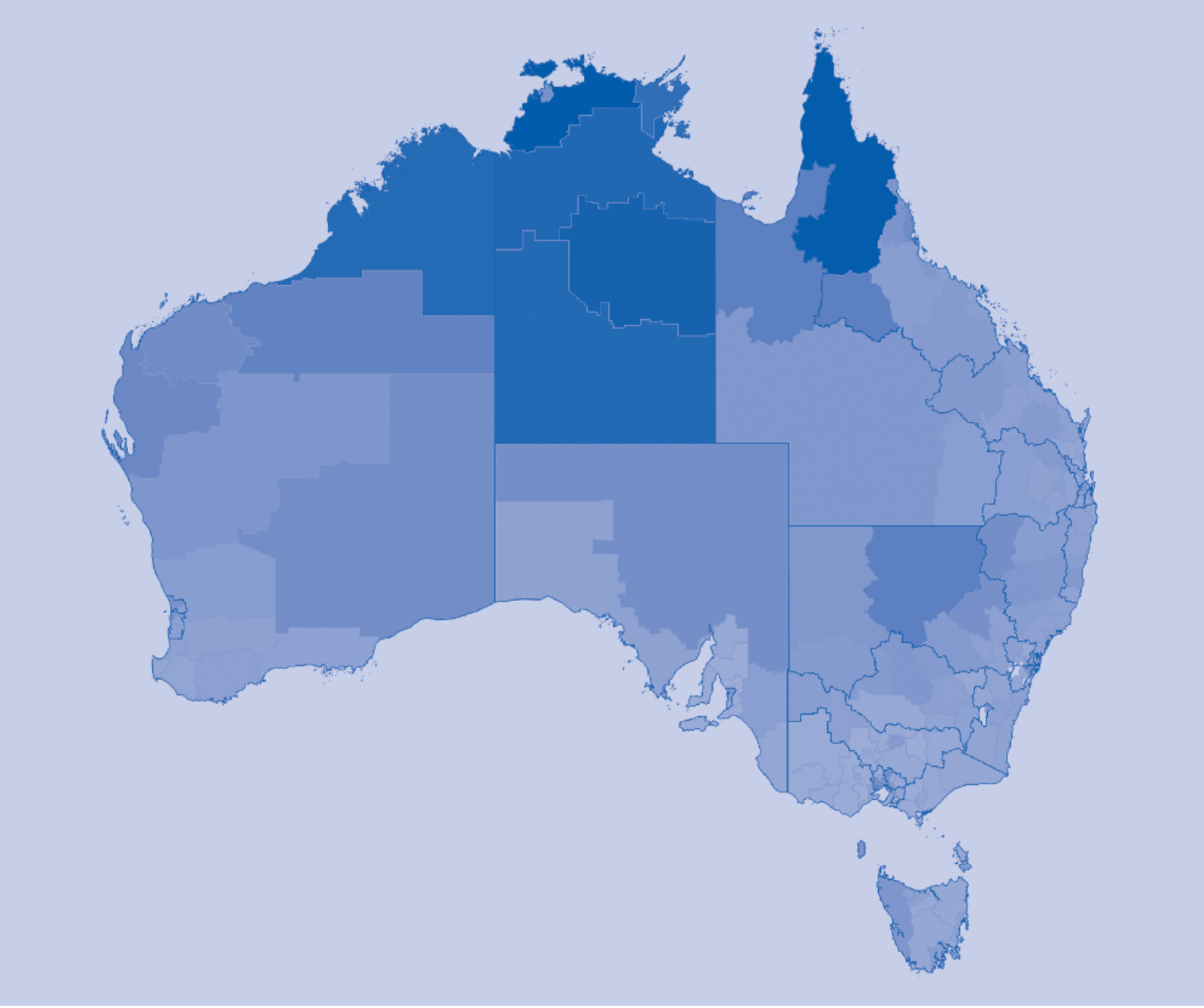

VIRAL HEPATITIS MAPPING PROJECT:
HEPATITIS B

Geographic diversity in chronic hepatitis B prevalence, management and treatment

NATIONAL REPORT 2024

ashm

WHO Collaborating Centre for Viral Hepatitis VIDRL

Doherty Institute

THE UNIVERSITY OF MELBOURNE

The Royal Melbourne Hospital

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

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DECLARATION REGARDING THE USE OF PERSON LEVEL INTEGRATED DATA ASSET DATA

The results in this report are based, in part, on data supplied by the Department of Social Services to the Australian Bureau of Statistics (ABS) under the *Social Security (Administration) Act 1999* (Cth), *A New Tax System (Family Assistance) (Administration) Act 1999* (Cth), *Paid Parental Leave Act 2010* (Cth) and the *Student Assistance Act 1973* (Cth). Such data may only be used for the purposes of the *Census and Statistics Act 1905* (Cth) or performance of functions of the ABS as set out in section 6 of the *Australian Bureau of Statistics Act 1975* (Cth) (ABS Act). Any discussion of data limitations or weaknesses is in the context of using the data for statistical purposes, and not related to the ability of the data to support the Department of Social Services' core operational requirements.

Legislative requirements ensure privacy and secrecy of these data are followed. For access to Person Level Integrated Data Asset (PLIDA) data under section 16A of the ABS Act or enabled by section 15 of the *Census and Statistics (Information Release and Access) Determination 2018* (Cth), source data are de-identified and so data about specific individuals have not been viewed in conducting this analysis. In accordance with the Census and Statistics Act, results have been treated where necessary to ensure that they are not likely to enable identification of a particular person or organisation.

The results are also based, in part, on migration data supplied by Home Affairs to the ABS under the *Australian Border Force Act 2015* (Cth), which requires that such data are only used for the purposes of the Census and Statistics Act or performance of functions of the ABS as set out in section 6 of the ABS Act. Any discussion of data limitations or weaknesses is in the context of using the data for statistical purposes, and not related to the ability of the data to support Home Affairs' core operational requirements.

TERMINOLOGY

This report uses the terms 'woman' and 'women' to mean 'female' when referring to data, as the sources used are based on sex. 'Woman' and 'women' typically refers to females aged 18 years and over; however, in this report, those who were pregnant or gave birth aged under 18 years are included in the definition.

The terms 'mother' and 'mothers' are used to refer to females who have given birth. It is acknowledged that this report includes people who do not identify as women or mothers, and that individual parents and families may use different words to those used in this report. This may include transgender men, and intersex, non-binary and gender diverse people.

This terminology usage accords with other Australian Government Department of Health, Disability and Ageing reporting, though may differ to wording used in relation to specific targets in the Fourth National Hepatitis B Strategy 2025–2030.

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIR	Australian Immunisation Register
CHB	chronic hepatitis B
CHC	chronic hepatitis C
GP	general practitioner
MBS	Medicare Benefits Schedule
MTCT	mother-to-child transmission
NNDSS	National Notifiable Diseases Surveillance System
NP	nurse practitioner
NSW	New South Wales
NT	Northern Territory
PBS	Pharmaceutical Benefits Scheme
PHN	Primary Health Network
PLIDA	Person Level Integrated Data Asset
Qld	Queensland
SA	South Australia
SA2	Statistical Area 2
SA3	Statistical Area 3
Tas	Tasmania
Vic	Victoria
WA	Western Australia
WHO	World Health Organization

For data terms and definitions, see Section C – Data sources and methodology.

EXECUTIVE SUMMARY

SECTION A: HEPATITIS B

PREVALENCE AND PRIORITY POPULATIONS

- An estimated 227,571 people were living with chronic hepatitis B (CHB) in Australia in 2024, representing a prevalence of 0.83% of the total population.
- CHB prevalence varies widely by Primary Health Network (PHN) and was highest in the **Northern Territory** PHN and in PHNs in Sydney and Melbourne.
- The six PHNs with the highest number of people living with CHB comprise nearly half (48.6%) of all people living with CHB in Australia.
- The prevalence of CHB was highest in those born in Northeast Asia (4.93%), Southeast Asia (3.92%) and Sub-Saharan Africa (2.42%); and was also higher in Aboriginal and/or Torres Strait Islander people (1.43%).

TESTING AND DIAGNOSIS

- An estimated 67.4% of those living with CHB in 2024 had been diagnosed.
- Hepatitis serology testing declined during 2020, and has not yet returned to 2019 levels among those born overseas in regions with the highest estimated prevalence of CHB (Southeast Asia, Northeast Asia and Sub-Saharan Africa).

CARE

- Care uptake (treatment or viral load test monitoring) in 2024 was 27.9%, less than one-third of the Fourth National Hepatitis B Strategy 2025–2030 (the National Strategy) target of 80% by 2030.
- While no PHN reached the 80% target, care uptake was highest in **South Western Sydney** (35.7%), **Northern Sydney** (33.7%), **Western Sydney** (33.3%) and **Brisbane South** (33.0%).
- Only 58.3% of people with CHB received any CHB care via Medicare during 2011–2024.
- At the national level, care uptake was higher among those born overseas than among Aboriginal and/or Torres Strait Islander people and non-Indigenous Australian-born people. This varied by state and territory, and in the NT, uptake was higher among Aboriginal and/or Torres Strait Islander people. Care uptake did not meet the 80% target in any population group.
- General practitioners (GPs) ordered 58.3% of viral load monitoring tests in 2024, and nurse practitioners (NPs) ordered 0.7%.

TREATMENT

- Treatment uptake for CHB in 2024 was 12.7%, less than half the National Strategy target of 27% by 2030.
- Treatment uptake has increased insufficiently over time, by only 19.3% between 2018 and 2024, compared to the 150% needed to meet the target.
- Treatment uptake by PHN was highest in **South Western Sydney** (20.1%), **Western Sydney** (17.1%), **Northern Sydney** (16.6%) and the **Australian Capital Territory** (15.7%).

– Treatment uptake by PHN increased most rapidly between 2018 and 2024 in **Western Victoria**, **Central Queensland, Wide Bay and Sunshine Coast** and **Northern Territory**.
– No PHN is projected to reach the 2030 National Strategy target of 27% based on current trends, with the highest estimated uptake projected to be 22.7% (**Northern Sydney**).
– At the national level, treatment uptake was higher among those born overseas than among Aboriginal and/or Torres Strait Islander people and non-Indigenous Australian-born people. Treatment uptake did not meet the 27% target in any of these population groups.
– GP prescribing represented 22.7% of CHB treatment in 2024, and NP prescribing represented 2.2%.

IMMUNISATION

– Timely infant hepatitis B immunisation uptake (measured at 12 months of age) was 93.5% in 2024, and was below the 95% National Strategy target for 2030.
– Immunisation coverage declined between 2020 and 2024 in all PHNs.
– Coverage was similar among Aboriginal and/or Torres Strait Islander children (93.0%), and this also declined between 2020 and 2024.
– The 95% coverage target was met in four of Australia's 31 PHNs for all children in 2024, a reduction from 22 PHNs in 2020.
– The 95% coverage target was met in three PHNs for Aboriginal and/or Torres Strait Islander children in 2024, a reduction from 13 PHNs in 2020.

SECTION C: LIVER CANCER

– Liver cancer rates in Australia are highly variable according to region.
– In the **North Western Melbourne**, **Western Sydney**, **Central and Eastern Sydney**, **Northern Territory** and **South Western Sydney** PHNs, the majority of Statistical Area 2s (SA2s) had liver cancer rates above the national average.
– The five PHNs with the highest liver cancer rates also had above-average prevalence of CHB (**North Western Melbourne** and **Western Sydney**) or had above-average prevalence of both CHB and chronic hepatitis C (CHC) (**Central and Eastern Sydney**, **Northern Territory** and **South Western Sydney**).

HEPATITIS C

The equivalent report on hepatitis C geographic diversity, trends in prevalence and treatment uptake, and related methods are presented in the *Viral Hepatitis Mapping Project: Hepatitis C National Report 2024–2025*.

MAPPING REPORT AT A GLANCE

The Hepatitis B Mapping Report – overview of concepts, methods and outputs

Data reported:

Hepatitis B prevalence

The proportion of the total population living with CHB

Geography: state/territory, PHN, SA3
Time period: 2024
Priority populations: People born overseas, Aboriginal and Torres Strait Islander people

Source: mathematical modelling incorporating migration, births, deaths, clinical progression, immunisation and notifications data

Used as denominator data for treatment and care uptake

Hepatitis B immunisation

The proportion of infants fully immunised for hepatitis B (doses at 2, 4 and 6 months) by 12 months of age

Source: National Immunisation Register

Geography: PHN
Time period: 2018–2024
Priority populations: Aboriginal and Torres Strait Islander people

Hepatitis serology testing

The number and rate of people who had a hepatitis serology test

Source: Medicare data for hepatitis serology testing (includes hepatitis A–E)

Geography: state/territory
Time period: 2011–2024
Priority populations: People born overseas, Aboriginal and Torres Strait Islander people

Hepatitis B care uptake

The proportion of people with CHB who had either treatment OR a viral load test in the past year

Source: Medicare and state government data for hepatitis B viral load testing; Medicare data for hepatitis B treatment

Geography: state/territory, PHN, SA3
Time period: 2011–2024
Priority populations: People born overseas, Aboriginal and Torres Strait Islander people

Liver cancer incidence variation

The proportion of regions within a PHN where liver cancer rates is above average

Source: Australian Cancer Atlas, using data derived from state and territory cancer registries

Geography available: PHN
Time period available: 2010–2019

Hepatitis B treatment uptake

The proportion of people with CHB who had antiviral treatment in the past year

Source: Medicare data for hepatitis B treatment

Geography: state/territory, PHN, SA3
Time period: 2018–2024, projections to 2030
Priority populations: People born overseas, Aboriginal and Torres Strait Islander people

Any Hepatitis B care history

The proportion of people with CHB who had either treatment OR a viral load test at any time since 2011

Source: Medicare data for hepatitis B viral load testing and hepatitis B treatment

Geography: state/territory
Time period: 2011–2024
Priority populations: People born overseas, Aboriginal and Torres Strait Islander people

Geographic areas used for reporting:

8 states and territories

31 PHNs (population 45,000 –1.6 million)

332 SA3s (population 5,000–300,000)

5 remoteness areas (major cities to very remote)

Geographic region is based on the residence of the person living with hepatitis B, not the location of the service provider

Click to look up an SA3, PHN or remoteness area for an address

CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

FOURTH NATIONAL HEPATITIS B STRATEGY 2025–2030: 2030 TARGETS AT A GLANCE

Domain	Targets and additional measures	Reported in:	
		Indicators report	Mapping report
 Childhood immunisation	**>95%** timely hepatitis B birth dose	Where available*	
	>95% timely infant immunisation		PHN
 Prevention of MTCT	**>95%** uptake of guideline-based care in pregnancy	Where available*	
 Incidence	**≤0.1%** prevalence in children aged <5 years	State/territory	
	≤1% MTCT incidence	Where available*	
 Diagnosis	**≥90%** diagnosed	State/territory	
	≤2% late diagnosis	Where available*	
	Trends in serology testing		State/territory, PHN
 Care	**≥80%** care uptake (viral load testing or treatment)	State/territory	PHN, SA3
	HCC surveillance uptake	National	
 Treatment	**27%** treatment uptake	State/territory	PHN, SA3
	Treatment continuation	National	
 Attributable Mortality	**30%** reduction in hepatitis B mortality	State/territory	
	≤1 death per 100,000 population	State/territory	
	Liver cancer incidence		PHN
	Metrics relating to stigma reduction, quality of life, and legal and human rights are reported elsewhere or are under development.		

HCC, hepatocellular carcinoma. MTCT, mother-to-child transmission (see Terminology). PHN, Primary Health Network. SA3, Statistical Area 3.

Additional metrics used to track progress towards hepatitis B elimination indicated in grey font.

* National data not available, but reported where available for selected states and territories and time periods.

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INTRODUCTION

BACKGROUND

The Viral Hepatitis Mapping Project aims to assess geographic variations in the prevalence of viral hepatitis and disparities in access to care in order to identify priority areas for response. Improving access to care and treatment for viral hepatitis is needed to reduce the burden of attributable liver disease and cancer, the distribution of which is also geographically disparate.

This publication includes data regarding hepatitis B, as well as estimates of viral hepatitis testing and liver cancer. The most recent data regarding hepatitis C prevalence and treatment uptake are presented in the *Viral Hepatitis Mapping Project: Hepatitis C National Report 2024–2025* (published 2026).

This report presents the most recent available estimates for hepatitis B prevalence, treatment and care to the end of 2024. It highlights a range of disparities that must be addressed to meet Australia's 2030 elimination goals for hepatitis B, focusing on geographic and population group inequities. This report is informed by the targets set out in the Fourth National Hepatitis B Strategy 2025–2030 (the National Strategy), and focuses on measuring variation in progress relating to care uptake, treatment uptake and immunisation targets. At the time of writing, the National Strategy has been drafted and is set for final release. In this report, we are using information about targets that is available at the time of publication.

To explore national and state and territory metrics including mortality, treatment eligibility, treatment continuation and liver cancer surveillance uptake, as well as future projections through 2030, see the *National Surveillance for Hepatitis B Indicators Report 2024*.

The overarching aim of Australia's strategic response to hepatitis B is to improve the lives of those affected. We thank all people with a living and lived experience of hepatitis B, and acknowledge those who have lost their lives to hepatitis B. This report assesses inequities by population group, including highlighting the lower level of care access among Aboriginal and Torres Strait Islander people at the national level, which is a likely contributor of disparities observed among those living in more remote regions. The findings in this report highlight the enduring traumatic legacy of colonisation on Aboriginal and Torres Strait Islander peoples, and recognise the historical disadvantage perpetuated by institutional racism and systemic failures that collectively contribute to these disparities.[1,2] This emphasises the urgent need for culturally appropriate care and programs led by affected communities that address the root causes of health inequities. These factors also may impact the likelihood of experiencing adverse outcomes related to CHB, emphasising the need to focus on marginalised communities for increased access to care and treatment.

By acknowledging and addressing systemic issues leading to inequities, comprehensive and equitable approaches to hepatitis B care in Australia can be supported.

WHAT'S NEW IN THIS REPORT?

This 2024 report contains the following updates:

- Benchmarking against the National Strategy targets for 2030.
- Assessment of progress against the new National Strategy equity measures for targets, including for people born overseas and Aboriginal and/or Torres Strait Islander people.
- Assessment of care uptake during the total period of available data (2011–2024), including adjustments to account for those who have died or emigrated.
- Estimates of projected hepatitis B treatment uptake by PHN in 2030.
- Assessment of the cascade of care, allowing for direct comparison across population groups.
- Assessment of diagnostic testing trends to contextualise diagnosis uptake.
- Adjustment of care uptake estimates to account for viral load testing not billed to Medicare.

HOW TO USE THE DATA

The data in this report are intended for use in the development and implementation of policy and service delivery, allowing identification of priority groups and assessment of variation in key metrics by area. The specification of priority populations, such as culturally and linguistically diverse communities, is intended to improve health care services to these communities. However, data should be used in a way that considers the broader social, cultural and personal context of individuals, and recognises the various factors that influence health service access, as people living with viral hepatitis are often subject to intersecting discrimination.[3]

The information presented in this report represents estimates, and should be used with consideration for the uncertainty inherent in population modelling and routinely collected data. These estimates are continually revised and updated to ensure they are as accurate as possible.

REPORT STRUCTURE

The Mapping Project is divided into two reports. This report includes:

- Section A1: national snapshot and variation in hepatitis B prevalence, care, treatment and immunisation by PHN, as well as serology testing by state and territory
- Section A2: geographic diversity and trends in hepatitis B prevalence, care and treatment by SA3 in each state and territory
- Section B: geographic diversity in liver cancer incidence
- Section C: data sources and methodology.

Hepatitis C geographic diversity, trends in prevalence and treatment uptake, and related methods are presented in the *Viral Hepatitis Mapping Project: Hepatitis C National Report 2024–2025* (published separately).

MORE INFORMATION

For further information about the Mapping Project and supplementary material, please visit the project website. To interact with the data and generate customised comparisons, visit the online portal. For further information or resources related to viral hepatitis and the Mapping Project, visit www.doherty.edu.au/viralhepatitis and www.ashm.org.au/resources. The Mapping Project is constantly evolving in response to valued feedback and guidance. To provide feedback, or to request further information or specific data, please contact jennifer.maclachlan@mh.org.au.

This report would not be possible without the contributions of the data custodians who provided information, and we gratefully acknowledge their support.

SECTION A: HEPATITIS B

SECTION A1: NATIONAL SNAPSHOT – HEPATITIS B

IN THIS SECTION

Section A1 includes the following information:

- national and state-/territory-level estimates of CHB prevalence, diagnosis, serology testing uptake, treatment uptake and care uptake
- national and PHN-level estimates of CHB prevalence, priority populations, serology testing uptake, treatment uptake, care uptake and immunisation coverage
- assessment of trends over time in uptake indicators
- assessment of variation between key priority populations in serology testing, care uptake and treatment uptake
- assessment of prescribing and viral load testing by provider specialty according to state/territory and PHN.

Table A.1: Heat map of CHB prevalence, care uptake and treatment uptake in Australia, by PHN, 2024

PHN	PREVALENCE Proportion of the population living with CHB	TREATMENT UPTAKE Proportion of people with CHB who received treatment	CARE UPTAKE Proportion of people with CHB who received care (treatment or monitoring)
NATIONAL AVERAGE IN 2024	**0.82%**	**12.7%**	**27.9%**
NATIONAL STRATEGY 2030 TARGET	**-**	**27.0%**	**80.0%**
Northern Territory	1.76%	11.9%	22.6%
South Western Sydney	1.36%	20.1%	35.7%
Central and Eastern Sydney	1.29%	14.9%	27.8%
Western Sydney	1.29%	17.1%	33.3%
Northern Sydney	1.25%	16.6%	33.7%
Eastern Melbourne	1.19%	13.9%	28.3%
North Western Melbourne	1.10%	14.3%	27.0%
Brisbane South	0.98%	13.1%	33.0%
South Eastern Melbourne	0.95%	12.6%	24.5%
Country WA	0.85%	4.3%	20.5%
Perth North	0.83%	9.3%	23.6%
Perth South	0.80%	10.0%	25.0%
Western Queensland #	0.76%	#	#
Adelaide	0.71%	11.9%	*
Australian Capital Territory	0.68%	15.7%	25.8%
Northern Queensland	0.67%	6.6%	28.2%
Brisbane North	0.63%	8.2%	20.9%
Nepean Blue Mountains	0.60%	9.2%	18.4%
Gold Coast	0.58%	9.5%	23.5%
Darling Downs and West Moreton	0.54%	7.3%	21.9%
Western NSW	0.53%	6.1%	17.0%
South Eastern NSW	0.42%	8.9%	18.9%
Hunter New England and Central Coast	0.42%	7.2%	16.1%
Murray	0.40%	8.6%	18.4%
Murrumbidgee	0.40%	5.5%	12.2%
Central QLD, Wide Bay, Sunshine Coast	0.38%	7.4%	19.7%
Country SA	0.37%	5.9%	*
Western Victoria	0.37%	9.3%	20.1%
North Coast	0.36%	8.4%	16.5%
Gippsland	0.34%	8.0%	15.5%
Tasmania	0.33%	8.5%	13.7%

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network.

Key: Green denotes lowest prevalence and highest care and treatment uptake, with the colour gradient through to red, which denotes highest prevalence and lowest care and treatment uptake.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment and monitoring (viral load test while not receiving treatment) data sourced from Medicare statistics. Care represents either treatment or monitoring in the previous year.

Data suppressed where number of people receiving treatment or monitoring was ≤10.

* Data for SA not reported for this metric due to the extent of the provision of monitoring services outside Medicare and the lack of subjurisdictional data.

STRATEGY TARGETS AND THE CASCADE OF CARE

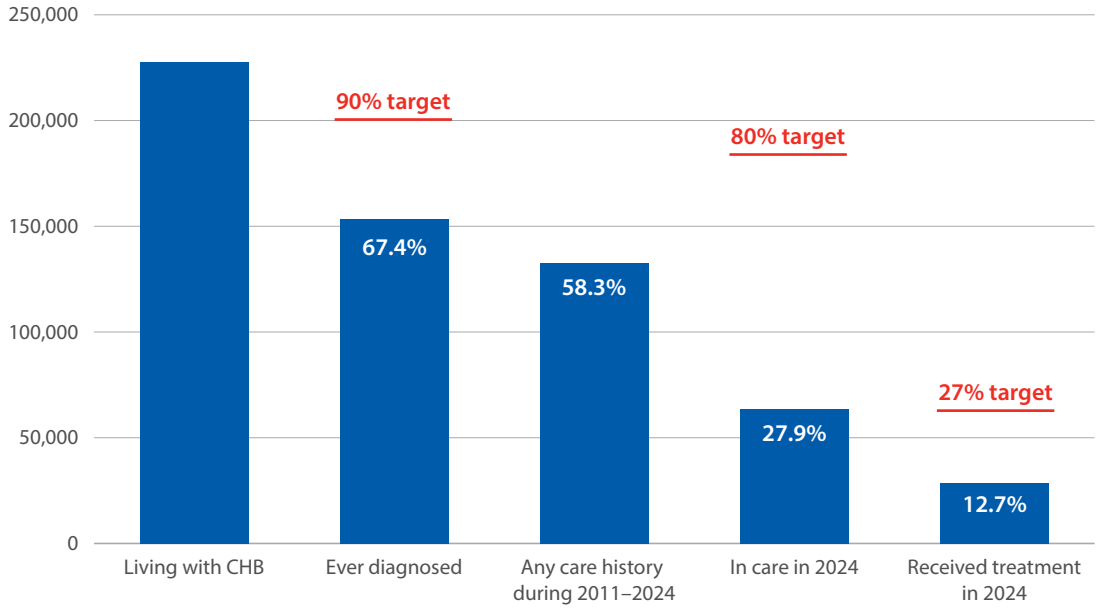
Australia's Fourth National Hepatitis B Strategy 2025–2030[4] targets include:

- ≥90% of people living with CHB diagnosed
- ≥80% of people living with CHB engaged in care
- 27% of people living with CHB receiving treatment.

Additionally, an equity threshold has been included, which means that targets are only considered achieved when they have been reached by all relevant priority populations in all jurisdictions and regions. The Mapping Report assesses care and treatment targets according to geographic region, as well as for the two key priority populations affected by CHB (people born overseas and Aboriginal and/or Torres Strait Islander people), with robust data available. Additional priority populations are identified in the National Strategy and may be assessed in future reporting; for assessment of pregnancy as a priority setting, see the *National Surveillance for Hepatitis B Indicators Report*.

Assessment of uptake against these targets is structured using the cascade of care, which conceptualises the spectrum of clinical care from diagnosis to treatment. This cascade approach allows for comparison of progress towards targets over time and according to population group. The below presents an overview of the current cascade of care for hepatitis B in Australia, and each component is explored fully in each relevant section below.

Figure A.1: CHB cascade of care, Australia, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B.

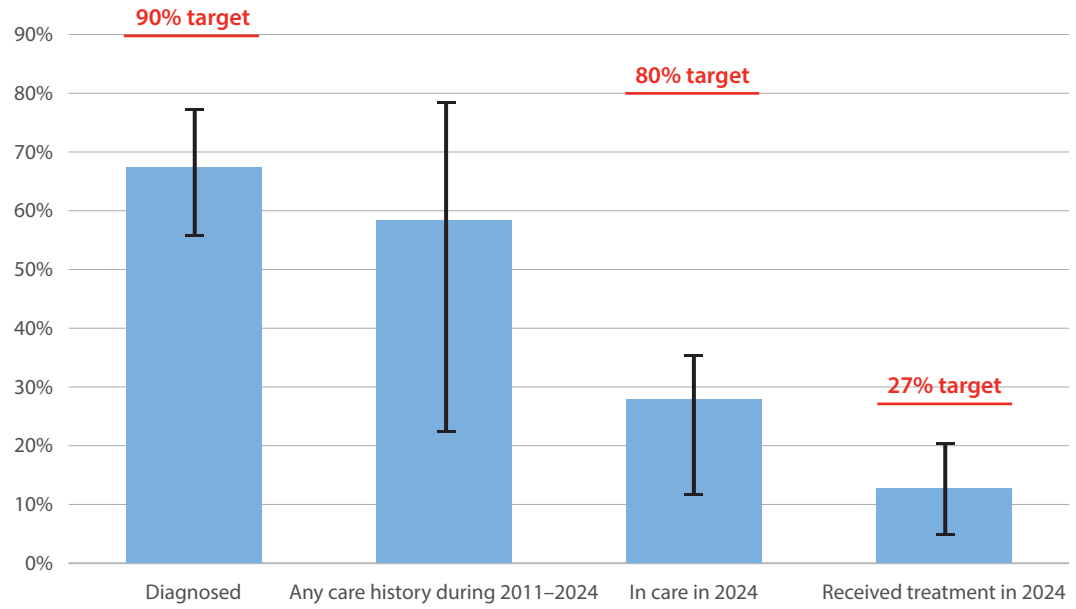
Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Proportion diagnosed estimated using modelling combined with notifications data. Treatment and monitoring (viral load test while not receiving treatment) data sourced from Medicare statistics, supplemented with laboratory data. 'Any care history' represents either viral load testing or treatment at any time from 2011 to 2024. 'In care in 2024' represents either viral load testing or treatment during that year.

(See data for this figure)

In 2024 in Australia, an estimated 227,571 people were living with CHB. Of those, 153,286 (67.4%) had ever been diagnosed; 63,444 (27.9%) people received care in 2024 (either treatment or monitoring); and 28,805 (12.7%) received antiviral treatment in 2024 (Figure A.1). Australia is not currently on track to meet any of the National Strategy targets relating to the cascade of care; assessment of these future projections, as well as additional care components such as liver cancer surveillance and treatment continuation, are assessed in the *National Surveillance for Hepatitis B Indicators Report 2024*.

There is considerable inequity in cascade-of-care metrics by geographic region (Figure A.2). The proportion of people with any care history through Medicare varied from 22.5% to 78.5% by PHN, while care engagement in 2024 ranged from 12.2% to 35.7% by PHN (see Care uptake by Primary Health Network). Treatment uptake varied from 4.3% to 20.1% by PHN, while diagnosis varied from 58.4% to 77.2% by state and territory (data not available by PHN). Care uptake also varied substantially according to key priority population, as summarised in Figure A.3 (see Care uptake among key priority populations).

Figure A.2: Variation in CHB cascade of care by PHN (care and treatment) and by state and territory (diagnosis), 2024

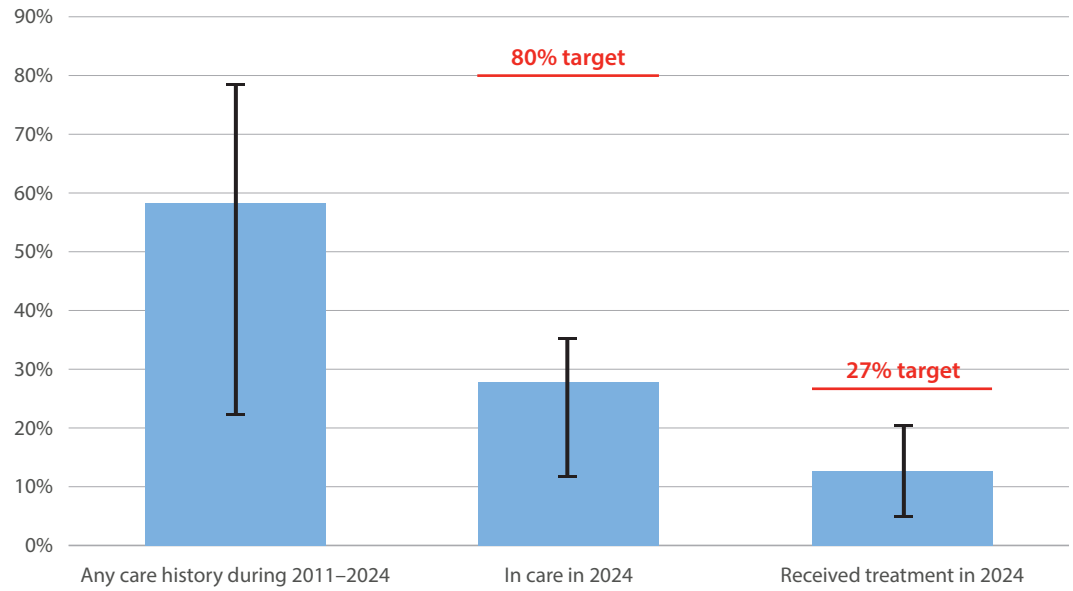


ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PLIDA, Person Level Integrated Data Asset. PHN, Primary Health Network.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Proportion diagnosed estimated using modelling combined with notifications data. Treatment and monitoring (viral load test while not receiving treatment) data sourced from Medicare statistics linked to demographic information derived from the Census and other sources in the PLIDA environment. 'Any care history' represents either viral load testing or treatment at any time since 2011. 'In care in 2024' represents either viral load testing or treatment during that year.

(See data for this figure)

Figure A.3: Variation in CHB cascade of care by priority population, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PLIDA, Person Level Integrated Data Asset.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment and monitoring (viral load test while not receiving treatment) data sourced from Medicare statistics, linked to demographic information derived from the Census and other sources in the PLIDA environment, supplemented with laboratory data. 'Any care history' represents either viral load testing or treatment at any time since 2011. 'In care in 2024' represents either viral load testing or treatment during that year.

(See data for this figure)

PREVALENCE

In 2024 in Australia, an estimated 227,571 people were living with CHB,[5] representing 0.83% of the total population (Table A.2). The number of people living with CHB in Australia has increased consistently since 1995, with the exception of 2020–2021, when international border closures due to the COVID-19 pandemic impacted migration to Australia. The number living with CHB is projected to continue to increase through to at least 2030.[5] For further exploration of trends and future projections in prevalence nationally and by state and territory, see the *National Surveillance for Hepatitis B Indicators Report 2024*.

PREVALENCE BY STATE AND TERRITORY

The highest prevalence of CHB was estimated to be in the NT at 1.76%, and the lowest prevalence in Tas at 0.33%. The prevalence of CHB was also estimated to be above the national average of 0.83% in NSW (0.94%) and Vic (0.92%). Prevalence was similar to the national average in WA (0.82%), and below it in the ACT (0.68%), Qld (0.66%) and SA (0.62%) (Table A.2).

Table A.2: Estimated prevalence of CHB, by state and territory, 2024

State/territory	Total population	People living with CHB	CHB prevalence
ACT	481,677	3,287	0.68%
NSW	8,545,140	79,898	0.94%
NT	262,191	4,615	1.76%
Qld	5,618,765	37,022	0.66%
SA	1,891,670	11,682	0.62%
Tas	575,756	1,895	0.33%
Vic	7,011,123	64,386	0.92%
WA	3,008,697	24,786	0.82%
AUSTRALIA	**27,400,013**	**227,571**	**0.83%**

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B.

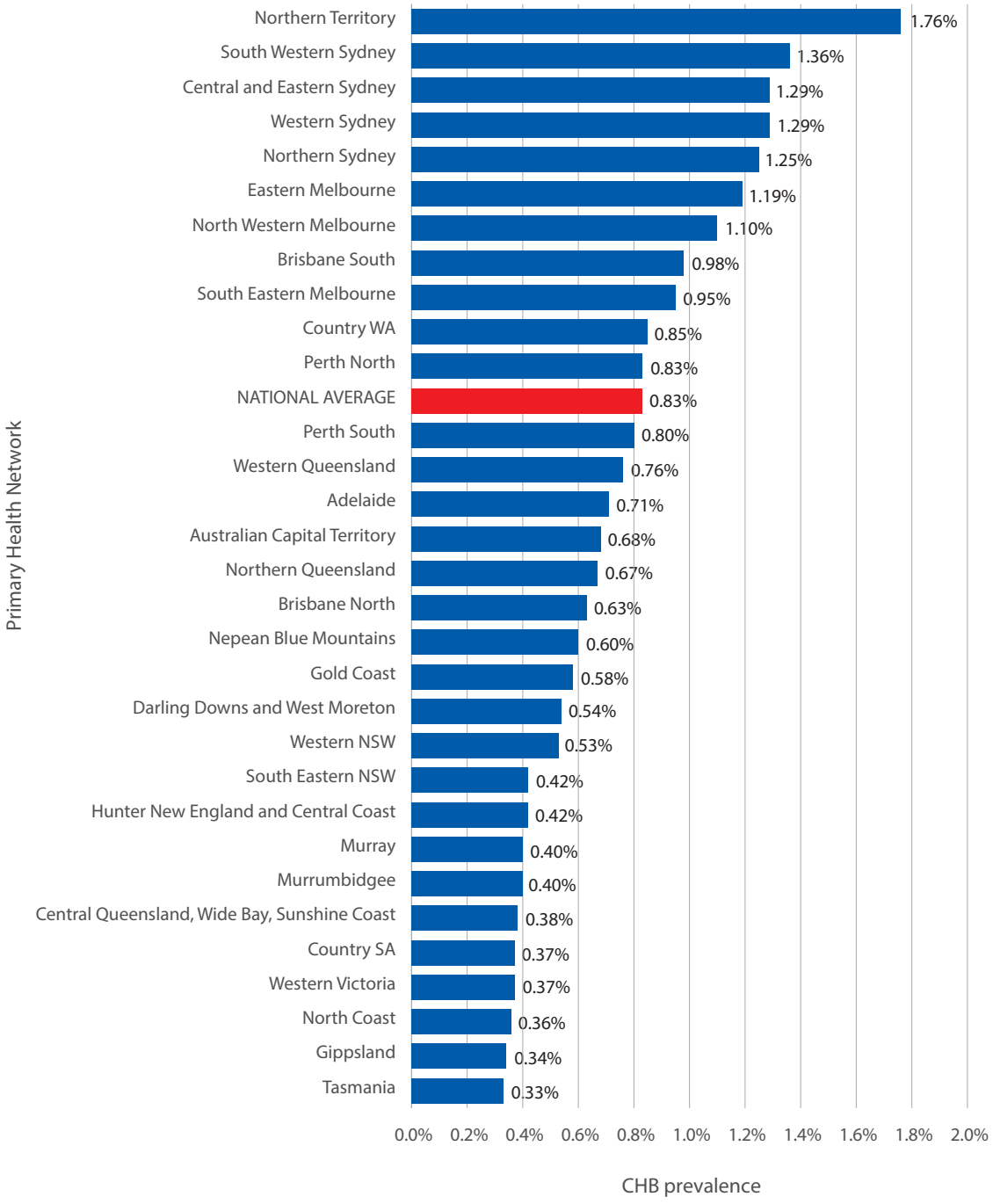
Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data.

Totals may not add up due to inclusion of people without a state/territory of residence recorded in source data.

PREVALENCE BY PRIMARY HEALTH NETWORK

CHB prevalence in 2024 was estimated to be highest in the **Northern Territory** (1.76%), **South Western Sydney** (1.36%), **Central and Eastern Sydney** (1.29%), **Western Sydney** (1.29%), **Northern Sydney** (1.25%), **Eastern Melbourne** (1.19%) and **North Western Melbourne** (1.10%) PHNs (Figure A.4).

Figure A.4: Estimated prevalence of CHB by PHN, 2024



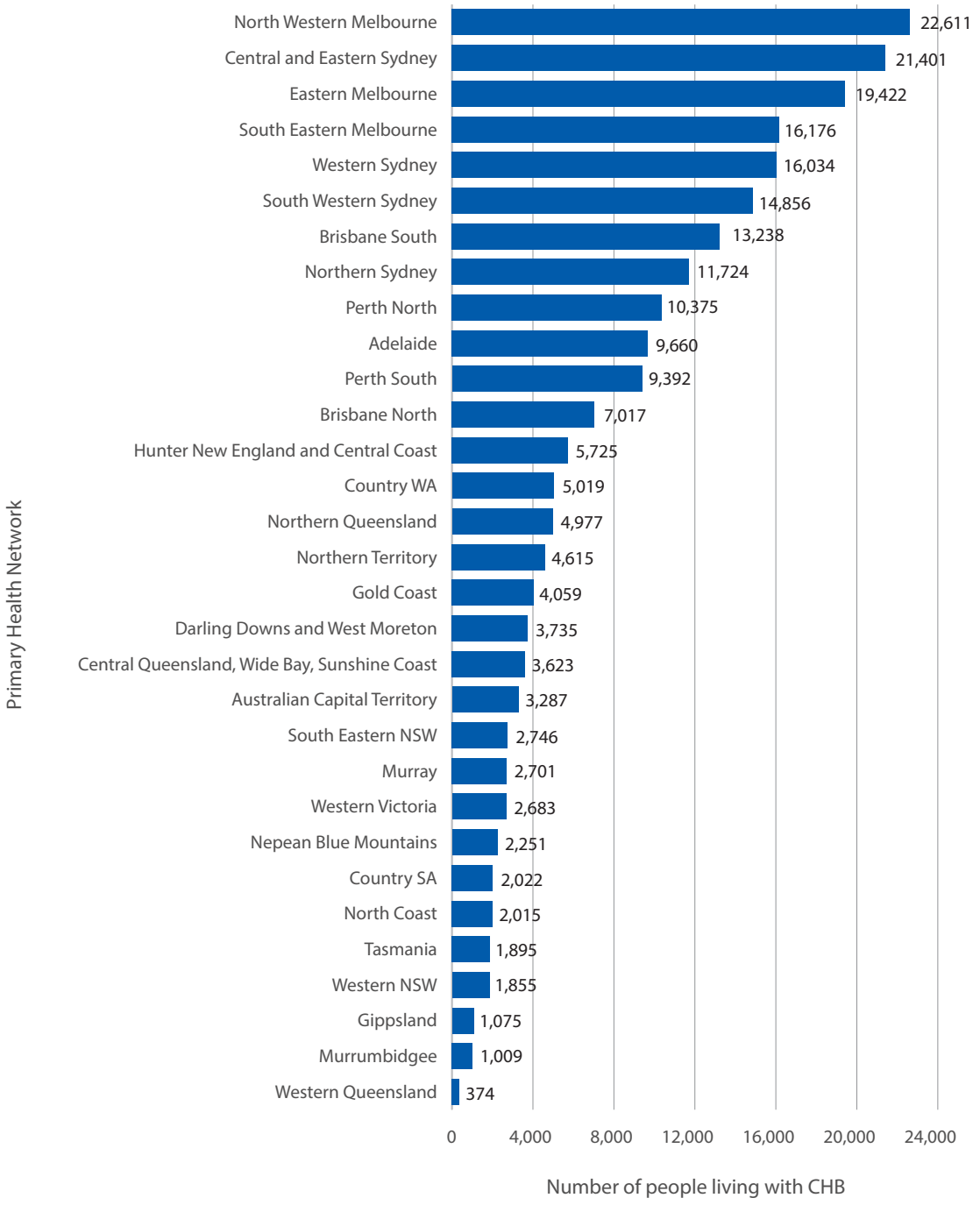
ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. For tabulated data see Section A2.

(See data for this figure)

Due to the distribution of Australia's population, the number of people living with CHB is largest in PHNs covering major cities, most notably Sydney and Melbourne (Figure A.5). The PHNs with the largest populations living with CHB in 2024 were **North Western Melbourne** (22,611 people), **Central and Eastern Sydney** (21,401 people) and **Eastern Melbourne** (19,422 people) (Figure A.5). The six PHNs with the highest number of people living with CHB comprise nearly half (48.6%) of all people living with CHB in Australia (Figure A.5), highlighting the need for programmatic responses to account for the variable burden of CHB according to region.

Figure A.5: Estimated number of people living with CHB by PHN, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. For tabulated data see Section A2. (See data for this figure)

PREVALENCE BY REMOTENESS AREA

CHB prevalence in 2024 was highest in very remote areas (1.67%), where it was approximately double the national average. The high CHB prevalence in very remote and remote areas relates to the greater prevalence in Aboriginal and Torres Strait Islander people, as they make up the majority of residents in very remote and remote areas. This is a contributing factor to the high prevalence observed in the **Northern Territory** PHN, which has a high proportion of residents in very remote areas (Figure A.6). Prevalence according to remoteness, state and territory specific to Aboriginal and Torres Strait Islander people is provided in the 2024 Mapping Report Supplement.

Table A.3: Estimated prevalence of CHB by remoteness area, 2024

Remoteness area	Total population	People living with CHB	CHB prevalence
Major cities	19,802,969	190,808	0.96%
Inner regional	4,747,645	18,451	0.39%
Outer regional	2,138,173	11,577	0.54%
Remote	306,205	3,405	1.11%
Very remote	199,377	3,330	1.67%
AUSTRALIA	**27,400,013**	**227,571**	**0.83%**

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B.

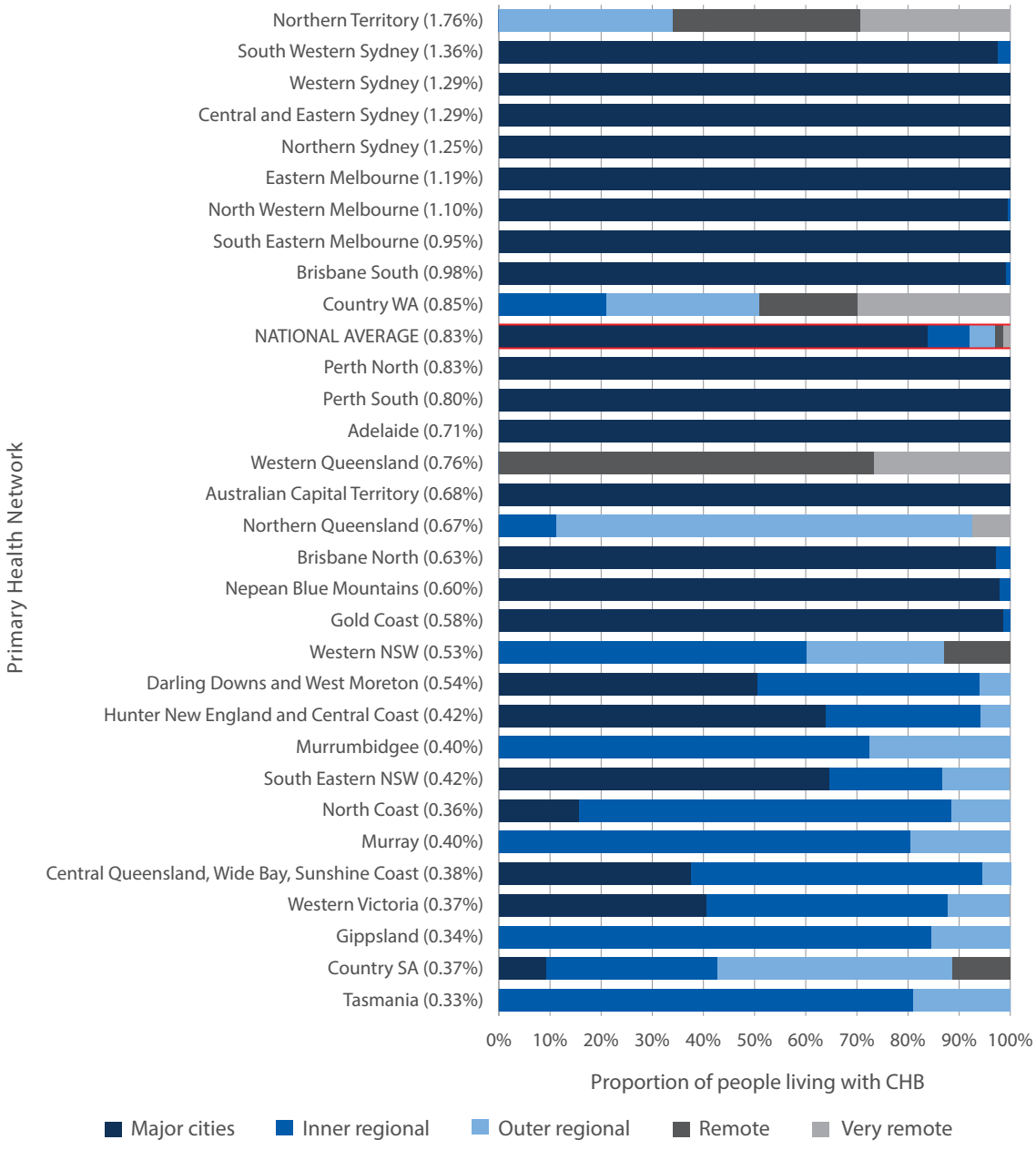
Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Remoteness area categories based on designations by the ABS.[6]

Totals may not add up due to inclusion of people without a remoteness area of residence recorded in source data.

Prevalence was also above the national average in major cities (0.96%) (Table A.3), reflecting the greater proportion of overseas-born people in these regions (Figure A.9).

These disparities are relevant to the design and delivery of services for people living with CHB and highlight the substantial challenges in providing care for people living in more remote regions. In many remote regions, the predominant group living with CHB is Aboriginal and/or Torres Strait Islander people; estimates of care uptake according to Indigenous status are presented in Care uptake among key priority populations. Disparities in care and treatment uptake often reflect the ongoing impact of the legacy of colonisation, institutional racism and systemic disadvantage.

Figure A.6: Proportion of people living with CHB according to remoteness of residence, by PHN, ordered by CHB prevalence (in brackets), 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Remoteness area categories based on designations by the ABS.[6] (See data for this figure)

PREVALENCE BY STATISTICAL AREA 3 REGION

The estimated prevalence of CHB ranged from 0.17% to 3.56% across the 330 Statistical Area 3s (SA3s) where the population was sufficient for estimation. Reflecting findings by PHN, four of the five SA3s with the highest estimated prevalence were located in the **Northern Territory** PHN (Daly – Tiwi – West Arnhem, 3.56%; East Arnhem, 3.41%; Barkly, 3.35%; and Katherine, 2.87%). Other SA3s with high CHB prevalence included Kimberley (3.28%) in the **Country WA** PHN; Fairfield (2.73%) in the **South Western Sydney** PHN; Auburn (2.27%) in the **Western Sydney** PHN; Dandenong (2.25%) in the **South Eastern Melbourne** PHN; Brimbank (2.24%) in the **North Western Melbourne** PHN; and Sunnybank (2.18%) in the **Brisbane South** PHN.

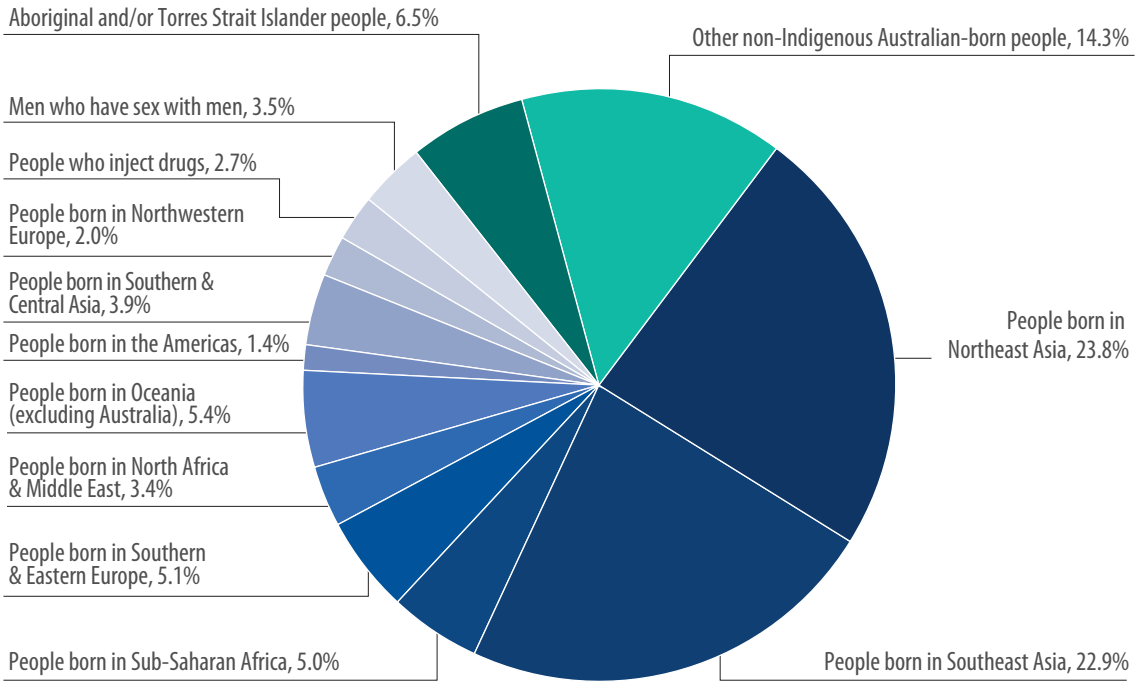
PRIORITY POPULATIONS FOR CHRONIC HEPATITIS B

Country of birth is a key predictor of the risk of CHB for people living in Australia, and 72.8% of all people living with CHB in Australia in 2024 were born overseas.

Regions of birth with the highest prevalence were Northeast Asia (4.93% prevalence, representing 23.8% of the total with CHB) and Southeast Asia (3.92% prevalence, 22.9% of the total) (Figure A.7, Table A.4). A smaller proportion of people in Australia with CHB were born in Oceania (excluding Australia; 5.4% of the total with CHB), Southern and Eastern Europe (5.1%) and Sub-Saharan Africa (5.0%).

Due to the higher prevalence of CHB among people born overseas and the evidence that culturally and linguistically diverse communities in Australia are likely to experience broader health care access disparities,[7] data presented in this section of the report focus on this population. These data can support the identification and prioritisation of people most likely to be living with CHB in Australia. Data regarding care uptake among these populations is presented in Care uptake among key priority populations.

Figure A.7: People living with CHB in Australia, by priority population,* 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. (See data for this figure)

* When a person belonged to more than one population group, they were allocated to only one in the model based on evidence regarding the most common transmission risk, with prioritisation given to country of birth and Aboriginal and/or Torres Strait Islander status.

Totals may not add up due to inclusion of people with an inadequately described country of birth recorded in source data.

Aboriginal and/or Torres Strait Islander people, the majority of whom likely acquired CHB via mother-to-child transmission (MTCT) in the era prior to immunisation,[8] were estimated to represent 6.5% of people living with CHB in Australia. Men who have sex with men were estimated to represent 3.5% of the total, and people who inject drugs were estimated to represent 2.7%. Other Australian-born non-Indigenous people with CHB outside these specified priority populations were estimated to make up 14.3% of the total. This population includes those who acquired CHB through MTCT in Australia (particularly before universal infant hepatitis B vaccination in 2000);[9] sexual contact; and unsterile health care practices, transfusions, tattooing or piercing.

A person may belong to more than one of these groups, but they are allocated to only one priority population, because data regarding the intersectional influence of CHB epidemiology across priority populations are highly limited. The methodology prioritises country of birth and Aboriginal and/or Torres Strait Islander status when allocating populations, as this usually reflects transmission in early life when the risk of developing chronic infection is highest.[10] However, policy responses to CHB should not assume exclusivity of risk group categories, and should recognise that a person may belong to more than one community. Further detail regarding methodology for sourcing these estimates is available in Section C – Data sources and methodology.

Table A.4 People living with CHB in Australia, by priority population,* ordered from highest to lowest prevalence within each subgroup, 2024

Population group	Total population	People living with CHB	Prevalence	Proportion of all people living with CHB
People born in Australia (total)	**18,757,776**	**61,515**	**0.33%**	**27.0%**
People who inject drugs	253,334	6,065	2.39%	2.7%
Men who have sex with men	380,887	8,012	2.10%	3.5%
Aboriginal and/or Torres Strait Islander people	1,042,108	14,928	1.43%	6.5%
Other non-Indigenous Australian-born people^	17,081,447	32,510	0.19%	14.3%
People born overseas (total)	**8,642,237**	**166,056**	**1.92%**	**72.8%**
People born in Northeast Asia	1,098,802	54,153	4.93%	23.8%
People born in Southeast Asia	1,334,682	52,275	3.92%	22.9%
People born in Sub-Saharan Africa	467,396	11,330	2.42%	5.0%
People born in Southern and Eastern Europe	684,152	11,650	1.70%	5.1%
People born in North Africa and Middle East	548,303	7,854	1.43%	3.4%
People born in Oceania (excluding Australia)	846,601	12,297	1.45%	5.4%
People born in the Americas	469,270	3,102	0.66%	1.4%
People born in Southern and Central Asia	1,644,758	8,897	0.54%	3.9%
People born in Northwestern Europe	1,548,274	4,498	0.29%	2.0%
AUSTRALIA	**27,400,013**	**227,571**	**0.83%**	**100.0%**

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. MTCT, mother-to-child transmission.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data.

* When a person belonged to more than one population group, they were allocated to only one in the model based on evidence regarding the most common transmission risk, with prioritisation given to country of birth and Aboriginal and/or Torres Strait Islander status.

^ 'Other non-Indigenous Australian-born people' includes those who acquired CHB through modes such as MTCT in Australia (particularly before universal infant hepatitis B vaccination in 2000);[9] sexual contact; and unsterile health care practices, transfusions, tattooing or piercing.

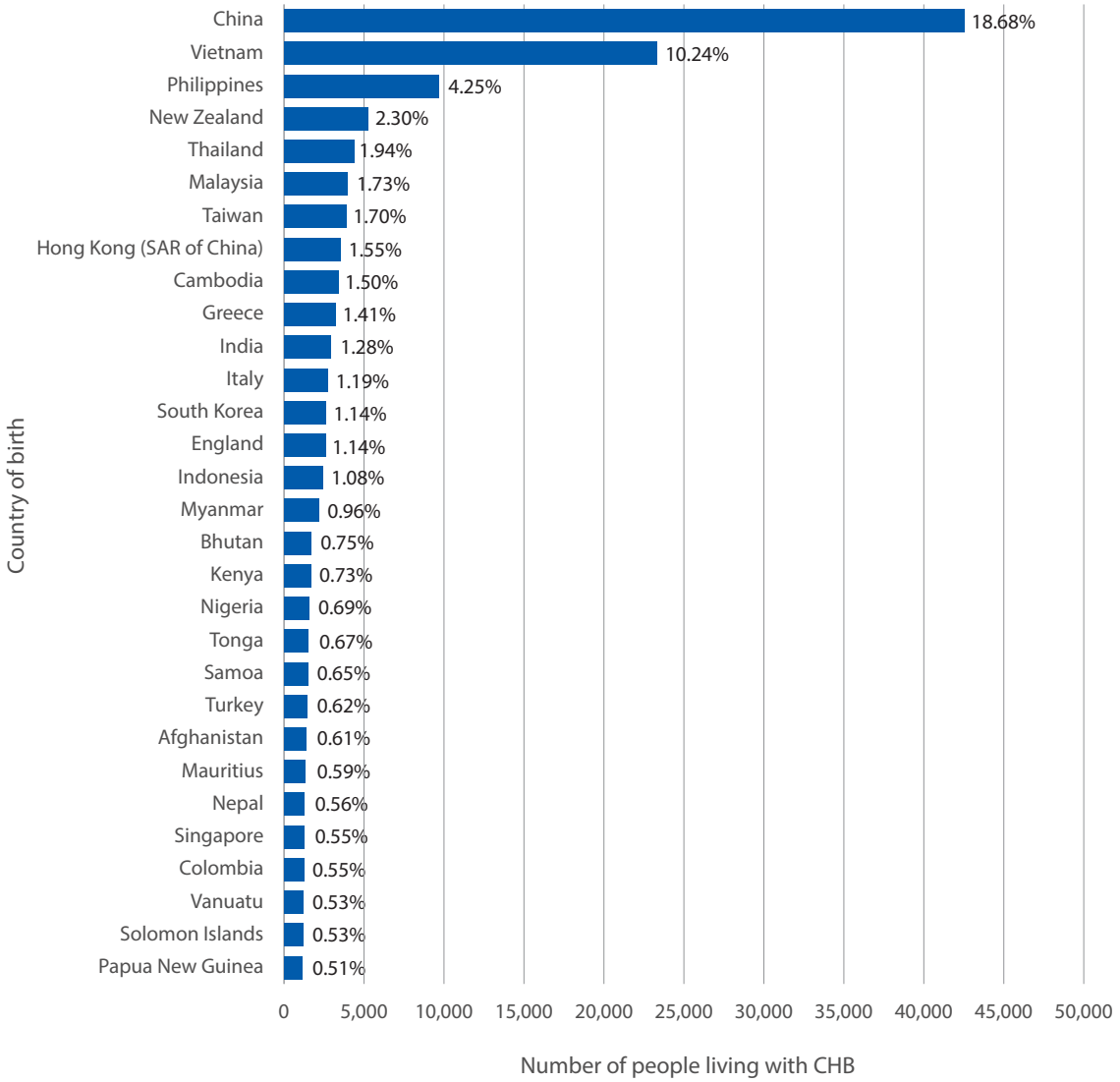
Totals may not add up due to inclusion of people with an inadequately described country of birth recorded in source data.

PRIORITY COUNTRIES OF BIRTH FOR CHRONIC HEPATITIS B

Among all people living with CHB in Australia who were born overseas, the most common countries of birth were in the Asia–Pacific region (Figure A.7, Figure A.8). The most common countries of birth were China (18.68% of all people with CHB) and Vietnam (10.24%) (Figure A.8), which together represented more than one-quarter of people with CHB. The 14 most common countries of birth comprised half of all people living with CHB in Australia.

These patterns reflect both the variation in prevalence of CHB by country of birth and the total number of people born in these countries living in Australia. Because of this, some countries, such as New Zealand and England, rank highly due to their very large populations within Australia, despite not being countries with a high prevalence of CHB (although they may include subpopulations with a higher prevalence, such as Māori). Conversely, many countries in Sub-Saharan Africa and the Pacific have high CHB prevalence but lower numbers of people living in Australia. For more extensive data regarding prevalence of CHB by country of birth, see the 2024 Mapping Report Supplement.

Figure A.8: Number (bars) and proportion of total with CHB (labels) of people born overseas and living with CHB in Australia, by country of birth (top 30 countries), 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. SAR, Special Administrative Region.

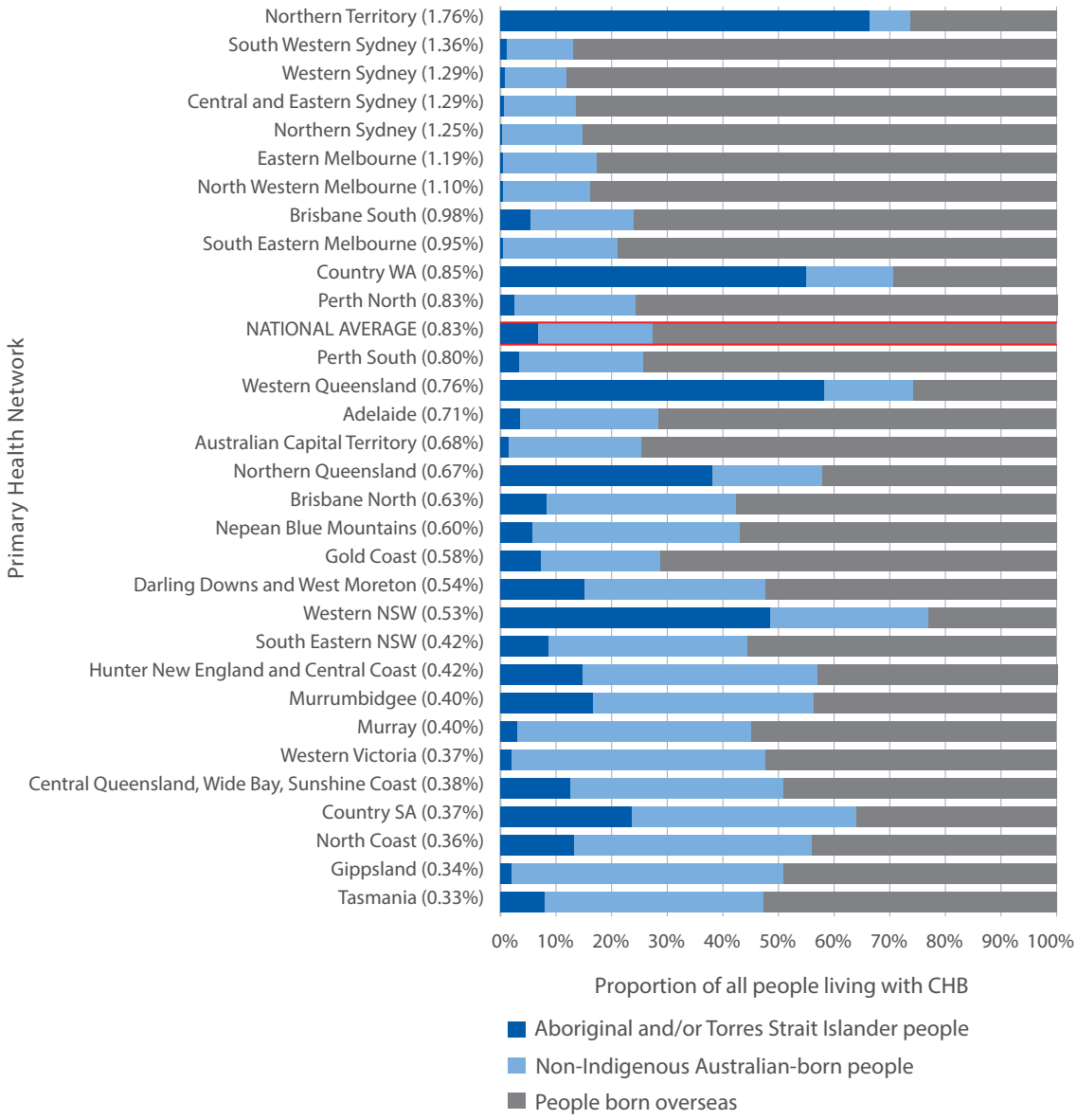
Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Country-specific data sourced predominantly from local antenatal studies.[11,12]
(See data for this figure)

KEY PRIORITY POPULATIONS FOR CHRONIC HEPATITIS B BY PRIMARY HEALTH NETWORK

In Australia, people born overseas and Aboriginal and/or Torres Strait Islander people are the two priority populations with the highest number of people living with CHB. In most PHNs, people born overseas are the most common group living with CHB, reflecting the overall national distribution. However, in four PHNs, Aboriginal and/or Torres Strait Islander people represent the largest group of people living with CHB: **Northern Territory**, **Western Queensland**, **Country WA** and **Western NSW** (Figure A.9). In the **Northern Queensland** PHN, the proportions of people born overseas and Aboriginal and/or Torres Strait Islander people were similar.

These PHNs generally have a higher proportion of residents in remote regions (see Figure A.6), where population sizes are often smaller and more widely distributed geographically; for relative comparison of the total number of people living with CHB in each PHN, see Figure A.5. Consideration of the particular priority populations affected in each PHN can assist when designing culturally appropriate and effective public health responses to CHB in local communities.

Figure A.9: Proportion of people living with CHB according to priority population, by PHN, ordered by CHB prevalence (in brackets), 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. (See data for this figure)

REMOTENESS OF RESIDENCE FOR CHRONIC HEPATITIS B BY PRIMARY HEALTH NETWORK

The variation in priority populations by region has impacts on the distribution of people living with CHB by remoteness area, as where people live varies by population group. In PHNs where Aboriginal and/or Torres Strait Islander people represent the largest group living with CHB, the residential location is predominantly rural or remote (Figure A.6). Conversely, PHNs where most people living with CHB were born overseas are predominantly located in major cities. This distribution has relevance for the appropriate design and delivery of services for people living with CHB, and highlights that for some populations there may need to be further investment in services located outside major cities to address gaps in access to care.

PRIORITY COUNTRIES OF BIRTH FOR CHRONIC HEPATITIS B BY PRIMARY HEALTH NETWORK

In addition to variation in the proportion of people living with CHB who were born overseas by PHN (Figure A.9), there is also variation in the most common countries of birth among those born overseas. This is due to differences in both migration patterns and in the age distribution of migrants in a given area, as age distribution is associated with CHB prevalence. These factors lead to variation by PHN in the most common groups living with CHB.

The three most common overseas countries of birth for people living with CHB in each PHN are presented in Table A.5. China was the most common overseas country of birth in the majority of PHNs (Table A.5), reflecting the national pattern (Figure A.8). However, for some PHNs, the most common overseas country of birth was Vietnam or the Philippines (Table A.5). This variation from the national average was most pronounced in the **South Western Sydney** PHN, where 34.8% of people with CHB were born in Vietnam, compared to 10.2% nationally. Although New Zealand is not a country with a high CHB prevalence, the high population in many areas led to it being the most common overseas country of birth in one PHN.

More detailed ranking information is available on request, and data regarding prevalence by country is provided in the 2024 Mapping Report Supplement. Consideration of predominant overseas countries of birth in a given region can assist with tailoring responses to the local linguistic and cultural context. Data regarding the most common languages spoken by people with CHB is also available upon request.

Table A.5: Top three overseas countries of birth for people living with CHB and proportion of the total number living with CHB, by PHN, ordered by CHB prevalence, 2024

PHN (by CHB prevalence)	Most common overseas country of birth for people with CHB in this PHN	Proportion of the total with CHB in PHN who were born in this country	2nd most common overseas country of birth for people with CHB in this PHN	Proportion of the total with CHB in PHN who were born in this country	3rd most common overseas country of birth for people with CHB in this PHN	Proportion of the total with CHB in PHN who were born in this country
AUSTRALIA	**China**	**18.7%**	**Vietnam**	**10.2%**	**Philippines**	**4.25%**
Northern Territory	Philippines	4.8%	China	2.5%	Vietnam	2.5%
South Western Sydney	Vietnam	34.8%	China	9.4%	Cambodia	6.2%
Western Sydney	China	31.5%	Vietnam	7.9%	Philippines	7.6%
Central and Eastern Sydney	China	34.9%	Vietnam	7.7%	Thailand	3.4%
Northern Sydney	China	43.4%	Hong Kong (SAR of China)	5.3%	South Korea	3.6%
Eastern Melbourne	China	38.3%	Vietnam	7.6%	Malaysia	3.9%
North Western Melbourne	Vietnam	22.0%	China	12.4%	Philippines	4.6%
Brisbane South	China	17.3%	Vietnam	10.9%	Taiwan	6.7%
South Eastern Melbourne	China	16.0%	Vietnam	12.6%	Cambodia	7.0%

Continued next page

PHN (by CHB prevalence)	Most common overseas country of birth for people with CHB in this PHN	Proportion of the total with CHB in PHN who were born in this country	2nd most common overseas country of birth for people with CHB in this PHN	Proportion of the total with CHB in PHN who were born in this country	3rd most common overseas country of birth for people with CHB in this PHN	Proportion of the total with CHB in PHN who were born in this country
Country WA	Philippines	4.5%	NZ	3.4%	Vanuatu	3.3%
Perth North	Vietnam	12.7%	China	8.9%	Philippines	4.1%
Perth South	China	13.7%	Philippines	6.7%	Malaysia	5.6%
Western Queensland	#	#	#	#	#	#
Adelaide	China	14.8%	Vietnam	12.8%	Philippines	3.5%
Australian Capital Territory	China	19.7%	Vietnam	8.6%	Bhutan	4.9%
Northern Queensland	Philippines	5.0%	Vanuatu	4.3%	NZ	3.0%
Brisbane North	China	9.6%	NZ	5.8%	Philippines	5.2%
Nepean Blue Mountains	Philippines	8.2%	China	7.8%	NZ	2.7%
Gold Coast	China	16.1%	NZ	11.7%	Philippines	4.5%
Darling Downs and West Moreton	Philippines	5.3%	NZ	5.3%	Vietnam	4.3%
Western NSW	#	#	#	#	#	#
South Eastern NSW	China	7.8%	Vietnam	4.4%	Philippines	4.2%
Hunter New England and Central Coast	China	7.4%	Philippines	4.3%	Vietnam	2.8%
Murrumbidgee	#	#	#	#	#	#
Murray	Philippines	5.1%	China	4.7%	Vietnam	4.3%
Western Victoria	NZ	7.4%	Philippines	5.5%	China	4.0%
Central Queensland, Wide Bay, Sunshine Coast	#	#	#	#	#	#
Country SA	China	8.4%	Philippines	5.1%	Vietnam	3.5%
North Coast	#	#	#	#	#	#
Gippsland	#	#	#	#	#	#
Tasmania	China	13.9%	Vietnam	3.6%	Bhutan	3.2%

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. NZ, New Zealand. PHN, Primary Health Network. SAR, special administrative region.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data.

Data suppressed where total number of people living with CHB who were born overseas was <1,000.

TESTING AND DIAGNOSIS

In Australia, it is estimated that 67.4% of people living with CHB in 2024 have ever been diagnosed. This estimate is based only on notified cases of positive diagnostic testing and does not necessarily mean that the person living with CHB is aware of and understands their condition.

Diagnosis remains below the 90% National Strategy target by 2030, and has declined over time. Although there continue to be diagnoses of CHB occurring, these are not keeping pace with the increasing number of people living with CHB.[5]

DIAGNOSIS BY STATE AND TERRITORY

The estimated proportion of people living with CHB who have been diagnosed varied between jurisdictions (Table A.6) and was estimated to be highest in NSW (77.2%) and the NT (73.1%). Estimates for all other states and territories were similar to or below the national average of 67.4% (Table A.6).

These estimates are subject to uncertainty in the movement between states and territories of people who have been diagnosed; for detailed exploration of the impact of these variations, see the *National Surveillance for Hepatitis B Indicators Report 2024*.

Table A.6: Estimated proportion of people living with CHB who have been diagnosed, by state and territory, 2024

State/ territory	People living with CHB	Proportion who have been diagnosed	Number who have been diagnosed	Number remaining undiagnosed
ACT	3,287	63.8%	2,097	1,190
NSW	79,898	77.2%	61,657	18,241
NT	4,615	73.1%	3,375	1,240
Qld	37,022	63.0%	23,316	13,706
SA	11,682	65.7%	7,680	4,002
Tas	1,895	58.4%	1,106	789
Vic	64,386	63.1%	40,609	23,777
WA	24,786	54.2%	13,446	11,340
AUSTRALIA	**227,571**	**67.4%**	**153,286**	**74,285**

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Proportion diagnosed estimated using modelling combined with notifications data.

Totals may not add up due to individual modelling of diagnosis in each state and territory, and the inclusion of those without a specified state or territory of residence in source population data.

DIAGNOSTIC TESTING OVER TIME

Assessing progress towards diagnosis targets includes measurement of trends in serology testing, using data available from the Medicare Benefits Schedule (MBS). Although these Medicare items include all hepatitis serology (i.e. hepatitis A, B, C, D and E) and are not specific, most tests include hepatitis B serology[13] and represent an effective proxy for diagnostic testing for hepatitis B.

From 2011 to 2024, a total of 9,349,409 people received at least one hepatitis serology test via the MBS, representing 34.1% of the total Australian population in 2024 (Table A.7).

This proportion varied by state and territory; it was highest in the NT (41.7%) and lowest in Tas (28.6%) (Table A.7). Testing coverage may be influenced by proportion of the population belonging to priority groups recommended for testing, as well as the age distribution of the population, given older individuals are more likely to have been tested prior to 2011.

Table A.7: Total number of people who received a hepatitis serology test during 2011–2024, and proportion of the population tested, by state and territory

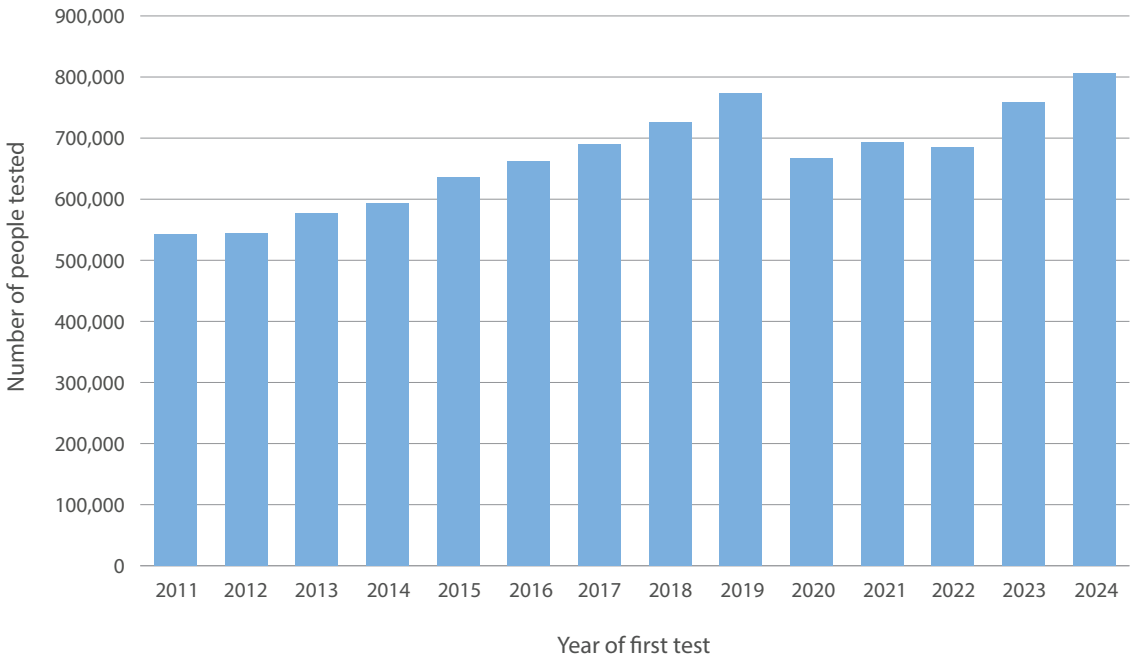
State/territory	Number of people who received hepatitis serology testing	Total population, 2024	Proportion of the population tested
ACT	156,138	481,677	32.4%
NSW	3,135,407	8,545,140	36.7%
NT	109,443	262,191	41.7%
Qld	1,913,640	5,618,765	34.1%
SA	574,200	1,891,670	30.4%
Tas	164,537	575,756	28.6%
Vic	2,335,913	7,011,123	33.3%
WA	960,131	3,008,697	31.9%
AUSTRALIA	**9,349,409**	**27,400,013**	**34.1%**

ABS, Australian Bureau of Statistics.

Data source: Testing data sourced from Medicare statistics for hepatitis and antenatal serology. Population denominator sourced from ABS estimated resident population.

Totals may not add up due to inclusion of people without a state/territory of residence recorded in source data.

Figure A.10: Number of people who received hepatitis serology testing, by year, 2011–2024

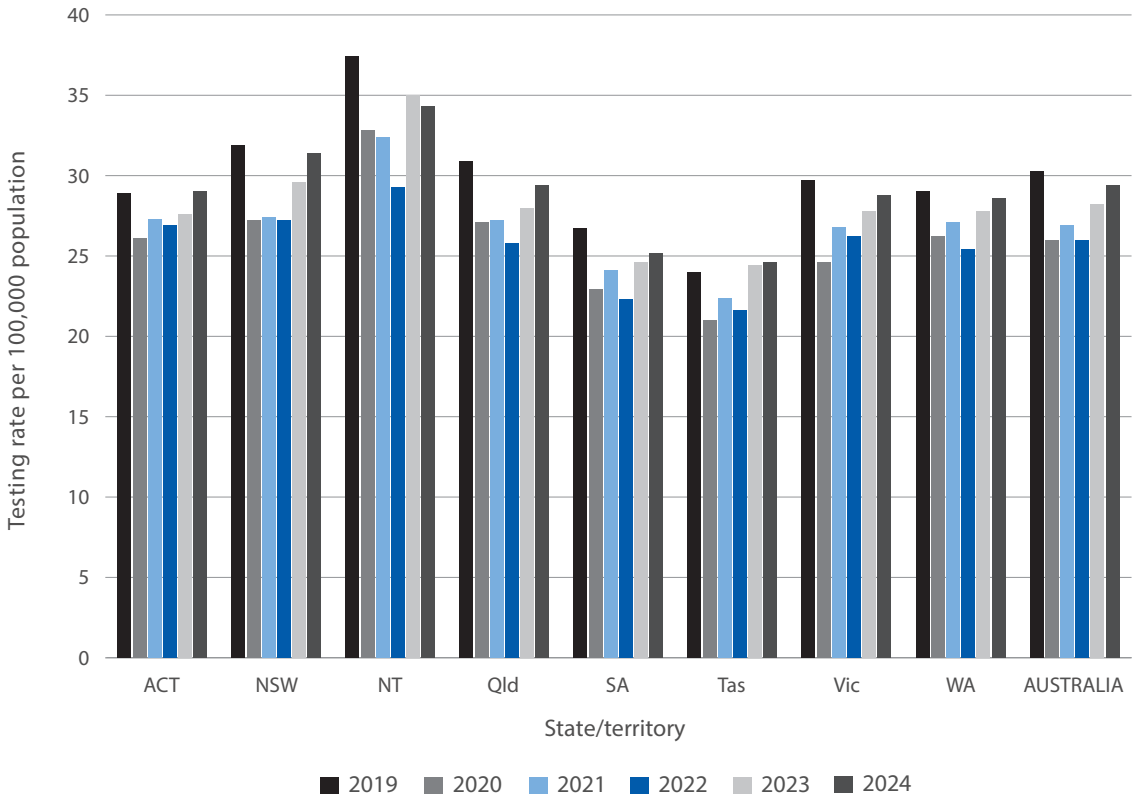


Data source: Testing data sourced from Medicare statistics for hepatitis and antenatal serology. (See data for this figure)

The number of people receiving testing, adjusted for population, increased by an average of 3.2% per year between 2011 and 2019 (Figure A.10). This increase occurred in all states and territories, with an average yearly increase of between 2.5% (in the ACT) and 6.1% (in the NT). From 2020 to 2022, testing declined, likely reflecting the disruptions to routine health service access and travel restrictions in response to the COVID-19 pandemic in Australia (Figure A.10).

This decline occurred in all states and territories (Figure A.11). The rate of testing has since increased, but by 2024 it had only returned to above 2019 baseline levels in the ACT and Tas. Testing trends also varied substantially according to population group, as described in Diagnostic testing over time by age group and sex and Diagnostic testing over time by priority population.

Figure A.11: Rate of people who had a hepatitis serology test by state and territory and year, 2019–2024



ABS, Australian Bureau of Statistics.

Data source: Testing data sourced from Medicare statistics for hepatitis and antenatal serology. Population denominator sourced from ABS estimated resident population. (See data for this figure)

DIAGNOSTIC TESTING OVER TIME BY AGE GROUP AND SEX

From 2011 to 2019, there was a larger increase in the number of males who received serology testing (7.4% per year) than among females (3.9% per year). The decline during 2020 occurred across both groups but was larger among males (17.4% compared to 11.1% among females). Testing has since exceeded the 2019 baseline level only among females, while among males it remains at similar levels. As hepatitis serology testing includes antenatal serology, this may reflect the greater likelihood of routine screening among females.

There was an increase in the number of people being tested from 2011 to 2019 in all age groups, and the highest increase occurred among those aged over 60 years. The decline during 2020 was also consistent across age groups, and testing has not yet returned to baseline levels among those aged 40–59 years.

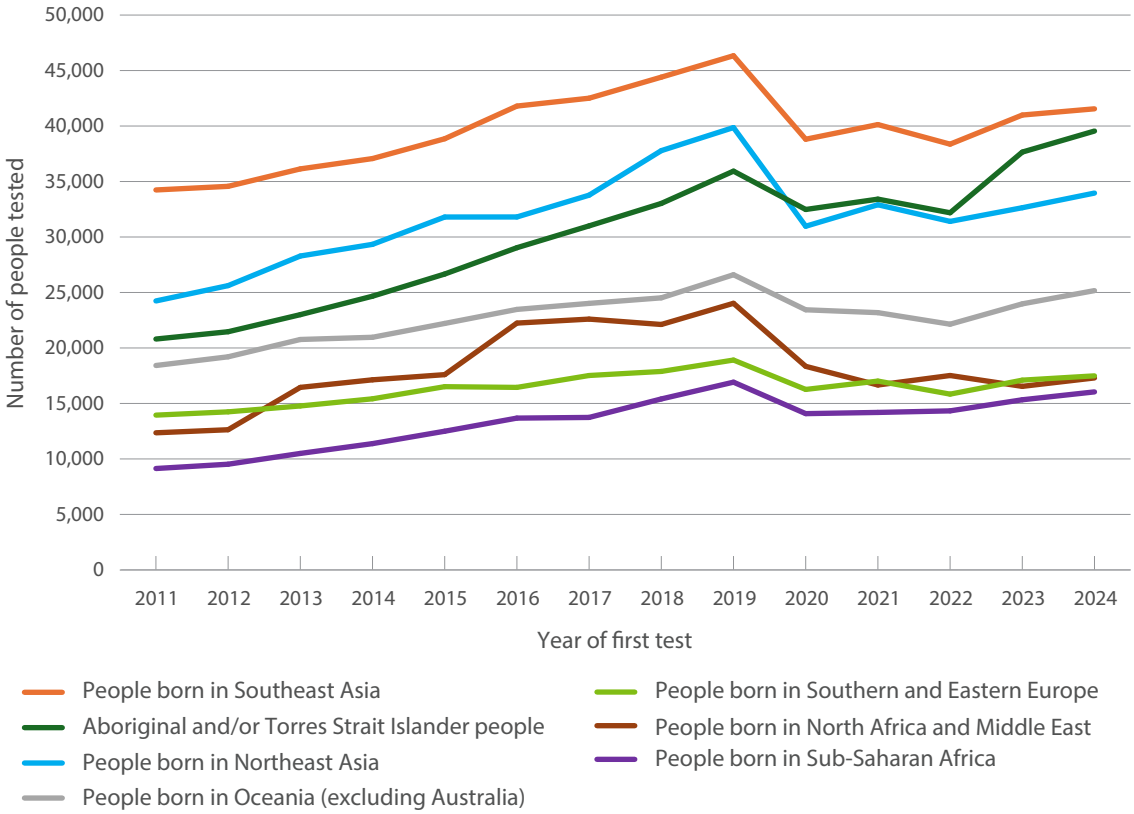
DIAGNOSTIC TESTING OVER TIME BY PRIORITY POPULATION

The number of people receiving hepatitis serology testing over time is presented in Figure A.12 for those populations in which hepatitis B prevalence is estimated to be above the national average (see Table A.4).

Among Aboriginal and/or Torres Strait Islander people, testing increased by 9.1% per year from 2011 to 2019, greater than the change among the total population (5.2% per year). After declines in 2020, testing increased to above the 2019 baseline for this priority population by 2023 (Figure A.12).

Testing increased the most rapidly from 2011 to 2019 in those born in North Africa and the Middle East (11.8% per year) and those born in Sub-Saharan Africa (10.6% per year) (Figure A.12). Testing declined in people born overseas in all regions during 2020, and has remained below 2019 levels (Figure A.12). This is despite continued increases in migration from all these regions during that period.[14] The largest declines between 2019 and 2024 occurred in those born in North Africa and the Middle East (28.0%), Northeast Asia (14.8%) and Southeast Asia (10.3%). This reduction in testing in key priority populations likely contributes to the decrease in the number of new hepatitis B cases notified, and thus the estimated proportion of people living with CHB who have been diagnosed.

Figure A.12: Number of people who received hepatitis serology testing, by year and priority population, 2011–2024



ABS, Australian Bureau of Statistics. PLIDA, Person Level Integrated Data Asset.

Data source: Testing data sourced from Medicare statistics for hepatitis and antenatal serology, linked to demographic information derived from the Census and other sources in the PLIDA environment. Population denominator sourced from ABS estimated resident population. (See data for this figure)

MONITORING AND CARE

From 2011 to 2024, a total of 132,615 people currently living in Australia had either a hepatitis B viral load test or hepatitis B treatment through Medicare, representing 58.3% of the total estimated population to be living with CHB. This indicates that more than one-third of those currently living with CHB have not received either of the key components of guideline-based care for their CHB through Medicare in the past 15 years.

In 2024, 24,473 people received a viral load test for CHB through Medicare while not on treatment (defined as receiving monitoring). An estimated 10,166 additional people received a viral load test via funding streams outside Medicare (see Section C – Hepatitis B diagnostic testing, treatment and care) in WA, SA and Qld.

When combined with the 28,805 people who received treatment (see Treatment), this represented 63,444 people who received CHB care (defined as treatment ***or*** monitoring) in 2024, or 27.9% of those living with CHB in Australia. This represents only one-third of the National Strategy target of 80% by 2030.

Comprehensive guideline-based care for CHB includes a range of other components, including surveillance for liver cancer where indicated and continuation of hepatitis B treatment to maintain viral suppression; uptake of these is assessed in the *National Surveillance for Hepatitis B Indicators Report 2024*.

CARE UPTAKE BY STATE AND TERRITORY

Care uptake in 2024 was estimated to be highest in NSW (31.7%) and SA (28.6%). Uptake was similar to the national average in Vic (26.0%), Qld (26.3%), the ACT (25.8%) and WA (24.8%), and below the national average in the NT (22.6%) and Tas (13.7%) (Table A.8). As the measure of care used includes treatment as a component, patterns of care often reflect those for treatment (see Treatment uptake by state and territory).

Due to population size, the highest number of people who had no care from 2011 to 2024 were living in NSW (25,748 people not in care) and Vic (23,104 people not in care).

Uptake of any care from 2011 to 2024 was similar in the states and territories with available reporting (see Section C – Hepatitis B diagnostic testing, treatment and care) except for Tas (39.3%), where uptake was substantially lower than the national average (Table A.8).

Table A.8: Historical and current CHB care uptake, by state and territory

State/ territory	People living with CHB	People who had any care during 2011–2024	Uptake of any care during 2011–2024	People in care in 2024	Care uptake in 2024	People who had no care during 2011–2024	Proportion of all people who had no care during 2011–2024
ACT	3,287	2,153	65.5%	847	25.8%	1,134	1.4%
NSW	79,898	53,867	67.7%	25,304	31.7%	25,748	33.7%
NT	4,615	2,675	58.0%	1,041	22.6%	1,940	2.1%
Qld	37,022	*	*	9,746	26.3%	*	*
SA	11,682	*	*	3,343	28.6%	*	*
Tas	1,895	744	39.3%	260	13.7%	1,151	1.0%
Vic	64,386	41,564	64.3%	16,768	26.0%	23,104	28.3%
WA	24,786	*	*	6,135	24.8%	*	*
AUSTRALIA	**227,571**	**132,615**	**58.3%**	**63,444**	**26.2%**	**94,956**	**-**

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment and monitoring (viral load test while not receiving treatment) data sourced from Medicare statistics supplemented with laboratory data.

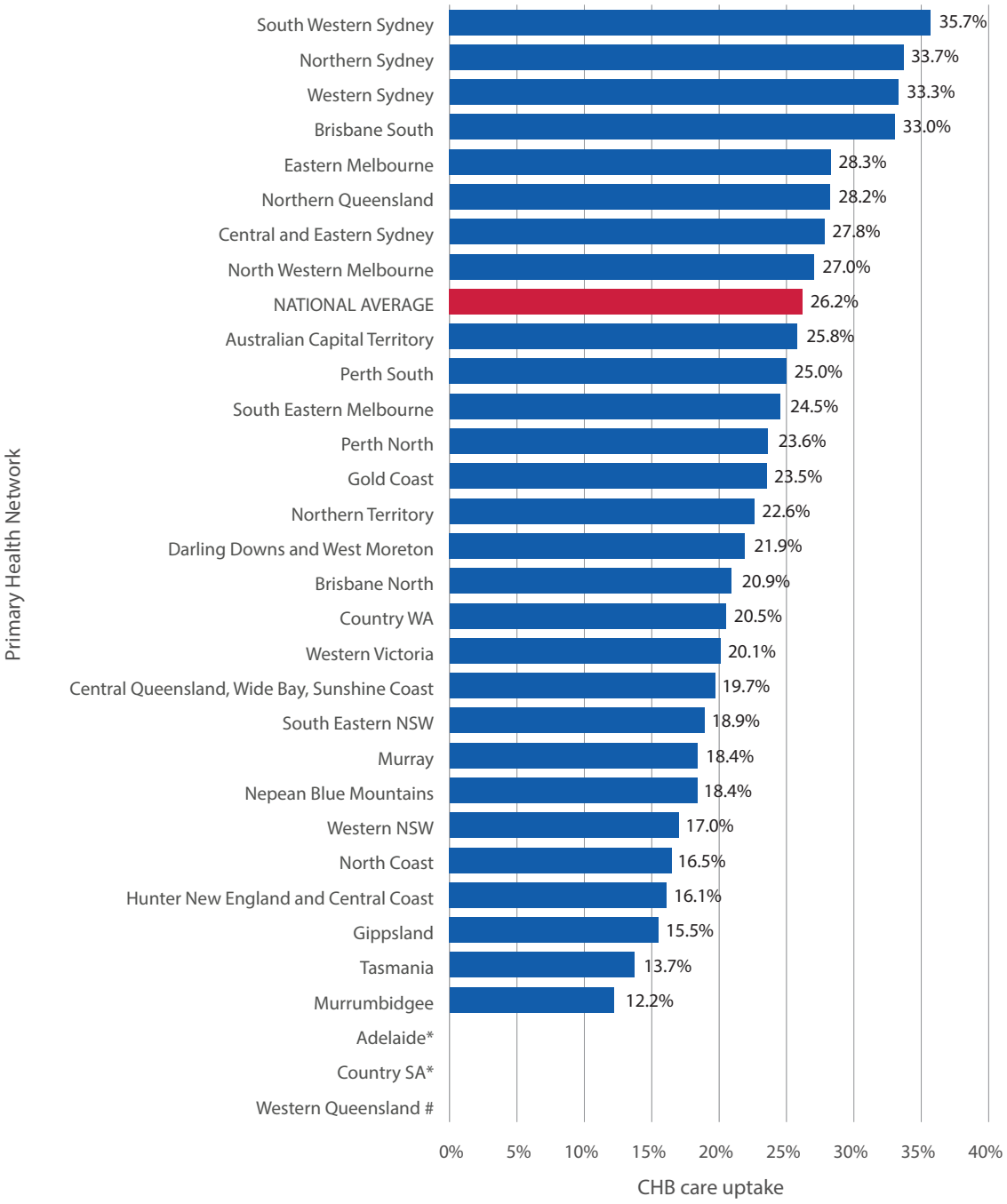
* Data for SA, Qld and WA not reported for this metric due to the extent of the provision of monitoring services outside Medicare and the lack of availability of historical monitoring data.

Totals may not add up due to inclusion of people without a state/territory of residence recorded in source data. The number of people receiving monitoring may be underestimated in some states and territories due to provision of viral load tests outside Medicare.

CARE UPTAKE BY PRIMARY HEALTH NETWORK

Care uptake in 2024 was highest in **South Western Sydney** (35.7%), **Northern Sydney** (33.7%), **Western Sydney** (33.3%) and **Brisbane South** (33.0%) (Figure A.13); however, even in these PHNs, it was less than half the 2030 National Strategy target of 80%.

Figure A.13: CHB care uptake, ranked by PHN, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Care data (treatment and monitoring) sourced from Medicare statistics, supplemented with laboratory data. (See data for this figure)

PHN rankings based on raw care uptake data; percentage differences may be obscured by rounding.

Data suppressed where number of people receiving treatment or monitoring was ≤10.

* Data for SA not reported for this metric due to the extent of the provision of monitoring services outside Medicare and the lack of subjurisdictional data.

The proportion of people who had any care from 2011 to 2024 was highest in **South Western Sydney** (78.5%), **Western Sydney** (74.1%) and **Northern Sydney** (69.1%), indicating that even in the highest uptake regions, up to one-quarter had no history of care (*National Surveillance for Hepatitis B Indicators Report 2024*). These metrics may provide insight into the proportion of people in a given region who are not yet diagnosed with CHB. These data highlight that although many people may have received once-off or intermittent monitoring, there is a need for improvement in the sustained care engagement.

CARE UPTAKE BY STATISTICAL AREA 3 REGION

Of the 252 SA3s with sufficient data available for reliable reporting (see Section C – Table C.2), estimated care uptake was highest in Far North (64.5%) in the **Northern Queensland** PHN; Forest Lake – Oxley (48.3%) in the **Brisbane South** PHN; Darwin City (46.0%) in the **Northern Territory** PHN; Fairfield (43.3%) and Auburn (42.0%) in the **South Western Sydney** PHN; Carlingford (43.3%) in the **Western Sydney** PHN; Pennant Hills – Epping (42.1%) in the **Northern Sydney** PHN; and Brimbank (40.9%) in the **North Western Melbourne** PHN.

Care uptake is also estimated to be high[15] in the East Arnhem SA3 in the **Northern Territory** PHN; however, this is not reflected in Medicare data due to inconsistent assignment of region of residence.

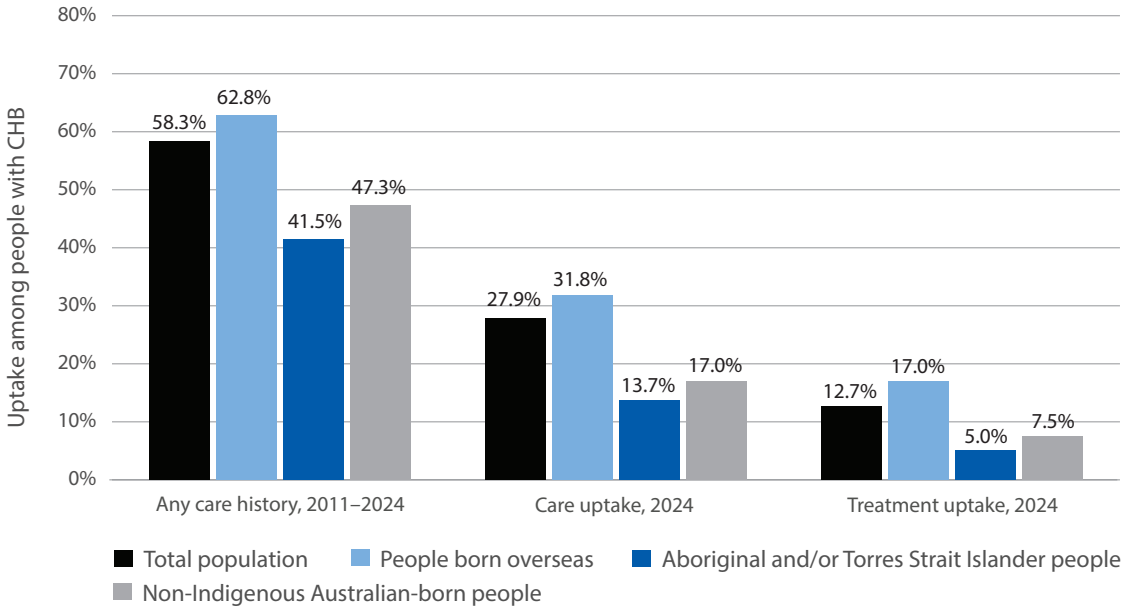
CHB care uptake variation and trends by SA3 are discussed in detail in relation to the relevant state or territory in Section A2. Further exploration of SA3-specific data, including rankings across Australia for CHB treatment and care uptake, are provided in the ASHM Viral Hepatitis Mapping Project online portal.

CARE UPTAKE AMONG KEY PRIORITY POPULATIONS

As people born overseas and Aboriginal and/or Torres Strait Islander people are the largest groups affected by CHB in Australia (see Priority populations for chronic hepatitis B), assessment of care engagement indicators according to population group is key to fully ascertain gaps and disparities in access. Country of birth and Indigenous status are obtained for Medicare records via linkage with Census and other datasets using the Person Level Integrated Data Asset (PLIDA; see Section C – Hepatitis B diagnostic testing, treatment and care).

People born overseas were more likely to have received CHB care from 2011 to 2024 (62.8%) compared to the overall population (58.3%), Aboriginal and/or Torres Strait Islander people (41.5%) and non-Indigenous people born in Australia (47.3%) (Figure A.14).

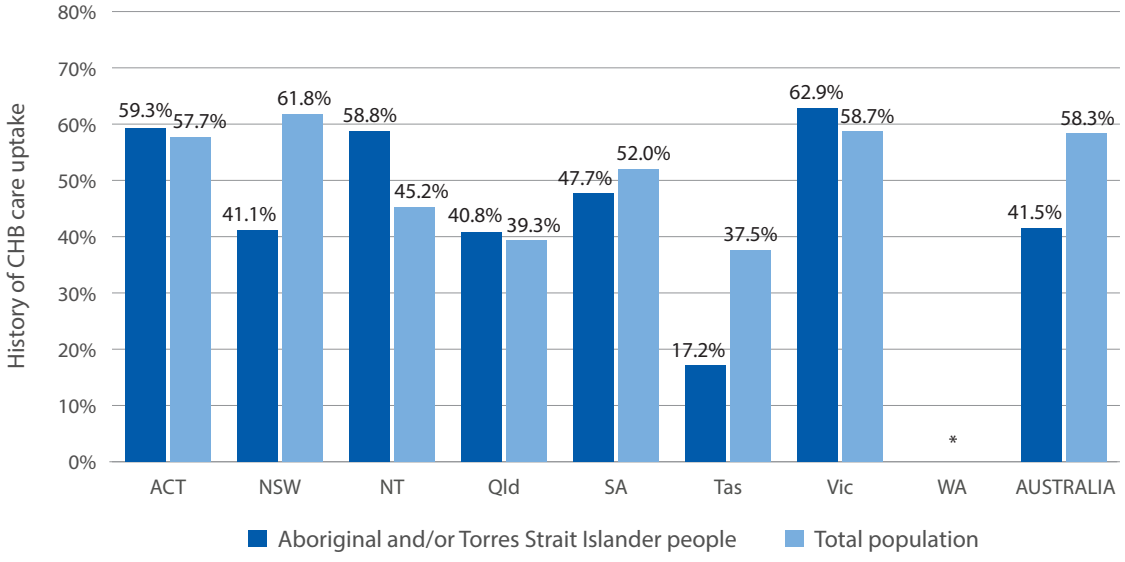
Figure A.14: CHB cascade of care by population group, 2011–2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PLIDA, Person Level Integrated Data Asset.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Care data (treatment and monitoring) sourced from Medicare statistics linked to demographic information derived from the Census and other sources in the PLIDA environment, supplemented with public laboratory data. The number of people receiving care may be underestimated in some states and territories due to provision of treatment and monitoring outside Medicare, and this may impact estimates by population group. (See data for this figure)

Figure A.15: History of any CHB care uptake, by Aboriginal and/or Torres Strait Islander status and state/territory, 2011–2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PLIDA, Person Level Integrated Data Asset.

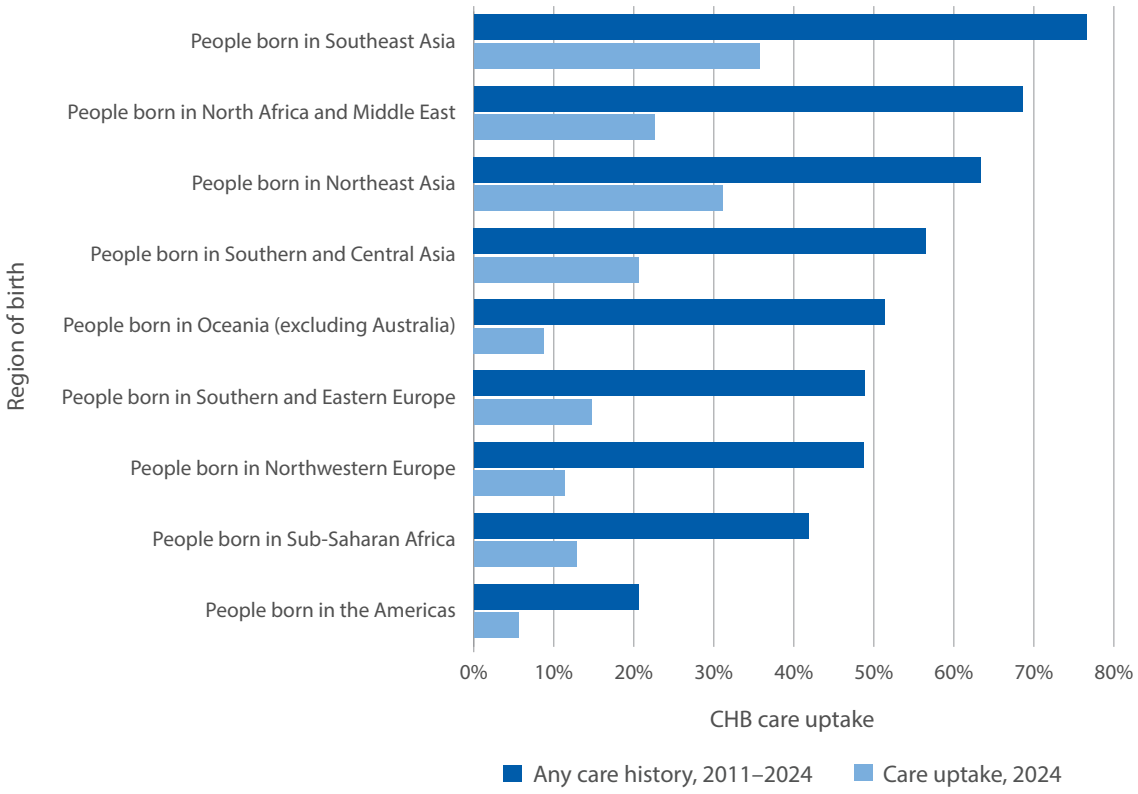
Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Care data (treatment and monitoring) sourced from Medicare statistics linked to demographic information derived from the Census and other sources in the PLIDA environment, supplemented with public laboratory data for Qld. (See data for this figure)

* Data for WA not reported for this metric due to the extent of the provision of monitoring services outside Medicare and the lack of availability of historical monitoring data.

The number of people receiving care may be underestimated in some states and territories due to provision of treatment and monitoring outside Medicare, and this may impact estimates by population group.

Among those born overseas, uptake of any care during 2011 to 2024 was highest among those born in Southeast Asia (76.6%), North Africa and the Middle East (68.6%), and Northeast Asia (63.4%) (Figure A.16). However, the much larger size of the population living with CHB leads to these groups also having the largest number of people living with CHB with no history of care (Northeast Asia, 23,772 people; Southeast Asia, 16,844 people). Care uptake in 2024 was highest in those born in Southeast Asia (35.7%) and Northeast Asia (31.1%) (Figure A.16), though remaining well below the National Strategy target of 80% receiving care by 2030.

Figure A.16: Uptake of any care (2011–2024) and care uptake in 2024 among people born overseas, by region of birth



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PLIDA, Person Level Integrated Data Asset.

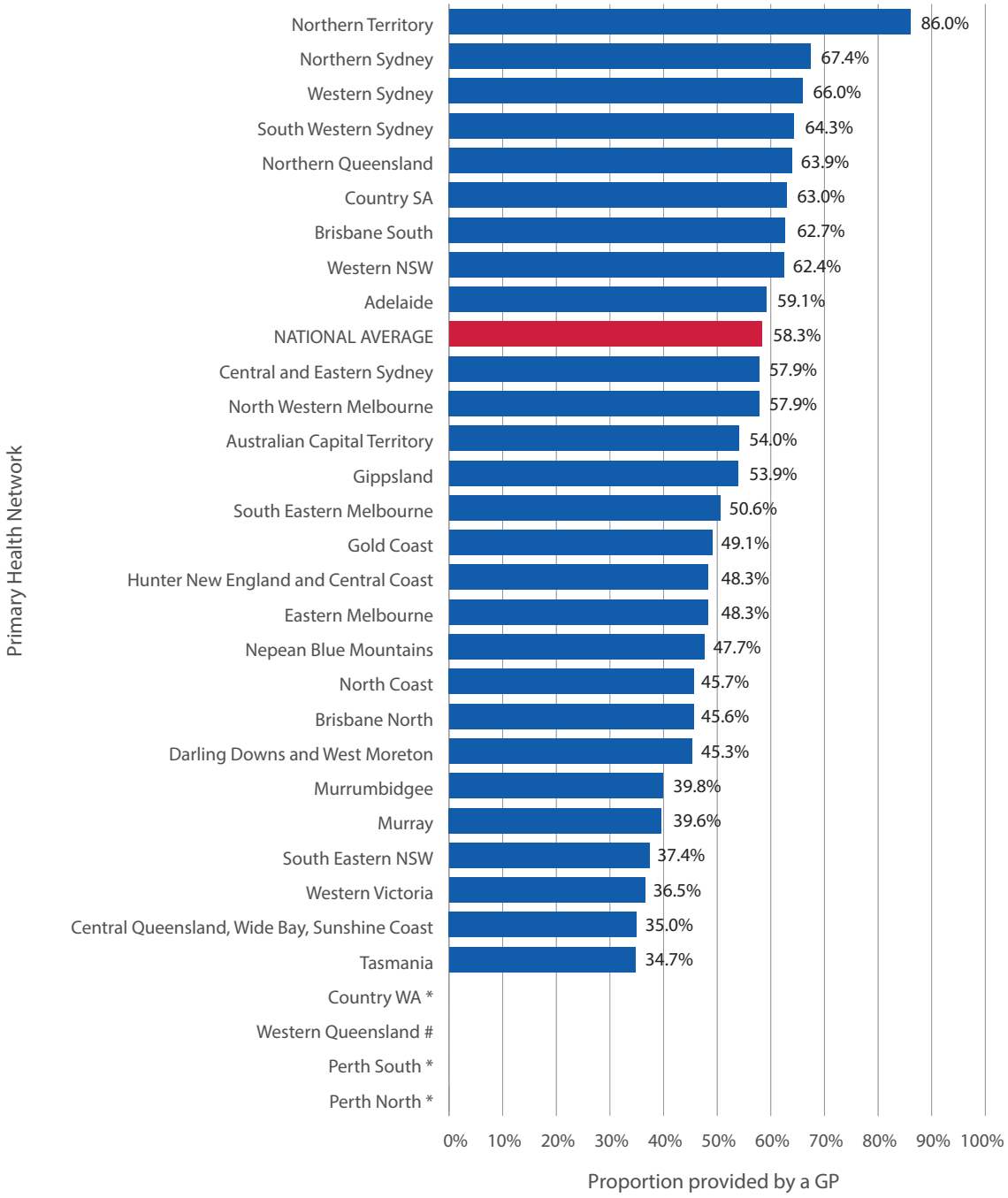
Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Care data (treatment and monitoring) sourced from Medicare statistics linked to demographic information derived from the Census and other sources in the PLIDA environment. The number of people receiving care may be underestimated in some states and territories due to provision of treatment and monitoring outside Medicare, and this may impact estimates by population group. (See data for this figure)

MONITORING PROVIDERS

General practitioners (GPs) ordered most monitoring (viral load tests in people not receiving treatment) in 2024 (58.3%; Figure A.17). This reflects only tests funded via Medicare, and tests funded directly by state/territory government laboratories may have a different distribution of providers. As these tests make up the majority of monitoring in WA and provider data are not available, this metric is not reported for PHNs in this jurisdiction. Nurse practitioners (NPs) provided 0.7% of monitoring in 2024, representing no change since 2023.

PHNs with the highest levels of GP monitoring were **Northern Territory** (86.0% of monitoring provided by GPs), **Northern Sydney** (67.4%) and **Western Sydney** (66.0%), where GPs provided more than two-thirds of monitoring tests (Figure A.17).

Figure A.17: Proportion of CHB monitoring provided by a GP, by PHN, 2024



CHB, chronic hepatitis B. GP, general practitioner. PHN, Primary Health Network.

Data source: Medicare statistics. Monitoring represents viral load testing while not receiving treatment.

Provider type is based on the practitioner's registered provider type.

Data suppressed where number receiving monitoring by a GP was ≤10.

* Data not presented for WA PHNs due to the extent of viral load testing outside Medicare. Data for Qld and SA may not be representative of all viral load testing due to testing provided outside Medicare.

(See data for this figure)

TREATMENT

The overall number of people who received treatment for CHB in Australia through Medicare in 2024 was 28,805, or 12.7% of the total number living with CHB. This is less than half of the National Strategy target of 27% by 2030.

This target is based on the estimated proportion of people who are eligible for treatment under current criteria,[16,17] and this may vary by region. For further exploration of treatment targets, projections and eligibility, see the *National Surveillance for Hepatitis B Indicators Report 2024*.

TREATMENT TRENDS OVER TIME

Treatment uptake did not materially increase between 2023 (12.6%) and 2024 (12.7%). The number of people receiving treatment increased from 27,641 to 28,805 (a 4.2% increase) but this was offset by a 3.5% increase in the number of people living with CHB in Australia, meaning uptake remained stable.

Treatment uptake in Australia increased by 19.3% overall between 2018 and 2024; however, this is well below the 155% increase in uptake which would be needed from 2018 uptake levels to meet the 2030 target.

Treatment uptake trends over time by state and territory, by remoteness, by PHN and SA3, and by provider type are discussed in specific sections below.

TREATMENT UPTAKE BY STATE AND TERRITORY

Treatment uptake in 2024 varied by state and territory, but it was well below the target level of 27% in all jurisdictions.

Treatment uptake was above the national average of 12.7% in the ACT (15.7%), NSW (15.1%) and Vic (13.3%); similar to the national average in the NT (11.9%); and below the national average in SA (10.9%), Qld (9.7%), Tas (8.5%) and WA (8.5%) (Table A.9).

Table A.9: CHB treatment uptake, by state and territory, 2024

State/territory	People living with CHB	People receiving treatment	Treatment uptake
ACT	3,287	516	15.7%
NSW	79,898	12,064	15.1%
NT	4,615	550	11.9%
Qld	37,022	3,580	9.7%
SA	11,682	1,273	10.9%
Tas	1,895	161	8.5%
Vic	64,386	8,549	13.3%
WA	24,786	2,112	8.5%
AUSTRALIA	**227,571**	**28,805**	**12.7%**

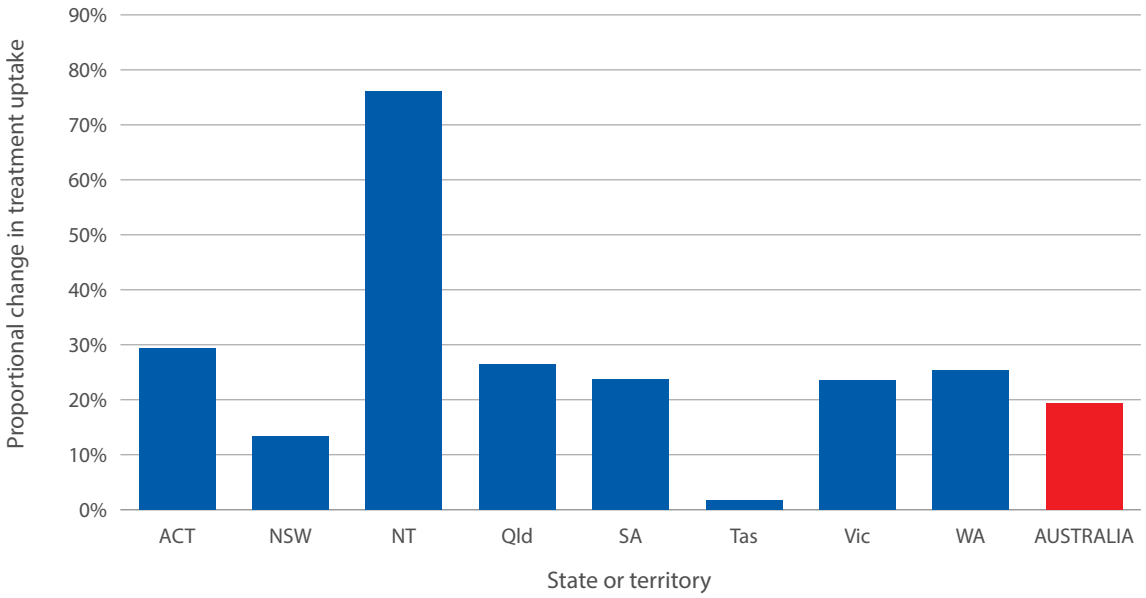
ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

TREATMENT TRENDS OVER TIME BY STATE AND TERRITORY

Treatment uptake increased between 2018 and 2024 in all states and territories. The largest increase occurred in the NT (73.1% increase), which was more than triple the national average increase of 19.3% (Figure A.18). As uptake is measured as a proportion of the number of people living with CHB, differences in these denominator trends will influence uptake trends, which particularly impacted the trend in Tas – for more information, see the *National Surveillance for Hepatitis B Indicators Report 2024*.

Figure A.18: Proportional change in treatment uptake between 2018 and 2024, by state and territory



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

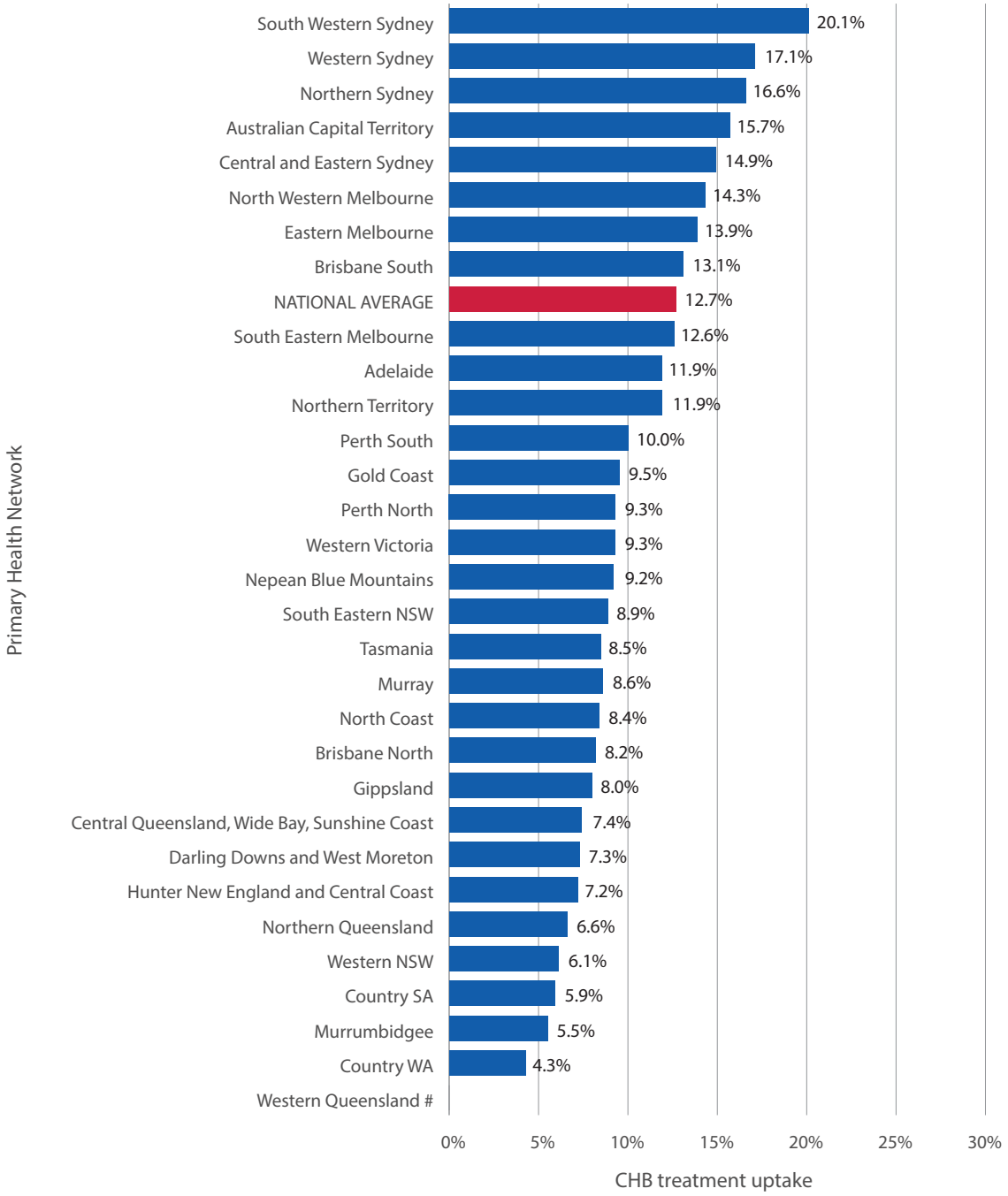
(See data for this figure)

TREATMENT UPTAKE BY PRIMARY HEALTH NETWORK

No PHN in Australia has yet achieved the 2030 National Strategy target of 27%. The highest treatment uptake in 2024 was seen in **South Western Sydney** (20.1%), **Western Sydney** (17.1%) and **Northern Sydney** (16.6%) (Figure A.19).

PHNs where treatment uptake was lowest were generally located in the most rural and remote regions of Australia (with the exception of **Northern Territory**, where it was just below average), reflecting the challenges in service delivery to people living with CHB in these regions. In many of these regions, uptake reflects the disparities in access experienced by Aboriginal and/or Torres Strait Islander people (see 2024 Mapping Report Supplement), often reflecting the ongoing impact of the legacy of colonisation, institutional racism and systemic disadvantage. Variation in treatment uptake within PHNs can also be substantial, and is explored in each state and territory in detail in Section A2.

Figure A.19: CHB treatment uptake by PHN, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

PHN rankings based on raw treatment uptake data; percentage differences may be obscured by rounding.

Data suppressed where number of people receiving treatment or monitoring was ≤20.

(See data for this figure)

TREATMENT TRENDS OVER TIME BY PRIMARY HEALTH NETWORK

The number of people receiving treatment has increased in all PHNs since 2018. In all but two PHNs, this increase led to an increase in treatment uptake; however, in the **South Western Sydney** and **Western Sydney** PHNs, the increase in the number of people living with CHB was larger than the increase in the number of people receiving treatment, leading to a decline in treatment uptake. Despite this decline, these two PHNs remain ranked as the first and second highest of all PHNs for treatment uptake.

The largest relative increases in treatment uptake between 2018 and 2024 occurred in the **Western Victoria** (130.6% increase), **Western NSW** (88.9%), **Country WA** (80.3%), **Central Queensland, Wide Bay and Sunshine Coast** (80.1% increase) and **Gippsland** (77.6% increase) PHNs (2024 Mapping Report Supplement).

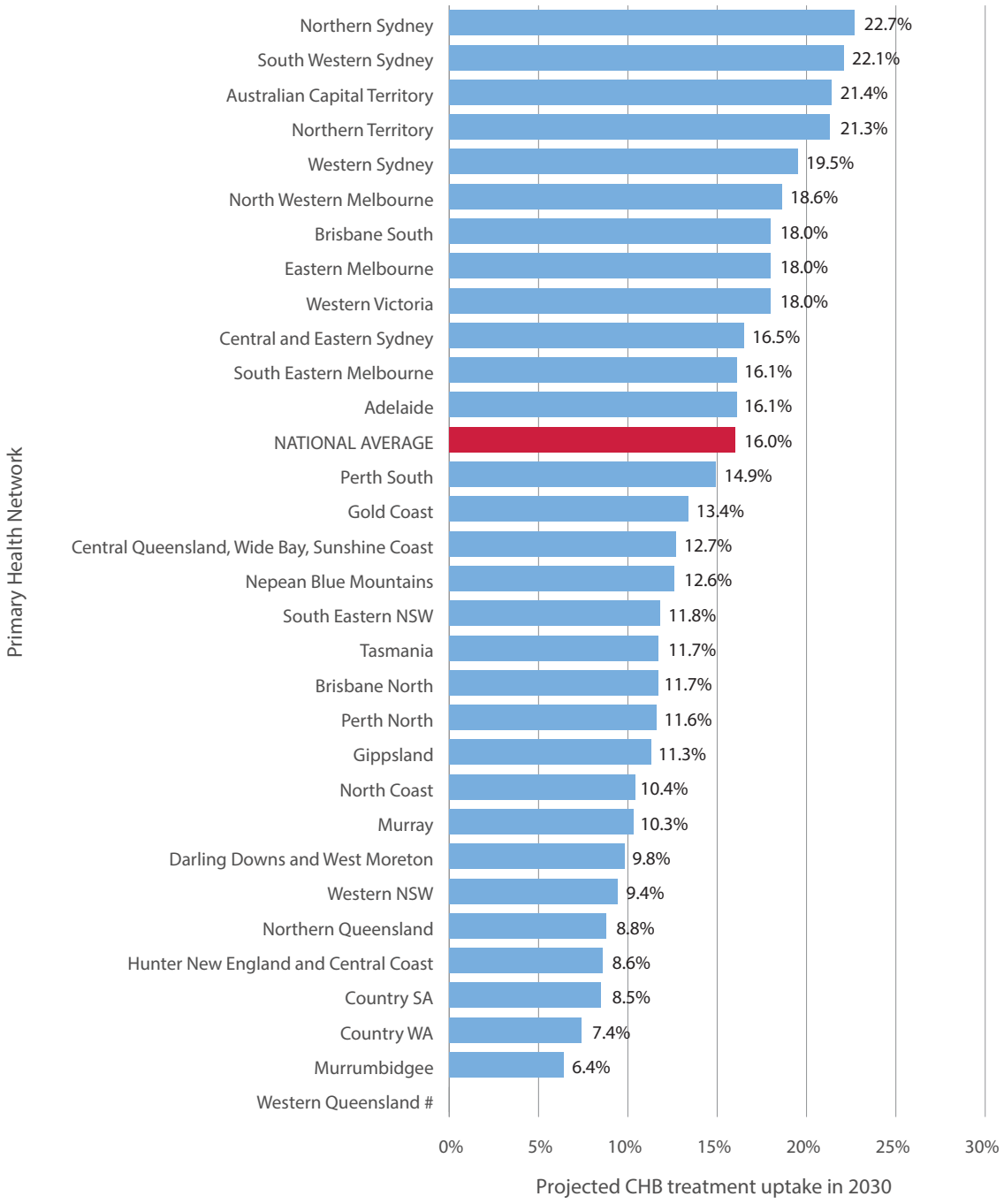
FUTURE PROJECTIONS FOR TREATMENT UPTAKE BY PRIMARY HEALTH NETWORK

Australia is not projected to reach the National Strategy target of 27% treatment uptake by 2030. For further detail regarding projections and estimates by state and territory, see the *National Surveillance for Hepatitis B Indicators Report 2024*.

Based on the trends observed between 2018 and 2024, no PHN is on track to achieve the 2030 target (Figure A.20), even if the number of people living with CHB remains stable from 2024 to 2030.

The largest projected changes in treatment uptake over this period would occur in the **Northern Territory** (projected rank increase from 12th to 4th), **Western Victoria** (16th to 9th) and **Central Queensland, Wide Bay and Sunshine Coast** (24th to 15th) PHNs (Figure A.20).

Figure A.20 Projected CHB treatment uptake in 2030, ordered by PHN



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics. Projection of treatment based on trends from 2018 to 2024; projected number with CHB based on mathematical modelling extrapolated to current prevalence distribution by PHN.

Data suppressed where number of people receiving treatment or monitoring in 2024 was ≤10.

(See data for this figure)

TREATMENT UPTAKE BY REMOTENESS AREA

CHB treatment uptake in 2024 was highest in major cities (13.6%), while it was similar across the remaining remoteness areas (6.0% to 6.7%) (Table A.10). These data reflect findings by PHN that CHB treatment uptake is highest in PHNs with populations concentrated in major cities (Figure A.19).

Table A.10: CHB treatment uptake by remoteness area, 2024

Remoteness area	Total population	People living with CHB	People on treatment	Treatment uptake
Major cities	19,802,969	190,808	25,952	13.6%
Inner regional	4,747,645	18,451	1,160	6.3%
Outer regional	2,138,173	11,577	776	6.7%
Remote	306,205	3,405	218	6.4%
Very remote	199,377	3,330	201	6.0%
AUSTRALIA	**27,194,369**	**227,571**	**28,805**	**12.7%**

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B.

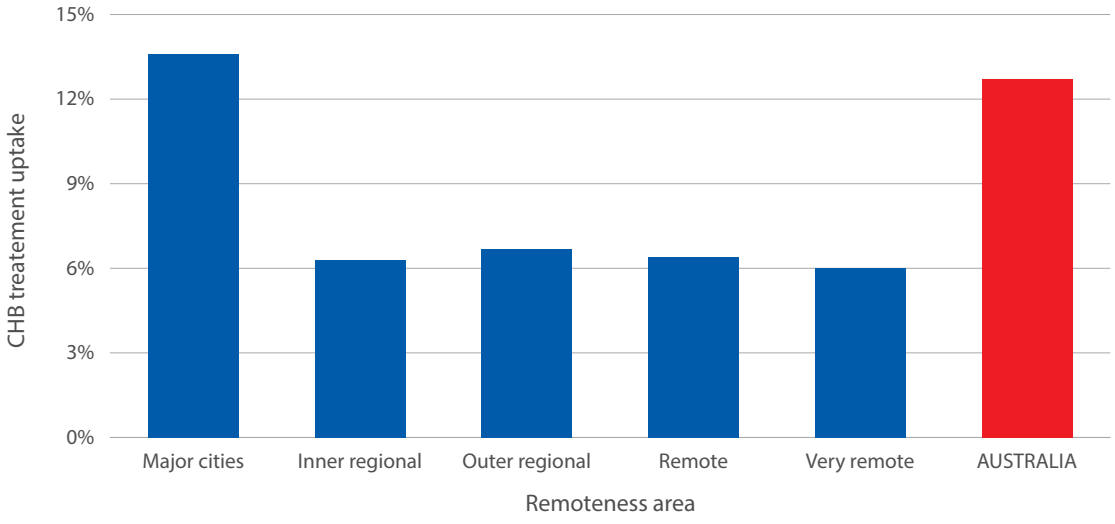
Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics. Remoteness category based on designations by the ABS.[6]

Totals may not add up due to inclusion of people without a remoteness area of residence recorded in source data.

TREATMENT TRENDS OVER TIME BY REMOTENESS AREA

Treatment uptake increased most rapidly over time in remote areas, where it increased by 97.8% between 2018 and 2024, more than four times the national average increase of 19.3%. These areas previously had the lowest baseline uptake, and this shift has resulted in a reduced disparity in treatment uptake between remote/very remote areas and inner and outer regional areas compared to 2018. This increase has been disproportionately driven by increases in the NT, where a large proportion of the population living with CHB resides in remote areas.

Figure A.21: CHB treatment uptake by remoteness area, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics. Remoteness category based on designations by the ABS.[6] (See data for this figure)

TREATMENT UPTAKE BY STATISTICAL AREA 3 REGION

Of the 269 SA3s with sufficient data available for reliable reporting (see Section C – Table C.2), estimated treatment uptake was highest in Molonglo (28.1%) and Gunghalin (22.1%) in the **Australian Capital Territory** PHN; Darwin City (26.8%) in the **Northern Territory** PHN; Fairfield (25.5%) in the **South Western Sydney** PHN; Carlingford (22.6%) in the **Western Sydney** PHN; Hurstville (22.6%) in the **Central and Eastern Sydney** PHN; and Brimbank (22.2%) in the **North Western Melbourne** PHN.

Treatment uptake is also estimated to be high[15] in the East Arnhem SA3 in the **Northern Territory** PHN, reflecting the impact of the Hep B PAST program; however, this is not reflected in Medicare data due to inconsistent assignment of region of residence.

CHB treatment uptake variation and trends by SA3 are discussed in detail in relation to the relevant state or territory in Section A2. Further exploration of SA3-specific data, including rankings across Australia for CHB treatment and care uptake, are provided in the ASHM Viral Hepatitis Mapping Project online portal.

TREATMENT BY PROVIDER

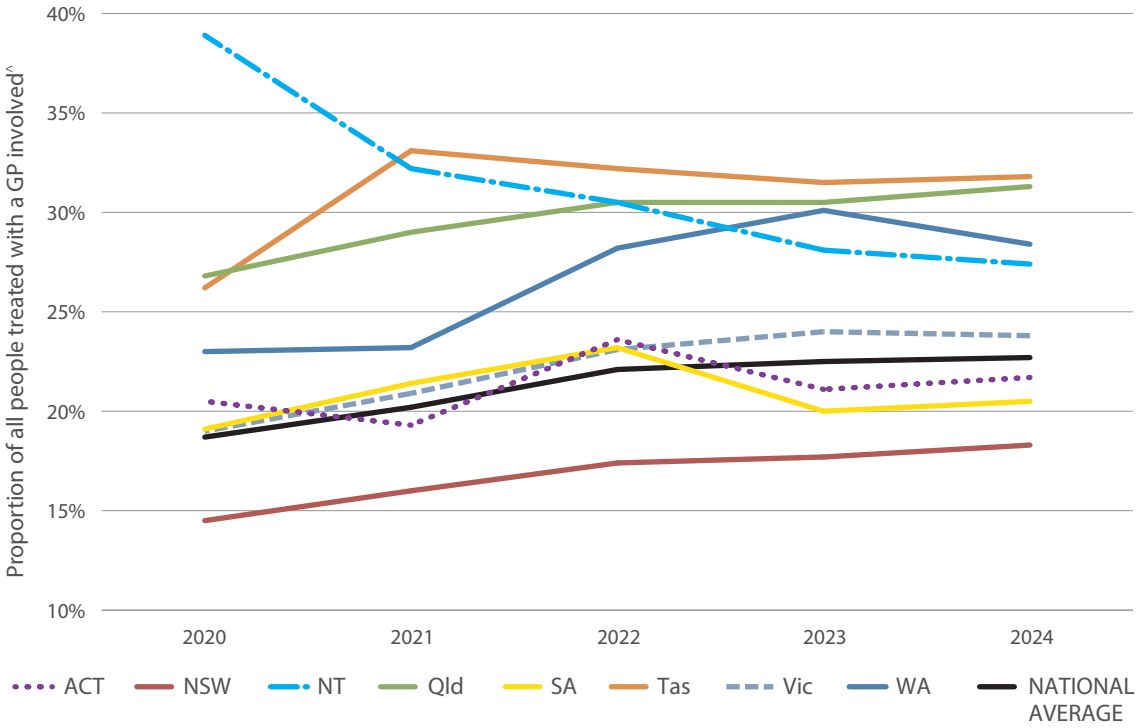
In 2024, a total of 28,805 people received CHB treatment, of which 6,539 (22.7%) had at least one of their prescriptions prescribed by a GP. This included 4,753 people who had all their prescriptions provided by a GP (16.5% of people treated), while the remainder (1,786 people, 6.2% of people treated) were prescribed treatment by both a GP and a non-GP specialist and/or other provider. These categories are based on the registered specialty or specialties listed in Medicare;[18] see Section C – Data sources and methodology for more details on provider classifications.

Of those prescribed CHB treatment exclusively by a non-GP specialist (19,242, 66.8%), most were prescribed their treatment by a gastroenterologist (15,586, 81.0% of those treated by a non-GP specialist).

A total of 674 people were prescribed at least one of their prescriptions by an NP (2.3% of the total treated), an increase from 1.6% of prescriptions in 2023. The majority of this prescribing occurred in Qld (38.4% of the total number prescribed by an NP), WA (24.2%) and the NT (20.7%).

The proportion of people who were prescribed treatment for CHB by a GP increased from 18.7% in 2020 to 22.1% in 2022, but since then has remained stable (Figure A.22). The proportion of people prescribed treatment by a GP in 2024 was highest in Tas (31.8%), Qld (31.3%), WA (28.4%) and the NT (27.4%) (Figure A.22). These findings are consistent with the service access limitations in regions where regional and remote residence is common for people living with CHB (Figure A.6) and non-GP specialist services may not be available.

Figure A.22: Proportion of people with a GP involved^ in CHB treatment prescribing, by state and territory, 2020–2024



CHB, chronic hepatitis B. GP, general practitioner.

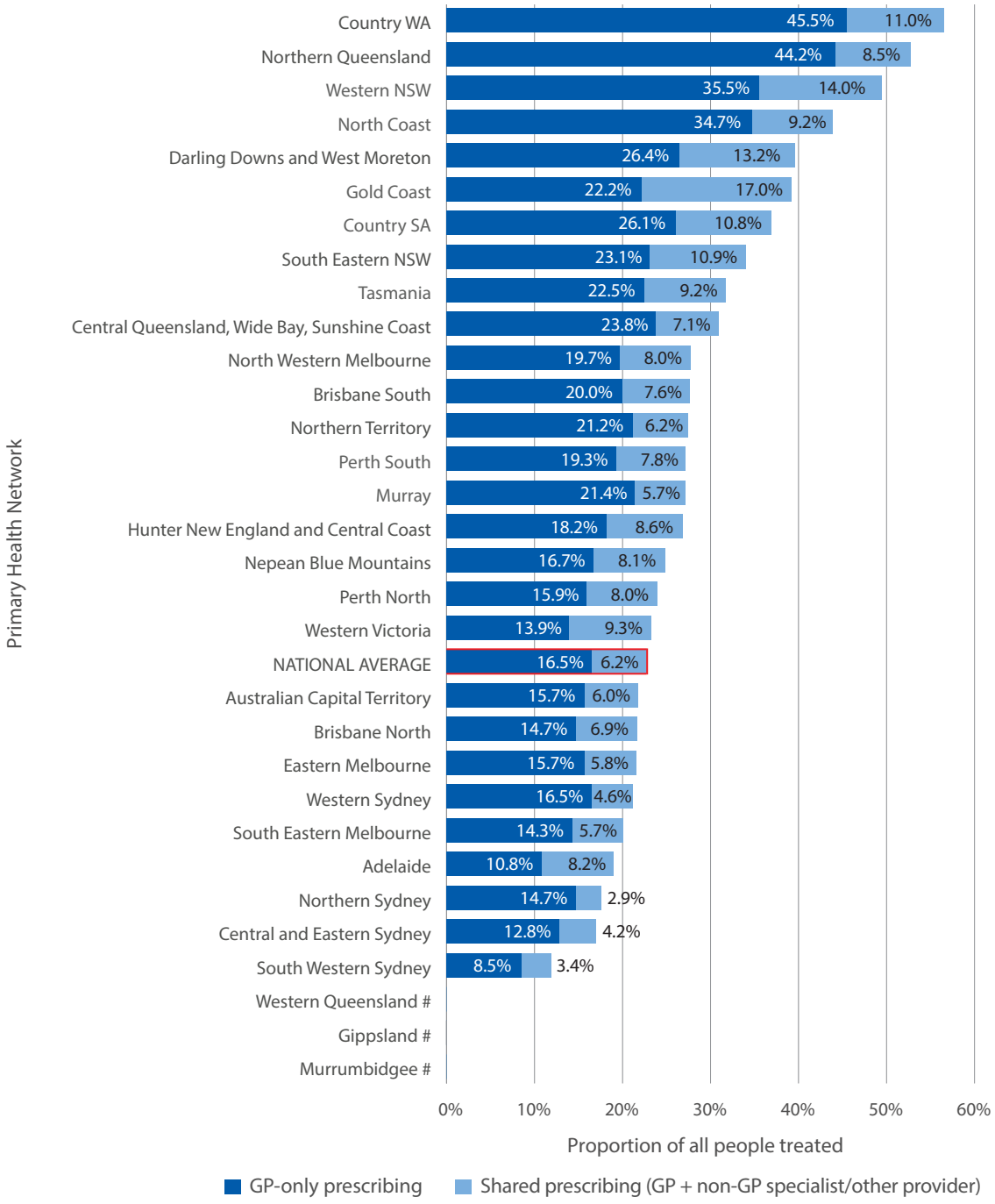
Data source: Treatment data sourced from Medicare statistics. Provider type is based on the clinician's registered specialty.

^ A GP prescribed at least one of the treatment prescriptions for a person in that year.

(See data for this figure)

The proportion of people treated by a GP (either exclusively or through shared prescribing) was highest in the **Country WA** (56.5%), **Northern Queensland** (52.7%), **Western NSW** (49.5%) and **North Coast** NSW PHNs (43.9%) (Figure A.23). PHNs with above-average GP prescribing were more likely to be located in rural and remote locations.

Figure A.23: Proportion of people with a GP involved^ in CHB treatment prescribing, by PHN, 2024



CHB, chronic hepatitis B. GP, general practitioner. PHN, Primary Health Network.

Data source: Treatment data sourced from Medicare statistics. Provider type is based on the clinician's registered specialty.

^ A GP prescribed at least one of the treatment prescriptions for a person in that year. 'GP-only prescribing' indicates all of a person's prescriptions were provided by a GP. 'Shared prescribing' indicates prescriptions were prescribed for a person by multiple providers, with at least one provided by a GP.

Data suppressed where number prescribed treatment by a GP was ≤10.

(See data for this figure)

IMMUNISATION

IMMUNISATION COVERAGE TRENDS OVER TIME

Hepatitis B infant immunisation coverage (the proportion of 12-month-old children who received the three infant doses recommended at 2, 4 and 6 months) was 93.5% in 2024. This was below the National Strategy target of 95% by 2030 and represented a slight decline from the peak in coverage of 95.3% in 2020, when it exceeded the 95% target for the first time. There has been a decline between 2020 and 2024 in all PHNs.

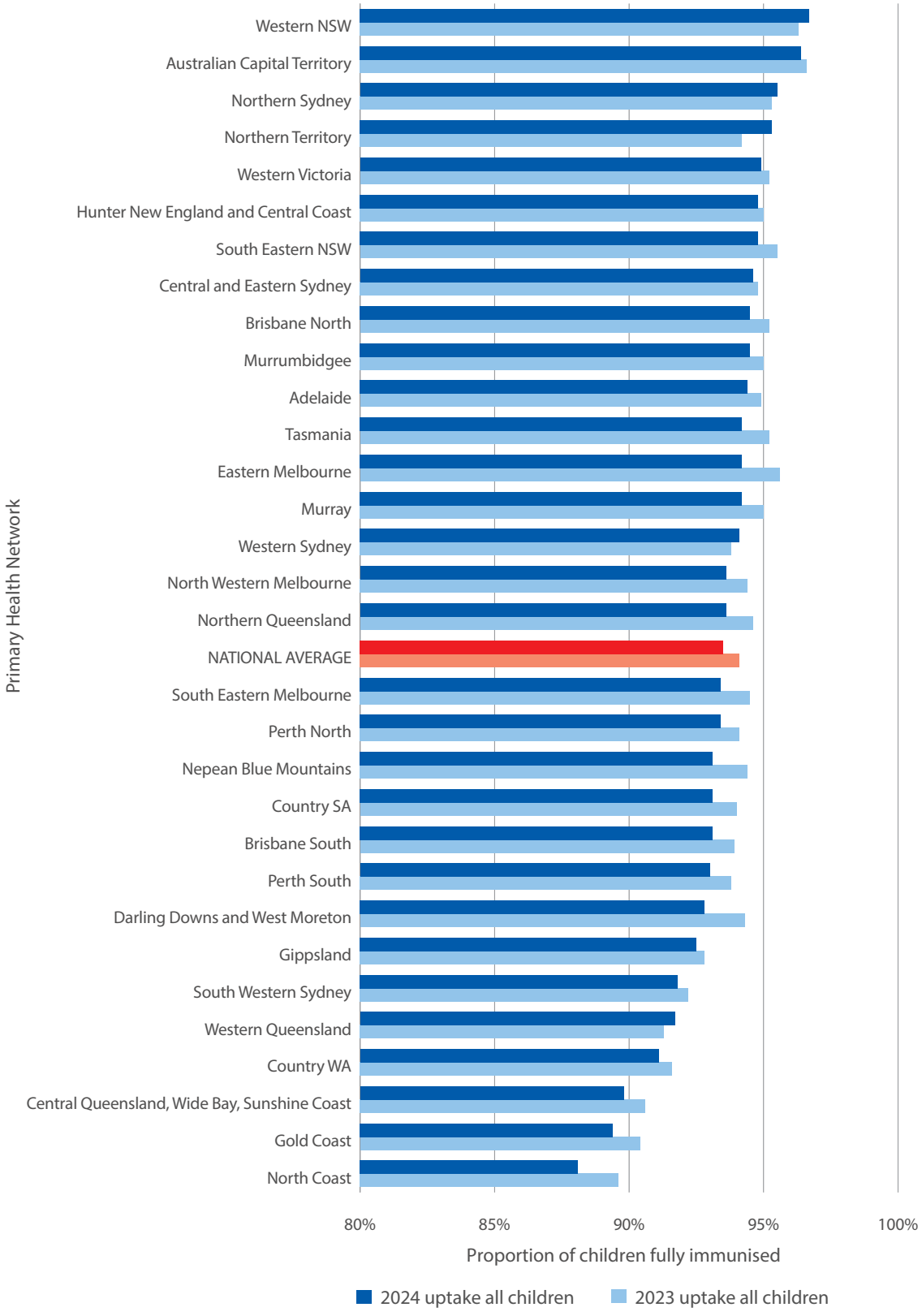
Of Australia's 31 PHNs, only four had coverage in 2024 above or equal to the target level of 95%: **Western NSW**, **Australian Capital Territory**, **Northern Sydney** and **Northern Territory** (Figure A.24). This is the lowest number to reach the target level since 2016, when only three PHNs had coverage above 95%. It represents a substantial decline from the peak in 2020, when 22 of 31 PHNs met the target.

These changes reflect broader declines in immunisation coverage occurring among all age groups and across a range of vaccines.[19] For assessment of National Strategy targets relating to hepatitis B birth dose immunisation and other elements of perinatal transmission prevention, see the *National Surveillance for Hepatitis B Indicators Report 2024*.

IMMUNISATION COVERAGE BY INDIGENOUS STATUS

Among Aboriginal and/or Torres Strait Islander children, coverage at 12 months of age was estimated to be 93.0% in 2024, a slight increase since 2023 (92.5%) but a decline since 2020 (94.1%). Only two PHNs met the 95% target for immunisation uptake among Aboriginal and/or Torres Strait Islander children in 2024 (**Western NSW** and **Murrumbidgee**, Figure A.25), a decline from the peak of 13 PHNs in 2020. Coverage was higher among Aboriginal and/or Torres Strait Islander children than among all children in 10 PHNs (Figure A.25).

Figure A.24: Hepatitis B immunisation coverage for 12-month-olds in 2023 and 2024, ordered by 2024 immunisation uptake, by PHN

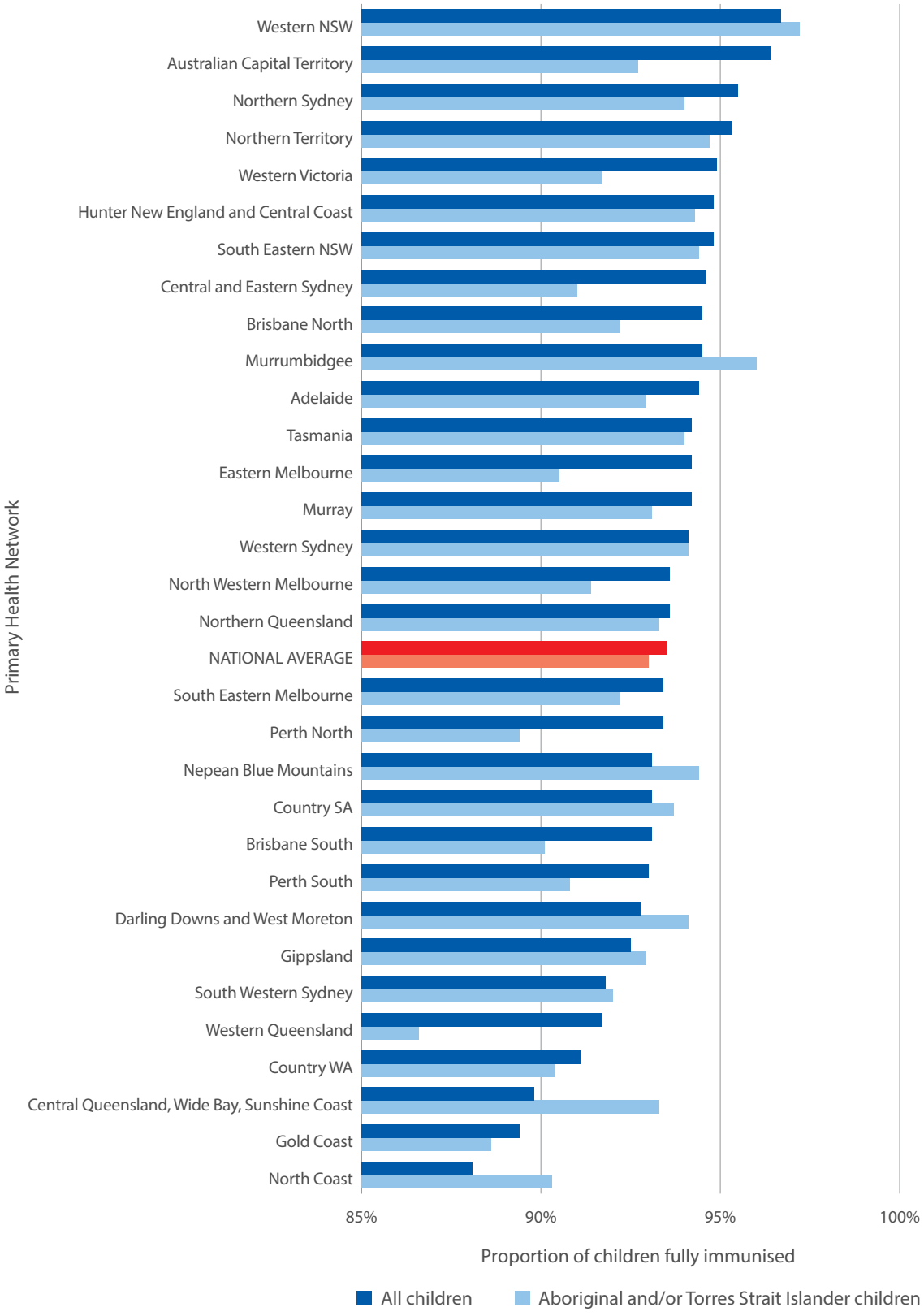


PHN, Primary Health Network.

Data source: Australian Immunisation Register.

(See data for this figure)

Figure A.25: Hepatitis B immunisation coverage for 12-month-olds, among all children and among Aboriginal and/or Torres Strait Islander children, ordered by immunisation uptake among all children, by PHN, 2024



PHN, Primary Health Network.

Data source: Australian Immunisation Register

(See data for this figure)

SECTION A2: GEOGRAPHIC DIVERSITY AND TRENDS IN CHRONIC HEPATITIS B BY STATE AND TERRITORY

IN THIS SECTION

Section A2 includes the following information:

- estimates of CHB prevalence, treatment uptake and care uptake for each PHN and SA3 across Australia
- summary for each state and territory of current status and regions of highest prevalence, care uptake and treatment uptake, and trends over time.

AUSTRALIAN CAPITAL TERRITORY

PREVALENCE

- An estimated 3,287 people were living with CHB in the ACT in 2024, 0.68% of the population.
- Prevalence of CHB in the ACT was below the national average of 0.83%, and the ACT ranked 5th highest nationally.
- The SA3 regions with the highest prevalence in the ACT were Gungahlin and Belconnen (Table A.11).

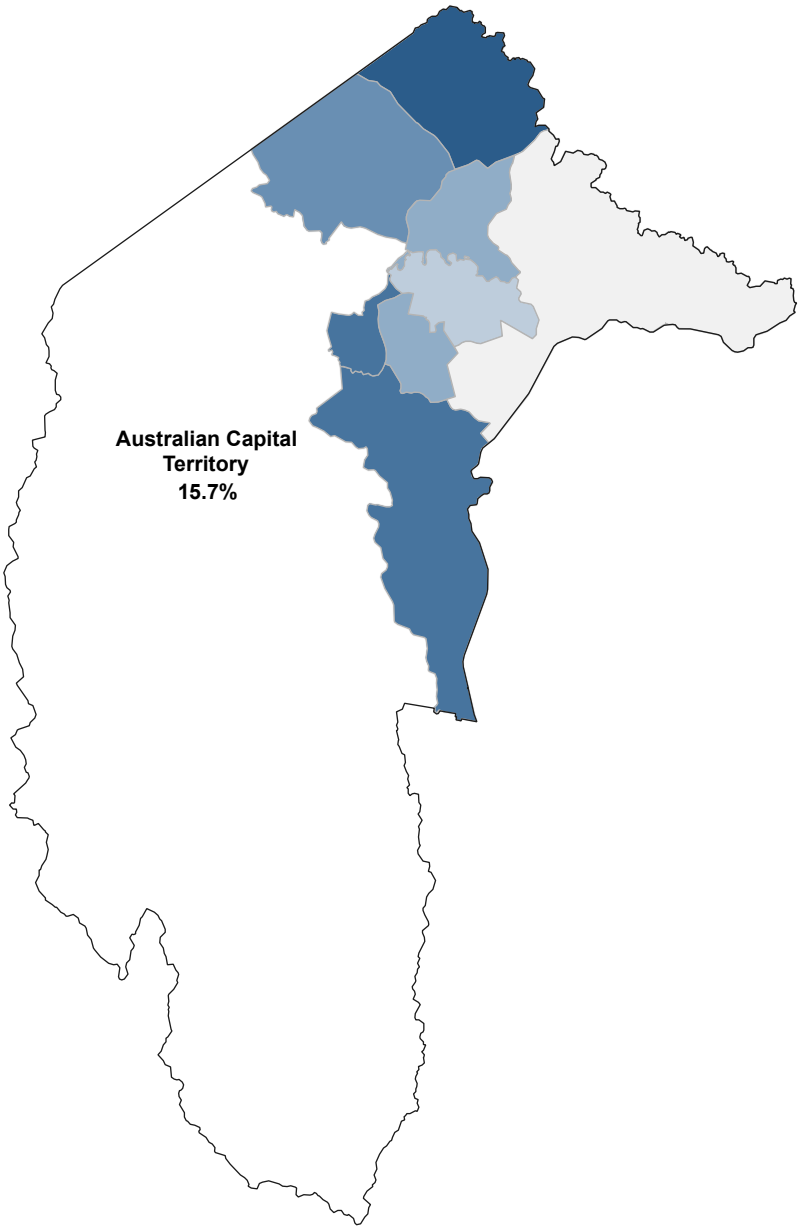
CARE UPTAKE

- CHB care uptake in the ACT in 2024 was 25.8%, similar to the national average of 27.9% and ranking 5th of all states and territories.
- Care uptake was highest in the Gungahlin and Tuggeranong SA3s (Table A.11).

TREATMENT UPTAKE

- CHB treatment uptake in the ACT in 2024 was 15.7%, higher than the national average of 12.7% and ranking 1st of all states and territories.
- Treatment uptake was highest in the Molonglo and Gungahlin SA3s (Table A.11).
- Treatment uptake in the ACT increased between 2018 and 2024 by 29.9%, more than the national average increase of 19.3%.

Figure A.26: Geographic variation in CHB treatment uptake in the ACT, by SA3, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Table A.11: CHB prevalence, care uptake and treatment uptake in the ACT, by SA3, 2024

PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Australian Capital Territory PHN	**481,677**	**3,287**	**0.68%**	**25.8%**	**15.7%**
Belconnen	110,890	824	0.74%	22.7%	13.9%
Gungahlin	94,223	813	0.86%	33.0%	22.1%
Molonglo	16,382	95	0.58%	#	28.1%
North Canberra	67,810	465	0.69%	21.8%	11.4%
South Canberra	34,445	184	0.53%	22.8%	8.1%
Tuggeranong	91,322	485	0.53%	26.2%	15.3%
Weston Creek	25,273	132	0.52%	#	15.3%
Woden Valley	41,333	289	0.70%	18.0%	11.1%

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Note: Totals may not add up due to inclusion of people without an SA3 of residence recorded in source data.

Data suppressed where number receiving treatment or care was ≤10. SA3s not listed where population was <3,000.

NEW SOUTH WALES

PREVALENCE

- An estimated 77,844 people were living with CHB in NSW in 2024, 0.92% of the population.
- Prevalence of CHB in NSW was above the national average of 0.83%, and NSW ranked 2nd highest nationally.
- The SA3 regions with the highest prevalence in NSW were Fairfield in the **South Western Sydney** PHN; Auburn in the **Western Sydney** PHN; Hurstville in the **Central and Eastern Sydney** PHN; and Bourke – Cobar – Coonamble in the **Western NSW** PHN (Table A.12).

CARE UPTAKE

- CHB care uptake in NSW in 2024 was 31.7%, higher than the national average of 27.9% and ranking 1st of all states and territories.
- Due to its population size, NSW had the highest number of people estimated to have received no care from 2011 to 2024 (25,748 people).
- Care uptake was highest in the Fairfield and Bankstown SA3s in the **South Western Sydney** PHN; Carlingford and Auburn SA3s in the **Western Sydney** PHN; Pennant Hills – Epping and Ku-ring-gai SA3s in the **Northern Sydney** PHN; and Hurstville SA3 in the **Central and Eastern Sydney** PHN (Table A.12).

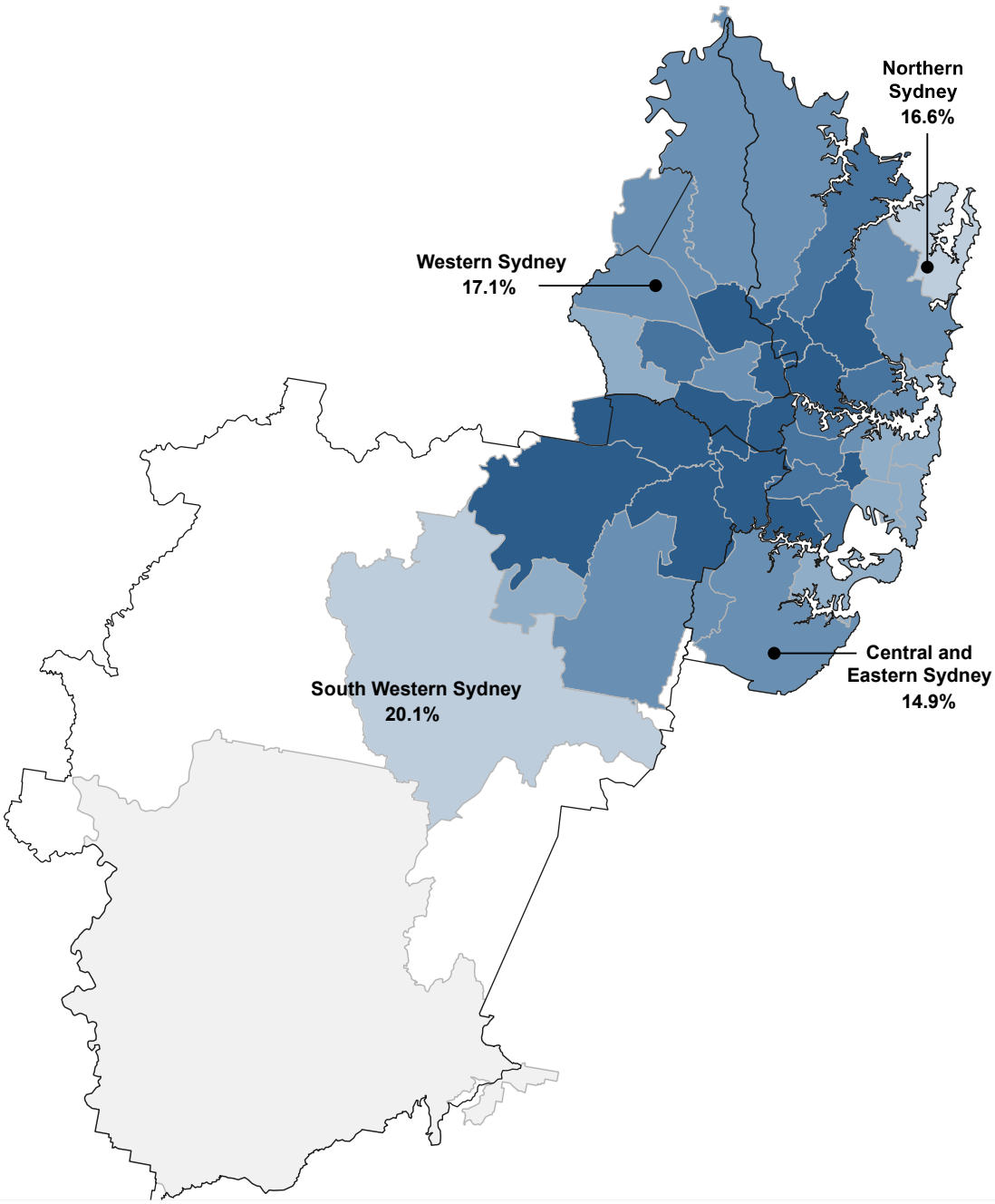
TREATMENT UPTAKE

- CHB treatment uptake in NSW in 2024 was 15.1%, higher than the national average of 12.7% and ranking 2nd of all states and territories.
- Treatment uptake was highest in the Fairfield and Bankstown SA3s in the **South Western Sydney** PHN; Carlingford, Auburn and Merrylands – Guildford SA3s in **Western Sydney** PHN; Hurstville SA3 in the **Central and Eastern Sydney** PHN; and Pennant Hills – Epping SA3 in the **Northern Sydney** PHN (Table A.12).

TREATMENT TRENDS

- Treatment uptake in NSW increased between 2018 and 2024 by 12.4%, lower than the national average increase of 19.3%.
- Treatment uptake increased by more than the national average between 2018 and 2024 in the **Western NSW** (88.9% increase), **South Eastern NSW** (70.2%) and **North Coast** (62.4% increase) PHNs (2024 Mapping Report Supplement).

Figure A.27: Geographic variation in CHB treatment uptake in Greater Sydney, by PHN and SA3, 2024

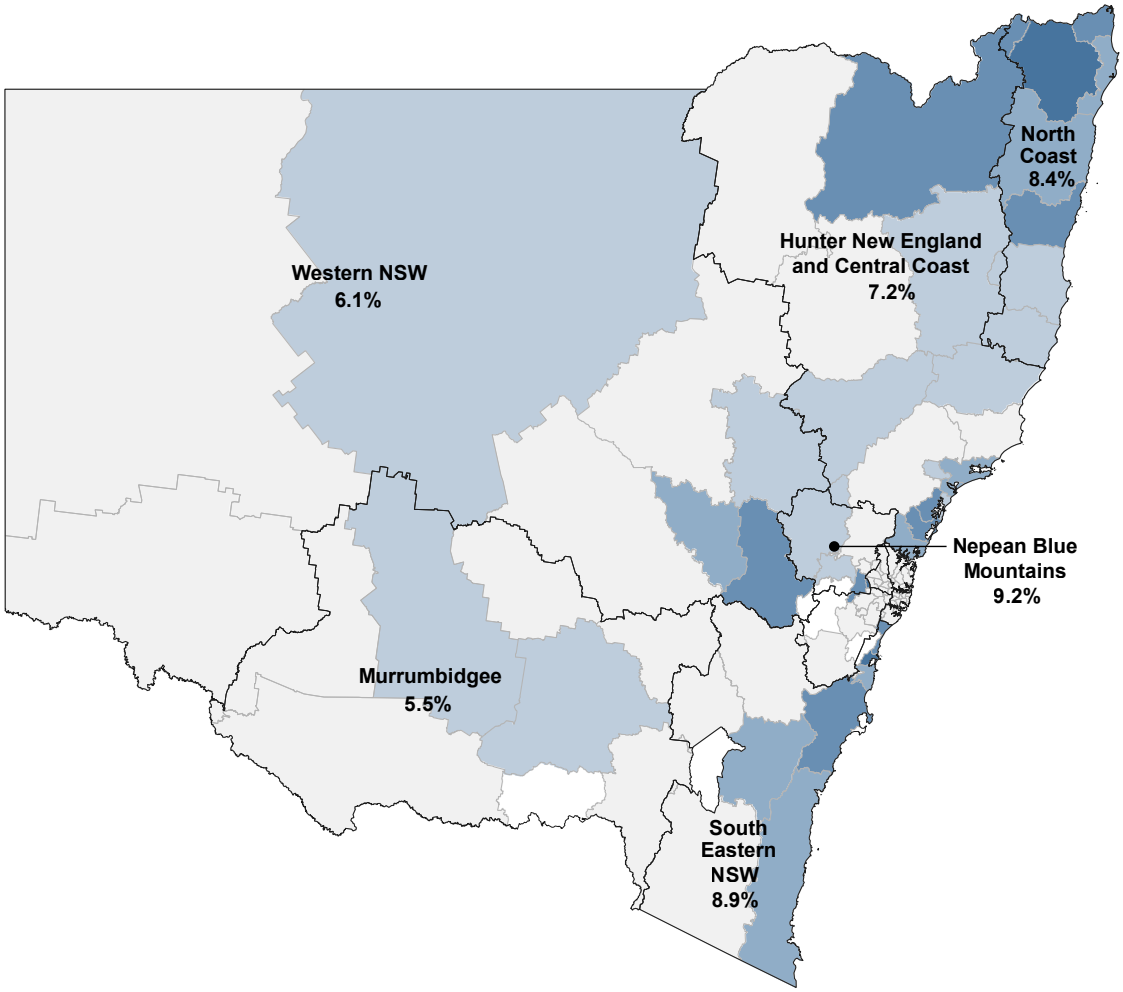


ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Figure A.28: Geographic variation in CHB treatment uptake in NSW (other than Greater Sydney), by PHN and SA3, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Table A.12: CHB prevalence, care uptake and treatment uptake in NSW, by PHN and SA3, 2024

PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Central and Eastern Sydney PHN	**1,652,895**	**21,401**	**1.29%**	**27.8%**	**14.9%**
Botany	62,815	926	1.47%	18.2%	9.2%
Canada Bay	90,649	1,270	1.40%	30.9%	15.1%
Canterbury	147,525	2,702	1.83%	30.7%	16.5%
Cronulla – Miranda – Caringbah	124,095	820	0.66%	21.0%	10.9%
Eastern Suburbs – North	134,370	939	0.70%	19.2%	10.8%
Eastern Suburbs – South	145,719	1,358	0.93%	19.7%	11.0%
Hurstville	139,985	2,899	2.07%	39.0%	22.6%
Kogarah – Rockdale	156,787	2,532	1.62%	28.0%	15.9%
Leichhardt	58,729	381	0.65%	25.8%	14.2%
Marrickville – Sydenham – Petersham	57,654	630	1.09%	31.3%	17.2%
Strathfield – Burwood – Ashfield	173,583	3,069	1.77%	31.1%	15.6%
Sutherland – Menai – Heathcote	115,106	736	0.64%	19.9%	11.7%
Sydney Inner City	245,877	3,136	1.28%	22.7%	10.6%
Northern Sydney PHN	**937,652**	**11,724**	**1.25%**	**33.7%**	**16.6%**
Chatswood – Lane Cove	125,725	1,890	1.50%	31.4%	16.8%
Hornsby	91,465	1,218	1.33%	37.3%	16.3%
Ku-ring-gai	129,997	2,020	1.55%	39.2%	18.5%
Manly	45,526	255	0.56%	21.7%	10.3%
North Sydney – Mosman	100,307	891	0.89%	27.5%	13.0%
Pennant Hills – Epping	57,828	1,127	1.95%	42.1%	21.6%
Pittwater	64,869	309	0.48%	16.3%	6.8%
Ryde – Hunters Hill	159,441	2,840	1.78%	35.7%	17.9%
Warringah	162,493	1,174	0.72%	23.7%	12.2%
South Western Sydney PHN	**1,090,016**	**14,856**	**1.36%**	**35.7%**	**20.1%**
Bankstown	194,767	3,265	1.68%	38.5%	21.0%
Bringelly – Green Valley	172,223	1,837	1.07%	34.4%	18.4%
Camden	78,357	425	0.54%	18.2%	10.2%
Campbelltown (NSW)	191,428	1,751	0.91%	21.5%	11.9%

Continued next page

PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Fairfield	199,662	5,446	2.73%	43.3%	25.5%
Liverpool	148,777	1,718	1.15%	31.5%	17.6%
Southern Highlands	53,935	208	0.39%	14.0%	5.3%
Wollondilly	50,868	204	0.40%	15.8%	8.4%
Western Sydney PHN	**1,242,001**	**16,034**	**1.29%**	**33.3%**	**17.1%**
Auburn	114,442	2,593	2.27%	42.0%	20.4%
Baulkham Hills	161,106	2,298	1.43%	32.2%	17.8%
Blacktown	148,336	1,592	1.07%	29.5%	14.6%
Blacktown – North	177,823	1,379	0.78%	27.3%	13.3%
Carlingford	78,967	1,585	2.01%	43.3%	22.6%
Dural – Wisemans Ferry	28,645	195	0.68%	21.6%	12.9%
Merrylands – Guildford	174,000	2,642	1.52%	36.0%	19.6%
Mount Druitt	119,754	1,368	1.14%	23.3%	11.4%
Parramatta	163,934	1,845	1.13%	28.9%	13.8%
Rouse Hill – McGraths Hill	74,996	536	0.71%	26.8%	13.7%
Hunter New England and Central Coast PHN	**1,366,110**	**5,725**	**0.42%**	**16.1%**	**7.2%**
Armidale	38,452	178	0.46%	13.6%	5.7%
Gosford	183,078	981	0.54%	16.7%	8.0%
Great Lakes	34,075	112	0.33%	#	#
Inverell – Tenterfield	39,617	162	0.41%	16.8%	9.9%
Lake Macquarie – East	130,244	469	0.36%	16.5%	6.6%
Lake Macquarie – West	90,931	322	0.35%	17.5%	9.1%
Lower Hunter	105,859	340	0.32%	12.7%	4.4%
Maitland	95,540	323	0.34%	20.2%	5.9%
Moree – Narrabri	25,022	138	0.55%	#	#
Newcastle	189,366	867	0.46%	15.2%	7.2%
Port Stephens	79,976	277	0.35%	16.0%	7.6%
Tamworth – Gunnedah	88,685	392	0.44%	12.3%	4.1%
Taree – Gloucester	59,297	190	0.32%	11.7%	6.4%
Upper Hunter	31,467	151	0.48%	#	6.7%
Wyong	174,499	825	0.47%	19.8%	9.4%
Murrumbidgee PHN	**251,005**	**1,009**	**0.40%**	**12.2%**	**5.5%**
Griffith – Murrumbidgee (West)	50,336	291	0.58%	13.8%	6.9%

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PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Tumut – Tumbarumba	15,088	53	0.35%	#	#
Upper Murray exc. Albury	44,801	131	0.29%	#	#
Wagga Wagga	101,724	406	0.40%	12.9%	5.7%
Young – Yass	39,056	128	0.33%	#	#
Nepean Blue Mountains PHN	**374,466**	**2,251**	**0.60%**	**18.4%**	**9.2%**
Blue Mountains	79,219	384	0.48%	14.9%	6.6%
Hawkesbury	25,440	110	0.43%	#	#
Penrith	170,464	1,044	0.61%	18.7%	9.1%
Richmond – Windsor	39,742	201	0.51%	#	#
St Marys	59,600	512	0.86%	22.0%	11.6%
North Coast PHN	**561,393**	**2,015**	**0.36%**	**16.5%**	**8.4%**
Clarence Valley	56,152	180	0.32%	16.2%	7.8%
Coffs Harbour	95,588	427	0.45%	18.6%	9.2%
Kempsey – Nambucca	53,173	182	0.34%	19.3%	6.6%
Port Macquarie	91,614	303	0.33%	12.3%	6.6%
Richmond Valley – Coastal	92,093	312	0.34%	13.9%	7.4%
Richmond Valley – Hinterland	72,199	253	0.35%	19.9%	11.1%
Tweed Valley	100,573	358	0.36%	16.0%	9.3%
South Eastern NSW PHN	**649,249**	**2,746**	**0.42%**	**18.9%**	**8.9%**
Dapto – Port Kembla	83,040	393	0.47%	24.5%	11.5%
Goulburn – Mulwaree	39,871	150	0.38%	#	#
Kiama – Shellharbour	105,441	384	0.36%	16.0%	7.6%
Queanbeyan	69,008	298	0.43%	15.9%	8.8%
Shoalhaven	111,401	409	0.37%	21.2%	9.8%
Snowy Mountains	21,462	74	0.34%	#	#
South Coast	78,613	277	0.35%	15.2%	7.6%
Wollongong	140,412	761	0.54%	20.1%	9.5%
Western NSW PHN	**350,129**	**1,855**	**0.53%**	**17.0%**	**6.1%**
Bathurst	50,924	181	0.36%	21.1%	10.5%
Bourke – Cobar – Coonamble	22,177	446	2.01%	14.4%	5.9%
Broken Hill and Far West	19,995	148	0.74%	#	#
Dubbo	76,832	356	0.46%	11.6%	4.5%

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PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Lachlan Valley	54,769	253	0.46%	12.3%	4.4%
Lithgow – Mudgee	48,705	168	0.35%	#	6.6%
Lower Murray	13,436	76	0.56%	#	#
Orange	63,291	226	0.36%	21.4%	8.4%

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Totals may not add up due to inclusion of people without an SA3 of residence recorded in source data.

Data suppressed where number receiving treatment or care was ≤10. SA3s not listed where population was <3,000.

NORTHERN TERRITORY

PREVALENCE

- An estimated 4,615 people were living with CHB in the NT in 2024, 1.76% of the population.
- Prevalence of CHB in the NT was above the national average of 0.83%, and the NT ranked highest nationally.
- The SA3 regions with the highest prevalence in the NT were Daly – Tiwi – West Arnhem, East Arnhem, Barkly, Katherine and Alice Springs (Table A.13).

CARE UPTAKE

- CHB care uptake in the NT in 2024 was 22.6%, lower than the national average of 27.9% and ranking 6th of all states and territories. However, care uptake data may be underestimated due to provision of monitoring outside Medicare.
- Due to the small populations and the imprecision of postcode regions in the NT, differentiation of treatment and care uptake by region is subject to more uncertainty than in most other jurisdictions, and in some, data must be suppressed to protect confidentiality.
- Of those able to be assessed, care uptake was estimated to be highest in the Darwin City SA3 (Table A.13).
- Care uptake is also estimated to be high[15] the East Arnhem SA3 in the Northern Territory PHN, reflecting the impact of the Hep B PAST program; however, this is not reflected in Medicare data due to inconsistent assignment of region of residence.

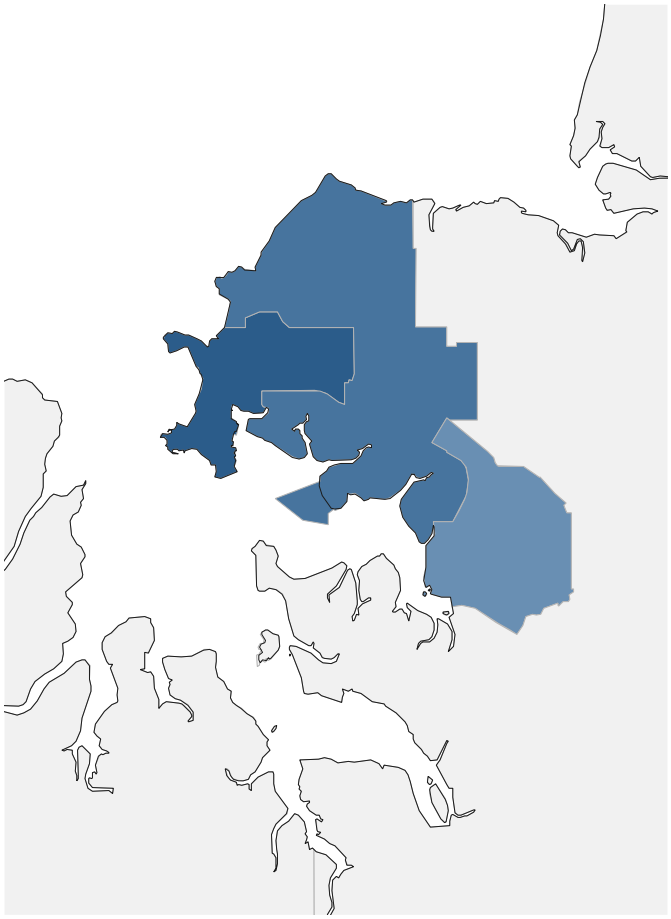
TREATMENT UPTAKE

- CHB treatment uptake in the NT in 2024 was 11.9%, similar to the national average of 12.7% and ranking 4th of all states and territories.
- Due to the small populations and the imprecision of postcode regions in the NT, differentiation of treatment and care uptake by region is subject to more uncertainty than in most other jurisdictions. Of those able to be assessed, treatment uptake was highest in the Darwin City SA3 (Table A.13).
- Treatment uptake is also estimated to be high[15] the East Arnhem SA3 in the Northern Territory PHN, reflecting the impact of the Hep B PAST program; however, this is not reflected in Medicare data due to inconsistent assignment of region of residence.

TREATMENT TRENDS

- Treatment uptake in the NT increased between 2018 and 2024 by 73.1%, more than triple the national average increase of 19.3% and the largest increase of any state or territory.

Figure A.29: Geographic variation in CHB treatment uptake in Greater Darwin, by SA3, 2024

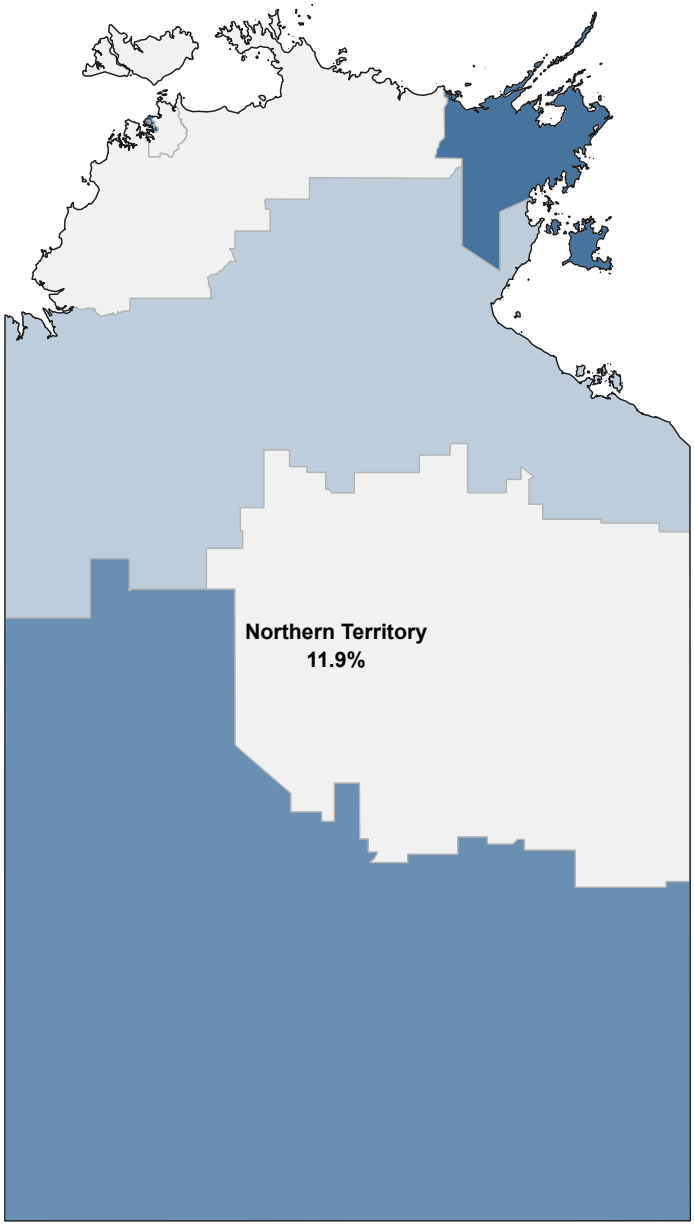


ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Figure A.30: Geographic variation in CHB treatment uptake in the NT (other than Greater Darwin), by SA3, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Table A.13: CHB prevalence, care uptake and treatment uptake in the NT, by SA3, 2024

PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Northern Territory PHN	**262,191**	**4,615**	**1.76%**	**22.6%**	**11.9%**
Alice Springs	43,134	969	2.25%	24.6%	10.1%
Barkly	6,236	209	3.35%	#	#
Daly – Tiwi – West Arnhem	18,887	673	3.56%	7.3%	3.0%
Darwin City	29,888	289	0.97%	46.0%	26.8%
Darwin Suburbs	60,166	735	1.22%	29.7%	20.8%
East Arnhem^	15,135	516	3.41%	31.4%	12.1%
Katherine	22,052	632	2.87%	14.0%	6.8%
Litchfield	24,104	174	0.72%	#	#
Palmerston	42,589	418	0.98%	24.6%	14.7%

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Totals may not add up due to inclusion of people without an SA3 of residence recorded in source data.

Data suppressed where number receiving treatment or care was ≤10. SA3s not listed where population was <3,000.

^ Care and treatment uptake are estimated to be high[15] the East Arnhem SA3 in the **Northern Territory** PHN, reflecting the impact of the Hep B PAST program; however, this is not reflected in Medicare data due to inconsistent assignment of region of residence.

QUEENSLAND

PREVALENCE

- An estimated 37,022 people were living with CHB in Qld in 2024, 0.66% of the population.
- Prevalence of CHB in Qld was below the national average of 0.83%, and Qld ranked 6th highest nationally.
- The SA3 regions with the highest prevalence in Qld were Sunnybank, Forest Lake – Oxley, Rocklea – Acacia Ridge and Mt Gravatt in the **Brisbane South** PHN; and Far North in the **Northern Queensland** PHN (Table A.14).

CARE UPTAKE

- CHB care uptake in Qld in 2024 was 26.3%, similar to the national average of 27.9% and ranking 3rd of all states and territories.
- Care uptake was highest in the Far North SA3 in **Northern Queensland** PHN; the Forest Lake – Oxley, Nathan, Loganlea – Carbrook, Springwood – Kingston and Rocklea – Acacia Ridge SA3s in the **Brisbane South** PHN; and the Rockhampton SA3 in the **Central Queensland, Wide Bay and Sunshine Coast** PHN (Table A.14).

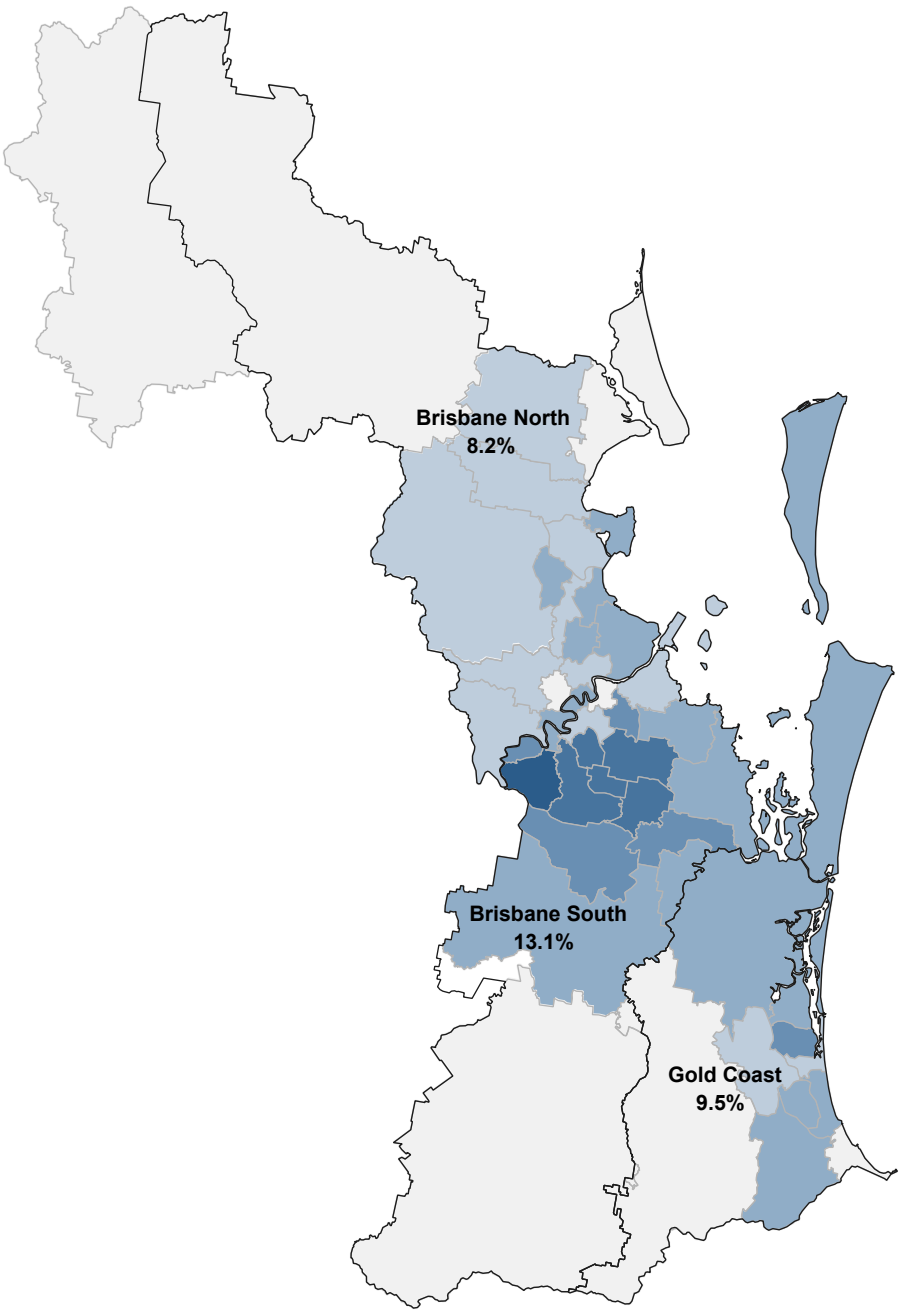
TREATMENT UPTAKE

- CHB treatment uptake in Qld in 2024 was 9.7%, below the national average of 12.7% and ranking 6th of all states and territories.
- Treatment uptake was highest in the Forest Lake – Oxley, Nathan, Mt Gravatt, Springwood – Kingston, Rocklea – Acacia Ridge and Sunnybank SA3s in the **Brisbane South** PHN (Table A.14).

TREATMENT TRENDS

- Treatment uptake in Qld increased between 2018 and 2024 by 27.9%, higher than the national average increase of 19.3%.
- Treatment uptake increased by more than the national average between 2018 and 2024 most substantially in the **Central Queensland, Wide Bay and Sunshine Coast** PHN (80.1% increase). There were also increases higher than the national average in the **Northern Queensland** (39.2%) and **Brisbane North** PHNs (37.8%) (2024 Mapping Report Supplement).

Figure A.31: Geographic variation in CHB treatment uptake in Greater Brisbane and Gold Coast, by PHN and SA3, 2024

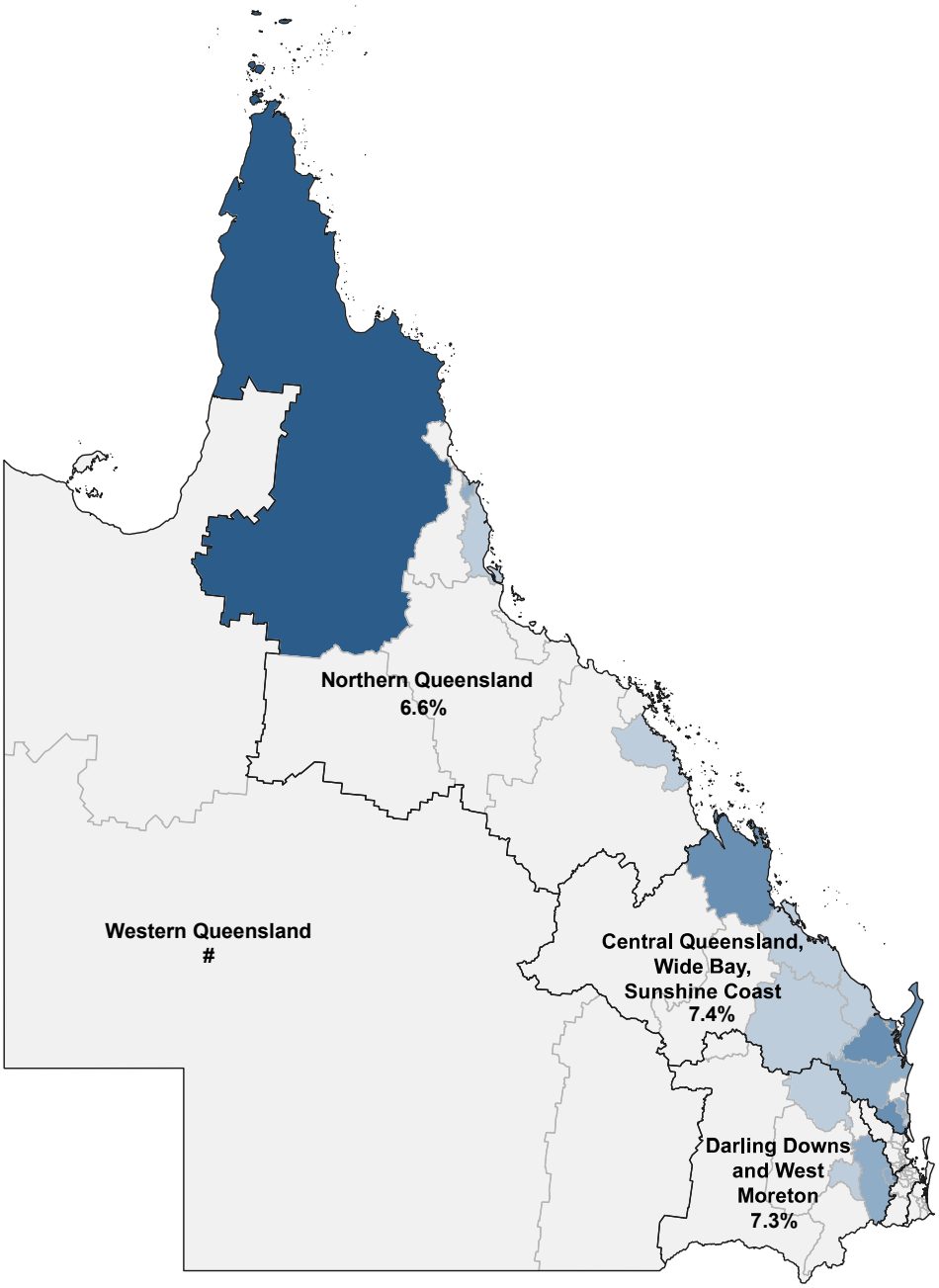


ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Figure A.32: Geographic variation in CHB treatment uptake in Qld (other than Greater Brisbane and Gold Coast), by PHN and SA3, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Table A.14: CHB prevalence, care uptake and treatment uptake in Qld, by PHN and SA3, 2024

PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Brisbane North PHN	**1,121,899**	**7,017**	**0.63%**	**20.9%**	**8.2%**
Bald Hills – Everton Park	50,271	352	0.70%	22.8%	7.7%
Bribie – Beachmere	40,038	182	0.45%	#	#
Brisbane Inner – North	111,719	761	0.68%	21.8%	8.1%
Brisbane Inner – West	66,087	417	0.63%	17.7%	5.3%
Caboolture	92,521	546	0.59%	19.8%	6.1%
Caboolture Hinterland	16,639	89	0.53%	#	#
Chermside	79,601	551	0.69%	27.9%	11.0%
Kenmore – Brookfield – Moggill	50,344	364	0.72%	19.1%	8.0%
Narangba – Burpengary	76,663	393	0.51%	23.5%	8.2%
North Lakes	98,562	626	0.63%	18.5%	8.0%
Nundah	46,955	325	0.69%	23.6%	9.3%
Redcliffe	68,501	376	0.55%	11.6%	10.7%
Sandgate	65,333	436	0.67%	26.4%	9.0%
Sherwood – Indooroopilly	61,133	550	0.90%	25.1%	11.0%
Strathpine	43,220	268	0.62%	28.4%	9.4%
The Gap – Enoggera	58,214	323	0.55%	18.3%	6.9%
The Hills District	96,099	457	0.48%	17.5%	6.4%
Brisbane South PHN	**1,349,974**	**13,238**	**0.98%**	**33.0%**	**13.1%**
Beaudesert	16,215	61	0.38%	#	#
Beenleigh	52,786	331	0.63%	10.1%	9.1%
Brisbane Inner	105,480	1,006	0.95%	22.3%	8.7%
Brisbane Inner – East	48,588	271	0.56%	#	#
Browns Plains	112,323	1,020	0.91%	36.6%	14.0%
Capalaba	77,035	455	0.59%	24.4%	9.5%
Carindale	58,397	451	0.77%	32.0%	13.8%
Centenary	34,140	359	1.05%	29.7%	12.0%
Cleveland – Stradbroke	102,207	508	0.50%	22.1%	9.1%
Forest Lake – Oxley	85,754	1,541	1.80%	48.3%	18.2%
Holland Park – Yeronga	86,361	674	0.78%	24.9%	7.9%
Jimboomba	76,146	372	0.49%	21.7%	9.2%
Loganlea – Carbrook	69,466	538	0.77%	39.4%	13.8%

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PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Mt Gravatt	87,081	1,304	1.50%	33.9%	15.1%
Nathan	43,523	460	1.06%	40.5%	16.4%
Rocklea – Acacia Ridge	77,970	1,284	1.65%	37.7%	14.7%
Springwood – Kingston	84,072	937	1.11%	38.0%	14.9%
Sunnybank	55,028	1,201	2.18%	35.6%	14.7%
Wynnum – Manly	77,401	466	0.60%	21.4%	7.6%
Gold Coast PHN	**702,384**	**4,059**	**0.58%**	**23.5%**	**9.5%**
Broadbeach – Burleigh	72,847	362	0.50%	23.7%	9.7%
Coolangatta	62,233	231	0.37%	#	#
Gold Coast – North	73,834	495	0.67%	19.2%	9.4%
Gold Coast Hinterland	21,399	79	0.37%	#	#
Mudgeeraba – Tallebudgera	38,342	172	0.45%	10.2%	9.4%
Nerang	73,815	408	0.55%	21.8%	8.1%
Ormeau – Oxenford	181,265	959	0.53%	25.0%	9.7%
Robina	58,069	434	0.75%	28.0%	10.2%
Southport	69,080	564	0.82%	34.6%	12.7%
Surfers Paradise	51,499	355	0.69%	25.7%	8.5%
Central Queensland, Wide Bay, Sunshine Coast PHN	**960,823**	**3,623**	**0.38%**	**19.7%**	**7.4%**
Biloela	15,147	67	0.44%	#	#
Buderim	63,346	259	0.41%	18.5%	8.6%
Bundaberg	101,016	429	0.42%	19.9%	6.1%
Caloundra	107,198	400	0.37%	20.3%	5.8%
Central Highlands (Qld)	30,624	159	0.52%	#	#
Gladstone	68,491	257	0.38%	18.9%	6.7%
Gympie – Cooloola	57,699	175	0.30%	8.3%	7.5%
Hervey Bay	70,098	250	0.36%	11.4%	10.5%
Maroochy	68,396	278	0.41%	19.2%	6.9%
Maryborough	51,443	158	0.31%	26.8%	9.5%
Nambour	54,732	220	0.40%	26.2%	7.8%
Noosa	49,570	192	0.39%	7.7%	6.8%
Noosa Hinterland	26,134	79	0.30%	#	#
Rockhampton	128,985	480	0.37%	37.8%	9.0%
Sunshine Coast Hinterland	67,943	219	0.32%	21.0%	9.7%

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PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Darling Downs and West Moreton PHN	**687,372**	**3,735**	**0.54%**	**21.9%**	**7.3%**
Burnett	52,602	235	0.45%	15.4%	6.9%
Darling Downs – East	44,886	154	0.34%	#	#
Darling Downs (West) – Maranoa	45,973	223	0.48%	#	#
Granite Belt	43,594	166	0.38%	#	#
Ipswich Hinterland	73,703	301	0.41%	21.7%	7.7%
Ipswich Inner	130,334	708	0.54%	22.1%	7.7%
Springfield – Redbank	121,545	1,118	0.92%	33.3%	10.2%
Toowoomba	174,735	832	0.48%	17.5%	5.3%
Northern Queensland PHN	**747,284**	**4,977**	**0.67%**	**28.2%**	**6.6%**
Bowen Basin – North	38,486	226	0.59%	18.8%	4.9%
Cairns – North	63,036	357	0.57%	19.5%	5.4%
Cairns – South	112,394	1,024	0.91%	30.5%	8.9%
Charters Towers – Ayr – Ingham	42,909	254	0.59%	#	#
Far North	33,914	434	1.28%	64.5%	10.4%
Innisfail – Cassowary Coast	37,044	359	0.97%	28.7%	6.7%
Mackay	129,164	515	0.40%	23.1%	6.5%
Port Douglas – Daintree	13,055	71	0.54%	#	#
Tablelands (East) – Kuranda	45,555	341	0.75%	#	#
Townsville	205,872	1,286	0.62%	20.3%	4.1%
Whitsunday	25,855	110	0.43%	#	#
Western Queensland PHN	**49,029**	**374**	**0.76%**	**#**	**#**
Outback – North	31,290	272	0.87%	#	#
Outback – South	17,739	101	0.57%	#	#

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics supplemented with laboratory data.

Totals may not add up due to inclusion of people without an SA3 of residence recorded in source data.

Data suppressed where number receiving treatment or care was ≤10. SA3s not listed where population was <3,000.

SOUTH AUSTRALIA

PREVALENCE

- An estimated 11,682 people were living with CHB in SA in 2024, 0.62% of the population.
- Prevalence of CHB in SA was below the national average of 0.83%, and SA ranked 7th highest nationally.
- The SA3 regions with highest prevalence in SA were Port Adelaide – West, Salisbury, Adelaide City and Port Adelaide – East in the **Adelaide** PHN; and Outback – North and East in the **Country SA** PHN (Table A.15).

CARE UPTAKE

- CHB care uptake in SA in 2024 was estimated to be 28.6%, similar to the national average of 27.9% and ranking 2nd of all states and territories.
- Care uptake variation by region cannot be estimated in SA due to the extent of viral load testing outside Medicare and the unavailability of direct laboratory data.

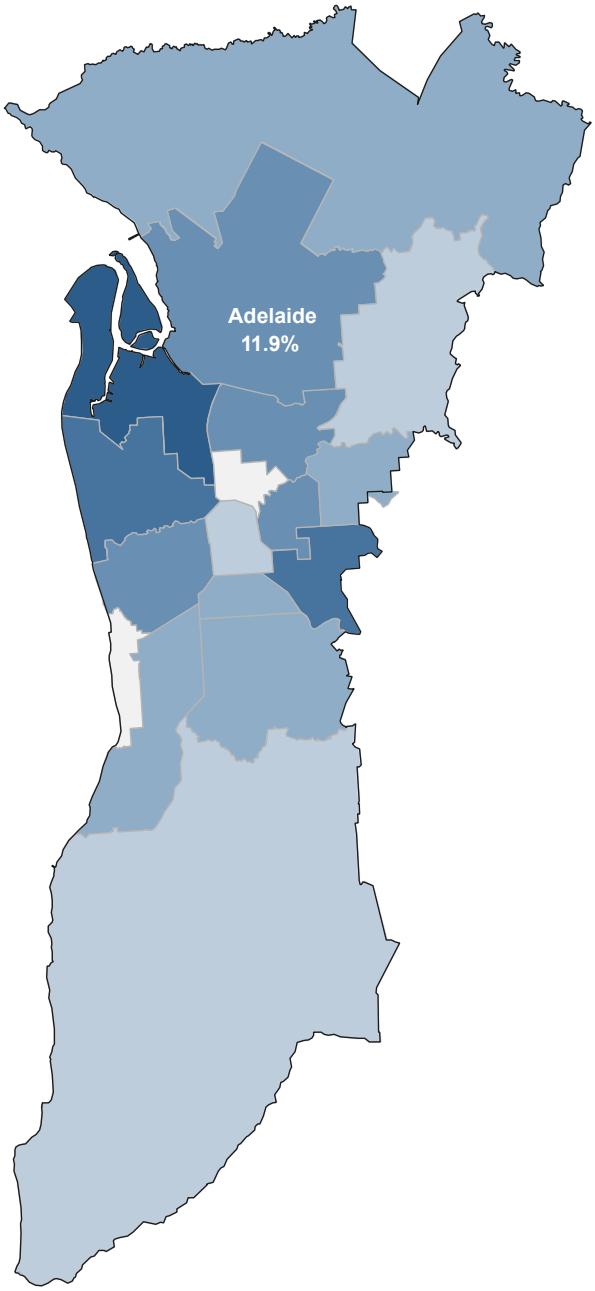
TREATMENT UPTAKE

- CHB treatment uptake in SA in 2024 was 10.9%, below the national average of 12.7% and ranking 5th of all states and territories.
- Treatment uptake was highest in the Port Adelaide – West, Burnside and Charles Sturt SA3s in the **Adelaide** PHN (Table A.15).

TREATMENT TRENDS

- Treatment uptake in SA increased between 2018 and 2024 by 24.1%, higher than the national average increase of 19.3%.

Figure A.33: Geographic variation in CHB treatment uptake in Greater Adelaide, by PHN and SA3, 2024

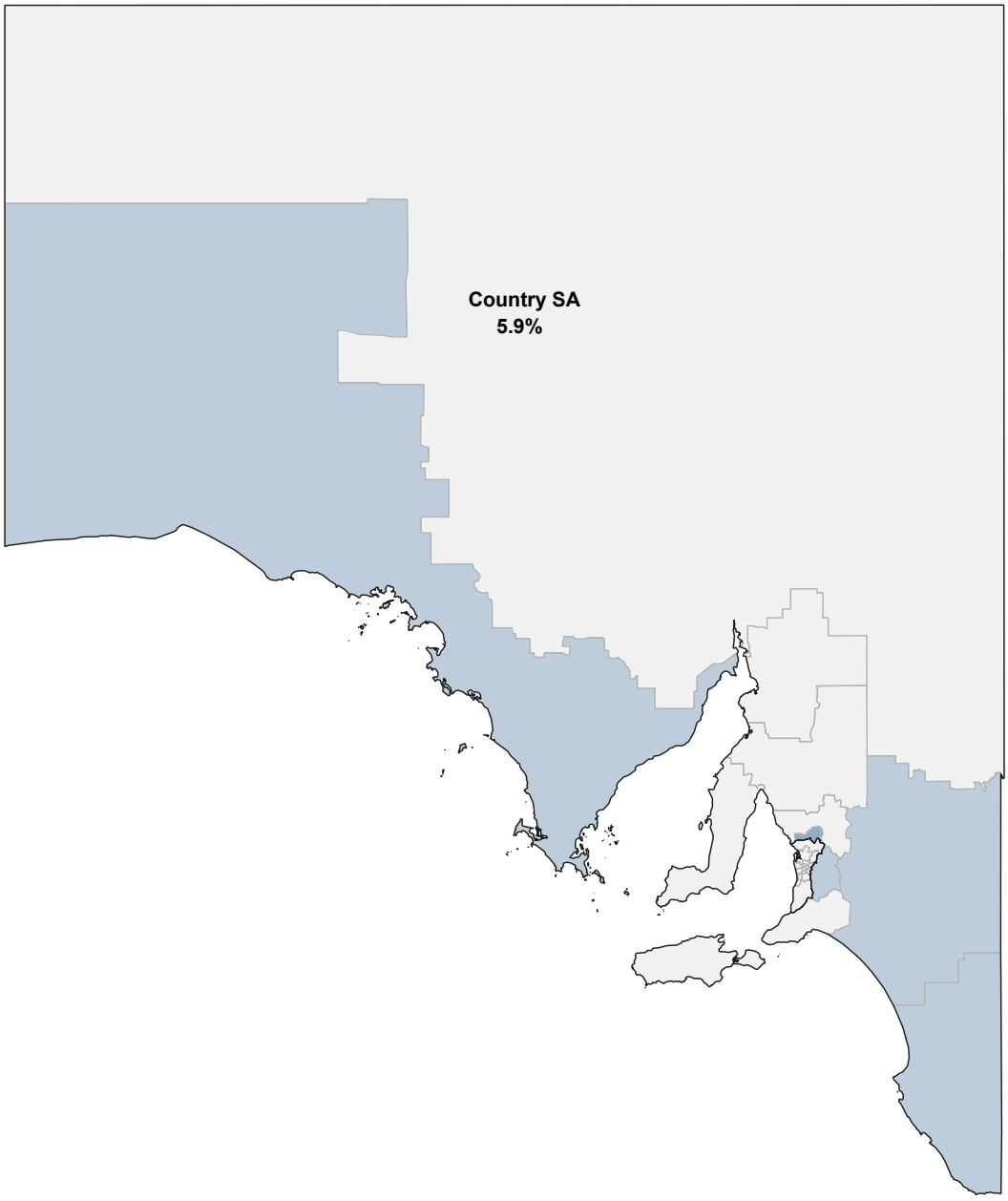


ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Figure A.34: Geographic variation in CHB treatment uptake in SA (other than Greater Adelaide), by PHN and SA3, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Table A.15: CHB prevalence, care uptake* and treatment uptake in SA, by PHN and SA3, 2024

PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Adelaide PHN	**1,351,606**	**9,660**	**0.71%**	*	**11.9%**
Adelaide City	29,330	279	0.95%	*	8.2%
Burnside	48,158	436	0.90%	*	14.9%
Campbelltown (SA)	58,825	519	0.88%	*	11.4%
Charles Sturt	126,505	957	0.76%	*	14.9%
Holdfast Bay	37,572	162	0.43%	*	#
Marion	102,263	655	0.64%	*	10.7%
Mitcham	69,588	385	0.55%	*	10.1%
Norwood – Payneham – St Peters	40,353	296	0.73%	*	12.9%
Onkaparinga	185,559	743	0.40%	*	7.0%
Playford	112,663	757	0.67%	*	11.1%
Port Adelaide – East	82,536	762	0.92%	*	13.1%
Port Adelaide – West	65,170	681	1.04%	*	17.3%
Prospect – Walkerville	32,103	236	0.74%	*	#
Salisbury	150,174	1,530	1.02%	*	12.4%
Tea Tree Gully	100,337	497	0.50%	*	8.1%
Unley	40,620	259	0.64%	*	8.9%
West Torrens	69,848	507	0.73%	*	13.0%
Country SA PHN	**540,064**	**2,022**	**0.37%**	*	**5.9%**
Adelaide Hills	86,197	302	0.35%	*	6.3%
Barossa	40,655	124	0.31%	*	#
Eyre Peninsula and South West	59,838	236	0.39%	*	5.9%
Fleurieu – Kangaroo Island	59,796	156	0.26%	*	#
Gawler – Two Wells	42,045	152	0.36%	*	7.9%
Limestone Coast	69,840	257	0.37%	*	7.0%
Lower North	23,413	58	0.25%	*	#
Mid North	27,907	85	0.30%	*	#
Murray and Mallee	74,973	307	0.41%	*	5.5%
Outback – North and East	26,733	270	1.01%	*	4.8%
Yorke Peninsula	28,667	75	0.26%	*	#

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Totals may not add up due to inclusion of people without an SA3 of residence recorded in source data.

* Care uptake not available at the PHN or SA3 level in SA due to the extent of viral load testing outside Medicare and lack of availability of public laboratory data by region.

Data suppressed where number receiving treatment or care was ≤10. SA3s not listed where population was <3,000.

TASMANIA

PREVALENCE

- An estimated 1,895 people were living with CHB in Tas in 2024, 0.33% of the population.
- Prevalence of CHB in Tas was below the national average of 0.83%, and Tas ranked lowest nationally.
- The SA3 regions with highest prevalence in Tas were Hobart Inner, Hobart – North West and Hobart – South and West (Table A.16).

CARE UPTAKE

- CHB care uptake in Tas in 2024 was 13.7%, lower than the national average of 27.9% and ranking 8th of all states and territories.
- Due to the small populations, differentiation of care uptake by region is subject to more uncertainty than in most other jurisdictions, and in some, data must be suppressed to protect confidentiality.
- Of those regions with sufficient data for reporting, care uptake was estimated to be highest in the Hobart – North West and Hobart Inner SA3s (Table A.16); however, this should be interpreted with caution due to the low number of people with CHB in Tasmanian SA3s.

TREATMENT UPTAKE

- CHB treatment uptake in Tas in 2024 was 8.5%, below the national average of 12.7% and ranking 8th of all states and territories.
- Of those regions with sufficient data for reporting, treatment uptake was estimated to be highest in the North East and Burnie – Ulverstone SA3s (Table A.16); however, this should be interpreted with caution due to the low number of people with CHB in Tasmanian SA3s.

TREATMENT TRENDS

- Treatment uptake in Tas increased between 2018 and 2024 by 2.8%, below the national average increase of 19.3%. This was largely due to increases in the size of the population living with CHB during this time (see *National Surveillance for Hepatitis B Indicators Report 2024*).

Figure A.35: Geographic variation in CHB treatment uptake in Tas, by SA3, 2024

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Table A.16: CHB prevalence, care uptake and treatment uptake in Tas, by SA3, 2024

PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Tasmania PHN	**575,756**	**1,895**	**0.33%**	**13.7%**	**8.5%**
Brighton	20,873	59	0.28%	#	#
Burnie – Ulverstone	51,435	112	0.22%	#	11.6%
Central Highlands (Tas)	12,959	22	0.17%	#	#
Devonport	50,361	133	0.27%	#	9.7%
Hobart – North East	61,575	217	0.35%	9.2%	4.6%
Hobart – North West	58,705	264	0.45%	17.5%	9.5%
Hobart – South and West	37,999	160	0.42%	#	#
Hobart Inner	56,110	328	0.59%	16.4%	9.7%
Huon – Bruny Island	23,357	50	0.21%	#	#
Launceston	89,439	304	0.34%	12.2%	8.5%
Meander Valley – West Tamar	25,451	52	0.20%	#	#
North East	41,429	84	0.20%	#	11.9%
Sorell – Dodges Ferry	19,783	49	0.25%	#	#
South East Coast	7,989	17	0.21%	#	#
West Coast	18,291	42	0.23%	#	#

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Totals may not add up due to inclusion of people without an SA3 of residence recorded in source data.

Data suppressed where number receiving treatment or monitoring was ≤10 and/or people living with CHB was <25. SA3s not listed where population was <3,000.

VICTORIA

PREVALENCE

- An estimated 64,386 people were living with CHB in Vic in 2024, 0.92% of the population.
- Prevalence of CHB in Vic was above the national average of 0.83%, and Vic ranked 3rd highest nationally.
- The SA3 regions with highest prevalence in Vic were Dandenong in the **South Eastern Melbourne** PHN; Brimbank and Maribyrnong in the **North Western Melbourne** PHN; and Manningham – West, Whitehorse – West, Monash and Whitehorse – East in the **Eastern Melbourne** PHN (Table A.17).

CARE UPTAKE

- CHB care uptake in Vic in 2024 was 26.0%, similar to the national average of 26.2% and ranking 4th of all states and territories.
- Care uptake was highest in the Brimbank, Maribyrnong and Yarra SA3s in the **North Western Melbourne** PHN; Bendigo SA3 in the **Murray** PHN; Dandenong SA3 in the **South Eastern Melbourne** PHN; and the Manningham – West, Whitehorse – East and Monash SA3s in the **Eastern Melbourne** PHN (Table A.17).

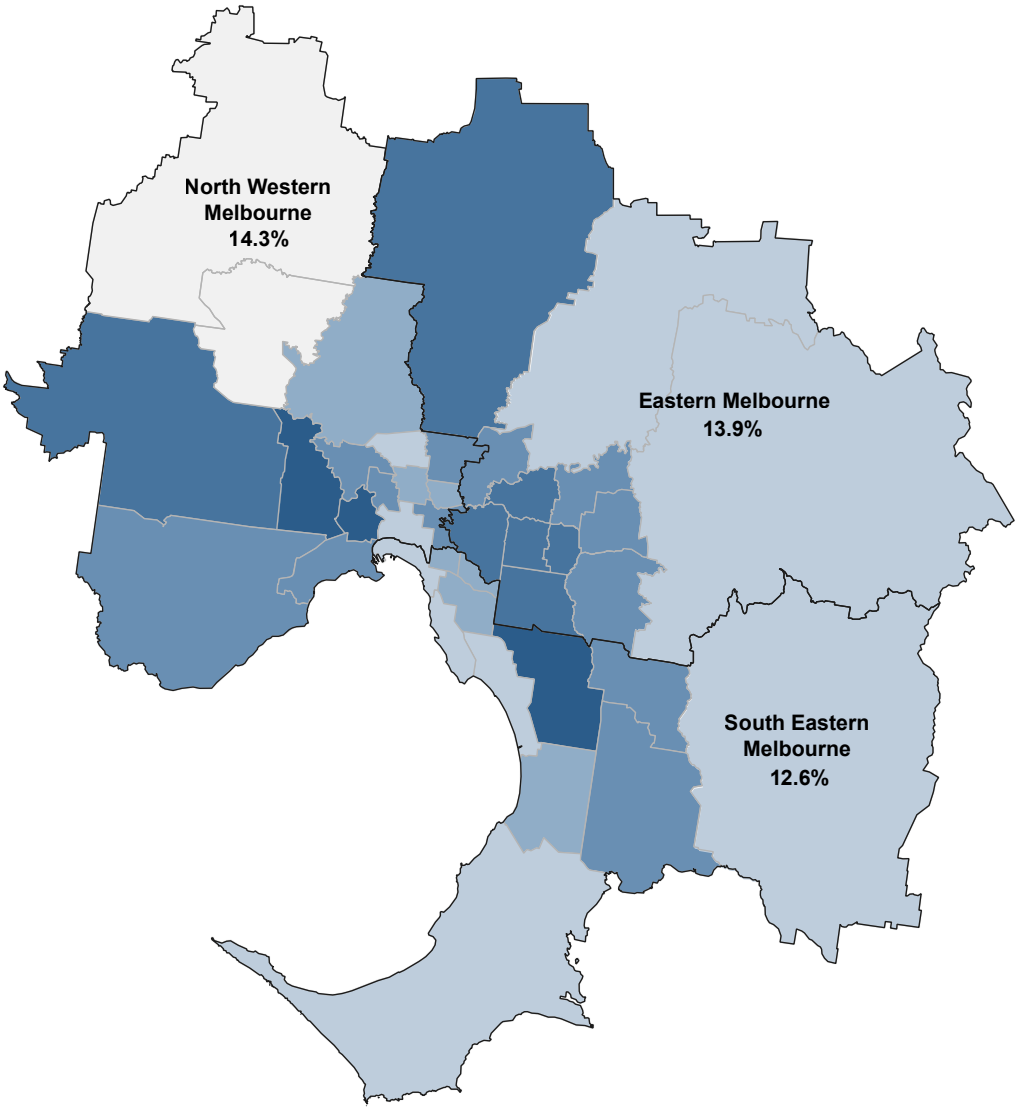
TREATMENT UPTAKE

- CHB treatment uptake in Vic in 2024 was 13.3%, similar to the national average of 12.7% and ranking 3rd of all states and territories.
- Treatment uptake was highest in the Brimbank, Maribyrnong and Melton – Bacchus Marsh SA3s in the **North Western Melbourne** PHN; Dandenong SA3 in the **South Eastern Melbourne** PHN; and the Manningham – West and Whitehorse – East SA3s in the **Eastern Melbourne** PHN (Table A.17).

TREATMENT TRENDS

- Treatment uptake in Vic increased between 2018 and 2024 by 23.5%, similar to the national average increase of 19.3%.
- Treatment uptake increased by more than the national average between 2018 and 2024 most substantially in the **Western Victoria** PHN (130.8% increase), where it more than doubled and which had the largest increase in treatment uptake of any PHN in Australia. There were also increases higher than the national average in the **Gippsland** (77.7%) and **Murray** (41.4%) PHNs (2024 Mapping Report Supplement).

Figure A.36: Geographic variation in CHB treatment uptake in Greater Melbourne, by PHN and SA3, 2024

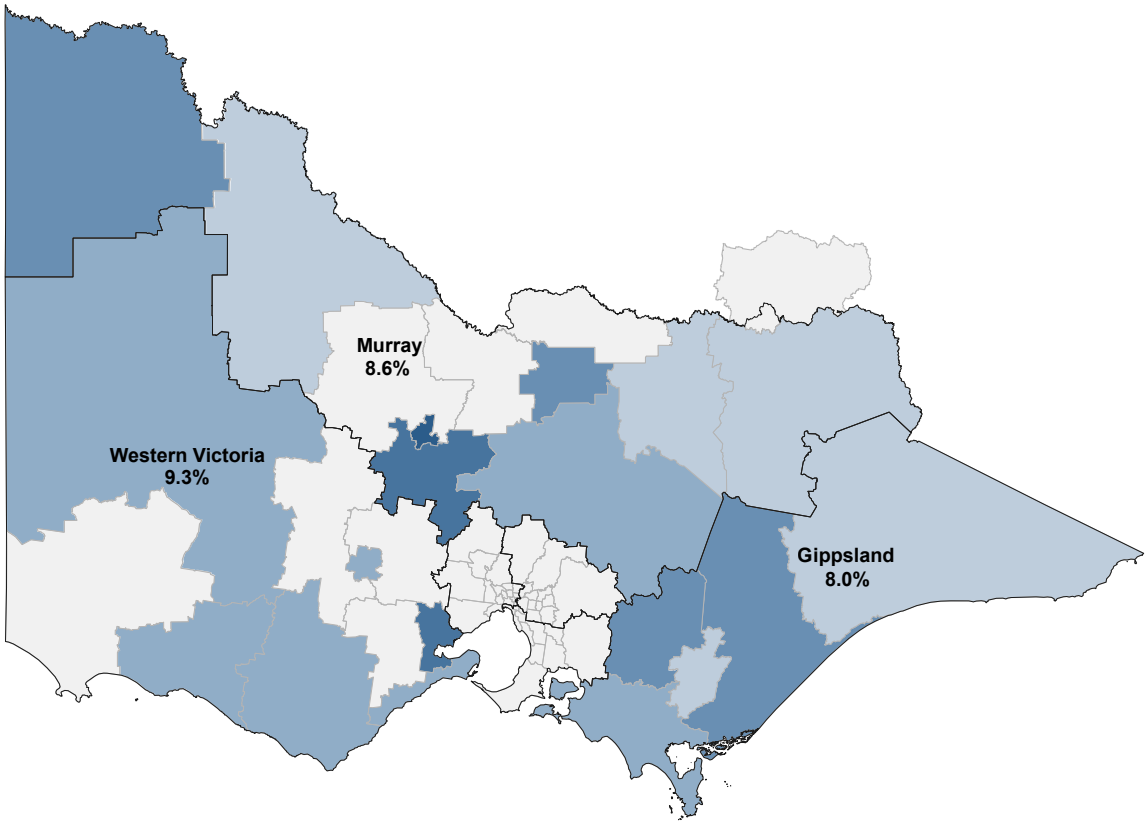


ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Figure A.37: Geographic variation in CHB treatment uptake in Vic (other than Greater Melbourne), by PHN and SA3, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Table A.17: CHB prevalence, care uptake and treatment uptake in Vic, by PHN and SA3, 2024

PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Eastern Melbourne PHN	**1,625,957**	**19,422**	**1.19%**	**28.3%**	**13.9%**
Banyule	132,544	1,189	0.90%	24.1%	12.6%
Boroondara	178,835	2,354	1.32%	29.5%	14.4%
Knox	164,097	1,930	1.18%	28.9%	13.8%
Manningham – East	27,141	272	1.00%	23.2%	12.2%
Manningham – West	105,294	2,080	1.98%	32.1%	16.1%
Maroondah	119,437	1,103	0.92%	25.4%	11.9%
Monash	202,114	3,529	1.75%	30.4%	14.9%
Nillumbik – Kinglake	68,408	354	0.52%	22.9%	7.4%
Whitehorse – East	65,847	1,090	1.65%	31.0%	15.5%

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PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Whitehorse – West	119,253	2,118	1.78%	29.6%	14.5%
Whittlesea – Wallan	282,927	2,562	0.91%	27.1%	14.5%
Yarra Ranges	160,060	842	0.53%	16.6%	6.3%
North Western Melbourne PHN	**2,053,948**	**22,611**	**1.10%**	**27.0%**	**14.3%**
Brimbank	190,334	4,270	2.24%	40.9%	22.2%
Brunswick – Coburg	99,999	788	0.79%	20.3%	10.6%
Darebin – North	103,900	1,221	1.17%	23.6%	13.8%
Darebin – South	56,806	434	0.76%	22.6%	11.1%
Essendon	74,714	717	0.96%	26.1%	13.0%
Hobsons Bay	91,186	777	0.85%	22.4%	12.5%
Keilor	64,360	620	0.96%	24.4%	13.9%
Macedon Ranges	35,278	135	0.38%	#	#
Maribyrnong	94,689	1,521	1.61%	33.3%	18.6%
Melbourne City	190,258	2,519	1.32%	15.1%	7.1%
Melton – Bacchus Marsh	240,417	1,953	0.81%	29.1%	15.3%
Moreland – North	86,369	782	0.91%	16.9%	8.2%
Sunbury	50,232	239	0.48%	#	#
Tullamarine – Broadmeadows	229,735	2,106	0.92%	19.5%	11.4%
Wyndham	343,464	3,585	1.04%	26.7%	13.7%
Yarra	102,205	945	0.92%	30.3%	13.8%
South Eastern Melbourne PHN	**1,695,645**	**16,176**	**0.95%**	**24.5%**	**12.6%**
Bayside	106,611	768	0.72%	17.5%	7.1%
Cardinia	131,142	728	0.56%	17.9%	7.3%
Casey – North	145,019	1,505	1.04%	23.8%	12.9%
Casey – South	262,278	2,254	0.86%	22.7%	11.9%
Dandenong	205,894	4,622	2.25%	36.1%	19.2%
Frankston	145,286	855	0.59%	15.3%	8.8%
Glen Eira	169,930	1,768	1.04%	21.0%	11.4%
Kingston	129,475	1,038	0.80%	17.6%	8.6%
Mornington Peninsula	172,246	790	0.46%	12.7%	6.4%
Port Phillip	113,195	818	0.72%	20.1%	8.3%
Stonnington – East	45,629	415	0.91%	22.2%	9.4%
Stonnington – West	68,939	615	0.89%	19.5%	9.5%

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PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Gippsland PHN	**312,880**	**1,075**	**0.34%**	**15.5%**	**8.0%**
Baw Baw	62,328	201	0.32%	18.5%	9.5%
Gippsland – East	49,769	173	0.35%	#	5.8%
Gippsland – South West	75,100	238	0.32%	19.4%	8.9%
Latrobe Valley	79,051	304	0.38%	13.9%	6.3%
Wellington	46,632	160	0.34%	#	10.7%
Murray PHN	**669,301**	**2,701**	**0.40%**	**18.4%**	**8.6%**
Albury	70,224	282	0.40%	11.0%	4.3%
Bendigo	106,514	419	0.39%	38.0%	14.6%
Campaspe	38,495	118	0.31%	#	#
Heathcote – Castlemaine – Kyneton	54,328	164	0.30%	23.8%	11.6%
Loddon – Elmore	12,714	35	0.27%	#	#
Mildura	57,894	334	0.58%	19.8%	9.3%
Moira	30,979	100	0.32%	#	#
Murray River – Swan Hill	37,628	244	0.65%	10.2%	5.7%
Shepparton	70,008	367	0.52%	13.6%	9.0%
Upper Goulburn Valley	62,538	196	0.31%	14.3%	7.2%
Wangaratta – Benalla	49,275	150	0.30%	24.7%	6.7%
Wodonga – Alpine	78,705	292	0.37%	10.6%	6.9%
Western Victoria PHN	**723,616**	**2,683**	**0.37%**	**20.1%**	**9.3%**
Ballarat	124,136	433	0.35%	16.0%	7.4%
Barwon – West	24,128	59	0.24%	#	#
Colac – Corangamite	38,287	128	0.33%	17.3%	8.7%
Creswick – Daylesford – Ballan	31,644	91	0.29%	#	#
Geelong	224,979	1,066	0.47%	24.9%	11.7%
Glenelg – Southern Grampians	36,761	109	0.30%	#	#
Grampians	59,689	225	0.38%	17.8%	8.9%
Maryborough – Pyrenees	27,527	76	0.28%	#	#
Surf Coast – Bellarine Peninsula	102,360	306	0.30%	23.2%	8.2%
Warrnambool	54,106	190	0.35%	14.8%	7.4%

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Totals may not add up due to inclusion of people without an SA3 of residence recorded in source data.

Data suppressed where number receiving treatment or care was ≤10. SA3s not listed where population was <3,000.

WESTERN AUSTRALIA

PREVALENCE

- An estimated 24,786 people were living with CHB in WA in 2024, 0.82% of the population.
- Prevalence of CHB in WA was similar to the national average of 0.83%, and WA ranked 4th highest nationally.
- The SA3 regions with highest prevalence in WA were Kimberley, East Pilbara, Gascoyne, West Pilbara and Goldfields in the **Country WA** PHN; Canning, Gosnells and Belmont – Victoria Park in the **Perth South** PHN; and Bayswater – Bassendean and Stirling in the **Perth North** PHN (Table A.18).

CARE UPTAKE

- CHB care uptake in WA in 2024 was 17.7%, lower than the national average of 27.9% and ranking 6th of all states and territories.
- Care uptake was highest in the Canning, Armadale, Kwinana and Cockburn SA3s in the **Perth South** PHN; and the Swan and Wanneroo SA3s in the **Perth North** PHN (Table A.18).

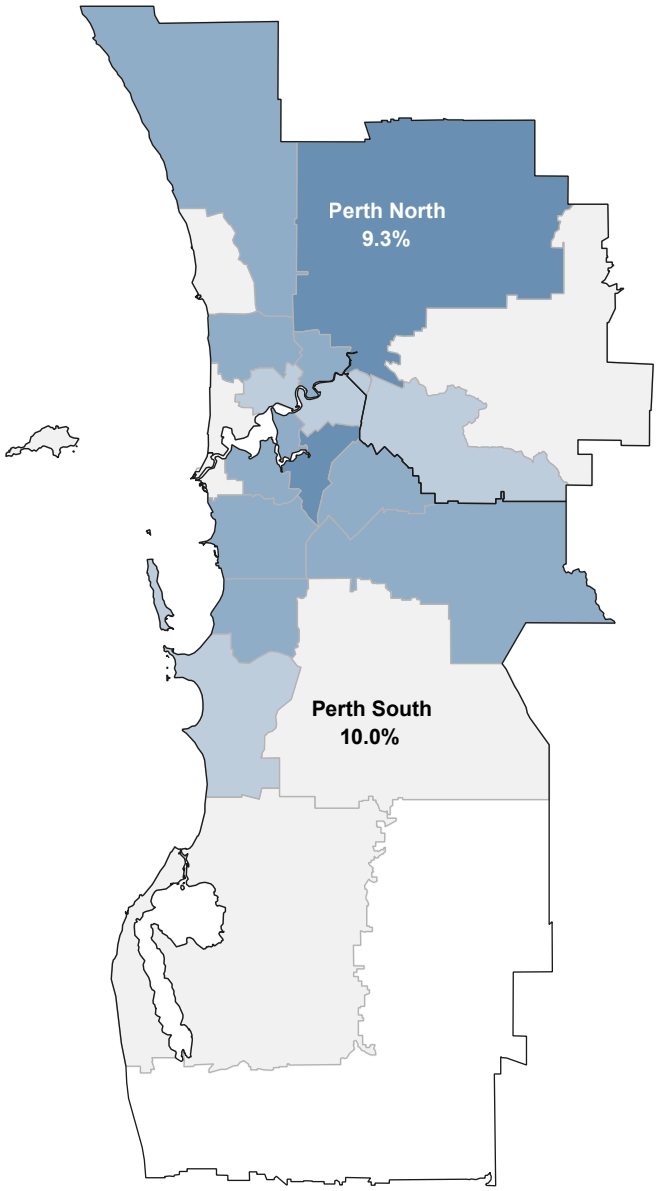
TREATMENT UPTAKE

- CHB treatment uptake in WA in 2024 was 8.5%, below the national average of 12.7% and ranking 7th of all states and territories.
- Treatment uptake was highest in the in the Canning, Gosnells, Melville and Cockburn SA3s in the **Perth South** PHN; and the Swan and Wanneroo SA3s in the **Perth North** PHN (Table A.18).

TREATMENT TRENDS

- Treatment uptake in WA increased between 2018 and 2024 by 27.1%, higher than the national average increase of 19.3%.
- Treatment uptake increased by more than the national average between 2018 and 2024 most substantially in the **Country WA** PHN (77.1% increase) (2024 Mapping Report Supplement).

Figure A.38: Geographic variation in CHB treatment uptake in Greater Perth, by PHN and SA3, 2024

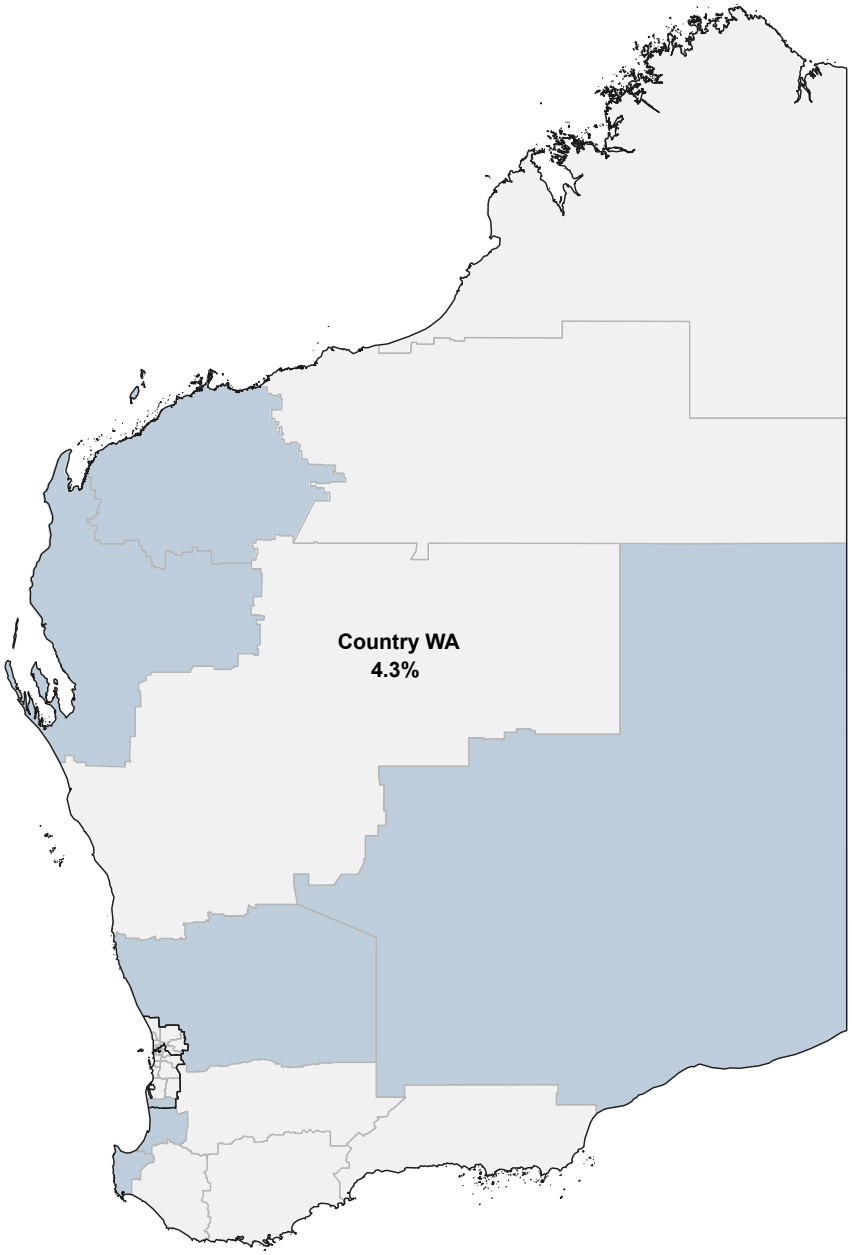


ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Figure A.39: Geographic variation in CHB treatment uptake in WA (other than Greater Perth), by PHN and SA3, 2024



ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Key: Darker shade of blue denotes higher treatment uptake. PHN outlines, names and overall treatment estimates are denoted in black. Grey areas represent SA3 regions outside the boundary of the PHN, or those with ≤10 people receiving treatment.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics.

Table A.18: CHB prevalence, care uptake and treatment uptake in WA, by PHN and SA3, 2024

PHN and SA3	Total population	People living with CHB	CHB prevalence	Care uptake	Treatment uptake
Perth North PHN	**1,243,855**	**10,375**	**0.83%**	**23.6%**	**9.3%**
Bayswater – Bassendean	93,722	980	1.05%	26.4%	10.2%
Cottesloe – Claremont	81,439	589	0.72%	#	#
Joondalup	176,948	998	0.56%	13.5%	4.4%
Kalamunda	64,766	397	0.61%	13.7%	8.6%
Mundaring	48,565	256	0.53%	#	#
Perth City	128,801	1,240	0.96%	22.7%	8.4%
Stirling	233,190	2,441	1.05%	26.1%	9.8%
Swan	176,153	1,507	0.86%	29.0%	12.0%
Wanneroo	240,271	1,966	0.82%	30.4%	10.8%
Perth South PHN	**1,175,592**	**9,392**	**0.80%**	**25.0%**	**10.0%**
Armadale	110,825	810	0.73%	31.6%	10.1%
Belmont – Victoria Park	86,471	899	1.04%	22.6%	7.2%
Canning	112,473	1,488	1.32%	36.5%	12.4%
Cockburn	134,687	966	0.72%	27.3%	10.5%
Fremantle	45,532	224	0.49%	#	#
Gosnells	143,357	1,601	1.12%	20.1%	11.4%
Kwinana	55,476	398	0.72%	30.9%	10.1%
Mandurah	124,521	590	0.47%	16.2%	5.8%
Melville	117,932	1,023	0.87%	24.3%	11.1%
Rockingham	156,399	773	0.49%	21.0%	7.4%
Serpentine – Jarrahdale	39,256	191	0.49%	#	#
South Perth	48,664	430	0.88%	22.5%	9.1%
Country WA PHN	**589,250**	**5,019**	**0.85%**	**20.7%**	**4.3%**
Albany	66,969	388	0.58%	18.1%	3.1%
Augusta – Margaret River – Busselton	65,234	226	0.35%	16.3%	6.6%
Bunbury	118,079	526	0.45%	14.3%	5.5%
East Pilbara	28,261	503	1.78%	25.0%	3.0%
Esperance	17,090	99	0.58%	#	#
Gascoyne	10,685	146	1.37%	27.7%	6.8%
Goldfields	41,332	454	1.10%	22.2%	6.6%
Kimberley	40,521	1,328	3.28%	26.5%	2.8%
Manjimup	25,917	115	0.44%	#	#
Mid West	59,553	419	0.70%	19.2%	4.1%
West Pilbara	33,379	406	1.22%	22.8%	5.4%
Wheat Belt – North	61,713	308	0.50%	18.4%	5.8%
Wheat Belt – South	20,517	102	0.50%	#	#

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA3, Statistical Area 3.

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Medicare statistics supplemented with laboratory data.

Totals may not add up due to inclusion of people without an SA3 of residence recorded in source data.

Data suppressed where number receiving treatment or care was ≤10. SA3s not listed where population was <3,000.

SECTION B: LIVER CANCER

LIVER CANCER IN AUSTRALIA

Liver cancer remains the fastest-increasing cause of cancer death in Australia, with most cases being preventable and linked to identifiable risk factors.[20] This makes assessment of geographic variations in incidence particularly important, as it can identify regions where the burden of disease is especially high and interventions should be prioritised. Modifiable risk factors include CHB and CHC, which together are the predominant cause of liver cancer in Australia, as well as alcohol consumption, smoking, obesity and other causes of chronic liver disease, which all contribute to the incidence of liver cancer.[21,22] Previous analyses have demonstrated the strong geographic pattern of liver cancer incidence,[23] and this iteration of the Mapping Report presents the most recent available national liver cancer data, for the period 2010–2019, with updated CHB prevalence data.

AUSTRALIAN CANCER ATLAS

The Australian Cancer Atlas is a collaborative project led by Cancer Council Queensland and Queensland University of Technology that aims to provide a national perspective of how the burden of cancer varies by geographical area. It draws source data from each state and territory cancer registry, which collect all cancer diagnoses through mandatory reporting requirements. It uses spatial models to generate 'smoothed' estimates at the SA2 level to assess variation from the national average and quantifies the uncertainty of these estimates. These models allow highly granular and robust measurement of variation in cancer incidence and survival, while preserving confidentiality of the data.

Permission has been given for the use of modelled estimates for liver cancer incidence by the Australian Cancer Atlas. For more detail on the Australian Cancer Atlas and to interact with its online mapping feature, visit atlas.cancer.org.au. This reporting assesses the proportion of SA2s which had an above-average standardised incidence rate of liver cancer in the 2010 to 2019 period in each PHN, using a 60% probability cut-off for inclusion, as this provides statistical evidence that the area's incidence rates were genuinely above the Australian average (see Section C – Data sources and methodology). Collating and cleaning cancer records leads to extensive delays for many cancer registries in reporting cases, and data will continue to be updated in future reports.

VARIATION IN LIVER CANCER INCIDENCE ACROSS AUSTRALIA

Liver cancer incidence in Australia varied widely according to region, and in some areas reached more than three times the national incidence rate (Figure B.1). Overall in Australia, 20.6% of SA2s were estimated to have a liver cancer rate that was genuinely above the national average. As shown in Figure B.1, in the **Northern Territory**, **South Western Sydney**, **North Western Melbourne**, **Central and Eastern Sydney** and **Western Sydney** PHNs, the majority of SA2s had liver cancer rates well above average. In the **Western Queensland** and **Hunter New England and Central Coast** PHNs, the proportion of elevated-incidence SA2s was also above the national average of 20.6%.

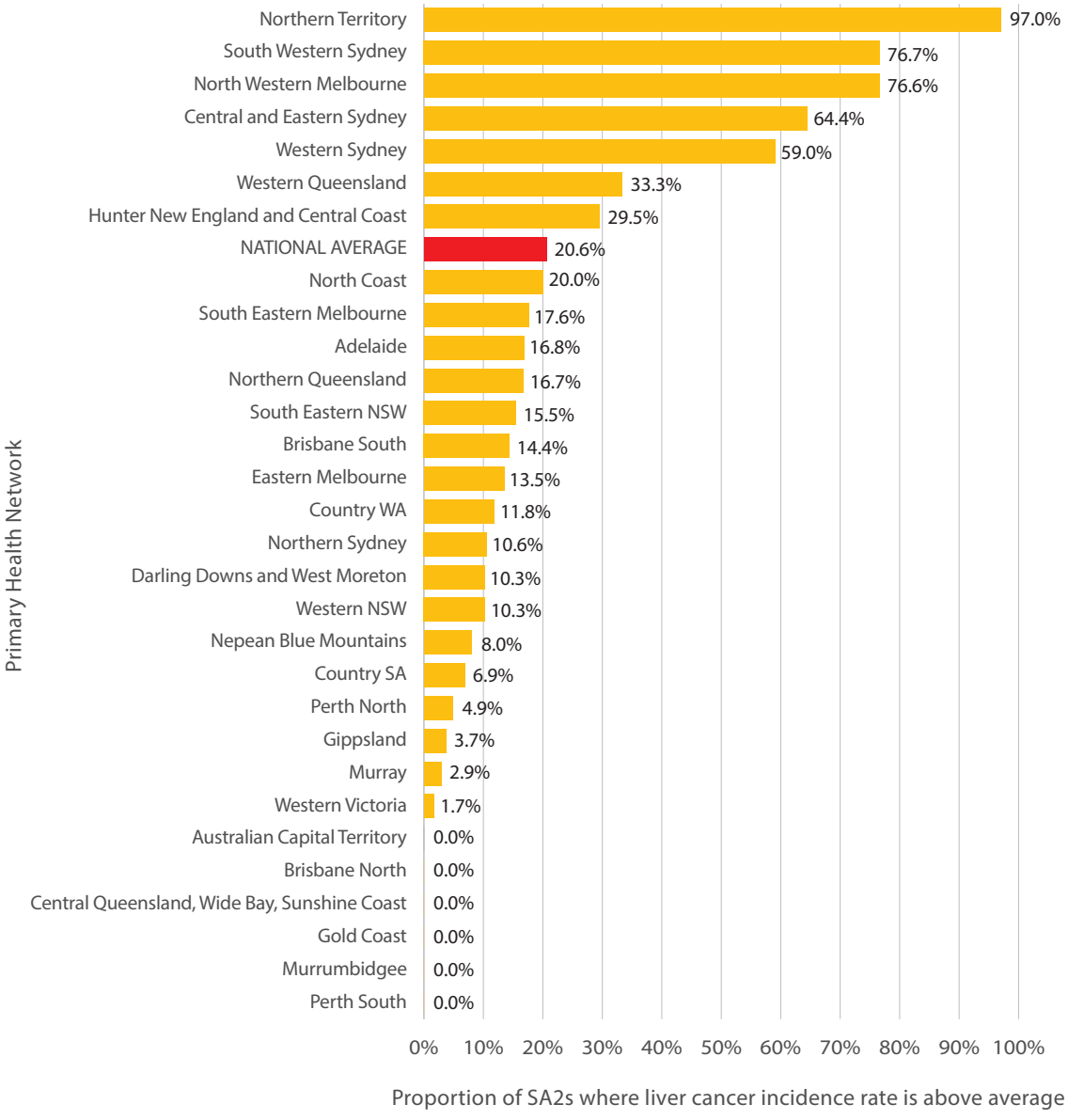
All five PHNs where liver cancer rates were highest had above-average estimated prevalence of CHB (**North Western Melbourne** and **Western Sydney**) or both CHB and CHC (**Northern Territory**, **South Western Sydney** and **Central and Eastern Sydney**).

The heat map below (Table B.1) shows the distribution of liver cancer rates by PHN in relation to prevalence of CHB and CHC relative to the national average, as well as other risk factors for liver cancer. A correlation between liver cancer and higher CHB prevalence is evident, with the five PHNs that had the highest proportion of high-incidence SA2s also ranking highest for CHB prevalence. In contrast, the prevalence of CHC is more evenly distributed according to region, and there are fewer

regions with very high CHC prevalence. For more information about the generation of CHC prevalence variation estimates, see the *Viral Hepatitis Mapping Project: Hepatitis C National Report 2024–2025*.

This association between liver cancer and geography is influenced by the population distribution of people living with CHB, given that people born overseas in countries with high prevalence of CHB most often live in particular areas of capital cities such as Sydney and Melbourne. The **Northern Territory** PHN has the highest prevalence of CHB in Australia, and the majority of those affected are Aboriginal and/or Torres Strait Islander people.[24] There is also evidence of variation in the strain of CHB prevalent in Aboriginal and/or Torres Strait Islander people in the NT, which may be associated with a more severe clinical course and increased risk of liver cancer,[25] as well as poorer outcomes after diagnosis of liver cancer for Aboriginal and/or Torres Strait Islander people and those living in rural and remote regions.[26,27] The ongoing impact of the legacy of colonisation, institutional racism and systemic disadvantage has a substantial impact on these geographic disparities.

Figure B.1: Proportion of SA2s within a PHN where the rate of liver cancer was above the Australian average, 2010–2019



PHN, Primary Health Network. SA2, Statistical Area 2.

Data source: Cancer data based on modelled estimates from the Australian Cancer Atlas. (See data for this figure)

Table B.1: Heat map of liver cancer incidence during 2010–2019 and related factors (year indicated) in Australia, by PHN

PHN	LIVER CANCER: Proportion of SA2s where liver cancer incidence was above average	CHB: Relative prevalence of CHB compared to the national average	CHC: Relative prevalence of CHC compared to the national average	OBESITY: Proportion of the adult population who were obese	SMOKING: Proportion of the adult population who were current smokers	ALCOHOL: Proportion of the adult population who consumed ≥2 drinks per day
NATIONAL AVERAGE		-	-	**32.0%**	**15.7%**	**16.8%**
TIME PERIOD AVAILABLE	**2010–2019**	**2024**	**2016**	**2017–2018**	**2017–2018**	**2017–2018**
Northern Territory	97.0%	112.1%	69.8%	29.3%	21.1%	21.0%
South Western Sydney	76.7%	64.2%	11.0%	33.3%	15.7%	10.6%
North Western Melbourne	76.6%	32.6%	–2.6%	32.7%	16.2%	11.1%
Central and Eastern Sydney	64.4%	56.0%	15.6%	24.3%	12.3%	14.3%
Western Sydney	59.0%	55.5%	–18.7%	28.9%	12.8%	8.3%
Western Queensland	33.3%	–100.0%	17.6%	#	#	#
Hunter New England and Central Coast	29.5%	–49.5%	29.6%	37.5%	18.1%	19.5%
North Coast	20.0%	–56.8%	68.8%	35.1%	17.4%	20.0%
South Eastern Melbourne	17.6%	14.9%	–10.8%	28.7%	14.6%	14.4%
Adelaide	16.8%	–13.9%	–27.9%	31.3%	14.5%	13.8%
Northern Queensland	16.7%	–19.8%	43.5%	36.2%	19.7%	23.0%
South Eastern NSW	15.5%	–49.0%	31.3%	35.0%	16.2%	18.1%
Brisbane South	14.4%	18.1%	–1.5%	31.1%	14.2%	15.3%
Eastern Melbourne	13.5%	43.9%	–46.1%	26.7%	12.4%	13.9%
Country WA	11.8%	2.6%	15.1%	32.8%	19.9%	23.7%
Northern Sydney	10.6%	50.6%	–56.9%	20.1%	7.9%	16.6%
Darling Downs and West Moreton	10.3%	–34.5%	11.8%	37.4%	17.7%	17.2%
Western NSW	10.3%	–36.2%	76.1%	42.5%	19.6%	21.0%
Nepean Blue Mountains	8.0%	–27.6%	–9.8%	36.2%	15.7%	16.8%
Country SA	6.9%	–54.9%	–30.7%	36.5%	17.8%	19.2%
Perth North	4.9%	0.5%	–13.3%	27.0%	12.5%	16.9%
Gippsland	3.7%	–58.6%	5.5%	38.2%	20.3%	19.7%
Murray	2.9%	–51.4%	1.8%	38.0%	19.4%	19.0%
Western Victoria	1.7%	–55.3%	–8.5%	36.1%	18.4%	18.7%
Perth South	0.0%	–3.7%	–10.7%	28.7%	14.0%	16.0%
Australian Capital Territory	0.0%	–17.8%	–7.9%	28.6%	10.1%	15.0%

Continued next page

PHN	LIVER CANCER: Proportion of SA2s where liver cancer incidence was above average	CHB: Relative prevalence of CHB compared to the national average	CHC: Relative prevalence of CHC compared to the national average	OBESITY: Proportion of the adult population who were obese	SMOKING: Proportion of the adult population who were current smokers	ALCOHOL: Proportion of the adult population who consumed ≥2 drinks per day
Brisbane North	0.0%	−24.6%	−3.0%	30.9%	13.2%	17.1%
Central Queensland, Wide Bay, Sunshine Coast	0.0%	−54.6%	9.1%	32.7%	17.6%	19.5%
Gold Coast	0.0%	−30.4%	3.0%	30.4%	16.3%	18.8%
Murrumbidgee	0.0%	−51.6%	26.4%	36.1%	17.9%	20.4%
Tasmania	0.0%	−60.3%	22.4%	33.6%	17.9%	19.0%

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. CHC, chronic hepatitis C. PHN, Primary Health Network. SA2, Statistical Area 2.

Key: Green denotes lowest proportion, with a colour gradient through to red denoting highest proportion.

Data source: Cancer data based on modelled estimates from the Australian Cancer Atlas. CHB prevalence variation based on mathematical modelling incorporating population-specific prevalence and ABS population data. CHC prevalence variation based on published national estimates and notifications distribution. Smoking, obesity and alcohol use sourced from the Social Health Atlas produced by the Public Health Information Data Unit, and represent modelled estimates for 2018–2019, the most recent period available.

Data suppressed due to low numbers.

SECTION C: DATA SOURCES AND METHODOLOGY

If you have questions regarding methodology, data sources or findings of the Mapping Report, or would like to provide feedback, please contact jennifer.maclachlan@mh.org.au. For an overview of the concepts, methods and outputs used in the report, see Mapping report at a glance.

Table C.1: Summary of data sources

Indicator	Method of estimation	Source	Basis of geographic data
CHB prevalence	Modelled using seroprevalence data according to population group (e.g. country of birth)	Published studies ABS Census data according to population ABS estimated resident population	Current region of residence
CHB prevalence in Aboriginal and/or Torres Strait Islander people	Modelled using seroprevalence data according to state/territory, supplemented with notifications data	Published studies ABS Census data according to population ABS estimated resident population NNDSS data	Current region of residence
CHB treatment	Derived from records of people prescribed antiviral medications indicated for hepatitis B (adefovir, entecavir, lamivudine, pegylated interferon alfa-2a or tenofovir)	PBS data	Region of residence when a person was dispensed treatment
CHB monitoring	Derived from records of people who received a viral load test while not receiving treatment during the specified time period	MBS data and laboratory data	Region of residence when a person was tested
CHB care (treatment or monitoring)	Derived from records of people who *either* received treatment *or* were provided with monitoring in the past year	MBS data and laboratory data	Region of residence when a person was tested or dispensed treatment
Hepatitis B immunisation	Derived from immunisation coverage information, assessing the proportion of children fully immunised for hepatitis B (doses at 2, 4 and 6 months) at 12 months of age	Australian Immunisation Register data	Region of residence for the immunised child at one year of age
Hepatitis serology testing	Derived from records of people who received hepatitis serology testing items through Medicare (non-specific item used for any hepatitis test)	MBS data	Region of residence when a person was tested
Liver cancer above average	In each PHN, the proportion of SA2 regions where the standardised incidence rate of liver cancer in the 2010 to 2019 period was 'genuinely'^ above the national average	Australian Cancer Atlas, a statistical model of cancer incidence based on data from cancer registries	Where a person was living when they were diagnosed with cancer

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. MBS, Medicare Benefits Schedule. NNDSS, National Notifiable Diseases Surveillance System. PBS, Pharmaceutical Benefits Scheme. PHN, Primary Health Network. SA2, Statistical Area 2 (see Table C.2).

^ Thresholds for average based on 60% probability cut-off.

Table C.2: Common data terms

Term	Definition
Data suppression	Data are suppressed in instances where their publication would risk identification of individuals, and/or the derived statistics would be unreliable, due to low counts. Data are also suppressed where the suppression of a single table cell would allow re-calculation of the suppressed data. Data suppression and the thresholds used are indicated in tables using '#'.
Incidence	The number of new cases of a health condition occurring in a given time period. For example, the incidence of liver cancer refers to the number of new cases of liver cancer that have occurred.
PHN	Geographic area derived as part of the national health reform agenda; populations range between 50,000 and 2 million residents. There are 31 PHNs in Australia. Each PHN contains multiple SA3s.
Prevalence	The proportion of the total population living with a health condition. For example, if CHB prevalence is 1%, this means 1% of people in a given population have CHB.
Provider specialty	Specialty of the practitioner prescribing treatment, using the registered specialty available in Medicare data.
Remoteness area	Geographic area defined by the ABS based on measures of relative access to services; categories are major cities, inner regional, outer regional, remote and very remote.
SA2	Geographic area defined by the ABS. Populations usually range between 3,000 and 25,000 people. There are 2,473 SA2s in Australia, with 2,238 having data available.
SA3	Geographic area defined by the ABS. These are larger than SA2s; populations usually range between 30,000 and 130,000 residents. This report excluded SA3s with a population smaller than 3,000 residents to ensure reliable reporting. There are 359 SA3s in Australia, of which 332 are included in this report as they contained sufficient total population. Treatment and care metrics are not reported if the number of individuals who have received treatment and/or care was 10 or fewer. This meant reporting was restricted to 257 SA3s for care uptake and 269 SA3s for treatment uptake.
Uptake	The proportion of the total population receiving a relevant service. For example, treatment uptake of 20% means that 20% of people with CHB had treatment. Note that in this report, all uptake figures are of the total with CHB, not of those eligible.

ABS, Australian Bureau of Statistics. CHB, chronic hepatitis B. PHN, Primary Health Network. SA2, Statistical Area 2. SA3, Statistical Area 3.

DETAILED STATISTICAL METHODOLOGY

HEPATITIS B PREVALENCE

Data sources

The data sources used are:

- a mathematical model of hepatitis B in Australia
- Census data according to country of birth, age, year of migration and Aboriginal and/or Torres Strait Islander status
- published estimates of seroprevalence.

Prevalence model

The overall number of people living with CHB in Australia and in each state and territory is estimated using a deterministic compartmental mathematical model of hepatitis B virus infection in the Australian population from 1951 to 2050, which incorporates existing mathematical models, surveillance notifications, epidemiological research, clinical studies, and demographic and mortality data.[28] Further information regarding the model can be found in the associated paper[29] and report.[5] This model is also used to estimate the proportion of people who would be eligible for hepatitis B treatment, based on the natural history and current clinical guidelines.[17,30]

The number of people living with CHB in each region within a given state or territory is modelled based on the distribution of priority populations in that region, namely people born overseas and Aboriginal and/or Torres Strait Islander people. Although men who have sex with men and people who inject drugs are also priority populations for CHB, region-specific estimates for these populations are not available, so they are apportioned equally in each region using the national model.

Prevalence estimates by region are validated using other data sources, including blood donor data,[31] historical MBS service data for hepatitis B–specific items, and notifications of hepatitis B cases.

The number of people living with CHB born in each country (including Australia) is derived using local antenatal seroprevalence data,[11,12,32] adjusted upwards to correct for the discrepancy in CHB prevalence by sex using the differential observed in published serosurveys.[33] Prevalence estimates for countries for which data are not available from local source estimates are generated from global systematic review papers.[34,35] These prevalence data are combined with population data according to region and country of birth obtained from the Census, and current estimated resident population data by country of birth and Indigenous status, both generated by the ABS. Country-of-birth designations use the most recent ABS Standard Australian Classification of Countries, which adopts a broad definition of 'country' that includes sovereign nation states, administrative subdivisions, external territories, and regions under disputed ownership or control.[36] This report follows ABS naming conventions for such countries.[37]

Data are extracted by SA3 and then assigned to a given PHN using concordances published by the ABS[38] and the Department of Health, Disability and Ageing.[39] Data are also extracted by remoteness area to generate prevalence specific to that geographic designation. The total population obtained using the Census in each area is adjusted up to meet the total Australian estimated resident population for December for the year of reporting.

Prevalence data for Aboriginal and/or Torres Strait Islander people are also derived predominantly using antenatal seroprevalence data, which are available according to birth cohort and remoteness area of residence for several states and territories.[40,41,42] Population-level data are also available for Qld within the Far North region,[43,44] and these are incorporated into prevalence estimates in this area as well as in the very remote regions of western Queensland.

For jurisdictions and regions with no seroprevalence data, notifications data are used to estimate differential prevalence according to region. These are sourced from the National Notifiable Diseases Surveillance System (NNDSS). The remoteness classifications used were established by the ABS, and are based on measures of relative access to services. Specific Aboriginal and/or Torres Strait Islander population data are available from the ABS for each of these regions.[45] These data sources are combined to generate tailored figures for estimated hepatitis B prevalence in each rurality classification, within each state/territory.

CHB prevalence in men who have sex with men is estimated based on population-level data generated in Australia.[46,47,48] The number of men who have sex with men is estimated using age-specific data available from the Second Australian Study of Health and Relationships.[49] The prevalence of CHB in people who inject drugs in Australia is derived from a global systematic review.[50] The number of people who inject drugs is estimated using age-specific data obtained from the 2019 National Drug Strategy Household Survey.[51] Acknowledging the impact of immunisation on CHB prevalence in people born in Australia since the implementation of universal coverage policies in 2000, prevalence is reduced for both groups to the baseline for Australian-born people without specified risk factors (0.2%) for relevant age groups.

Differentiation of priority populations

Estimates according to priority population are derived as described above in the Prevalence model section, using a combination of population and prevalence data. Although a person may belong to more than one of the priority groups used to calculate prevalence, they are considered mutually exclusive for the purposes of this report due to the lack of available estimates to allow calculation of these crossover subgroups. The model prioritises country of birth and Indigenous status due to the higher risk of chronic infection in people exposed early in life, the most common route in these groups. For example, prevalence estimates for people born overseas will likely include a proportion of people who acquired their infection through injecting drug use or through sexual transmission. However, given the far greater risk of chronic infection associated with MTCT, their country of birth is considered to be the more relevant characteristic for the purposes of identifying priority populations. For the purposes of deriving these estimates, due to the very small number of people who are in both categories, people born overseas and Aboriginal and/or Torres Strait Islander people are considered mutually exclusive.

HEPATITIS B PROPORTION DIAGNOSED

Data sources

The data sources used are:

- a mathematical model incorporating hepatitis B prevalence
- notifications from the NNDSS.

The number of people living with CHB who have been diagnosed is a direct output of the model, and calibrated using NNDSS notifications data. It is calculated by summing diagnosed health states and treatment health states within the model to give the yearly total number of people living with CHB who have been diagnosed. The proportion of people living with CHB in Australia who have been diagnosed is the number of people living with CHB who have ever been diagnosed divided by the total number of people living with CHB in Australia in a given year. More information on source information and methodology can be found in the referenced report and publication.[5,29]

Based on evidence from linkage studies conducted in Vic and NSW, 8% of notified cases of CHB were presumed to be duplicates within jurisdictions, and the number of people estimated to be diagnosed is reduced accordingly in each state and territory.

HEPATITIS B DIAGNOSTIC TESTING, TREATMENT AND CARE

Data sources

The data sources used are:

- MBS records
- state and territory government laboratory testing data
- PBS records.

Medicare data include all services provided through Australia's national subsidised health care system, Medicare, and are available for the period 1 January 2011 to 31 December 2024. Analysis of hepatitis B treatment and care uptake is done for each year, as well as assessment of any care provision during the total time period available.

Medicare data were accessed through the ABS PLIDA, which provides Medicare data linked to other Australian Government datasets, including the ABS Census, migration records, and social services and taxation databases. These datasets are used to generate comprehensive information about individuals such as age group, sex (see Terminology), country of birth, Indigenous status, and area of residence at a given time.

Region of residence was generated using this linked PLIDA data, and reflects a person's most recently recorded region of residence in this report, accurate up to 30 September 2024. It does not reflect the location of the service provider, such as a pharmacy or laboratory. All time periods are based on the date of supply/date of service, which represents the date the patient was supplied with their medication by a pharmacy (for treatment) or the date a test was performed (for testing).

These data do not include treatment services that were not provided by Medicare, such as those paid for out of pocket or subsidised by state/territory government services (including services provided to hospital inpatients). MBS and PBS data will also not include those ineligible for Medicare; for example, due to their visa status.

Supplementary viral load testing data have been obtained for Qld, SA and WA and used to generate adjusted estimates of current care uptake in these jurisdictions, including by SA3 and PHN for Qld and WA and by Aboriginal and/or Torres Strait Islander status for Qld.

Extracted data exclude those who did not have a state or territory of residence, those whose state or territory of residence was listed as 'other', those whose migration history indicated they no longer reside in Australia, and those who have died.

Diagnostic testing

Diagnostic testing is measured using the MBS items for hepatitis serology testing (69475, 69478 and 69481) and antenatal serology including hepatitis B (items 69405, 49408, 69411, 69413, 69415). Although these Medicare items do not distinguish which hepatitis serology test is being conducted, most tests include hepatitis B serology,[13] so this represents an effective proxy for diagnostic testing.

Data are assessed for the available time period for MBS data (2011–2024), and refer to the number of people receiving testing, only counting the first test per person during the period. Trends over time are assessed, including rates per 1,000 population where consistent denominator data are available (nationally and by state and territory).

Diagnostic testing over time is assessed for the overall population, as well as those populations in which prevalence is estimated to be above the national average (see Table A.4).

Treatment

Treatment data for CHB represent the number of people prescribed any drug listed on the PBS for the treatment of CHB (adefovir, entecavir, lamivudine, pegylated interferon alfa-2a and tenofovir).[16]

Treatment uptake is derived by dividing the number of people receiving treatment by the total estimated population living with CHB in a given geographic area (see Hepatitis B prevalence for detail).

Hepatitis B monitoring and care

Hepatitis B monitoring is measured using viral load testing (MBS items 69482 and 69483), which is an essential component of the recommended care for people with CHB regardless of whether or not they are receiving treatment. Medicare data are supplemented with state public laboratory data for Qld, SA and WA, and are available by PHN and SA3 for Qld and WA. Laboratory data are adjusted to account for testing provided to those on treatment (assuming 75% coverage of viral load testing in those on treatment) and generate estimates of monitoring to supplement Medicare data. In Qld, data are also available by Indigenous status and are used to adjust estimated monitoring uptake among Aboriginal and/or Torres Strait Islander people.

Hepatitis B monitoring is used in the composite 'in care' indicator, which is defined as receiving either treatment or a viral load test while not receiving treatment. This metric is generated for each year and also for the total time period from 2011 to 2024.

Provider specialty

Requesting provider (for ordering of tests) and prescriber (for treatment) specialty is provided in Medicare data and reflects the registered specialty. This variable is used to avoid misclassification that leads to underestimation of NPs[18] as well as misclassification of GPs due to prescribing history. Complete data regarding prescriber specialty for hepatitis B treatment were available for the period January 2020 – December 2024.

Prescribers are grouped as GPs; non-GP specialists, including all internal medicine subspecialties; and NPs. Some prescribers were unable to be classified and are grouped together as 'other prescribers'; they included prescribers without a specialty code, resident doctors, Rural Other Medical Practitioners and locum relief doctors. Practitioners in training were categorised into their prospective occupational categories (e.g. gastroenterology trainees were classified as gastroenterologists). Proportions by provider are generated of the total who received treatment or testing.

Two measures of GP prescribing uptake were used: GP only, where all treatment prescriptions in a given year were prescribed by a GP, and shared care, where both a GP and another provider (non-GP specialist or other provider, such as an NP) prescribed treatment prescriptions during the given year. These two groups were combined to assess the total proportion where a GP was involved in treatment prescribing; that is, prescribed one or more of the prescriptions.

HEPATITIS B PROJECTIONS

Future projections for hepatitis B at the national and state/territory level are generated as part of the National Hepatitis B Indicators Project and reported in the *National Surveillance for Hepatitis B Indicators Report 2024*. Those estimates are extrapolated to the PHN level in this report based on the distribution of people living with CHB in 2024. These projections incorporate population, demographic, migration, vaccine uptake and mortality data.

Treatment uptake projections are generated using the trend observed from 2018 to 2024.

IMMUNISATION COVERAGE

Data source

The data source used is the Australian Immunisation Register (AIR).

The immunisation schedule for hepatitis B includes three doses of vaccine at 2, 4 and 6 months, and the AIR records data regarding what proportion of children received complete immunisation by the age of 12 months. The AIR is a national register that includes all children registered with Medicare, and coverage is estimated to be 99% of all Australian children.

Publicly available coverage data are obtained nationally and by PHN for all children and for Aboriginal and/or Torres Strait Islander children.[52]

LIVER CANCER

Data source

The data source used is the Australian Cancer Atlas.

The Australian Cancer Atlas is a collaborative project led by Cancer Council Queensland and Queensland University of Technology that aims to provide a national perspective of how the burden of cancer varies by geographical area. It uses spatial models to generate estimates at the SA2 level, allowing highly robust and granular measurement of variation in cancer incidence and survival while preserving data privacy and confidentiality. The Atlas assesses variation in the cancer incidence and survival between 2,238 SA2s across Australia for 30 different cancers.

The Australian Cancer Atlas estimates are produced using Bayesian statistical model methods on cancer incidence data supplied by Australia's state and territory cancer registries through the Australian Cancer Database (held by the Australian Institute of Health and Welfare). Modelling is used to generate 'smoothed' estimates of the risk of being diagnosed with cancer, and the excess deaths associated with a cancer diagnosis. These models generate smoothed estimates by assuming that the average risk of cancer diagnosis or the average excess death rate due to cancer in any one area is likely to be similar to the corresponding risk in its neighbouring areas.

Therefore, this modelling allows researchers to make stable estimates by small geographical areas, while also reflecting and quantifying the uncertainty of estimates. The estimates in the Australian Cancer Atlas then allow for more accurate and appropriate comparisons to be made between different geographic areas in Australia, based on comparisons against the Australian averages. The model enables decision-making by clearly identifying areas that have evidence of being different from the national average.[53]

All modelled estimates are age-standardised, which accounts for variations in the age structure between regions of Australia, and means that differences in rates are not due to these variations.

Permission has been given for use of the modelled liver cancer incidence estimates in the National Viral Hepatitis Mapping Report. For more detail on the methods of the Australian Cancer Atlas and the Bayesian statistical model they use for their estimates, visit atlas.cancer.org.au.

In this report, we assessed the proportion of SA2s which had an above-average incidence rate of liver cancer in each PHN, using the 60% probability cut-off for inclusion, as this suggests the area's incidence rate is genuinely above the Australian average. PHNs were then ranked according to the proportion of SA2s that had above-average rates.

Liver cancer risk factors

Data regarding the rates of obesity, smoking and alcohol were obtained from the *Social Health Atlases of Australia 2018*, which is published by the Public Health Information Development Unit of Torrens University Australia.[54] These indicators are generated based on data gathered from the Australian National Health Survey 2014–15, which was conducted during 2014–2015 among approximately 19,000 participants.[55]

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DATA TABLES TO ACCOMPANY FIGURES

Figure A.1: CHB cascade of care, Australia, 2024

Cascade category	Number in 2024	Uptake in 2024
Living with CHB	227,571	-
Ever diagnosed	153,286	67.4%
Any care history during 2011–2024	132,615	58.3%
In care in 2024	63,444	27.9%
Received treatment in 2024	28,805	12.7%

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Figure A.2: Variation in CHB cascade of care by PHN (care and treatment) and by state and territory (diagnosis), 2024

Category	Uptake in 2024	Negative error bar range	Positive error bar range
Diagnosed	67.4%	11.1%	9.8%
Any care history during 2011–2024	58.3%	35.8%	20.2%
In care in 2024	27.9%	14.0%	9.5%
Received treatment in 2024	12.7%	8.4%	7.4%

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Figure A.3: Variation in CHB cascade of care by priority population, 2024

Category	Uptake in 2024	Negative error bar range	Positive error bar range
Diagnosed	67.4%	11.1%	9.8%
Any care history during 2011–2024	58.3%	37.7%	18.3%
In care in 2024	27.9%	20.6%	9.5%
Received treatment in 2024	12.7%	10.5%	8.1%

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Figure A.4: Estimated prevalence of CHB by PHN, 2023

Primary Health Network	Proportion of the population living with CHB
Northern Territory	1.76%
South Western Sydney	1.36%
Central and Eastern Sydney	1.29%
Western Sydney	1.29%
Northern Sydney	1.25%
Eastern Melbourne	1.19%
North Western Melbourne	1.10%
Brisbane South	0.98%
South Eastern Melbourne	0.95%
Country WA	0.85%
Perth North	0.83%
NATIONAL AVERAGE	**0.83%**
Perth South	0.80%
Western Queensland	0.76%
Adelaide	0.71%
Australian Capital Territory	0.68%
Northern Queensland	0.67%
Brisbane North	0.63%
Nepean Blue Mountains	0.60%
Gold Coast	0.58%
Darling Downs and West Moreton	0.54%
Western NSW	0.53%
South Eastern NSW	0.42%
Hunter New England and Central Coast	0.42%
Murray	0.40%
Murrumbidgee	0.40%
Central Queensland, Wide Bay, Sunshine Coast	0.38%
Country SA	0.37%
Western Victoria	0.37%
North Coast	0.36%
Gippsland	0.34%
Tasmania	0.33%

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Figure A.5: Estimated number of people living with CHB by PHN, 2024

Primary Health Network	Estimated number of people living with CHB, 2024
North Western Melbourne	22,611
Central and Eastern Sydney	21,401
Eastern Melbourne	19,422
South Eastern Melbourne	16,176
Western Sydney	16,034
South Western Sydney	14,856
Brisbane South	13,238
Northern Sydney	11,724
Perth North	10,375
Adelaide	9,660
Perth South	9,392
Brisbane North	7,017
Hunter New England and Central Coast	5,725
Country WA	5,019
Northern Queensland	4,977
Northern Territory	4,615
Gold Coast	4,059
Darling Downs and West Moreton	3,735
Central Queensland, Wide Bay, Sunshine Coast	3,623
Australian Capital Territory	3,287
South Eastern NSW	2,746
Murray	2,701
Western Victoria	2,683
Nepean Blue Mountains	2,251
Country SA	2,022
North Coast	2,015
Tasmania	1,895
Western NSW	1,855
Gippsland	1,075
Murrumbidgee	1,009
Western Queensland	374

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Figure A.6: Proportion of people living with CHB according to remoteness of residence, by PHN, ordered by CHB prevalence (in brackets), 2024

Primary Health Network	Major cities	Inner regional	Outer regional	Remote	Very remote
Northern Territory (1.76%)	0.0%	0.0%	34.0%	36.6%	29.3%
South Western Sydney (1.36%)	97.5%	2.5%	0.0%	0.0%	0.0%
Western Sydney (1.29%)	100.0%	0.0%	0.0%	0.0%	0.0%
Central and Eastern Sydney (1.29%)	100.0%	0.0%	0.0%	0.0%	0.0%
Northern Sydney (1.25%)	100.0%	0.0%	0.0%	0.0%	0.0%
Eastern Melbourne (1.19%)	100.0%	0.0%	0.0%	0.0%	0.0%
North Western Melbourne (1.10%)	99.4%	0.6%	0.0%	0.0%	0.0%
South Eastern Melbourne (0.95%)	100.0%	0.0%	0.0%	0.0%	0.0%
Brisbane South (0.98%)	99.1%	0.9%	0.0%	0.0%	0.0%
Country WA (0.85%)	0.0%	21.0%	29.8%	19.3%	29.9%
NATIONAL AVERAGE (0.83%)	**83.8%**	**8.2%**	**5.0%**	**1.5%**	**1.4%**
Perth North (0.83%)	100.0%	0.0%	0.0%	0.0%	0.0%
Perth South (0.80%)	100.0%	0.0%	0.0%	0.0%	0.0%
Adelaide (0.71%)	100.0%	0.0%	0.0%	0.0%	0.0%
Western Queensland (0.76%)	0.0%	0.0%	0.0%	73.2%	26.8%
Australian Capital Territory (0.68%)	100.0%	0.0%	0.0%	0.0%	0.0%
Northern Queensland (0.67%)	0.0%	11.2%	81.3%	0.0%	7.5%
Brisbane North (0.63%)	97.1%	2.9%	0.0%	0.0%	0.0%
Nepean Blue Mountains (0.60%)	97.8%	2.2%	0.0%	0.0%	0.0%
Gold Coast (0.58%)	98.5%	1.5%	0.0%	0.0%	0.0%
Western NSW (0.53%)	0.0%	60.1%	27.0%	12.9%	0.0%
Darling Downs and West Moreton (0.54%)	50.4%	43.6%	6.0%	0.0%	0.0%
Hunter New England and Central Coast (0.42%)	63.8%	30.3%	5.9%	0.0%	0.0%
Murrumbidgee (0.40%)	0.0%	72.3%	27.7%	0.0%	0.0%
South Eastern NSW (0.42%)	64.6%	22.0%	13.3%	0.0%	0.0%
North Coast (0.36%)	15.6%	72.8%	11.6%	0.0%	0.0%
Murray (0.40%)	0.0%	80.3%	19.7%	0.0%	0.0%
Central Queensland, Wide Bay, Sunshine Coast (0.38%)	37.4%	57.0%	5.7%	0.0%	0.0%
Western Victoria (0.37%)	40.5%	47.3%	12.1%	0.0%	0.0%
Gippsland (0.34%)	0.0%	84.5%	15.5%	0.0%	0.0%
Country SA (0.37%)	9.1%	33.5%	46.0%	11.4%	0.0%
Tasmania (0.33%)	0.0%	80.9%	19.1%	0.0%	0.0%

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Figure A.7: People living with CHB in Australia, by priority population,* 2024

Priority population	Proportion of total
People who inject drugs	2.7%
Men who have sex with men	3.5%
Aboriginal and/or Torres Strait Islander people	6.5%
Other non-Indigenous Australian-born people	14.3%
People born in Northeast Asia	23.8%
People born in Southeast Asia	22.9%
People born in Sub-Saharan Africa	5.0%
People born in Southern & Eastern Europe	5.1%
People born in North Africa & Middle East	3.4%
People born in Oceania (excluding Australia)	5.4%
People born in the Americas	1.4%
People born in Southern & Central Asia	3.9%
People born in Northwestern Europe	2.0%

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Figure A.8: Number and proportion of total with CHB of people born overseas and living with CHB in Australia, by country of birth (top 30 countries), 2024

Country of birth	Number of people living with CHB	Proportion of people living with CHB
China	42,509	18.68%
Vietnam	23,311	10.24%
Philippines	9,682	4.25%
New Zealand	5,223	2.30%
Thailand	4,412	1.94%
Malaysia	3,939	1.73%
Taiwan	3,873	1.70%
Hong Kong (SAR of China)	3,522	1.55%
Cambodia	3,412	1.50%
Greece	3,210	1.41%
India	2,910	1.28%
Italy	2,703	1.19%
South Korea	2,601	1.14%
England	2,589	1.14%
Indonesia	2,452	1.08%
Myanmar	2,181	0.96%
Bhutan	1,715	0.75%
Kenya	1,666	0.73%
Nigeria	1,573	0.69%
Tonga	1,524	0.67%
Samoa	1,480	0.65%
Turkey	1,419	0.62%
Afghanistan	1,388	0.61%
Mauritius	1,345	0.59%
Nepal	1,269	0.56%
Singapore	1,261	0.55%
Colombia	1,253	0.55%
Vanuatu	1,216	0.53%
Solomon Islands	1,202	0.53%
Papua New Guinea	1,158	0.51%

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Figure A.9: Proportion of people living with CHB according to priority population, by PHN, ordered by CHB prevalence, 2024

Primary Health Network and CHB prevalence	Aboriginal and/or Torres Strait Islander people	Australian-born non-Indigenous people	People born overseas
Northern Territory (1.76%)	66.4%	7.2%	26.4%
South Western Sydney (1.36%)	1.1%	12.0%	86.9%
Western Sydney (1.29%)	0.8%	11.0%	88.1%
Central and Eastern Sydney (1.29%)	0.6%	12.9%	86.5%
Northern Sydney (1.25%)	0.3%	14.4%	85.3%
Eastern Melbourne (1.19%)	0.4%	16.9%	82.7%
North Western Melbourne (1.10%)	0.5%	15.6%	83.9%
Brisbane South (0.98%)	5.3%	18.7%	76.0%
South Eastern Melbourne (0.95%)	0.5%	20.5%	79.0%
Country WA (0.85%)	55.0%	15.6%	29.5%
Perth North (0.83%)	2.5%	21.8%	75.8%
NATIONAL AVERAGE (0.83%)	**6.7%**	**20.6%**	**72.6%**
Perth South (0.80%)	3.4%	22.2%	74.4%
Western Queensland (0.76%)	58.2%	15.9%	26.0%
Adelaide (0.71%)	3.5%	24.8%	71.7%
Australian Capital Territory (0.68%)	1.5%	23.8%	74.7%
Northern Queensland (0.67%)	38.1%	19.7%	42.2%
Brisbane North (0.63%)	8.3%	33.9%	57.7%
Nepean Blue Mountains (0.60%)	5.7%	37.3%	57.0%
Gold Coast (0.58%)	7.2%	21.5%	71.3%
Darling Downs and West Moreton (0.54%)	15.0%	32.6%	52.4%
Western NSW (0.53%)	48.5%	28.4%	23.0%
South Eastern NSW (0.42%)	8.6%	35.7%	55.6%
Hunter New England and Central Coast (0.42%)	14.7%	42.3%	43.1%
Murrumbidgee (0.40%)	16.6%	39.7%	43.7%
Murray (0.40%)	2.9%	42.1%	54.9%
Western Victoria (0.37%)	1.9%	45.7%	52.4%
Central Queensland, Wide Bay, Sunshine Coast (0.38%)	12.5%	38.4%	49.1%
Country SA (0.37%)	23.6%	40.3%	36.2%
North Coast (0.36%)	13.2%	42.7%	44.1%
Gippsland (0.34%)	2.0%	48.8%	49.2%
Tasmania (0.33%)	7.9%	39.3%	52.8%

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Figure A.10: Number of people who received hepatitis serology testing, by year, 2011–2024

Year	Number
2011	542,008
2012	543,460
2013	576,478
2014	593,304
2015	636,160
2016	662,332
2017	689,403
2018	725,144
2019	772,861
2020	666,392
2021	692,530
2022	684,591
2023	759,258
2024	805,488

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Figure A.11: Rate of people who had a hepatitis serology test by state and territory and year, 2019–2024

State/territory	2019	2020	2021	2022	2023	2024
ACT	28.9	26.1	27.3	26.9	27.6	29.0
NSW	31.9	27.2	27.4	27.2	29.6	31.4
NT	37.4	32.8	32.4	29.3	35.0	34.3
Qld	30.9	27.1	27.2	25.8	28.0	29.4
SA	26.7	22.9	24.1	22.3	24.6	25.2
Tas	24.0	21.0	22.4	21.6	24.4	24.6
Vic	29.7	24.6	26.8	26.2	27.8	28.8
WA	29.0	26.2	27.1	25.4	27.8	28.6
AUSTRALIA	**30.3**	**26.0**	**26.9**	**26.0**	**28.2**	**29.4**

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Figure A.12: Number of people who received hepatitis serology testing, by year and priority population, 2011–2024

Priority population	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
People born in Southeast Asia	34,238	34,565	36,136	37,067	38,852	41,798	42,507	44,404	46,336	38,809	40,131	38,365	40,990	41,551
Aboriginal and/or Torres Strait Islander people	20,805	21,463	23,002	24,666	26,663	29,034	31,002	33,025	35,935	32,479	33,411	32,183	37,652	39,548
People born in Northeast Asia	24,237	25,619	28,286	29,338	31,800	31,805	33,769	37,782	39,862	30,969	32,905	31,405	32,637	33,958
People born in Oceania (excluding Australia)	18,420	19,204	20,765	20,963	22,210	23,475	24,017	24,517	26,599	23,440	23,182	22,141	23,975	25,169
People born in Southern and Eastern Europe	13,948	14,244	14,774	15,419	16,513	16,448	17,519	17,885	18,911	16,263	17,017	15,840	17,101	17,488
People born in North Africa and Middle East	12,355	12,631	16,449	17,130	17,596	22,242	22,601	22,116	24,026	18,345	16,663	17,519	16,540	17,300
People born in Sub-Saharan Africa	9,137	9,525	10,496	11,380	12,498	13,680	13,740	15,406	16,918	14,082	14,191	14,332	15,331	16,042

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Figure A.13: CHB care uptake, ranked by PHN, 2024

Primary Health Network	Adjusted care uptake 2024
South Western Sydney	35.7%
Northern Sydney	33.7%
Western Sydney	33.3%
Brisbane South	33.0%
Eastern Melbourne	28.3%
Northern Queensland	28.2%
Central and Eastern Sydney	27.8%
North Western Melbourne	27.0%
NATIONAL AVERAGE	**26.2%**
Australian Capital Territory	25.8%
Perth South	25.0%
South Eastern Melbourne	24.5%
Perth North	23.6%
Gold Coast	23.5%
Northern Territory	22.6%
Darling Downs and West Moreton	21.9%
Brisbane North	20.9%
Country WA	20.5%
Western Victoria	20.1%
Central Queensland, Wide Bay, Sunshine Coast	19.7%
South Eastern NSW	18.9%
Murray	18.4%
Nepean Blue Mountains	18.4%
Western NSW	17.0%
North Coast	16.5%
Hunter New England and Central Coast	16.1%
Gippsland	15.5%
Tasmania	13.7%
Murrumbidgee	12.2%
Adelaide*	*
Country SA*	*
Western Queensland #	

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Figure A.14: CHB cascade of care by population group, 2011–2024

Population group	Any care history, 2011–2024	Care uptake, 2024	Treatment uptake, 2024
People born overseas	62.8%	31.8%	17.0%
Non-Indigenous Australian-born people	47.3%	17.0%	7.5%
Aboriginal and/or Torres Strait Islander people	41.5%	13.7%	5.0%
Total population	58.3%	27.9%	12.7%

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Figure A.15: History of any CHB care uptake, by Aboriginal and/or Torres Strait Islander status and state/territory, 2011–2024

State/territory	Aboriginal and/or Torres Strait Islander people	Total population
ACT	59.3%	57.7%
NSW	41.1%	61.8%
NT	58.8%	45.2%
Qld	40.8%	39.3%
SA	47.7%	52.0%
Tas	17.2%	37.5%
Vic	62.9%	58.7%
WA	*	*
AUSTRALIA	**41.5%**	**58.3%**

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Figure A.16: Uptake of any care (2011–2024) and care uptake in 2024 among people born overseas, by region of birth

Region of birth	Any care history, 2011–2024	Care uptake, 2024
People born in Southeast Asia	76.6%	35.7%
People born in North Africa and Middle East	68.6%	22.6%
People born in Northeast Asia	63.4%	31.1%
People born in Southern and Central Asia	56.5%	20.6%
People born in Oceania (excluding Australia)	51.3%	8.8%
People born in Southern and Eastern Europe	48.9%	14.7%
People born in Northwestern Europe	48.7%	11.4%
People born in Sub-Saharan Africa	41.8%	12.8%
People born in the Americas	20.6%	5.6%

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Figure A.17: Proportion of CHB monitoring provided by a GP, by PHN, 2024

Primary Health Network	Proportion provided by a GP
Northern Territory	86.0%
Northern Sydney	67.4%
Western Sydney	66.0%
South Western Sydney	64.3%
Northern Queensland	63.9%
Country SA	63.0%
Brisbane South	62.7%
Western NSW	62.4%
Adelaide	59.1%
NATIONAL AVERAGE	**58.3%**
Central and Eastern Sydney	57.9%
North Western Melbourne	57.9%
Australian Capital Territory	54.0%
Gippsland	53.9%
South Eastern Melbourne	50.6%
Gold Coast	49.1%
Hunter New England and Central Coast	48.3%
Eastern Melbourne	48.3%
Nepean Blue Mountains	47.7%
North Coast	45.7%
Brisbane North	45.6%
Darling Downs and West Moreton	45.3%
Murrumbidgee	39.8%
Murray	39.6%
South Eastern NSW	37.4%
Western Victoria	36.5%
Central Queensland, Wide Bay, Sunshine Coast	35.0%
Tasmania	34.7%
Country WA *	*
Western Queensland #	#
Perth South *	*
Perth North *	*

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Figure A.18: Proportional change in treatment uptake between 2018 and 2024, by state and territory

State/territory	2018 to 2024 uptake trend
ACT	29.3%
NSW	13.4%
NT	76.2%
Qld	26.4%
SA	23.8%
Tas	1.8%
Vic	23.6%
WA	25.3%
AUSTRALIA	**19.32%**

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Figure A.19: CHB treatment uptake by PHN, 2024

Primary Health Network	Treatment uptake 2024
South Western Sydney	20.1%
Western Sydney	17.1%
Northern Sydney	16.6%
Australian Capital Territory	15.7%
Central and Eastern Sydney	14.9%
North Western Melbourne	14.3%
Eastern Melbourne	13.9%
Brisbane South	13.1%
NATIONAL AVERAGE	**12.7%**
South Eastern Melbourne	12.6%
Adelaide	11.9%
Northern Territory	11.9%
Perth South	10.0%
Gold Coast	9.5%
Perth North	9.3%
Western Victoria	9.3%
Nepean Blue Mountains	9.2%
South Eastern NSW	8.9%
Tasmania	8.5%
Murray	8.6%
North Coast	8.4%
Brisbane North	8.2%
Gippsland	8.0%
Central Queensland, Wide Bay, Sunshine Coast	7.4%
Darling Downs and West Moreton	7.3%

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Primary Health Network	Treatment uptake 2024
Hunter New England and Central Coast	7.2%
Northern Queensland	6.6%
Western NSW	6.1%
Country SA	5.9%
Murrumbidgee	5.5%
Country WA	4.3%
Western Queensland #	-

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Figure A.20: Projected CHB treatment uptake in 2030, ordered by PHN

Primary Health Network	Projected treatment uptake in 2030
Northern Sydney	22.7%
South Western Sydney	22.1%
Australian Capital Territory	21.4%
Northern Territory	21.3%
Western Sydney	19.5%
North Western Melbourne	18.6%
Brisbane South	18.0%
Eastern Melbourne	18.0%
Western Victoria	18.0%
Central and Eastern Sydney	16.5%
South Eastern Melbourne	16.1%
Adelaide	16.1%
NATIONAL AVERAGE	**16.0%**
Perth South	14.9%
Gold Coast	13.4%
Central Queensland, Wide Bay, Sunshine Coast	12.7%
Nepean Blue Mountains	12.6%
South Eastern NSW	11.8%
Tasmania	11.7%
Brisbane North	11.7%
Perth North	11.6%
Gippsland	11.3%
North Coast	10.4%
Murray	10.3%
Darling Downs and West Moreton	9.8%
Western NSW	9.4%
Northern Queensland	8.8%

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Primary Health Network	Projected treatment uptake in 2030
Hunter New England and Central Coast	8.6%
Country SA	8.5%
Country WA	7.4%
Murrumbidgee	6.4%
Western Queensland #	-

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Figure A.21: CHB treatment uptake by remoteness area, 2024

Remoteness	Treatment uptake
Major cities	13.6%
Inner regional	6.3%
Outer regional	6.7%
Remote	6.4%
Very remote	6.0%
AUSTRALIA	**12.7%**

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Figure A.22: Proportion of people with a GP involved in CHB treatment prescribing, by state and territory, 2020–2024

State/territory	2020	2021	2022	2023	2024
ACT	20.5%	19.3%	23.6%	21.1%	21.7%
NSW	14.5%	16.0%	17.4%	17.7%	18.3%
NT	38.9%	32.2%	30.5%	28.1%	27.4%
Qld	26.8%	29.0%	30.5%	30.5%	31.3%
SA	19.1%	21.4%	23.2%	20.0%	20.5%
Tas	26.2%	33.1%	32.2%	31.5%	31.8%
Vic	19.0%	20.9%	23.1%	24.0%	23.8%
WA	23.0%	23.2%	28.2%	30.1%	28.4%
NATIONAL AVERAGE	**18.7%**	**20.2%**	**22.1%**	**22.5%**	**22.7%**

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Figure A.23: Proportion of people with a GP involved in CHB treatment prescribing, by PHN, 2024

Primary Health Network	GP-only prescribing	Shared prescribing (GP + specialist/other provider)
Country WA	45.5%	11.0%
Northern Queensland	44.2%	8.5%
Western NSW	35.5%	14.0%
North Coast	34.7%	9.2%
Darling Downs and West Moreton	26.4%	13.2%
Gold Coast	22.2%	17.0%
Country SA	26.1%	10.8%
South Eastern NSW	23.1%	10.9%
Tasmania	22.5%	9.2%
Central Queensland, Wide Bay, Sunshine Coast	23.8%	7.1%
North Western Melbourne	19.7%	8.0%
Brisbane South	20.0%	7.6%
Northern Territory	21.2%	6.2%
Perth South	19.3%	7.8%
Murray	21.4%	5.7%
Hunter New England and Central Coast	18.2%	8.6%
Nepean Blue Mountains	16.7%	8.1%
Perth North	15.9%	8.0%
Western Victoria	13.9%	9.3%
NATIONAL AVERAGE	**16.5%**	**6.2%**
Australian Capital Territory	15.7%	6.0%
Brisbane North	14.7%	6.9%
Eastern Melbourne	15.7%	5.8%
Western Sydney	16.5%	4.6%
South Eastern Melbourne	14.3%	5.7%
Adelaide	10.8%	8.2%
Northern Sydney	14.7%	2.9%
Central and Eastern Sydney	12.8%	4.2%
South Western Sydney	8.5%	3.4%
Western Queensland #	#	#
Gippsland #	#	#
Murrumbidgee #	#	#

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Figure A.24: Hepatitis B immunisation coverage for 12-month-olds in 2023 and 2024, ordered by 2024 immunisation uptake, by PHN

Primary Health Network	2024 uptake all children	2023 uptake all children
Western NSW	96.7%	96.3%
Australian Capital Territory	96.4%	96.6%
Northern Sydney	95.5%	95.3%
Northern Territory	95.3%	94.2%
Western Victoria	94.9%	95.2%
Hunter New England and Central Coast	94.8%	95.0%
South Eastern NSW	94.8%	95.5%
Central and Eastern Sydney	94.6%	94.8%
Brisbane North	94.5%	95.2%
Murrumbidgee	94.5%	95.0%
Adelaide	94.4%	94.9%
Tasmania	94.2%	95.2%
Eastern Melbourne	94.2%	95.6%
Murray	94.2%	95.0%
Western Sydney	94.1%	93.8%
North Western Melbourne	93.6%	94.4%
Northern Queensland	93.6%	94.6%
NATIONAL AVERAGE	**93.5%**	**94.1%**
South Eastern Melbourne	93.4%	94.5%
Perth North	93.4%	94.1%
Nepean Blue Mountains	93.1%	94.4%
Country SA	93.1%	94.0%
Brisbane South	93.1%	93.9%
Perth South	93.0%	93.8%
Darling Downs and West Moreton	92.8%	94.3%
Gippsland	92.5%	92.8%
South Western Sydney	91.8%	92.2%
Western Queensland	91.7%	91.3%
Country WA	91.1%	91.6%
Central Queensland, Wide Bay, Sunshine Coast	89.8%	90.6%
Gold Coast	89.4%	90.4%
North Coast	88.1%	89.6%

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Figure A.25: Hepatitis B immunisation coverage for 12-month-olds, among all children and among Aboriginal and/or Torres Strait Islander children, ordered by immunisation uptake among all children, by PHN, 2024

Primary Health Network	All children	Aboriginal and/or Torres Strait Islander children
Western NSW	96.7%	97.2%
Australian Capital Territory	96.4%	92.7%
Northern Sydney	95.5%	94.0%
Northern Territory	95.3%	94.7%
Western Victoria	94.9%	91.7%
Hunter New England and Central Coast	94.8%	94.3%
South Eastern NSW	94.8%	94.4%
Central and Eastern Sydney	94.6%	91.0%
Brisbane North	94.5%	92.2%
Murrumbidgee	94.5%	96.0%
Adelaide	94.4%	92.9%
Tasmania	94.2%	94.0%
Eastern Melbourne	94.2%	90.5%
Murray	94.2%	93.1%
Western Sydney	94.1%	94.1%
North Western Melbourne	93.6%	91.4%
Northern Queensland	93.6%	93.3%
NATIONAL AVERAGE	**93.5%**	**93.0%**
South Eastern Melbourne	93.4%	92.2%
Perth North	93.4%	89.4%
Nepean Blue Mountains	93.1%	94.4%
Country SA	93.1%	93.7%
Brisbane South	93.1%	90.1%
Perth South	93.0%	90.8%
Darling Downs and West Moreton	92.8%	94.1%
Gippsland	92.5%	92.9%
South Western Sydney	91.8%	92.0%
Western Queensland	91.7%	86.6%
Country WA	91.1%	90.4%
Central Queensland, Wide Bay, Sunshine Coast	89.8%	93.3%
Gold Coast	89.4%	88.6%
North Coast	88.1%	90.3%

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Figure B.1: Proportion of SA2s within a PHN where the rate of liver cancer was above the Australian average, 2010–2019

Primary Health Network	Liver cancer rate above national average
Northern Territory	97.0%
South Western Sydney	76.7%
North Western Melbourne	76.6%
Central and Eastern Sydney	64.4%
Western Sydney	59.0%
Western Queensland	33.3%
Hunter New England and Central Coast	29.5%
NATIONAL AVERAGE	**20.6%**
North Coast	20.0%
South Eastern Melbourne	17.6%
Adelaide	16.8%
Northern Queensland	16.7%
South Eastern NSW	15.5%
Brisbane South	14.4%
Eastern Melbourne	13.5%
Country WA	11.8%
Northern Sydney	10.6%
Darling Downs and West Moreton	10.3%
Western NSW	10.3%
Nepean Blue Mountains	8.0%
Country SA	6.9%
Perth North	4.9%
Gippsland	3.7%
Murray	2.9%
Western Victoria	1.7%
Australian Capital Territory	0.0%
Brisbane North	0.0%
Central Queensland, Wide Bay, Sunshine Coast	0.0%
Gold Coast	0.0%
Murrumbidgee	0.0%
Perth South	0.0%
Tasmania	0.0%

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