



vh2025



15th Australasian Viral Hepatitis Conference

"Real People, Real Action, Real Results"

6-8 August 2025

Jude Bevan | Principal Policy Officer

Sexual Health & Blood-borne Virus Program | Communicable Disease Control Directorate



Government of **Western Australia**
Department of **Health**

What was different compared to previous VH conferences?

- Content split to ensure equal hepatitis B content
- Community sector took responsibility for organising plenary sessions
- Community voices recognised as central to the hepatitis B response and elimination
 - voices of people living with hepatitis B heard at the conference
- Community sector more generally repositioned as central to the hepatitis response and elimination



Real People, Real Action, Real Results



Kate Dunn

Assistant Professor, York University Faculty of Health, Canada

Dr Kate Dunn is a member of Mississaugi First Nation in what is now Ontario Canada and is Assistant Professor at York University Faculty of Health where she combines Indigenous Ways of Knowing, Being Doing and Connecting with experience in Nursing, Public Health and Social Sciences. Engaging Indigenous community perspectives to co-create culturally connected awareness resources on liver wellness and hepatitis C.

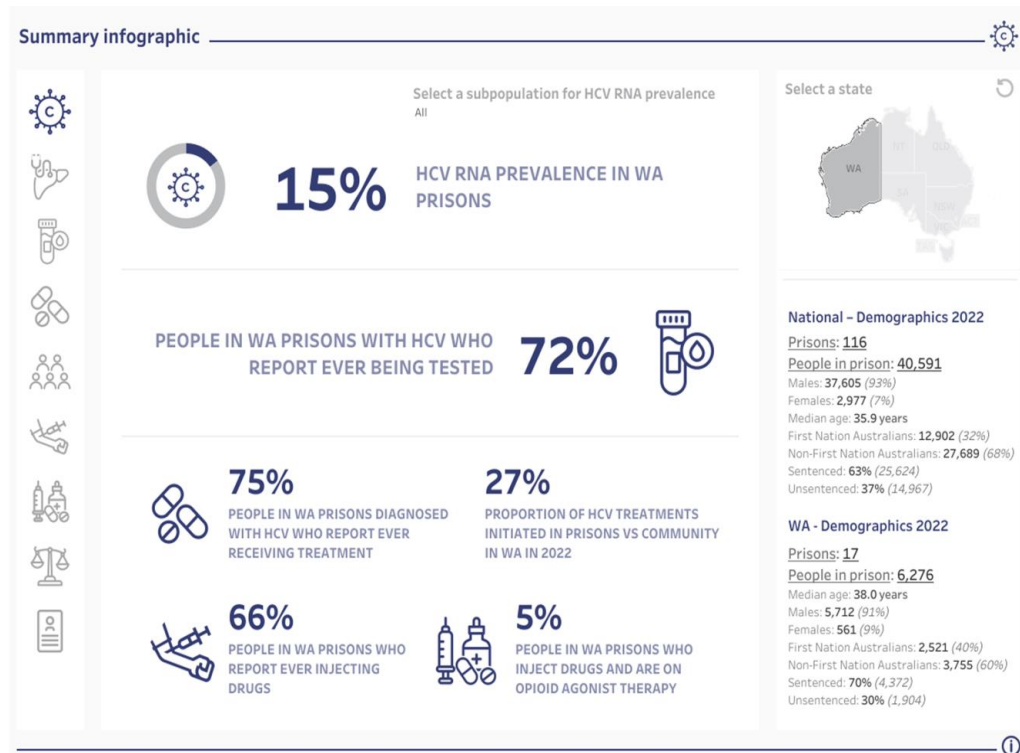
Su Wang, MD, MPH

Medical Director, Center for Asian Health and Viral Hepatitis Programs, Cooperman Barnabas Medical Center & Associate Professor, Rutgers New Jersey Medical School, United States

Dr Wang is the Medical Director for the Center for Asian Health and Viral Hepatitis Programs at Cooperman Barnabas Medical Center and an associate professor at Rutgers New Jersey Medical School in the US. She is living with hepatitis B and serves as Senior Advisor for Global Health for the Hepatitis B Foundation and was president of the World Hepatitis Alliance, a patient led NGO dedicated to harnessing the power of people living with hepatitis to achieve its elimination.



Priority settings - prisons



<https://www.nphn.net.au/dashboard>

- Qld - hepatitis C POCT is standard of care in some correctional facilities
 - 1 week from testing to treatment (4-6 weeks previously)
 - estimated 5-10% reinfections
- Vic - high intensity programs
 - 6 days of testing at one prison – 68% of prison pop tested
 - need adequate nursing workforce
- Hepatitis B
 - low prevalence in Australian prisons (except NT)
 - vaccine coverage ~ 50%

Implications for policy and practice

- How can we better direct the hepatitis C response to where it is most needed – using existing resources? How do we make sure that no one is left behind?
- How can the advocacy work being done by people impacted by chronic hepatitis B be amplified to inform and improve health outcomes across all aspects of the response?
- How can we better address stigma and discrimination across all aspects of the response – and how and when we will know that this is making a difference?



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WATCH THIS SPACE

August 2026

16th Australasian Viral Hepatitis Conference
August, 2026
Perth, Western Australia
hepatitis.org.au

