Syringe Program**  
21 Alamein Road, Heidelberg West  
Contact: (03) 9450 2000



**Hepatitis C Rapid Access to Treatment Clinic**  
Contact: 0481 909 741  
Fax: (03) 9496 2732



**Lillydale Inspiro Community Health**  
17 Clarke Street, Lillydale  
Contact: (03) 9738 8801



**Nunawading Nunawading Clinic**  
Dr. D Ross  
176 Springvale Road, Nunawading  
Contact: (03) 9878 9191  
(BB – for concession/health care holders and children under 16)



**Ringwood Ringwood EACH Ltd**  
46 Warrandyte Road, Ringwood  
Contact: 1300 003 224



**Ringwood East Ringwood EACH Ltd**  
75 Patterson Street, Ringwood East  
Contact: (03) 1300 003 224



**Yarra Junction Yarra Valley Health**  
2475 Warburton Highway,  
Yarra Junction  
Contact: 1300 342 255



**South Eastern Melbourne PHN:**

**Bentleigh East Connect Health**  
Glen Eira Site, 2A Gardeners Road,  
Bentleigh East  
Contact: (03) 9575 5333



**Moorabin Specialist Centre** (Private)  
873 Centre Road, Bentleigh East  
Contact: (03) 9579 0100



**Chelsea Central Bayside Community Health Service**  
3/1 The Strand, Chelsea  
Contact: (03) 9782 7633



**Clayton Monash Health Monash Medical Centre**  
246 Clayton Road  
Contact: (03) 9594 6666  
Fax: (03) 9594 6111  
GP referrals via Monash Health in Clayton (03 9594 6250)



**Cockatoo Monash Health Community Services**  
7–17 McBride Street, Cockatoo  
Contact: (03) 5968 7000



**Cranbourne Monash Health Community**  
140–154 Sladen Street, Cranbourne  
Contact: (03) 5990 6789



**Dandenong Community Access Partnership (CAP)**  
84 Foster Street, Dandenong  
Contact: (03) 9792 7630, or  
1800 642 287 after 6:30pm



**Frankston Anglicare Victoria**  
Level 2 / 60-64 Wells Street  
Contact: (03) 9781 6700.  
[www.anglicarevic.org.au](http://www.anglicarevic.org.au)



**Frankston Centre Community Health**  
12–32 Hastings Road, Frankston  
Contact: (03) 9784 8100



**Frankston Integrated Health Centre**  
12–32 Hastings Road  
Contact: (03) 9784 8100  
Referral Contact: 1300 665 781  
[www.peninsulahealth.org.au](http://www.peninsulahealth.org.au)



**SHARPS, NSP + Community Health**  
20 Young Street, Frankston  
Contact: (03) 9781 1622



**Hastings Hastings Community Health Service**  
185 High Street, Hastings  
Contact: (03) 5971 9100



**Mornington Mornington Community Information and Support Centre**  
320 Main Street, Mornington  
Contact: (03) 5975 1644



**Pakenham Monash Health Community**  
Henty Way Pakenham -  
(top Of the Hill)  
Contact: (03) 5941 0500



**Prahran Star Health**  
240 Malvern Road, Prahran  
Contact: (03) 9525 1300



**Alfred Hospital Infectious Diseases Unit**  
Contact: (03) 9076 6081  
99 Commercial Road, Prahran  
*Hepatitis Clinic*  
Contact (03) 9076 5276



**Rosebud Southern Peninsula Community Support and Information Centre**  
878 Point Nepean Road, Rosebud  
Contact: (03) 5986 1285



**South Melbourne Star Health Inner South Community Health Services**  
341 Coventry Street,  
South Melbourne  
Contact: (03) 9525 1300



**Springvale Monash Health Community**  
55 Buckingham Avenue  
Contact: (03) 8558 9000  
Referrals and counselling  
Contact: 1300 342 273  
Wednesday Liver Clinic  
Fax (03) 9594 6250  
Bulk Bill/Liver clinic- liver specialists/ pathology and counselling



**St. Kilda  
Star Health**  
18 Mitford Street, St. Kilda  
Contact: (03) 9525 1300



**Salvation Army Health  
Information Exchange**  
29 Grey Street, St. Kilda  
Contact: (03) 9536 7703

**Access Health**  
31 Grey Street, St Kilda  
Contact: (03) 9076 6081



**FIRST STEP**  
42 Carlisle St, St Kilda, 3182  
Contact: (03) 9537 3177.



## Gippsland PHN:

**Bairnsdale  
Advantage HealthPoint**  
46-56 Nicholson Street,  
Bairnsdale  
Contact: (03) 5152 3500



**Bairnsdale Community  
Health Centre (Day Program)**  
48 Ross Street, Bairnsdale  
Contact: (03) 5152 0222



**Bairnsdale Community  
Health Centre**  
51 Day Street, Bairnsdale  
Contact: (03) 5150 3333



**Churchill  
Latrobe Community  
Health Service**  
20-24 Philip Parade, Churchill  
Contact: 1800 242 696



**Lakes Entrance  
Gippsland Lakes Community  
Health Centre**  
18-26 Jemmeson Street, Lakes  
Entrance Contact: (03) 5155 8300



**Loch Sport  
Loch Sport Community Health  
Centre**  
1 National Park Road, Loch Sport  
Contact: (03) 5146 0349



**Maffra  
Maffra District Hospital**  
48 Kent Street Maffra  
Contact: (03) 5147 0100



**Moe  
Latrobe Community  
Health Service**  
42-44 Fowler Street, Moe  
Contact: 1800 242 696



**Leongatha  
Gippsland Southern  
Health Services**  
Koonwarra Road, Leongatha  
Contact: (03) 5667 5555



**Morwell  
Latrobe Community  
Health Services**  
81-87 Buckley Street, Morwell  
Contact: 1800 242 696



**Nowa Nowa  
Nowa Nowa Community Health**  
6 Bridge Street, Nowa Nowa  
Contact: (03) 5155 7294



**Orbost  
Orbost Regional Health –  
A multi Service site**  
104-107 Boundary Road, Orbost  
Contact: (03) 5154 6666



**Rosedale  
Rosedale Community  
Health Centre**  
2-8 Cansick Street, Rosedale  
Contact: (03) 5199 2333



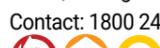
**Sale  
Central Gippsland Health Service  
Division of Community Care**  
Palmerston Street, Sale  
Contact: (03) 51438800  
52 Mcarthur Street, Sale  
Contact: 1800 242 696



**San Remo  
Bass Coast Community Services**  
1 Back Beach Road, San Remo  
Contact: (03) 5671 9200



**Traralgon  
Latrobe Community Health  
Services**  
Cnr. Princes Highway and Seymour  
Street, Traralgon.  
Contact: 1800 242 696



**Warragul  
West Gippsland Healthcare  
Group Community Services  
Division**  
31-35 Gladstone Street, Warragul  
Contact: (03) 5624 3500



**Wonthaggi  
Bass Coast Health –  
Needle Syringe Program**  
235-237 Graham Street, Wonthaggi  
Contact: (03) 5671 3333



**Yarram  
Yarram and District  
Health Service**  
50 Bland Street, Yarram  
Contact: (03) 5182 0270



**Western Victoria PHN:**  
**Apollo Bay  
Otway Health**  
75 McLachlan Street, Apollo Bay  
Contact: (03) 5237 8500



**Belmont  
Barwon Community  
Health Centre**  
1-17 Reynolds Road, Belmont  
Contact: (03) 4215 6800



**Colac  
Colac Area Health**  
2-28 Connor Street, Colac  
Contact: (03) 5232 5100



**Corio  
Corio Community Health**  
2 Gellibrand Street, Corio  
Contact: (03) 4215 7100  
*(1+ Automated Syringe  
Dispensing/Machine 24/7)*



**Drysdale  
Bellarine Community Health**  
21-23 Palmerstone Street, Drysdale  
Contact: (03) 5251 4640



**Geelong  
Wathaurong Aboriginal Service**  
62 Morgan Street, Geelong North  
Contact: (03) 5277 2038



**Horsham  
Wimmera Health Care Group**  
83 Baillie Street, Horsham  
Contact: (03) 5381 9111



**Lucas  
Ballarat Community  
Health Centre & NSP**  
12 Lilburne Street, Lucas  
Contact: (03) 5338 4500



**Maryborough  
Community Services  
Maryborough**  
75-87 Clarendon Street,  
Maryborough  
Contact: (03) 5461 0400



**Newcomb  
Newcomb Community  
Health Centre & NSP**  
104-108 Bellarine Highway,  
Newcomb  
Contact: (03) 4215 7520



**Portarlington  
Bellarine Community Health**  
39 Fenwick Street, Portarlington  
Contact: (03) 5258 6140



**Portland  
Portland District Health**  
141-151 Bentinck Street, Portland  
Contact: (03) 5521 0333



**Sebastopol  
Ballarat Community  
Health Centre**  
260 Vickers Street, Sebastopol  
Contact: (03) 5338 4585



**Stawell  
Stawell Health and  
Community Centre**  
8-22 Patrick Street, Stawell  
Contact: (03) 5358 7400



**Torquay  
Torquay Community Health Centre  
& NSP**  
100 Surf Coast Highway, Torquay  
Contact: (03) 4215 7800



**Warrnambool  
Brophy Family and Youth Services**  
210 Timor Street, Warrnambool  
Contact: (03) 5561 8888  
*For persons  
aged 12 – 25*



**Warrnambool Community Health**  
Koroit Street, Warrnambool  
Contact: (03) 5563 4000



**Wendouree  
Ballarat Community Health Centre**  
10 Learmonth Road, Wendouree  
Contact: 5338 4585



## Murray North Western PHN:

**Albury  
Albury Community Health**  
596 Smollett Street, Albury  
Contact: (02) 6058 1800  
(02) 6058 1801  
Fax: 0417 287 073



Services available to people  
in NE Victoria

**Bendigo  
Central Secondary NSP  
Bendigo Community Health Service**  
171 Hargreaves Street Bendigo  
Contact: (03) 5448 1600



**Castlemaine  
Castlemaine District  
Community Health**  
13 Mostyn Street, Castlemaine  
Contact: (03) 5479 1000



**Eaglehawk  
Bendigo Community  
Health Services**  
3 Seymour Street, Eaglehawk  
Contact: (03) 5434 4300



**Echuca  
Echuca Regional Health**  
226 Service Street, Echuca  
Contact: (03) 5485 5000



**Kangaroo Flat  
Bendigo Community  
Health Services**  
Site 13 Helm Street, Kangaroo Flat  
Contact: (03) 5430 0500



**Kyneton  
Cobaw Community  
Health Service**  
47 High Street, Kyneton  
Contact: (03) 5421 1666



**Mildura  
Sunraysia Community  
Health Service**  
137 Thirteenth Street, Mildura  
Contact: (03) 5022 5444



## Murray North Eastern PHN:

**Alexandra  
Alexandra Community  
Health Services & NSP**  
12 Cooper Street, Alexandra  
Contact: (03) 5772 0900



**Benalla  
Benalla Health**  
45/63 Coster Street, Benalla  
Contact: (03) 5761 4222



**Cobram  
Cobram District Health**  
24-32 Broadway Street, Cobram  
Contact: (03) 5871 0777



**Corryong  
Corryong Health**  
20 Kiell Street, Corryong  
Contact: (02) 6076 3200



**Euroa  
Euroa Health**  
36 Kennedy Street, Euroa  
Contact: (03) 5795 0200



**Mansfield  
Mansfield District Hospital**  
53 Highbury Street, Mansfield  
Contact: (03) 5775 8800



**Myrtleford  
Gateway Health**  
32 Smith Street, Myrtleford  
Contact: (03) 5731 3500



**Shepparton  
Primary Care Connect**  
399 Wyndham Street, Shepparton  
Contact: (03) 5823 3200



**Wangaratta  
Gateway Health**  
45-47 Mackay Street, Wangaratta  
Contact: (03) 5723 2000.



**Wangaratta  
Northeast Health**  
35-47 Green Street, Wangaratta  
Contact: (03) 5722 5111



**Wodonga  
Gateway Health**  
155 High Street, Wodonga  
Contact: (02) 6022 8888



**Yarrawonga  
Yarrawonga Health**  
33 Piper Street, Yarrawonga  
Contact: (03) 5743 8111



**Yea  
Yea and District  
Memorial Hospital**  
45 Station Street, Yea  
Contact: (03) 5736 0400



# Hepatitis Infoline

Call the Hepatitis Infoline to talk about:

**Information:** We can answer questions and mail information to you.

**Support:** We can provide support for a range of issues and concerns.

**Referral:** We can refer you to other organisations and services.

The **Hepatitis Infoline** is a free and confidential service for all Victorians.

## Hours

Monday to Friday 9.00am – 5.00pm



### English

Hepatitis Information Line. If you need an interpreter, please first call the Translating and Interpreting Service on 131 450.

### Vietnamese

Đường dây Hướng dẫn Bệnh Viêm Gan. Nếu cần thông dịch viên, trước tiên xin quý vị vui lòng gọi Sở Thông ngôn và Phiên dịch số 131 450.

### Farsi

خط اطلاعات هپاتیت. اگر نیاز به مترجم حضوری دارید، لطفاً با مرکز خدمات ترجمه کتبی و حضوری با شماره 131 450 تماس بگیرید.

### Amharic

የወጭ በሽታ መረጃ ማቅረቢያ መስመር። አስተርጓሚ ካስፈለግዎት ከባለሙያ መጀመሪያ ለተርጓሚና ለሰተረጓሚ አገልግሎት በስልክ 131 450 አድርገው ይደውሉ።

### Arabic

خط المعلومات عن التهاب الكبد. إذا كنت بحاجة لخدمات مترجم، الرجاء الاتصال أولاً بخدمة الترجمة الفورية والتحريرية على الرقم 131 450.

### Chinese

肝炎信息专线。如需传译员协助，请先致电翻译服务处电话131 450。

### Khmer

ខ្សែទូរស័ព្ទផ្តល់ព័ត៌មានអំពីជំងឺវិលាករធ្វើម។ ប្រសិនបើលោកអ្នកត្រូវការអ្នកបកប្រែភាសា ជាដំបូង សូមទូរស័ព្ទទៅកិច្ចបរិបាកប្រែភាសាសរសេរ និងនិយាយ លេខ 131 450។

# hepatitisinfoline

1800 703 003

## Your donations make a difference!

Your donations help us to provide information, services, advocacy, resources and support for people affected by viral hepatitis, health professionals and members of the general public.

All donations of \$2 or more are tax deductible.

If you do not receive your receipt promptly, then please call Hepatitis Victoria on 03 9380 4644, or email: [admin@hepvic.org.au](mailto:admin@hepvic.org.au)

I would like to donate the following amount:

\$20    \$50    \$100   \$\_\_\_\_\_ (Your choice)

I have enclosed my cheque/money order/cash or

Please debit my credit card for \$\_\_\_\_\_

Type of card: Visa/MasterCard \_\_\_\_\_

Name on Card \_\_\_\_\_

Card number:

Expiry Date \_\_\_\_\_

Please send my receipt to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb/City \_\_\_\_\_

Postcode \_\_\_\_\_ State \_\_\_\_\_

Send to: Hepatitis Victoria  
Suite 5, 200 Sydney Road  
Brunswick, Victoria 3056