



Modelling the decline and potential elimination of endemic hepatitis A in Australia



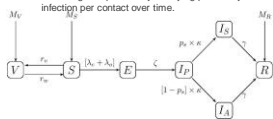
Duleepa Jayasundara ^{a,*}, Ben B Hui ^a, David G Regan ^a, Anita E Heywood ^a, C Raina MacIntyre ^b, James G Wood ^a

^a School of Public Health and Community Medicine, UNSW Sydney, NSW 2052, Australia.

^b The Kirby Institute, UNSW Sydney, NSW 2052, Australia.

Methods

- Age-structured, SIR type, deterministic hepatitis A transmission model incorporating demographic changes.
- Calibrated using:
 - Cross-sectional seroprevalence data and
 - NINDSS notification data
 - assuming a exponentially decaying probability of infection per contact over time.



- Evaluated the trends in the basic (R_0) and effective (R_{eff}) reproduction numbers.
- Projected incidence trends in the presence of extrapolated vaccination trends until 2061 in the general population.
- Tested whether R_{eff} can be sustained below the endemic threshold ($R_{eff} < 1$).

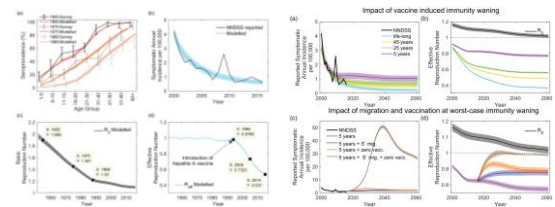


Introduction

- Hepatitis A infection rates have declined in most countries through a combination of prevention measures.
- Australian hepatitis A epidemiology transitioned from medium to low endemicity over 1950 – 1990.
- At present – very low endemicity/risk – high **opportunistic vaccination** rates.
- Outbreaks in MSM population / Sporadic point-sourced outbreaks (food contamination)
- High percentage of cases are travel related – NINDSS surveillance reports



Results



Conclusions

- Projections to 2061 in the general population:
 - $R_{eff} < 1$.
 - $R_0 > 1$.
 - Continued low Incidence.
- Return to endemic transmission is only possible under a combination of highly unrealistic scenarios.
- There is potential for local elimination of hepatitis A given that the elimination criteria are defined and met in high risk groups.

