The Magazine of Hepatitis Victoria

HEPATITISVICTORIA

June/July 2018

Good Liver

Brunswick *Little Hep B Hero* launch

The *Little Hep B Hero* resource for families has been translated into Simplified Chinese and Vietnamese as well as animated. The main launch was held on 26 April at the Brunswick Library.

Living with Hepatitis C: An interview

Amanda Lyons interviews Pamela Wood who has lived much of her life as a person with hepatitis C, fighting stigma from the world outside – but also from within herself.

Data mapping in the fight against viral hepatitis

The Doherty Institute's Mapping Project gives a comprehensive understanding of the disparities and variations in the burden of viral hepatitis across Australia.

Staff

Contact and postal address:

Hepatitis Victoria

Suite 5, 200 Sydney Road,
Brunswick, Victoria 3056.

Telephone: (03) 9380 4644
Facsimile: (03) 9380 4688

Email: admin@hepvic.org.au
Website: www.hepvic.org.au

HepatitisInfoline
1800 703 003

Melanie Eagle
CEO
Telephone: 9385 9102
melanie@hepvic.org.au

Garry Irving
Programs and
Operations Manager
Telephone: 9385 9109
garryi@hepvic.org.au

Martin Forrest
Health Promotion
Program Manager
Telephone: 9385 9111
martin@hepvic.org.au

Mez Obrien
Office Coordinator
Telephone: 9380 4644
admin@hepvic.org.au

Aurora Tang
Community Education
and Engagement Manager
Telephone: 9385 9103
aurora@hepvic.org.au

Anh Nguyen
Hepatitis B Community
Education Project Officer
Telephone: 9385 9123
anh@hepvic.org.au

Mark Pearce
Communications Manager
Telephone: 9385 9107
mark@hepvic.org.au

Anne Roseman
Health Promotion
Project Officer
Telephone: 9385 9108
anne@hepvic.org.au

Isabelle Purcell
Health Promotion
Project Officer
Telephone: 9385 9112
isabelle@hepvic.org.au

Neylan Aykut
Health Promotion
Project Officer
Telephone: 9385 9110
neylan@hepvic.org.au

Gayatri Ravisankar
Health Promotion
Events Officer
Telephone: 9385 9106
gayatri@hepvic.org.au

Joanne Skinner
CRM Datebase
Administrator
Telephone: 9385 9126
joanne@hepvic.org.au

Meg Perrier
Hepatitis B Outreach Officer
Telephone: 9385 9125
meg@hepvic.org.au

Kaz Cochrane
Development Coordinator
Telephone: 9385 9118
kaz@hepvic.org.au

Jawid Sayed
Hepatitis B Community
Education Project Officer
Telephone: 9385 9121
jawid@hepvic.org.au

Shaun Knott
Digital and Online
Services Officer
Telephone: 9385 9106
shaun@hepvic.org.au

Kate Webster
HEPReady Business
Development Manager
Telephone: 9385 9116
katew@hepvic.org.au

Nicole Gunn
HEPReady Sales and
Client Liaison Officer
Telephone: 9385 9119
nicole@hepvic.org.au

Steven Taylor
HEPReady AOD workforce
Training Officer
Telephone: 9385 9117
steven@hepvic.org.au

Jack Gunn
Stigma Response
Co-ordinator
Telephone: 9385 9113
jack@hepvic.org.au

Contents

Good Liver is produced by Hepatitis Victoria, with support from the Victorian Government. The opinions and language expressed in this magazine are not necessarily those of Hepatitis Victoria or the Department of Health and Human Services.

Reader response

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

Graphic Design:
Swivel Design 0435 733 206

Communique

From the desk of the Chief Executive Officer

Mobilising community, raising awareness, changing and saving lives.

25 years ago, Hepatitis Victoria emerged from a community that was in crisis. Viral hepatitis and the liver disease and cancer that it caused, was making many Victorians sick. Friends and family were dying and the goal was to find a cure. Today we have the solutions, but up to 6 Victorians are still dying every week. So, what has fundamentally changed, if anything?

Understanding the problem

Our groundwork over the years has been driven to mobilise the community by raising awareness of viral hepatitis, challenging stigma and breaking the silence. We are about creating change that is by people for people and the wider community, through both Government and private organisations, has responded by investing. As a result, research and awareness are growing – albeit slowly.

Our knowledge of the scale of the problem has improved and the public is now more conscious. While this is all to the good, stigma and ignorance still remain.

(Read in this issue how we are tackling stigma head-on with our year-long #StigmaStops campaign and a great feature-length interview with Pamela Wood courtesy of the Royal Australian College of General Practitioners.)

Brilliant researchers, like Sharon Lewin and Jennifer MacLachlan of the Doherty Institute, have given us new insights into the real prevalence of hepatitis, the management of treatment and community take up. The concrete data and statistics from the Doherty's excellent *National Mapping project* have helped galvanise health authorities into taking steps and setting elimination targets.

What the evidence reveals though is the worrying trend of a large number of people living with hepatitis B and hepatitis C still undiagnosed and going without treatment or care. The difference between now and the past is that today we have the measure of the task at hand and we are redoubling our efforts to mobilise the community to make it more aware and supportive.

But mobilising the community and raising awareness is much easier said than done, and it cannot be confined to just metropolitan areas. Read how the next iteration of the *Love Your Liver* campaign is going to regional Victoria, to precisely where recorded prevalence is highest. This year and next, *Love Your Liver* regional will be combined with a series of HEPReady® regional professional workshops for health and community workers. The first kicked-off in Shepparton on 14 June.

Our community is diverse and viral hepatitis impacts in many different ways. Cultural, societal and linguistic barriers must be considered. Given these challenges, how do we communicate with these communities and what is the most appropriate approach for each one?

Mobilising the community is community work and thankfully we are very fortunate to have wonderful help and insights from our committed and passionate volunteers who come from a vast array of cultural backgrounds. It is no exaggeration to say without them we could not do our work!

In addition to staffing our Board, volunteers support a number of our signature programs such as HEPSpeak, HEP Heroes (see more stars in this magazine) and HEPConnect. Read Community Participation Coordinator Kate Sievert's excellent article about how these programs enable people living with viral hepatitis to share their experiences, gain knowledge and find meaningful support.

Our volunteer heroes

Our volunteers are critical to our work on a range of levels as they reflect much of the community we seek to serve, and they inform us about what are important and appropriate activities. They also guide us at a governance level, and through our consultations with them they shape the information we provide.

Our volunteers are our greatest asset – a phalanx of skilled and committed people who add so much more value - many work on solid extended projects that we just couldn't do, because without them we wouldn't have the potential to carry out that activity. Whether it's telling us what's occurring in the Sudanese community in relation to hepatitis, or scoping how to build greater resilience and deal with challenges, or probing liver health resources and identifying the gaps- volunteers put us in the position to be able to do the work we are doing.

A large number of people living with hepatitis B and hepatitis C still undiagnosed and going without treatment or care.

We celebrate them in a number of ways, and I know the staff team are incredibly appreciative, responsive and engaging in relation to the brilliant people we regularly come into contact with.

We formerly recognise our volunteers with our monthly awards and we also have our annual Cheers Volunteers event (read about all the fun that was had at Brunswick Bowling Club in early May).

Our volunteers are vital, because without them we wouldn't be half the show we are, nor could we mobilise the community as effectively as we do.

De-Livering the news

Loving your liver: One cup of coffee at a time!

On a recent Hepatitis Victoria podcast, viral hepatitis expert Assoc Prof Ben Ben Cowie endorsed our latest campaign slogan on the side of cups promoting the benefits of our favourite beverage.

“There’s increasing and quite good evidence that those with viral hepatitis with scarring of the liver, drinking coffee actually reduces the risk of liver cancer, which is amazing to think about.

“Some of the data is from America, which has some of the worst coffee in the world so it may not be the fact that just having a perfect latte served in a Melbournian café may be equally beneficial than having some nasty drip coffee in America,” said Dr Cowie.

Shepparton HEPReady® Regional Workshop

Supported by the Victorian Department of Health and Human Services, our Shepparton workshop on 14 June brought a local perspective to the testing, treatment, management, care and prevention of viral hepatitis.

Expert speakers presented on the epidemiology and prevalence of hepatitis B and hepatitis C, and recent developments in the management of these conditions impacting the Shepparton community.

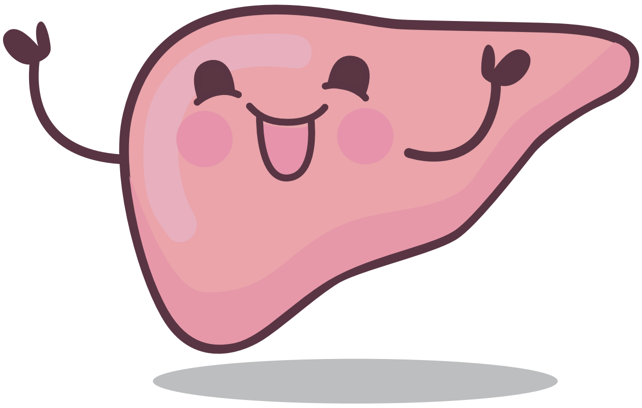
“The workshop was an excellent opportunity for all staff and services who may engage with people living with viral hepatitis and liver disease to develop enhanced professional skills and strengthen networks,” said Martin Forrest, Health Promotion Manager.
See here for story.

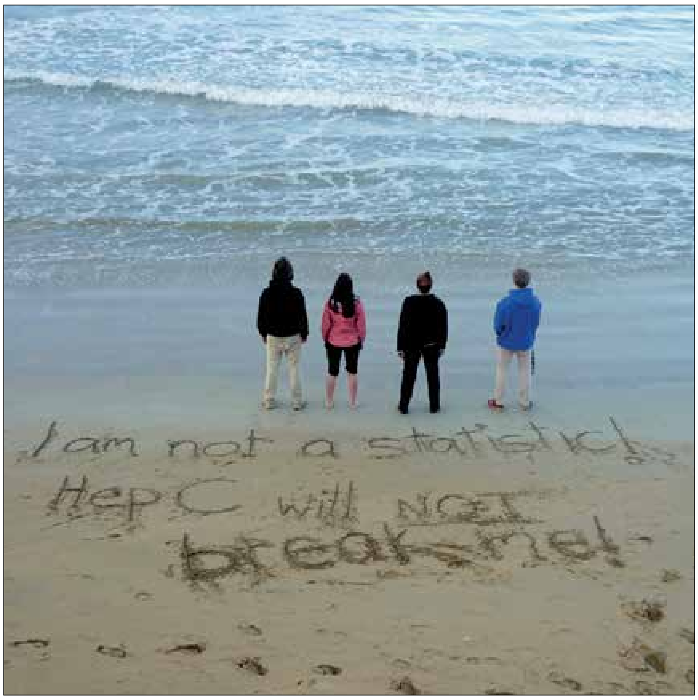
LiverWELL the app is coming!

How would you like an app designed specifically for you that not only gives you the latest and best news about liver health, but also lets you set reminders for medications, appointments and recording notes?

LiverWELL the app is near completion and set for launch online around World Hepatitis Day 28 July.

Stay tuned for more news and be ready for download, there is nothing quite like it! #LIVERability2018





Launching *StreetShot* 2018

Join us at Metro West, Victoria University in Footscray on 27 July for the launch of the *StreetShot* 2018 Exhibition exploring what viral hepatitis means to young people across the state, expressed through photography and video. The winners of the 2018 *StreetShot* competition will be announced. Submit an entry and find out more details:
www.hepvic.org.au/events/87/streetshot-2018-exhibition-launch

LIVERability the FESTIVAL has started #LIVERability2018!

The 2018 LIVERability Festival is underway with an action-packed schedule of events and activities including fun street events, *Street Shot*, the *Springvale Snow Festival*, and a number of academic and health symposia.

Love Your Liver the regional campaign has already kicked off in Shepparton and there are more campaigns to come and regional forums. **Take a look at the full schedule.**

LIVERability Festival
NOhep Take action now for a world with #NOhep
#HEPFreeVic

2018 CALENDAR OF EVENTS
www.hepvic.org.au/liverability2018

Supporting Sister's Day Out

Hepatitis Victoria is very proud to support Djirra's Sister's Day Out initiative this year, attending 7 events around the state.

"We work with Aboriginal and Torres Strait Islander communities, because it is conveying important health information and its fun!" said Anne Roseman, Health Promotion Project Officer.

Brunswick *Little Hep B Hero* Launch

Brunswick welcomes *Little Hep B Hero*

A charming resource for families translated into Simplified Chinese and Vietnamese plus a beautiful animated film version

www Watch the video launch from the day **here**:

www Learn more about how the book was conceived (PPT) **here**:

www Watch the animated version of *Little Hep B Hero* **here**:

A massive amount of thought, work and planning -over more than 18 months - went into the development of *Little Hep B Hero*. It was, and remains, an ambitious project in both in scope and goals. The resource, translated into Simplified Chinese and Vietnamese and animation, had its genesis in discussions among a group of volunteers and families living with hepatitis B who wanted to bring their experience into the open and break the silence.

The main launch on 26 April had to be a fit that matched the broad ambitions of the project, so it was decided to have not one, but two events on the same day!

"It was a preposterous idea at first glance," said Melanie Eagle. "But the fact both Brunswick North Primary School and Brunswick Library had offered to host launches for us with hundreds of children in situ, meant we just couldn't say no."

The idea of launching the book to children underscored the reasons for the project in the first place. *Little Hep B Hero* emerged from the dilemma experienced by a young mum -a volunteer at Hepatitis Victoria- who had difficulty explaining her hepatitis status to her young child because of stigma and ignorance.

"I didn't know how to tell my kids I am living with a potentially deadly disease," said the mother who was part of the working group helping with the project.

"They need to know and understand the journey and what it means to our lives. I didn't know where to begin, but all I know is I want my children to be my little hep B heroes," she said.

"Imagine trying to tell a 10-year old boy why his father can't play football with him like he used to? Or reassuring a 6-year-old about why her mother goes to the doctor so often? How do you explain the cause of vague symptoms such as tiredness, irritability and mood swings?" Melanie said.

Little Hep B Hero answers these questions through the story of two curious children as they learn about their friendly neighbour Rosa, who is poorly with hepatitis B. The story challenges negative stereotypes and carefully weaves messages about how the condition is spread and can be prevented. It is a warm, welcoming story that is beautifully illustrated with a glossary of terms and discussion points for families, teachers and children.

"There is an urgent need to tackle stigma and explain to families what hepatitis B is, and how it can be tackled especially in groups where there is a high prevalence of chronic hepatitis B related liver cancer, such as people from Vietnam and Chinese-speaking regions," said Aurora Tang, Community Education and Engagement Manager for Hepatitis Victoria. Simplified Chinese and Vietnamese are the first languages for the book to be translated into, with others planned based on demand.

"With more knowledge, each child can play an essential part in providing care and support within the family and also act as an ambassador for general community awareness to destigmatise hepatitis B in the community," Aurora said.

This sentiment was borne out the day of the launch with the 180 children from Brunswick North Primary School who were very enthusiastic to learn about the liver. They heard fellow pupils Sophie, Zoe, Alanna and Lilly read *Little Hep B Hero* as part of a year 3/4 educational unit focused on health and the body, and were delighted to receive HEP Hero badges and a surprise visit from our mascot O'liver.

"I think it's always important to give children the correct information about health matters because it takes away those myths," said Sonia Abdallah, Principal of the school.

Children's Reading Hour and official launch

At the Brunswick Library launch, *Little Hep B Hero* was graciously included as part of the monthly scheduled Children's Reading Hour. An official launch with short speeches, to an audience of 45 guests followed. Deputy Mayor Cr Natalie Abboud spoke about the vital work the library does to promote health in the community, and Hepatitis Australia

Brunswick *Little Hep B Hero* Launch

Brunswick welcomes Little Hep B Hero.

President Felicity McNeil talked about why it is important to have translations of hepatitis related health materials into different languages.

"(Hepatitis)… affects multiple communities in Victoria and it's important to have resources available in the first language of those who are trying to grapple with this very difficult condition," she said.

Manuela Urdiste, representing the Community Advisory Group who played such a crucial role in the creation of *Little Hep B Hero*, was presented with a certificate of appreciation by Ms McNeil. Listen to the podcast interview with Manuela.

The concept behind *Little Hep B Hero* was presented at the 2017 World Hepatitis Summit in Sao Paolo. Joseph Tucker, MD, PhD, Associate Professor of Medicine, and Chair of Innovation Subgroup at the 2017 World Hepatitis Summit said in a testimonial:

"This fascinating book was composed of stories from the local community, providing a people centered resource for telling children about living with hepatitis. The book concept was submitted to the 2017 World Hepatitis Summit innovation track and selected for oral presentation based on innovation, clarity, and public health impact. This book can help to amplify community awareness of hepatitis and spark family discussions. I highly recommend it for families, children, and communities talking about hepatitis."

Associate Professor Benjamin Cowie, Director, WHO Collaborating Centre for Viral Hepatitis said: "Nothing is more important than family. When we say hepatitis B is family business, we acknowledge the need to support people living with hepatitis B within their family context, and not in isolation. This wonderful little book does just that, by helping out with what is for some people a very difficult thing - the talk about hep B with their loved ones. I look forward to sharing this resource with my patients, so together we can create as many *Little Hep B Heroes* as possible!"

Next Steps

The goal now is to ensure that *Little Hep B Hero* is read by children and families who need it. *Little Hep B Hero* is being distributed to libraries, health clinics and primary schools. **Click here** for online orders of the book.

The Hon Greg Hunt MP
Minister for Health

Ref No: MC18-004956

06 4 18

Ms Helen Tyrrell
Chief Executive Officer
Hepatitis Australia
PO Box 716
WODEN ACT 2606

Dear Ms Tyrrell Helen

I refer to your letter of 8 March 2018 concerning Little Hep B Heroes resource launch.

Providing guidance to young children who are in contact with someone such as a parent, caregiver or other children who are living with hepatitis B, or who themselves may be living with hepatitis B, is vital to ensure that we achieve the goal of the National Hepatitis B Strategy and our commitments under the World Health Organization's Global Health Sector Strategy on viral hepatitis 2016-2021.

I am happy for Hepatitis Australia to provide the following quote attributable to myself:

"Hepatitis B is rarely discussed openly even within families. This engaging 'Little Hep B Hero' book for seven to nine year olds will help to bring hepatitis B out of the shadows and provide a new way to stimulate informed family discussion to promote greater understanding of hepatitis B – a frequently misunderstood and stigmatised condition."

I wish you all the best for the launch of the *Little Hep B Hero* book and other resources.

Thank you for writing on this matter.

Yours sincerely

Greg Hunt

16 APR 2018

Parliament House, Canberra ACT 2600 Telephone (02) 6277 7220

Federal Minister for Health, Greg Hunt issued a statement supporting the launch.

"Hepatitis B is rarely discussed openly even within families. This engaging '*Little Hep B Hero*' book for six to twelve year olds will help to bring hepatitis B out of the shadows and provide a new way to stimulate informed family discussion to promote greater understanding of hepatitis B –a frequently misunderstood and stigmatised condition," he said.

PODCAST: Why every child and every parent should read *Little Hep B Hero*

Manuela Urdiste is one of the key people behind the creation of *Little Hep B Hero* - a family resource about hepatitis. She is part of the Hepatitis Victoria's Community Advisory group which guided the project through conception to completion. Listen to her explain what being involved in the *Little Hep B Hero* project means.

"As a mum of two kids, and also living with chronic hepatitis B, it was a good chance for me to express my thoughts, my feelings and my ideas to this advisory group, it was a chance for me to be part of this team..." she says.

"Trying to explain to my kids aged 5 and 8 was quite difficult, telling them what the liver is... but step by step you make them aware." **Listen to podcast here**.

Little Hep B Hero

Shines spotlight on community Issues for Chinese Victorians

Victoria's Chinese-speaking community is disproportionately affected by chronic hepatitis B (CHB), and the embedded social stigma and discrimination surrounding hepatitis B is one of the major reasons Chinese-Australians living with CHB shun diagnosis or disease-management.

Sustainable core funding and empowered-community co-designed and driven approaches are required to tackle this preventable disease for Chinese migrants across all generations in Victoria.

Hepatitis Victoria has been actively pursuing ongoing engagement in hepatitis B prevention and health promotion programs with influential Chinese stakeholders for several years. For instance, in 2014 we engaged and collaborated with the Australian Chinese Medical Association of Victoria (ACMAV) and the 3CW Chinese Radio Station (of OSTAR International Media Group). In 2015, we began an outreach initiative with the Xin Jin Shan Chinese Language and Culture School (XJS) starting with a Mums-to-B & B Understood project.

These activities cultivated trust, and developed strong stakeholder relationships that helped our *Little Hep B Hero* project secure the full-support of the three stakeholders for the successful Chinese launch event in late April.

Art competition inspires illustrator

A children arts competition at the XJS main campus was held between June and September 2017. It started with an information session about hepatitis B and liver health designed and delivered to parents and children aged between 4 and 12 on weekends. Teachers helped collect the children's artwork that reflected on their learning and understanding about hepatitis B and the liver.

These artworks subsequently stimulated inspirations for illustrator and animator Ms. Adil Soh-Lim to design the main characters in the illustration and animation work of the *Little Hep B Hero* project.

The Chinese launch event activities were planned and discussed from early November 2017 with the stakeholders in coordinated meetings, WeChat group-discussion and email communication, with constant reviewing before the plan was finalised, in March 2018.

Meanwhile the Simplified Chinese translation of *Little Hep B Hero* was cross-reviewed and proofread by over 30 relevant community-supporters – including a NAATI accredited professional translator, Chinese language teachers, a community essayist, public health and social work professionals, and most importantly Chinese families – both parents and children.

These collective community-driven efforts led to a successful Chinese launch event on Saturday 28 April at the XJS main campus in Mt Waverley, where over 300 Chinese language school students, teachers, parents and general Chinese members of the public excitedly witnessed the inaugural launch of the *Little Hep B Hero* book in Simplified Chinese. The following day, another group of over 120 students and parents joined in an educational book-reading and animation-viewing session to learn how to utilise the tool to discuss hepatitis B within families.

To summarize, the launch celebrations for the *Little Hep B Hero* project within the Chinese community in Victoria were fun and meaningful. People were called to take action and these sentiments were embedded in a Hepatitis Victoria volunteer Annie Tan's comments when she said;

"...a good role-model is like Rosa in the book; people living with CHB are encouraged to work closely and collaboratively with their doctors, developing and following an individualised CHB-care-and-management plan"; and as stated by the representative of the ACMAV Dr. Robert Chen, a well-known Chinese gastroenterologist at St Vincent's Hospital, when he emphasised in his talk;

"...in Chinese traditional culture, nothing is more important than family. People often say hepatitis B is family business, today I would emphasize hepatitis B is also the community business for Chinese, I urge the need to provide more care and support to people living with hepatitis B within their family context and within the Chinese community context."

A total of 1020 Chinese *Little Hep B Hero* books were offered to the XJS and its Chinese library in Mt Waverley to further distribute and raise awareness within the Chinese community in Victoria. The children-program staff of 3CW Chinese radio station (of OSTAR International Media Group) will also follow up with XJS to produce a children's radio program of the *Little Hep B Hero* story in Mandarin, that will be broadcasted across Victoria in mid-June. **Listen to podcast here.**

Hepatitis B

Raising awareness of hepatitis B in Melbourne's north

Meg Perrier, Hepatitis B Outreach Project Officer is running an innovative joint project mobilising the community with Cohealth and the Wingate Avenue Community Centre in Ascot Vale, in Melbourne's north, both to raise awareness about hepatitis B, and to get people who might be at risk treated.

"For those born overseas, more often than not they were born in countries with high rates of hepatitis B," she says in a **short podcast** from Hepatitis Victoria.

The project at Wingate Avenue has introduced an education program about the condition that has led to the testing of 80 community members, many more than Meg and her team had anticipated, "... a very welcome outcome," Meg says.

"Each community has a different understanding of what health is, and as hepatitis B is a 'silent' disease, the illness can reside until it manifests as liver cancer and by then it is often too late," she says.

"It is very hard to communicate the need for people to pay attention and be aware of something that is not immediately affecting them," Meg says.

Earning the respect and trust of the various cultural and linguistic groups at the centre has taken time, but through this process Meg and her team have learnt how different groups approach healthcare and treatment.

The Adult Migrant English Program offered by Wingate Avenue helps people, whose primary language is not English, to learn the language and navigate the workforce and health sector. Hepatitis Victoria is implementing its education program around the work Wingate is already doing.

Meg first introduced healthcare education sessions which were reasonably well attended. The second stage was to hold outreach clinics.

"The idea was to provide some appropriate and sensitive information to the groups firstly, so they could walk away and make an assessment, but we couldn't have done it alone," says Meg.

"The support we have received from cohealth -a community-based organisation with extensive experience with minority and refugee/asylum seeker background- has been crucial.

"They are a culturally aware and sensitive healthcare provider," Meg says,

Three exceptional doctors from cohealth came on board to give blood tests to those at risk, assisted on the day –held in March- by volunteers from Hepatitis Victoria and Wingate Avenue.

To test 80 people was "...incredible for a day's work. We were expecting closer to 50 people so 80 was above and beyond," Meg adds.

Ensuring the key messages about hepatitis B were fully conveyed was vital to the success of the project.

"There was a lot of back and forth, and work to ensure the materials we were producing gave the students a good understanding of hepatitis B, but through this program there have been many lessons learnt –a full evaluation will give us evidence about how we can take the program forward and possibly implement it elsewhere".

What's next? "Going through the results to see who needs to be immunised and who might need treatment and help," Meg says.

Listen to podcast here.

Hepatitis awareness in Sudanese community

Raising awareness with Noon Juba and Akuot Tebir

Noon Juba and Akuot Tebir are graduate volunteers doing research into awareness of viral hepatitis in Sudan and in Australia's South Sudanese community.

Their fascinating study probes the attitudes and perceptions and if those approaches have carried over into the growing South Sudanese community in Australia.

"There's a massive lack of knowledge... a lot of people confuse hepatitis with HIV," Noon says.

South Sudan has a high prevalence of both hepatitis C and hepatitis B – the World Health Organisation states prevalence at 5.6% for hep C and 8.18% for hep B – see link.

The data is thin but an estimated 16-20 percent of the population has been exposed to the virus.

"We looked at literature reviews, videos and other materials...and I started talking to my family about it..." Noon says.

They looked at one study that examines the barriers the community faces in accessing the Australian health system.

"Some of the barriers faced by Sudanese in Australia include literacy levels..." says Akuot.

"There is a lack of health facilities in Sudan and many new migrants still carry that mind set."

And sadly, stigma against people with viral hepatitis is also part of that mind set.

Lack of screening and low immunisation rates are two obvious reasons why there is such a high prevalence of hepatitis B in South Sudan.

"One of the most common routes of infection is mother to child," says Akuot. "Many mothers don't realise they have it, so they transmit hepatitis to their kids... also, there are not many infant immunisation doses available."

With the average Sudanese family having 6, 7 or even 8 children, a large number of infants are at risk of contracting hepatitis B.

Both Noon and Akuot believe breaking the barrier to diagnosis and treatment lies in raising awareness.

"Many people don't know it's a public health issue, so we need to teach why it happens, how it happens and what you can do about it," says Akuot.

"Many won't seek help until it affects their functioning in everyday life - they don't know it is as serious or as prevalent as it is..." adds Noon.

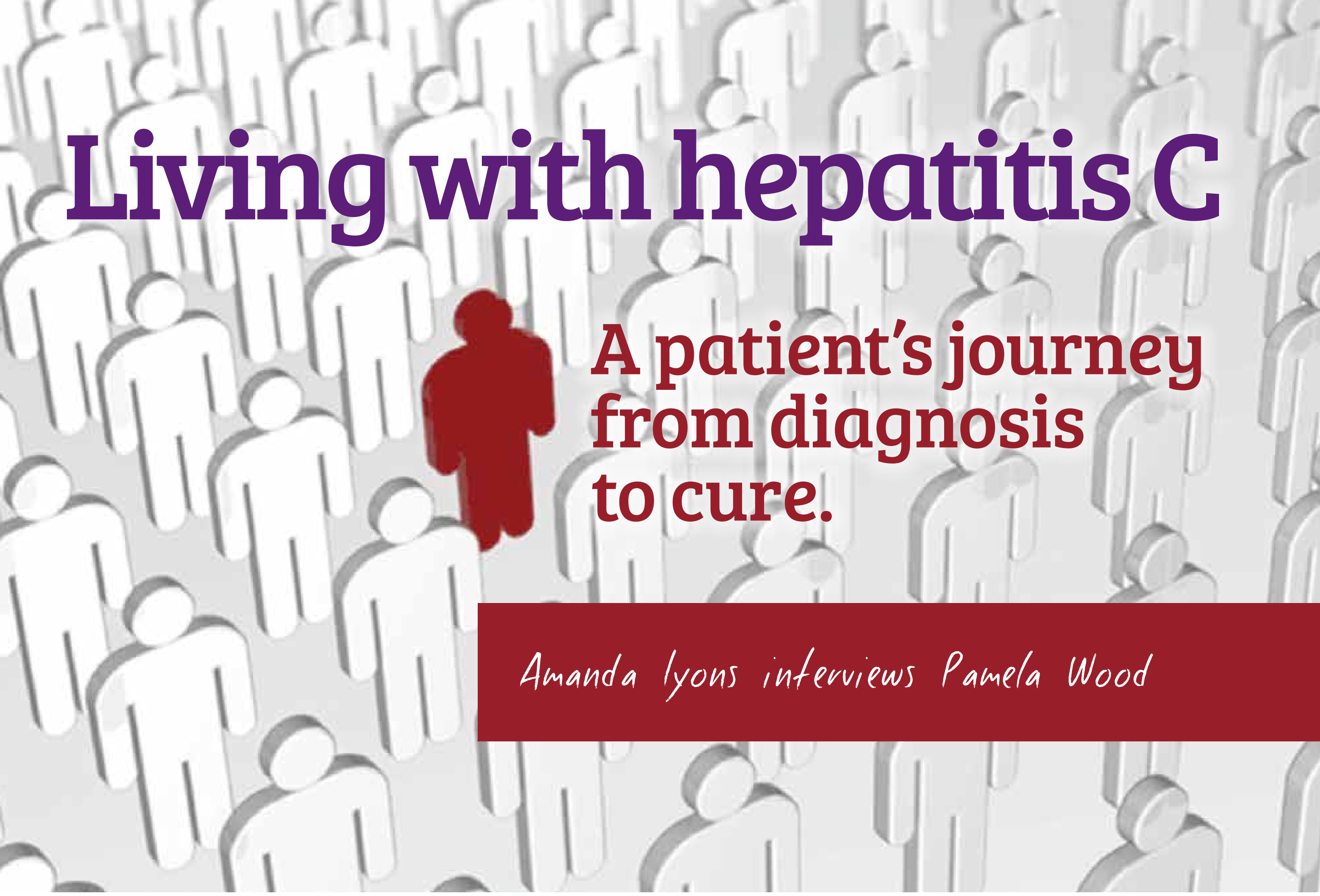
The researchers have suggestions about how best to get the message to the Sudanese community in Australia.

Akuot says social media and videos would help as, "...people don't have enough time, they want messages summarised and crafted for low-literacy and language accessibility."

Noon suggests Hepatitis Victoria and other health agencies use associations that already exist in the Sudanese community.

"I think it is the best way to access a lot of the population with very minimal effort," she says.

Listen to a short podcast with Noon and Akuot and take a look at their presentation.



Living with hepatitis C

A patient's journey from diagnosis to cure.

Amanda lyons interviews Pamela Wood

THE INTERVIEW

Pamela Wood has lived much of her life as a person with hepatitis C, fighting stigma from the world outside – but also from within herself.

She has found anyone can be living with hepatitis C. 'I know psychiatrists, psychologists, musicians, lawyers, all sorts of people with hepatitis C. It could be anybody,' she said.

As a mother of four Pamela has worked in various industries, including helping to run a family business. These days, she describes herself as looking like 'a fairly ordinary little old granny' who enjoys her retirement and spending time with her grandchildren.

She is also enjoying a life free of hepatitis C, a disease with which she lived for many years. Pamela has now been cured of hepatitis C with treatment by direct-acting antivirals (DAA), via compassionate access from a drug company before the treatment was listed on the Pharmaceutical Benefits Schedule (PBS). Support from her GP during the process was instrumental.

Pamela's diagnosis was delayed due to her own feelings of stigma and shame.

I knew I hadn't been well for some time, and that something wasn't right. My GP just kept saying things like, 'You've got four small children, no wonder you're tired', and I'm thinking, 'Yeah, but I fall asleep at four o'clock in the afternoon'.

He was also my children's doctor and a local doctor in my community, so I thought I would go and see someone else. I told the new doctor, 'This is how I've been feeling', and he suggested running some blood tests.

He then talked to me about my background and risk factors and things like that, and I had to confess I had used intravenous drugs when I was younger, for a very short period of my life when I was 17. I wouldn't have disclosed that to my family doctor at the time.

He suggested a hep C test, and I said, 'I want to think about it for a while', and I did – for two years. Eventually I started to feel much worse so I did go back and have the test and yes, I was hep C positive.

Diagnosis turned her world upside down.

Everything else in the world was just the same; I still had four children, a husband, a business to run, school committees, all these other things that I was involved with. But my life felt very defined by that small period of time when I injected drugs.

So I punished myself, constantly, for a while. I didn't tell anybody, not even my family, when I was first diagnosed. I was just so ashamed and guilt-ridden, and felt like a fraud, that I'd been pretending to be this other person when in reality I was this horrible person who'd taken drugs.

Telling her family was very difficult.

My husband was shocked and didn't quite know what to do with the information, to start with. It did change the relationship a little bit, although that sorted itself out eventually.

I was able to get my children tested when they were young and they didn't have it. So in that respect they were covered, but it took me a long time to tell them.

I just about had a nervous breakdown when

I did tell them, I had put it off for so long. But they just said, 'Oh thank God, is that all it is'. They thought I was going to say I was dying of cancer, because I had had lymphoma previous to that, as well. That was what they've been worrying about, and I could have put them out of that agony.

So it was a great relief, in the end, to finally tell them. All the secrecy could stop, and once it was out and open, it was great.

My fear of judgement was probably greater than the actual judgement.

> I punished myself, constantly, for a while. I didn't tell anybody, not even my family, when I was first diagnosed.

Stigma meant Pamela was cautious about in whom she confided.

I was careful about who I told; I didn't tell people I worked with, for example. So I guess by being selective, I did avoid hurt.

A part of my fear of telling my children was that they would tell everybody. Once I'd told them, it wasn't my information anymore, I had no control over it. They were still at school locally and weren't aware of how cruel people could be about things like that.

So many people with hep C have never told their family. I know how hard that is, the fear of not being able to see grandchildren and things like that.

Pamela experienced significant stigma within the health system

I have very difficult veins and once when having a CT scan, the anaesthetist was putting in the cannula without any gloves on. There was blood everywhere and I had to say, 'Please be careful because I have hep C,' and he just went off and started yelling that I should have told him before, and how could I put him at risk.

I'd love to have had the courage to say, 'It's not my responsibility to protect you, that's why we have precautions'. But, of course, you don't, you're already feeling intimidated laying on a table half-naked and going into a machine that's going to change your life with the results, one way or another.

Stigma did not end after being cured of hepatitis C.

When I was going for surgery recently, the surgeon wanted to change the plan when he found out I had hep C. He was an older surgeon and had not been updated, and was quite convinced I was still infectious because I was antibody-positive.

I thought, 'We could have a long argument here, but I think I'll just decide not to do this', and left.

Like many fellow hepatitis C patients, Pamela has come to hate 'the question'

Usually stigma is much more subtle, though. You tell people you have hep C and you see the rolling of the eyes. The next question is nearly always 'How did you get it?' I always think, 'I'll lie, I'll tell them it was a blood transfusion or something', but I can't, that's not right. So I'll tell them and quite often there's a subtle change in the way that you're treated and how people react to you.

I know a lot of people with hep C, and it's something they hate as much as I do. Because the moment people ask that question, they're making a judgement, that's how it feels – they want to judge me for how I got this, to know whether or not I'm a worthy person.

You always think you'll be strong and it won't matter, or you'll have a witty comeback, but I don't, I just do the same little melt, 'Oh, I got it from drugs'. Then I go into pathetic mode and probably miss most of the consultation.

I have been told that it's a valuable part of collecting a social history, but I don't know that it is, this far on. If I was currently using, maybe. But that's a different question – ask me that, if that's what you want to know.

So I do have a problem with the question, because I don't think there's worthy hep C patients and unworthy ones, just people.

Pamela found support from her GP instrumental during the process of being cured via treatment by direct-acting antivirals (DAA)

My GP was invaluable in helping and keeping an eye on things. We had a good relationship, I trusted her and she trusted me. So when I went in and said, 'I don't know whether there's something wrong with me or if I'm just being neurotic about this medication', she was able to say, 'No, I don't think it's going well, let's do some blood tests'.

And she did, and there were some problems. It was the fact that she knew me that made that difference.

I can't emphasise enough the importance of having a good working relationship with a GP, and one who was confident to work with the hospital when things weren't going well. Because with these new meds, one of the things that they tell you is there's hardly any side effects, so when things started going wrong, I thought it was in my head. But I had a rare side-effect that was easily dealt with when it was brought to their attention at the hospital.

Life after hepatitis C has been a revelation.

> It just took such a long time to sink in – I believed for so long you couldn't cure this disease.

It just took such a long time to sink in – I believed for so long you couldn't cure this disease. They had to give me a print-out of my test because I needed to see it in writing.

There was also a little bit of shock which I thought was nuts, but a lot of other people I've spoken to have said the same thing. I've lived knowing I've had this for so long, who am I now?

I had to do another little readjustment in my thinking, to take it out of my life. That was a weird feeling I hadn't expected.

Continued over page >

But in terms of not being infectious, I had no idea how much that had worried me, subtly. I remember going to the dentist and smiling, because I knew I couldn't infect her no matter what she did. And it was then I realised what a relief it was. That was wonderful.

There are some things Pamela would like GPs to know from her experience as a patient with hepatitis C

People don't tell because they're afraid. We're already judging ourselves, we don't need anybody else to judge us.

We're already judging ourselves, we don't need anybody else to judge us.

And those people who are still using [intravenous drugs] need to be able to tell you that and feel comfortable to have those conversations, because they haven't always been treated well within the health system.

If you have a good relationship with your patient, it's like treating anybody else. And treating somebody with hepatitis C who doesn't have complications is so simple now, like managing diabetes, except you've got a cure.

GPs have this opportunity to treat people and cure them, and hopefully eliminate the disease. This is an amazing thing.

Visit Hepatitis Victoria's web page on stigma and discrimination to learn more about the stigma faced by Pamela and other patients with hepatitis C.

The article was first published on the RACGP's newsGP and is reproduced with its permission

www.racgp.org.au/newsGP/Professional/Living-with-hepatitis-C-Before-and-after

The ongoing fight against stigma

The stigma surrounding viral hepatitis remains a major challenge to affected people. It stops them talking about it and engaging with effective treatment, testing, and precautions. Viral hepatitis, particular hepatitis C, is commonly associated with drug use, and people living with it can be unfairly tarnished as 'irresponsible' or 'not worthy of treatment'.

Healthcare settings are one of the most common places for stigma and discrimination to occur. Many healthcare workers don't fully understand how the virus is transmitted and this generates fear and exclusion. Self-stigmatisation among people living with hepatitis is also not uncommon, leading to isolation, loneliness, and challenges with one's identity.

Jack Gunn, the stigma response coordinator at Hepatitis Victoria says that "joining together, sharing experiences, and starting the conversation is the best way to stand up to stigma and break the silence".

The goal of Hepatitis Victoria's *Stigma Stories campaign* is to do just that. The project involves a series of short videos featuring accounts of individual experiences and perspectives of living with hepatitis. Videos released so far have shared stories about discrimination in the health system, but have also featured positive experiences of people who have received support from family, friends, and colleagues after disclosing.

"We hope that this campaign will help people understand what it's like to live with hepatitis and encourage those who do to talk about it. Everyone living with chronic hepatitis in Australia has the right to fully benefit from the quality treatment and care options available".

Stigma story 1 – A dentist

Stigma story 2 – A visit to the hospital

Stigma story 3 – 'Health is health'

Stigma story 4 - Now available

Love Your Liver

Our heartfelt 'Love Your Liver' campaign goes regional.

Following the successful launch of the campaign in the north-western suburbs of Melbourne at the end of 2017, *Love Your Liver* is being rolled out progressively in Shepparton, Dandenong, Frankston, and Moe over the coming months. It will then be released in Brimbank, Maribyrnong and Mildura next year.

"*Love Your Liver* aims to break down the fear and misunderstanding surrounding hepatitis B and hepatitis C, and ram home the message that people living with viral hepatitis can lead happy, healthy lives", said Melanie Eagle CEO Hepatitis Victoria.

"We are using a number of different channels to raise awareness. In Shepparton, for example, there are radio commercials and ads in the local paper as well as a social media campaign," she said.

Combined with our HEPReady® Regional Workshop in mid-June the goal is to get people thinking about their livers and the importance of loving this vital organ for better health.

"The campaign, funded by the Victoria's Department of Health and Human Services, couldn't come too soon for Shepparton as the evidence shows viral hepatitis is a very serious problem in the region," Melanie said.

According to the Doherty Institute's National Mapping Project Report 2016, 0.76% (nearly 1 per cent) of the population in Shepparton is living with hepatitis B compared to 0.57% for the rest of the Murray Primary Health Network region. The rates of treatment uptake and care are also very low.

The situation for hepatitis C is even more grim, with 1.44% of the Shepparton population living with the virus compared to 0.98% in the Murray region, with only 11.3% taking up treatment compared to 18.1% for the Murray region as a whole.

"The campaign aims to encourage people to have conversations about liver health with their family and friends, so that they take positive steps to manage their health. Those steps include thinking about their risk factors, talking to their GP, and if necessary getting tested for hepatitis B and/or hepatitis C," Melanie said.

There is a vaccination against hepatitis B, and while it can't be cured, with proper care and treatment, people with hepatitis B can live[r] well.   Hepatitis C can now be cured – and there are a range of new treatments available under the PBS.

"Viral hepatitis is not the death sentence it once was and yes, it is a serious condition, but diagnosed and treated in a timely manner, it need not have a serious impact on people's lives," Melanie said.

Hep Hero

Kimberley Yu

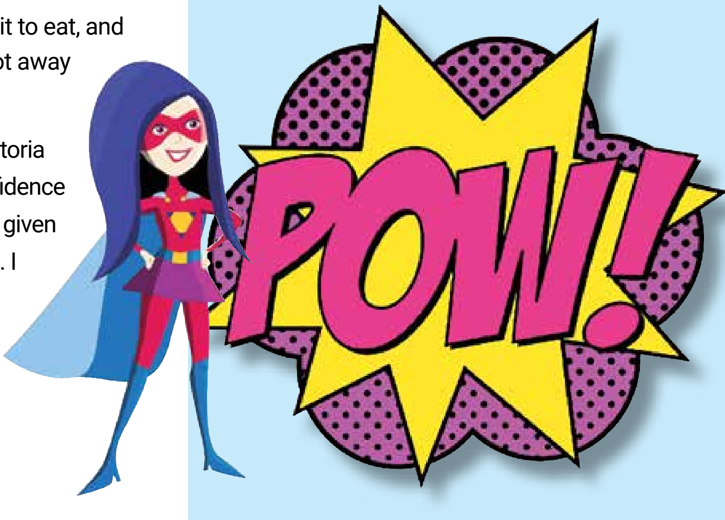
Growing up in the Philippines, hepatitis was always something your parents warned you about, along the lines of “don’t eat street food, you’ll get hepatitis”. I don’t remember ever being told what hepatitis was, so I just assumed it was a strain of gastro and avoided street food.

It wasn’t until I moved to Australia and started a public health degree that I learned all about the various communicable diseases, how they’re spread, and the ongoing stigma attached to people living with them. Learning about the kinds of stigma attached to diseases such as HIV/AIDS and hepatitis was a shock, because they forced me to confront the prejudices in the society I grew up in. I didn’t personally know anyone with viral hepatitis when I was growing up, but hearing stories of people who had been ostracised and attacked made me wonder what I would have done if someone I knew was treated that way.

Of course, these attitudes aren’t exclusive to Southeast Asia. Stigma against people who contract diseases that are closely associated with marginalised groups such as drug users and sex workers (we can talk about how wrong it is to judge these groups of people another time) exist everywhere, even in the most politically “awake” areas of Melbourne. It’s important to raise awareness and have conversations with people, because ignorance is the opposite of bliss.

I signed up to be a volunteer with Hepatitis Victoria a little under a year ago because I wanted to start these conversations. I’ve since found myself handing out leaflets at the Lunar New Year festival in Springvale, posing next to a giant liver-shaped cushion/mascot named O’Liver, and planning exciting events such as Hepatitis Victoria’s 25th birthday party last year. The work I’m most proud of has been helping to organise the recent English-language book launch of *Little Hep B Hero* in Brunswick. The group of parent-authors clearly put their hearts into writing the story, and I was thrilled to work with Hepatitis Victoria staff to make their book and the accompanying animation reach the widest possible audience. I learned a lot from the experience and got to work with some great people, but most of all, I learned how to organise an event that involves small children - give them something to colour, some fruit to eat, and keep the giant cushion/mascot away from them.

Volunteering with Hepatitis Victoria has helped to develop my confidence and communication skills, and given me the space to try new things. I would encourage anyone with an interest in public health or in doing some good in the world to sign up to be a volunteer as well.

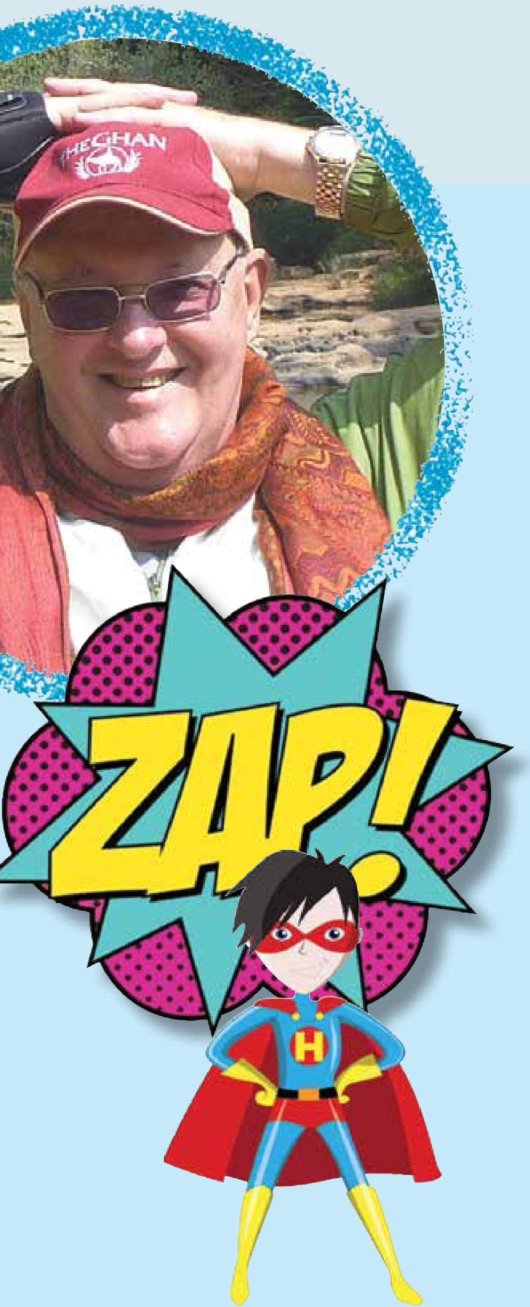


Hep Hero

Lachlan Riches

I am an immigration lawyer and registered migration agent who has acted for clients with viral infections including chronic hepatitis for many years, and have recently assisted in the creation of professional and community information brochures providing practical assistance to those seeking Australian migration visas to meet the health requirement under Australian migration law.

I was born in Melbourne, educated at Monash University with Bachelor of Economics (1970) and Law (1973) with Master of Laws (1976). I was admitted as a barrister and solicitor (Victoria) in 1973 and have worked as a lawyer and adult educator since, with many years as a trade union official (member ACTU Executive 1991-3). I am currently a consultant with Taylor and Scott Lawyers Sydney (formerly a partner)



and to the Migration Institute of Australia as lecturer/trainer for a range of professional development courses and programs.

Australia has a significant health issue (disproportionately affecting migrants and migrant communities and Indigenous Australians) with a major lack of community awareness of the scale of the issue and the assistance that is available to those affected. It is particularly distressing for me to see many otherwise well qualified potential migrants being caught up in the migration system without knowledge of the implications of chronic hepatitis on their prospects and ways in which their chances can be maximised.

My Message To Others:

Knowledge is empowering!

Hep Hero

Aye Aye Khaing

I am passionate about health education to increase knowledge and change attitudes and I want to be part of a team which paves the way to eliminate viral hepatitis.

I was born in Myanmar, where I did my Bachelor of Medicine and Bachelor of Surgery. After that, I began a Master of Public Health in Bangkok, Thailand. As soon as I graduated, I joined World Vision Myanmar as a Technical Specialist tackling Malaria.

After passing through a number of project cycles, I was promoted to the position of project manager for that project. I had been working in World Vision Myanmar for 2 years, and then I joined Community Partners International in Myanmar as a program Manager for Malaria Programs till mid-2016.

Hepatitis B and hepatits C have high prevalence in Myanmar but awareness is diminished disproportionately. Meanwhile, Australia is trying to eliminate viral hepatitis and no community should be left behind if we are to achieve that goal. I am endeavouring as best as I can to give informed health education and raise awareness of the disease in the Myanmar and other CALD communities.

Hepatitis is manageable, treatable but a stigmatised disease -it can cause serious outcomes like liver cancer, cirrhosis of liver- unless treated properly. Hence, it is crucial to raise knowledge, change attitudes and practice towards viral hepatitis in order to reduce transmission, stigma and discrimination.

My Message To Others:

Participation is really important. Take on a role and we can create a better world!

Cheers Volunteers!

A fun filled evening of lawn bowls at Brunswick Bowling Club

A great night of fun, laughter and celebration was enjoyed by many of our wonderful volunteers, plus many HEP Heroes on May 7 and significant bowling talent was discovered too! Volunteers were presented with a commemorative mug decorated with the immortal words: *Love Your Liver: One coffee at a time*

Here are some images and voices from the night:
Volunteer highlights over the past year

- **Steven Taylor winning the Minister for Health volunteer award in 2017**
- **15-20 volunteers assisted our health promotion staff with the LIVERability Festival in 2017 spanning the CBD, south east and west of Melbourne**
- **Stephen King participated in the University of Melbourne's blood exhibit donating his own blood and participating in media interviews**
- **Three of our HEPSpeakers participated in the Stigma and Discrimination Forum in December 2017**
- **Our 59 active volunteers have contributed 307 hours since the beginning of the year.**

Dr Nicole Allard, Vice President Hepatitis Victoria speaking at the event:

"Volunteers are so much at the heart of what Hepatitis Victoria does, there are many past volunteers who are current staff members, the volunteers give time, thought and energy and it is so appreciated. Volunteers also include the Board... the diversity of people and backgrounds has increased, and it's very heartening to see that. Thank you to all of you who volunteer, it's just so essential."

Andree Dolby, volunteer since August 2017, gave a rousing and well-received speech:

"When I was told I would be speaking I said; 'let's just do a poem or a song', so I started thinking of the words, but I didn't get that far...
I had things like:
"We applaud you, we adore you...
- then I had some chorus that went something like:
The peoples of Hep Vic are good and outrageous,
They educate and advocate how to manage things contagious!
"- You're probably blessed that I didn't go there!"

"Hepatitis Victoria is organised, consistent, with clear boundaries so it is quite professional and you can partake in a range of tasks... such as the promotion of World Hepatitis Day and the recent launch of the Little Hep B Hero book which was very interesting..."

"I started volunteering last August. I did some training and within days I was in the Bourke Street Mall dressed as a giant liver. But the really good thing about that giant liver is that many people have been that giant liver, and many people have done heaps of different stuff for Hepatitis Victoria and they have supported all the different departments, advocated and educated at different levels. Volunteers have been absolutely phenomenal, so I just say, 'tell your friends, bring them along, hepatitis does adore you and does applaud you!'

Kate Sievert, Community Participation Coordinator and organiser of the event:

"Volunteers get a range of opportunities when they volunteer for us; work experience, an opportunity to give back to the hepatitis community...the range of programs and opportunities is quite diverse, you can work in admin and research support, you can contribute by going out to festivals and working with our educators to raise awareness... and you can participate in the various support services.

"There's a lot you can do and a lot you can gain... there's no one type of volunteer, we have people from all walks of life and cultural backgrounds, all different age groups, we've got students we've got people who are retired... it is very hard to profile the typical Hep Vic volunteer to one type."

"If you are wanting to work with motivated people who want to share an important message and to gain experiences you might not get with other organisations, then give us a go!"

Owen Vickery – did an 8-month placement focusing on stigma and discrimination:

"The variety of work at Hepatitis Victoria is quite broad, I worked on hepatitis B prevention and with homeless individuals doing onsite fibro-scanning for example.

"The deliverables the organisation is expected to provide are large, there was a lot of offsite time with colleagues working in the community and I found that good.

"Definitely volunteer as the broad range of possibilities there are and the people you network with gives an invaluable understanding of the sector."

Wen Wen – graduate social work student-volunteer from Beijing:

"I will find out what I can do with Hepatitis Victoria and incorporate what I learn about social work into my theory and practice, I am enjoying my volunteer experience very much..."

Junda Huang – student-volunteer from southern China:

"I am volunteering to spend time with the community and working with the organisation I will be able to disseminate knowledge about hepatitis to different groups, which will be totally beneficial to the entire community, so I think it is not only very meaningful, it's also fun for me! All the staff are very friendly and supportive and it feels like a family collaborating with each other, and this is very meaningful."

Madeline Hills – a volunteer, pharmacist, Olympic athlete and HEP Hero:

"I want everyone to be able to optimise their health. That's part of my motivation to volunteer with Hepatitis Victoria and the Victorian AIDS Council.

"I started to volunteer at a time when all I felt I was doing was running. It was just after the Olympics and I had been doing 6 months of just running –it was a real luxury and I was in the position that I could do it- but I felt it was all about myself, and so I wanted to find something else to do during the day that wasn't just about me. And if things weren't going so well with running I had something else... I think Hepatitis Vitoria gives you the opportunity to be involved as much or as little as you like... whatever amount you can afford, I certainly found it really rewarding."

Kathy – volunteer since 2014:

"I get involved with the mail-outs and other group activities...I love doing volunteer work with Hepatitis Victoria because it educates me about my hepatitis and how it should be prevented. It is a common disease and if you become a volunteer (it will help) you become aware and more conscious of your wellbeing."

Why we do what we do:

Community participation programs.

Hepatitis Victoria runs a number of community participation programs that not only raise awareness and tackle stigma, they also have the important function of bringing people living with hepatitis together, allowing them to share their experiences, gain knowledge and find peer support.

HEPSpeak: Personal stories

HEPSpeakers are a highly dedicated and diverse group of people who help educate the wider community about the various issues of living with hepatitis B or hepatitis C by telling their personal stories.

"**HEPSpeak** might be of interest to two groups of people; potential speakers who would like to explore the process of sharing their story and organisations who might find having a **HEPSpeak** presenter at their event helpful," says Kate Sievert, Community Participation Coordinator.

All **HEPSpeakers** have been given training to improve their presentation skills and as a result they are able to hone the content of their presentations to suit widely different audiences. HEPSpeakers present at conferences, training workshops, health worker education sessions and at schools.

HEPSpeak training workshops are held twice a year and require advanced booking.

To book a **HEPSpeaker** for an event, visit our website. www.hepvic.org.au

HEPHeroes: Facing down stigma

There are more than 50 HEP Heroes, and they are drawn from all walks of life. There are students, people with lived experience, health workers, researchers and even a Nobel Peace Prize winner. Kate says it is a 'distinct program' that has particular value for those living with viral hepatitis who feel isolated.

"To go on the website and see a massive group of people, photos, names, publicly saying they live with hepatitis or know someone with hepatitis, or they work with people with hepatitis, who are pledging to play a part in ending stigma and discrimination, which makes people feel supported and assured," she says.

HEPConnect: Program

The HEPConnect team is a group of people with lived hepatitis experience, who provide peer-support one-on-one over the phone—the only hepatitis support service of its kind in Victoria that provides support from a personal experience point of view.

Topics range from starting the new hepatitis C treatment, hepatitis B treatment, cirrhosis, liver transplants, and other myriad issues that can arise.

"You can call up the Hepatitis Infoline if you are unsure about starting hepatitis B or hepatitis C treatments and speak to someone who has been through the same experience… they have been through all of that –the feelings of confusion—before. The service is especially important if you are feeling isolated or don't know anyone else who has hep B or hep C… we recently paired people with visa issues who both have hep B…" says Kate.

The volunteers who work the line benefit too, as people like to know they have helped somebody else at a different stage of their condition. **HEPConnect** allows them to do that "…as they have been through it all before," says Kate.

HEPConnect calls can be arranged through the Hepatitis Infoline—1800 703 003.

Community Advocates

Community Advocates of Hepatitis Victoria undertake a range of initiatives to advocate on behalf of people affected by viral hepatitis. Previous activities have included letter-writing campaigns and consumer consultations about hepatitis-related government policies.

Community Advocates with lived experience of viral hepatitis may often be called upon for consultation for resources, for program development, external research, and meetings with local, state and national politicians.

Volunteering:
Cheers Volunteers!

There are presently 59 volunteers with Hepatitis Victoria (see separate article) who come from an array of backgrounds and fill many gaps our limited resources would otherwise leave empty. The skills and enthusiasm the organisation and community receives from volunteers is extraordinary. Volunteers help Hepatitis Victoria in health promotion activities, events, conducting scoping reports, and general administrative assistance.

Read more about volunteer Kimberly Yu who is profiled as a **HepHero** on page 16 in this edition of *Good Liver*.

Hepatitis B community engagement and education

Vietnamese peer educator/ facilitator training

This work is supported by a Hepatitis B Community Education Project grant through

Hepatitis Australia, funded from the Australian Department of Health under the BBV/STI Prevention Program. As part of the Vietnamese in Conversation project – five Vietnamese peer-educator training workshops were conducted between December 2017 and May 2018.

Five Vietnamese peers were successfully trained to take the lead in wider Vietnamese awareness-raising and community education activities.

Chinese peer educator/ facilitator training

This work is funded by the Australian Chinese Medical Association of Victoria and Melbourne City Council. In February, the first Chinese peer educator/facilitator training workshop was organised for a group of candidates to support them to become peer educators/facilitators to organise and deliver community hepatitis B educational sessions. This was part of the implementation activity of the Chinese community coalition project. The trainees included Chinese community advocates and current postgraduate students from the University of Melbourne.

Vietnamese peer educator/ facilitator training

Chinese peer educator/ facilitator training

Digital technologies reaching the community

Hepatitis Victoria's official WeChat account was launched in late March 2018. WeChat is a very popular Chinese social media channel. People can follow Hepatitis Victoria on WeChat by scanning the QR code on the left, to stay tuned for the latest Chinese-community-orientated programs/activities/ campaigns of viral hepatitis B prevention.

Stigma, hepatitis B and social media

Hepatitis Victoria is now utilising social media and podcasting in a dynamic way to raise awareness and reduce the issue of stigma and discrimination often associated with hepatitis B. Our latest campaign, titled 'Stigma Stories', is a 12-part series of creative short videos that are released on a monthly basis. The videos feature individual experiences of hepatitis-related stigma and discrimination, the consequent impact, and suggestions on how we as a community can address the issue. Featured speakers have told of negative experiences in healthcare settings and feelings of shame and exclusion from families. The campaign has produced significant increases in community engagement across our social media reach with unanimous positive feedback. Importantly, it has also given our valued participants the opportunity to speak out and spread the message.

Stigma, hepatitis B and social media

A visit to the Hospital: a #StigmaStops story

Hepatitis Victoria

Djirra's Sisters Day Out

Doing it for themselves!

Djirra is the Woiwurrung word for the reed used by Wurundjeri women for basket weaving. Traditionally, when women gathered to weave, important talks took place and problems were solved. Djirra symbolises Aboriginal women today, still coming together to share stories, support each other and find solutions.

Hepatitis Victoria supports the wonderful work of Djirra across Victoria to assist Aboriginal and Torres Strait Islander women to speak about violence and break down associated stigma and we join with other health organisations including Diabetes Victoria and the Cancer Council to provide accurate on-the-spot health information at their Sisters Day Out events.

"*Sisters Day Out* is an early intervention prevention program that reduces family violence through building resilience and self-esteem among Aboriginal women who are vastly over-represented among victims/survivors of family violence," said Kelly Faldon, Manager, Community Engagement for Djirra.

Sisters Day Out **is an early intervention prevention program… building resilience and self-esteem among Aboriginal women**

In comparison with non-Aboriginal women, Aboriginal women across Australia are 32 times more likely to be hospitalised and 10 times more likely to die as a result of violent assault. In Victoria, reports of family violence against Aboriginal women have almost tripled in less than a decade.

"*Sisters Day Out* is designed ***for*** Aboriginal women ***by*** Aboriginal women and it allows Djirra to take our services to Aboriginal women," said Ms Faldon.

"Through *Sisters Day Out*, we create a safe and welcoming space for women to come together, talk about these issues and get the support they need… we offer pampering and cultural activities as well as a range of important services, including counsellors, lawyers and key local community organisations."

Ms Faldon said the presence of a variety of organisations at *Sisters Day Out* such as Hepatitis Victoria, means Aboriginal women can access a range of support under the one roof.

"We have received a lot of positive feedback from mainstream organisations who say *Sisters Day Out* allowed them to reach clients who would not ordinarily access their service," she said.

Sisters Day Out builds trust between the Aboriginal community and mainstream organisations and helps mainstream organisations learn how they can better support Aboriginal women.

Since November 2017, Hepatitis Victoria staff have attended *Sisters Day Out* events in Morwell, Shepparton, Footscray, Wodonga, Bendigo, Yarra Glen and a *Sisters Day IN* at Dame Phyllis Frost Prison.

According to the most recent Kirby Institute 2017 data, it is estimated that 5.4% of Aboriginal and Torres Strait Islander people are living with chronic hepatitis B (compared to 1.8% in the non Aboriginal Population). For hepatitis C, Aboriginal and Torres Strait Islander communities are 3.8 times more likely to be diagnosed than the non indigenous population. However, these figures are likely to be understated. The actual number of people affected by hepatitis is estimated to be far higher with many agencies such as Victoria Aboriginal Community Controlled Health Organisation quoting figures closer to 11% or higher.

"This is certainly the experience of educators working at *Sisters Day Out* events with many of the women having some contact with a family member, friend living with or having cleared the disease," said Anne Roseman, Health Promotion Project Officer with Hepatitis Victoria.

"There is strong evidence for this with our work in custodial settings where people entering prison are 28 times more likely to be living with hepatitis C," she said.

Research: Professor Sharon Lewin

Data mapping in the fight against viral hepatitis

The WHO Collaborating Centre for Viral Hepatitis Epidemiology (the Centre), and the Victorian Infectious Diseases Reference Laboratory (VIDRL) at The Peter Doherty Institute for Infection and Immunity (Doherty Institute) is special. I write that without any hint of boasting because our Centre is one of only five Collaborating Centres for Viral Hepatitis in the world. And the data that they and VIDRL collate is critical to having an informed and strategic response to viral hepatitis across Australia.

Our work includes research and training that supports the national and global control of viral hepatitis. This is underpinned by basic research, initiatives in diagnostics, surveillance, treatment and prevention and regional capacity building.

Importantly, the Centre is active in public health policy development and assists the WHO in implementing the Global Health Sector Strategy on Viral Hepatitis. Our research on the global epidemiology for viral hepatitis influences and shapes government health policy in the fight against viral hepatitis.

In March this year, we published our fourth National Hepatitis B Mapping Report and our first National Hepatitis C Mapping Report. Both reports provide a comprehensive understanding of the geographical prevalence of viral hepatitis in Australia, and are already being used in various settings to identify priorities for action.

The National Viral Hepatitis Mapping Project

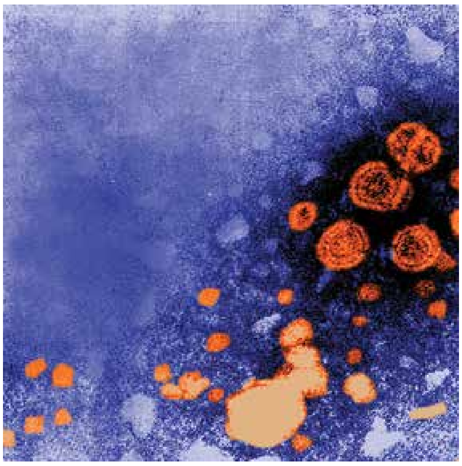
Estimates of geographic diversity in prevalence, diagnosis, and treatment

The Centre's Mapping Project aims to give a comprehensive understanding of the disparities and variations in the burden of viral hepatitis across Australia. The data and analysis, presented at the Primary Health Network (PHN) level, are used to inform targeted awareness and intervention campaigns, localised to suit the needs of people living with viral hepatitis and their service providers.

The Project is a joint initiative of the Centre and the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), funded by the Australian Government Department of Health.

These estimates can be used to assess the progress Australia has made towards the *National Hepatitis B and C Strategy 2014-2017* targets, as well as those contained in the *WHO Global Health Sector Strategy on Viral Hepatitis 2016-2021*.

Specifically, the data can be used by community organisations, Primary Health Networks, policy makers, and individual service providers to identify priorities for enhancing access to treatment and care in regions most in need, and identify areas where progress has been made. A successful response to viral hepatitis requires people receiving information, being diagnosed, and being able to access culturally appropriate and safe healthcare. In order to improve our response and reduce adverse health outcomes, it is essential to understand where the highest number of people living with chronic infection live and where the gaps in access to care are the largest. So, what can we learn from these reports?



Hepatitis B

The burden of hepatitis B is unevenly distributed across Australia, as is the level of uptake of treatment and care.

In 2016, of the estimated 238,000 people living with chronic hepatitis B in Australia, only 17% were receiving ongoing care, and treatment uptake was less than half of Australia's National Strategy target.

These indicators varied substantially according to area, with uptake of care highest in metropolitan Sydney and Melbourne, while in rural areas it was often below 5%. And although metropolitan regions do better in the level of treatment uptake, the large populations of people living with chronic hepatitis B in those areas means that the number of people who are still not receiving care is greatest. The population living with chronic hepatitis B is highly concentrated, with half of all people with chronic hepatitis B in Australia living in just 7 PHNs. These regions represent priorities for engagement in care, and need to be the focus of health resources and awareness campaigns.

Progress in Australia has been positive regarding infant immunisation coverage, and in 2016 nearly half of Australia's PHNs reached the 95% target, compared to only three PHNs in 2015.

Download the Fourth National Hepatitis B Mapping Report.

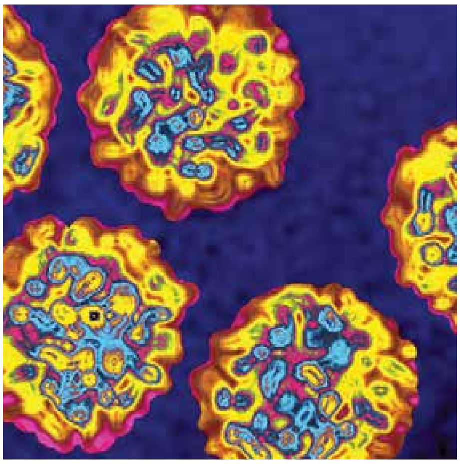
Hepatitis C

There is an opportunity to eliminate hepatitis C, but progress is variable in the uptake of treatment.

Australia has the potential to ensure that everyone living with chronic hepatitis C has the opportunity to access treatment and be cured of infection, and great progress was made in the initial period of availability of the new highly effective treatments. However, there are disparities in the level of access according to area, and some regions have a greater number of people needing treatment. Measuring this allows each local area to track their progress and identify areas needing greater support.

Hepatitis C affects around 1% of the Australian population, but this average prevalence varies greatly, from as high as 1.87% of the population in the Northern Territory to 0.41% of the population in Northern Sydney. In general, prevalence is generally higher in rural and regional locations, and lower in metropolitan areas, which can present a challenge regarding health care service access, and therefore these regions need to be prioritised.

A year on from the treatment being placed on the Pharmaceutical Benefits Scheme (PBS), we found that uptake in higher prevalence areas including Western Queensland (6.9%), Northern Territory (9.4%), and Brisbane South (10.7%) was less than half the national average (19%). Areas with the highest coverage included Adelaide (25.9%), North Coast New South Wales (25.3%), and South-Eastern Melbourne (25.1%).



Previous estimation of chronic hepatitis C prevalence and treatment uptake provided national and state data, while this project provided the first study of local areas, allowing researchers to find gaps in treatment, and identify priorities to work towards the future elimination of chronic hepatitis C.

I agree with my colleague, Director of the Centre, **Associate Professor Benjamin Cowie**, who said at the launch of the report that Australia had the potential to treat all people living with chronic hepatitis C.

"Australia is uniquely placed to achieve elimination of hepatitis C through partnership between people living with the virus, community organisations, clinicians and policy makers," he said.

"In some areas of the country, treatment uptake is three times higher than in others, so we need to focus on improving access for people living in under-serviced regions."

"As we progress towards treating all people affected by hepatitis C, it will become increasingly important to track what is working, and to know where we are missing people who require access to treatment."

By Professor Sharon Lewin, Director, Peter Doherty Institute for Infection and Immunity.The University of Melbourne and Royal Melbourne Hospital.

Download Fourth National Hepatitis C Mapping Report.

Hyperlink/references:

1) www.ashm.org.au/HBV/hepatitis-b-mapping-project/

2) www.doherty.edu.au/whoccvh/centre-activities/research/

www.ashm.org.au/products/product/HepC-Mapping-Report-2016

Top tips for a healthy liver

by Nic Gunn, Hepatitis Victoria

1. Get vaccinated against Hepatitis A and B, it saves you having to worry about those injections before travel and you don't need to worry about frozen berries, win win. Some priority populations are eligible for free vaccination, to find out more call our Hepatitis Infoline: **1800 703 003**

2. Use alcohol moderately, and be mindful of differing alcohol content in different beverages, for example, a mid-strength 375ml bottle or can of beer is 1 standard drink, but a full strength beer of the same size is 1.4 standard drinks. 150mls of red wine is 1.5 standard drinks. It is best to never have more than four standard drinks in one sitting. Click here for more information.

3. Follow directions on all medications and ask your pharmacist for advice on all prescriptions. Taking too much, or mixing medicines (including complementary medicine) can harm your liver. Never mix alcohol with prescription medications.

4. Do you have a history of liver cancer in your family? It might be worth talking to your GP about being tested for hepatitis B, particularly if you were born outside Australia or before 1987.

5. Eat well! We are learning more and more about the relationship between the digestive system and the liver, as well as the importance of gut health. Avoid high calorie meals, eat lots of fresh fruit and veggies, dairy such as yoghurt, healthy fats like those in nuts, fish and avocado's and avoid processed food, and of course drink lots and lots of water.

From: https://liverfoundation.org/13-ways-to-a-healthy-liver/

[Source for #6: Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013, p. 1.]

https://www2.health.vic.gov.au/public-health/immunisation/immunisation-schedule-vaccine-eligibility-criteria/vaccine-history-timeline

Services listing

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

Key:

(1) Needle and Syringe Program
(2) Medical Services including hepatitis and liver Nurses and Doctors
(3) Counselling Services
(4) Alcohol and Other Drug (AOD) Services
(5) Liver Specialists
(6) Fibroscan
(7) Bulk-Billing
(8) Pathology/Blood Tests
(9) Private Clinic
(10) Specialist/GP/Fibroscan

North Western Melbourne:

Altona Meadows

IPC Health
330 Queens Street, Altona Meadows
Contact: (03) 8368 3000
(1)

Broadmeadows

Dianella Community Health
42–48 Coleraine Street,
Broadmeadows
Contact: (01300 234 263)
(1)

Braybrook

Cohealth, Braybrook Community Centre
107–139 Churchill Avenue, Braybrook
Contact: (03) 9448 5507
(1)

Brunswick

Merri Health
11 Glenlyon Road, Brunswick
Contact: 03 9387 6711
(1, 3, 7)

Carlton

Melbourne Sexual Health Centre
580 Swanston Street, Carlton
Contact: (03) 9341 6200
(1)

Coburg

Merri Community Health Services
93 Bell Street, Coburg
Contact: (03) 9350 4000
(1, 2, 3)

Coburg

Uniting Care Re Gen
26 Jessie Street, Coburg
Contact: (03) 9386 2876
(2, 3)

Coburg

St. Kyrollos Family Clinic
2A Moore Street, Coburg
Contact: (03) 9386 0900
(2)

Collingwood

Cohealth Innerspace Primary Support Service
4 Johnston Street, Collingwood
Contact: (03) 9448 5530
(1, 2)

Cohealth (formerly North Yarra Community Health)
365 Hoddle Street, Collingwood
Contact: (03) 9411 4333
365 Hoddle Street, Collingwood
Contact: 03 9448 5528
(2)

Craigieburn

Anglicare Victoria
59 Craigieburn Road, Craigieburn
Contact: (03) 9483 2401
(3)

Fitzroy

Turning Point Alcohol and Drug Centre
54–62 Gertrude Street, Fitzroy
Contact: (03) 8413 8413
(3,4)

Cohealth Fitzroy
75 Brunswick Street, Fitzroy
Contact: (03) 9411 3555,
(03) 9448 5531
(1, 2)

Footscray

Health Works
4 –12 Buckley Street, Footscray
Contact: (03) 9448 5511
(1, 2, 6, 7)

Footscray

Cohealth
78 Paisley Street, Footscray
Contact: (03) 9448 5502
(2-7, 8)

Glenroy

Youth Projects – Foot Patrol Needle and Syringe Program
6 Hartington Street, Glenroy
Contact: (03) 9304 9100
(1)

Gisborne

Macedon Ranges Health
5 Neal Street, Gisborne
Contact: (03) 5428 0300
(1)

Kensington

Cohealth
12 Gower Street, Kensington
Contact: (03) 8378 1600.
(2)

Laverton

Cohealth
95 Station Road Laverton
Contact: (03) 9448 5534.
(2)

Melbourne

Cancer Council Victoria – Living with Cancer Education Program
Contact: (03)13 11 20
Programs across Melbourne and Victoria

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

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

Melbourne City Council
90–120 Swanston Street
Contact: (03) 9658 9658
(1)

Living Room, Youth Projects
7–9 Hosier Lane
Contact: (03) 9945 2100
(1, 2)

Health Complaints Commissioner
Level 26,
570 Bourke Street
Contact: 1300 582 113

St. Vincent's Hospital
Victoria Parade, Fitzroy
Contact: (03) 9231 2211
Fax: (03) 9288 3489
(2, 5, 6, 8)

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
(2, 3, 4, 10)

Melton

Djerriwarrh Health Services
Yuille Street, Melton
Contact: (03) 8746 1100
(1, 3, 7)

Moonee Ponds

Dr Froomes
Suite 4, level 1/8 Eddy Street
Contact: (03) 9331 3122
Fax: (03) 9331 3133
(9, 5)

Moonee Valley Specialist Centre
1003 Mt Alexander Road, Essendon
Contact: 03 9372 0372.
Fax: (03) 9372 7517
(9, 5, 6)

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
(1)

Preston Anglicare Victoria
42 Mary Street
Contact: (03) 8470 9999
(4)

Northcote

Your Community Health
42 Separation Street, Northcote
Contact: (03) 8470 1111
(1, 3)

Parkville

Royal Melbourne Hospital
300 Gratton 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
10 - Weekly

Preston

Your Community Health
300 Bell Street, Preston
Contact: (03) 8470 1111,
(03) 8470 6710
(1, 3)

Victorian Aboriginal Health Services (VAHS)
238–250 Plenty Road
Contact: 9403 3300
for appointment or drop in
Wednesdays 9–4pm
(3, 10)

Reservoir East

Your Community Health
125 Blake Street, Reservoir East
Contact: (03) 8470 1111
(1, 3)

Richmond

North Richmond Community Health
23 Lennox Street, Richmond
Contact: (03) 9418 9800
(1, 2, 7)
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
(1, 2, 7)

The Epworth Centre
(GP referrals)
Suite 7.6 / 32 Erin Street
Contact: (03) 9428 9908
Fax: (03) 9421 3435
(9, 5)

Southbank

Living Positive Victoria
Suite 1, 111 Coventry Street
Contact: 03 9863 8733

St. Albans

IPC Health
1 Andrea Street, St. Albans
Contact: (03) 9296 1200
(1, 3)

Sunbury

Sunbury Community Health Centre
12–28 Macedon Street, Sunbury
Contact: (03) 9744 4455
(1, 3)

Werribee

Werribee Anglicare Victoria
2 Market Road
Contact: (03) 9731 2500
All referrals via
Odyssey House: 1800 700 514
(3, 4)

Eastern Melbourne:

Bayswater

Anglicare Victoria
666 Mountain Highway
Contact: (03) 9721 3688
www.anglicarevic.org.au
Shore Intake Contact:
1300 00 7873
(3, 4)

Box Hill

CLEAR Liver Care Carrington/Eastern Health
43 Carrington Road,
Contact: (03) 8843 2317
Fax: (03) 9890 2220
(7)

Box Hill Hospital
8 Arnold Street
Contact: (03) 9895 3352
(Specialist Outpatient Clinics)
1300 342 255 (General)
(7, 10)

Caulfield South

Caulfield Endoscopy (Private)
544 Hawthorn Road
Contact: (03) 9595 6666
(5, 9)

East Melbourne

Melbourne GI & Endoscopy
130-132 Grey Street
Contact: (03) 9417 5306
Fax: 8677 9625
(9, 5)

Eltham

Healthability
917 Main Road, Eltham
Contact: (03) 9430 9100
(1)

Epping

Plenty Valley Community Health
187 Cooper Street, Epping
Contact: (03) 9409 8787
(1)

Heidelberg

Austin Liver Clinic
145 Studley Road
Contact: (03) 9496 2787
Fax: (03) 9496 7232
(2, 10)

Northern Hospital
185 Cooper Street
Contact: (03) 8405 8000
Fax: (03) 8405 8761
(10)

Ferntree Gully

EACH Ltd
1063 Burwood Highway,
Ferntree Gully
Contact: 1300 003 224
(1, 3)

Yarra Junction

Yarra Valley Health
2475 Warburton Highway,
Yarra Junction
Contact: 1300 342 255
(1)

Greensborough

Banyule Community Health Service, Greensborough Centre – Needle Syringe Program
Unit 3, 25–33 Grimshaw Street,
Greensborough
Contact: (03) 9433 5111
(1- 3)

Hawthorn

Wellbeing at Swinburne University
Health Services
George Swinburne Building, Level 4,
34 Wakefield Street, Hawthorn
Contact: (03) 9214 8483
(1)

Healesville

Healesville & District Hospital – Needle Exchange Program
377 Maroondah Highway,
Healesville
Contact: 1300 793 622

Healesville

377 Maroondah Highway
Healesville
Contact: 1300 130 381
(1)

Heidelberg West

Banyule Community Health Service – Needle Syringe Program
21 Alamein Road, Heidelberg West
Contact: (03) 9450 2000
(1, 2, 3)

Hepatitis C Rapid Access to Treatment Clinic
Contact: 0481 909 741
Fax: (03) 9496 2732
(1, 2, 3, 5, 7)

Lillydale

Inspiro Community Health
17 Clarke Street, Lillydale
Contact: (03) 9738 8801
(1, 3–7)

Nunawading

Nunawading Clinic
176 Springvale Road, Nunawading
Contact: (03) 9878 9191
(2)

Ringwood

EACH Ltd
46 Warrandyte Road, Ringwood
Contact: 1300 003 224
(1)

Ringwood East

EACH Ltd
75 Patterson Street, Ringwood East
Contact: (03) 1300 003 224
(1)

South Eastern Melbourne:

Bentleigh East

Connect Health
Glen Eira Site, 2A Gardeners Road,
Bentleigh East
Contact: (03) 9575 5333
(1)

Moorabin Specialist Centre
(Private)

873 Centre Road
Contact: (03) 9579 0100
(5, 6, 7, 8, 9)

Chelsea

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

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)
(10)

Cockatoo

Monash Health Community Services
7–17 McBride Street, Cockatoo
Contact: (03) 5968 7000
(1)

Cranbourne

Monash Health Community
140–154 Sladen Street, Cranbourne
Contact: (03) 5990 6789
(1, 2)

Dandenong

Community Access Partnership (CAP)
84 Foster Street, Dandenong
Contact: (03) 9792 7630, or 1800 642 187
(1, 2)

Frankston

Anglicare Victoria
Level 2 / 60-64 Wells Street
Contact: (03) 9781 6700.
www.anglicarevic.org.au
(3, 4)

Frankston Centre Community Health
12–32 Hastings Road, Frankston
Contact: (03) 9784 8100
(1)

Frankston Integrated Health Centre
12–32 Hastings Road
Contact: (03) 9784 8100
Referral Contact: 1300 665 781
www.peninsulahealth.org.au
Links for (4)

Frankston

SHARPS, NSP + Community Health
20 Young Street, Frankston
Contact: (03) 9781 1622
(1, 2, 6, 7, 8)

Hastings

Hastings Community Health Service
185 High Street, Hastings
Contact: (03) 5971 9100
(1, 3, 7)

Mornington

Mornington Community Information
and Support Centre
320 Main Street, Mornington
Contact: (03) 5975 1644
(1)

Pakenham

Monash Health Community
Henty Way Pakenham - (top Of the Hill)
Contact: (03) 5941 0500
(1)

Prahran

Star Health
240 Malvern Road, Prahran
Contact: (03) 9525 1300
(1, 3)

Alfred Hospital
Infectious Diseases Unit
Contact: (03) 9076 6081
99 Commercial Road, Prahran
Hepatitis Clinic
Contact (03) 9076 5276
(2, 6, 7, 8)

Alfred– HIV: Hepatitis:STI Education and Resource Centre
(Statewide resource centre on HIV/AIDS, Hepatitis and Sexually Transmissible Infections)
8 Moubray Street
Telephone: (03) 9076 6993

Rosebud

Southern Peninsula Community Support and Information Centre
878 Point Nepean Road, Rosebud
Contact: (03) 5986 1285
(1)

South Melbourne

Inner South Community Health Services
341 Coventry Street,
South Melbourne
Contact: (03) 9690 9144

Springvale Community Health – Monash Medical Centre
55 Buckingham Avenue
Contact: 1300 342 273.
(03) 9594 3088.
Fax 9594 6250
GP referrals via Monash Health
Clayton (03 9594 6250).
(10) Fortnightly

St. Kilda

Inner South Community Health Services
18 Mitford Street, St. Kilda
Contact: (03) 9534 0981

Resourcing Health and Education in the Sex industry (RhED)

Royal District Nursing Services
(RDNS) 31 Alma road
Contact: 1300 33 44 55

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
(1,2, 4)

FIRST STEP
42 Carlisle St, St Kilda, 3182
Contact: (03) 9537 3177.
(2, 6, 7, 8)

Gippsland:

Bairnsdale

Bairnsdale Community Health Centre (Day Program)
48 Ross Street, Bairnsdale
Contact: (03) 5152 0222
(1)

Churchill

Latrobe Community Health Service
20–24 Philip Parade, Churchill
Contact: 1800 242 696
(1)

Lakes Entrance

Gippsland Lakes Community Health Centre
18–26 Jemmeson Street, Lakes
Entrance Contact: (03) 5155
(1-3)

Loch Sport

Loch Sport Community Health Centre
1 National Park Road, Loch Sport
Contact: (03) 51460349
(1)

Maffra

Maffra District Hospital
48, Kent Street Maffra
Contact: (03)51470100
(1)

Moe

Latrobe Community Health Service
42–44 Fowler Street, Moe
Contact: 1800 242 696
(1, 2, 3)

Leongatha

Gippsland Southern Health Services
Koonwarra Road, Leongatha
Contact: (03) 5667 5555
(1, 3)

Morwell

Latrobe Community Health Services
81–87 Buckley Street, Morwell
Contact: 1800 242 696
(1-3)

Nowa Nowa

Nowa Nowa Community Health
6 Bridge Street, Nowa Nowa
Contact: (03) 5155 7294
(1-3)

Orbost

Orbost Regional Health –
A multi Service site
104–107 Boundary Road, Orbost
Contact: (03) 5154 6666
(1, 3)

Rosdedale

Rosedale Community Health Centre
2–8 Cansick Street, Rosedale
Contact: (03) 51992333
(1,3)

Sale

Central Gippsland Health Service Division of Community Care
Palmerston Street, Sale
Contact: (03) 51438800

52 Mcarthur Street, Sale
Contact: 1800 242 696
(3)

San Remo

Bass Coast Community Services
1 Back Beach Road, San Remo
Contact: (03) 5671 9200
(1, 3)

Traralgon

Latrobe Community Health Services
Cnr. Princes Highway and Seymour Street, Traralgon.
Contact: 1800 242 696
(1-3)

Warragul

West Gippsland Healthcare Group Community Services Division
31–35 Gladstone Street, Warragul
Contact: (03) 5624 3500
(1, 3)

Wonthaggi

Bass Coast Health – Needle Syringe Program
235–237 Graham Street, Wonthaggi
Contact: (03) 5671 3333
(1)

Yarram

Yarram and District Health Service
50 Bland Street, Yarram
Contact: (03) 51820270
(1)

Western Victoria:

Apollo Bay

Otway Health
75 McLachlan Street, Apollo Bay
Contact: (03) 5237 8500
(1)

Belmont

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

Colac

Colac Area Health
2–28 Connor Street, Colac
Contact: (03) 5232 5100
(1)

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
(1)

Geelong
Wathaurong Aboriginal Service
62 Morgan Street, Geelong North
Contact: (03) 5277 2038
(1)

Horsham
Wimmera Health Care Group
83 Baillie Street, Horsham
Contact: (03) 5381 9111
(1)

Lucas
Ballarat Community Health Centre – Needle syringe program
12 Lilburne Street, Lucas
Contact: (03) 5338 4500
(1, 2, 3)

Maryborough
Community Services Maryborough
75–87 Clarendon Street,
Maryborough
Contact: (03) 5461 0400
(1)

Newcomb
Newcomb Community Health Centre – Needle syringe Program
104–108 Bellarine Highway,
Newcomb
Contact: (03) 4215 7520
(1)

Portarlington
Bellarine Community Health
39 Fenwick Street, Portarlington
Contact: (03) 5258 6140
(1)

Portland
Portland District Health
141-151 Bentinck Street, Portland
Contact: (03) 5521 0333
(1, 3)

Sebastopol
Ballarat Community Health Centre
260 Vickers Street, Sebastopol
Contact: (03) 5338 4585
(1, 3)

Stawell
Stawell Health and Community Centre
8–22 Patrick Street, Stawell
Contact: (03) 5358 7400
(2, 3)

Torquay
Torquay Community Health Centre – Needle and Syringe Program
100 Surf Coast Highway, Torquay
Contact: (03) 4215 7800
(1, 3)

Warrnambool
Brophy Family and Youth Services
210 Timor Street, Warrnambool
Contact: (03) 5561 8888
3–For persons aged 12 – 25
(1)

Warrnambool
Warrnambool Community Health
Koroit Street, Warrnambool
Contact: (03) 5563 4000
(1)

Wendouree
Ballarat Community Health Centre
10 Learmonth Road, Wendouree
Contact: 5338 4585
(1)

Murray North Western:

Bendigo
Central Secondary NSP
Bendigo Community Health Service
171 Hargreaves Street Bendigo
Contact. (03) 5448 1600
(2, 3, 7)

Castlemaine
Castlemaine District Community Health
13 Mostyn Street, Castlemaine
Contact: (03) 5479 1000
(1, 3, 5, 9)

Eaglehawk
Bendigo Community Health Services
3 Seymour Street, Eaglehawk
Contact: (03) 5434 4300
(3-7)

Echuca
Echuca Regional Health
Contact: (03) 5485 5000
(1, 3)

Kangaroo Flat
Bendigo Community Health Services
Site 13 Helm Street, Kangaroo Flat
Contact: (03) 5430 0500
(1)

Kyneton
Cobaw Community Health Service
47 High Street, Kyneton
Contact: (03) 5421 1666
(1, 2, 3)

Mildura
Sunraysia Community Health Service
137 Thirteenth Street, Mildura
Contact: (03) 5022 5444
(2, 3, 7)

Murray North Eastern:

Alexandra
Alexandra Community Health Services – Needle Exchange Program
12 Cooper Street, Alexandra
Contact: (03) 5772 0900
(1, 2)

Benalla
Benalla Health
45/63 Coster Street, Benalla
Contact: (03) 5761 4222
(1)

Cobram
Cobram District Health
24-32 Broadway Street, Cobram
Contact: (03) 5871 0777
(1)

Corryong
Corryong Health
20 Kiell Street, Corryong
Contact: (02) 6076 3200
(1)

Euroa
Euroa Health
36 Kennedy Street, Euroa
Contact: (03) 5795 0200
(1)

Mansfield
Mansfield District Hospital
53 Highett Street, Mansfield
Contact: (03) 5775 8800
(1)

Myrtleford
Gateway Health
32 Smith Street, Myrtleford
Contact: (03) 5731 3500
(1-3)

Shepparton
Primary Care Connect
399 Wyndham Street, Shepparton
Contact: (03) 5823 3200
(1, 3)

Wangaratta
Gateway Health
45-47 Mackay Street, Wangaratta
Contact: (03) 5723 2000.
(1, 3)

Wangaratta
Northeast Health
35-47 Green Street, Wangaratta
Contact: (03) 5722 5111
(1)

Wodonga
Gateway Health
155 High Street, Wodonga
Contact: (02) 6022 8888
(1)

Yarrawonga
Yarrawonga Health
33 Piper Street, Yarrawonga
Contact: (03) 5743 8111
(1)

Yea
Yea and District Memorial Hospital
45 Station Street, Yea
Contact: (03) 5736 0400
(1)

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 quí vị vui lòng gọi Sở Thông ngôn và Phiên dịch số 131 450.

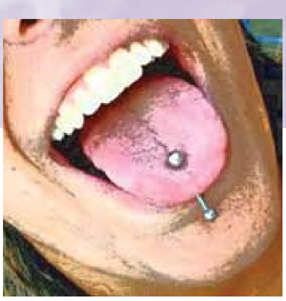
Farsi
خط اطلاعات هپاتیت. اگر نیاز به مترجم حضوری دارید، لطفا با مرکز خدمات ترجمه کتبی و حضوری با شماره 131 450 تماس بگیرید.

Amharic
የወፍ በሽታ መረጃ ማቅረቢያ መስመር። አስተርጓሚ ካስፈለግዎ፣ እባክዎ መጀመሪያ ለትርጉምና አስተርጓሚ አገልግሎት በስልክ 131 450 አድርገው ይደውሉ።

Arabic
خط المعلومات عن إلتهاب 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
ខ្សែទូរស័ព្ទផ្តល់ព័ត៌មានអំពីជំងឺរលាកថ្លើម។ ប្រសិនបើលោកអ្នកត្រូវការអ្នកបកប្រែភាសាជាដំបូង សូមទូរស័ព្ទទៅកិច្ចបំរើបកប្រែភាសាសរសេរ 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

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