

Reorientation of hepatitis C services in Victoria

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Policy context

- The Victorian Department of Health and Human Services aims to eliminate hepatitis C as a public health concern and eliminate stigma and discrimination associated with the disease by 2030.

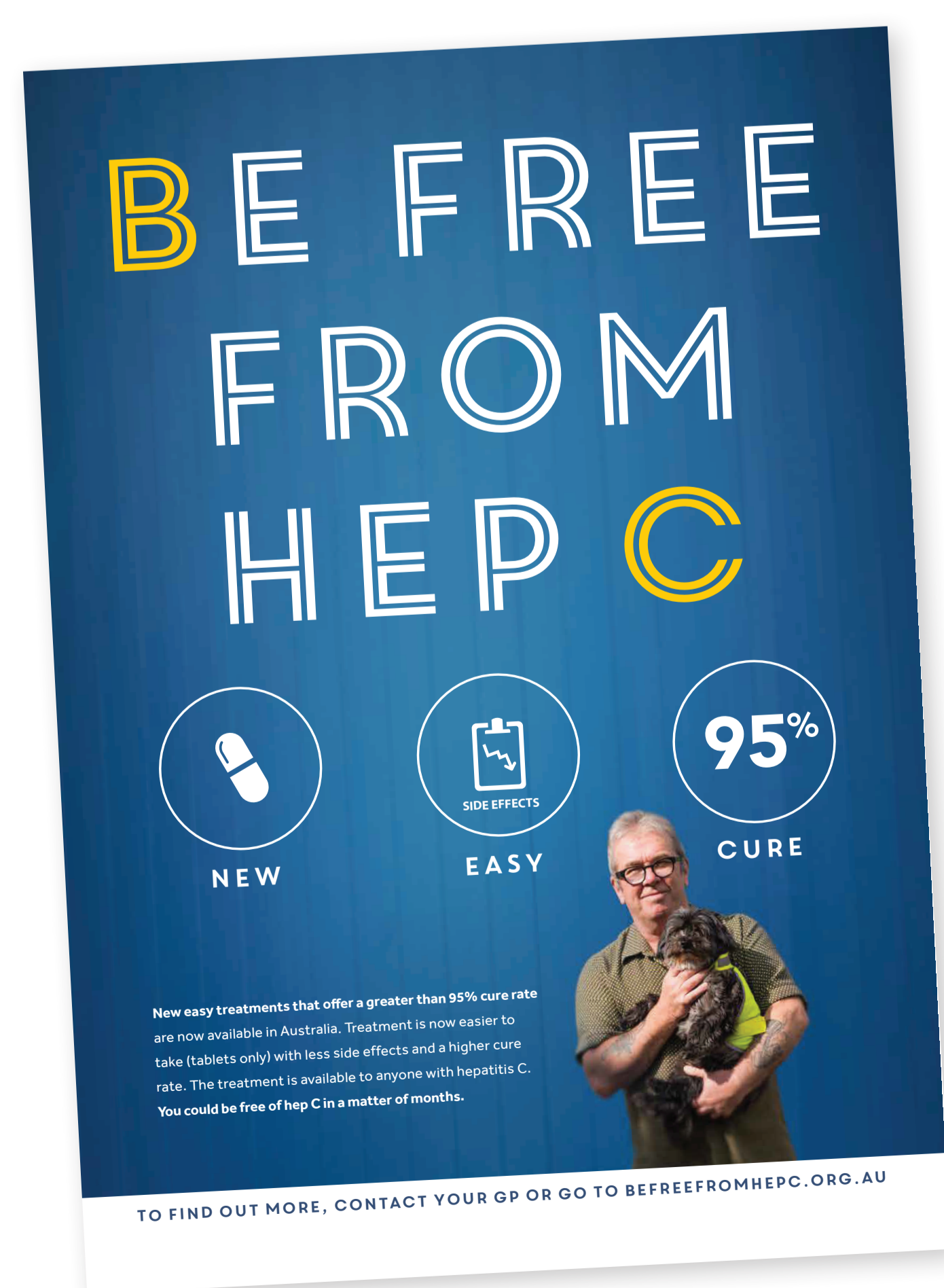
What are we trying to achieve and how?

- To increase access and uptake of hepatitis C direct-acting antivirals (DAAs) through reorienting delivery of a range of hepatitis C clinical and community services.

What have we done?

- Established the Victorian Hepatitis C Elimination Committee in January 2016.
- Evaluated the Victorian Integrated Hepatitis C Nursing Service (IHCS).
- Established the Victorian Viral Hepatitis Nurse Practitioner (VNPP) project.
- Accelerated creation of online hepatitis C clinical health pathways through all Victorian Primary Health Networks.
- Accelerated development and implementation of an extensive workforce development program for general practitioners (GPs), nurses, pharmacists and community and peer organisations.
- Commissioned the development of a hepatitis C test-and-treat community social marketing campaign – see **Figure 2: Be Free from Hep C**.

Figure 2: Be Free from Hep C poster



The National Hepatitis C Mapping Project estimates that 22 per cent of Victorians with chronic hepatitis C initiated treatment between March 2016 and February 2017, which is above the national average of 19 per cent. This data has guided activity in Victoria.

The number of notified cases of newly acquired hepatitis C cases in Victoria have declined by nearly 50 per cent in the past decade (**Figure 1**).

Figure 1: Number of notified cases and notification rate (per 100,000 population) for newly acquired hepatitis C, Victoria, 2008–2017

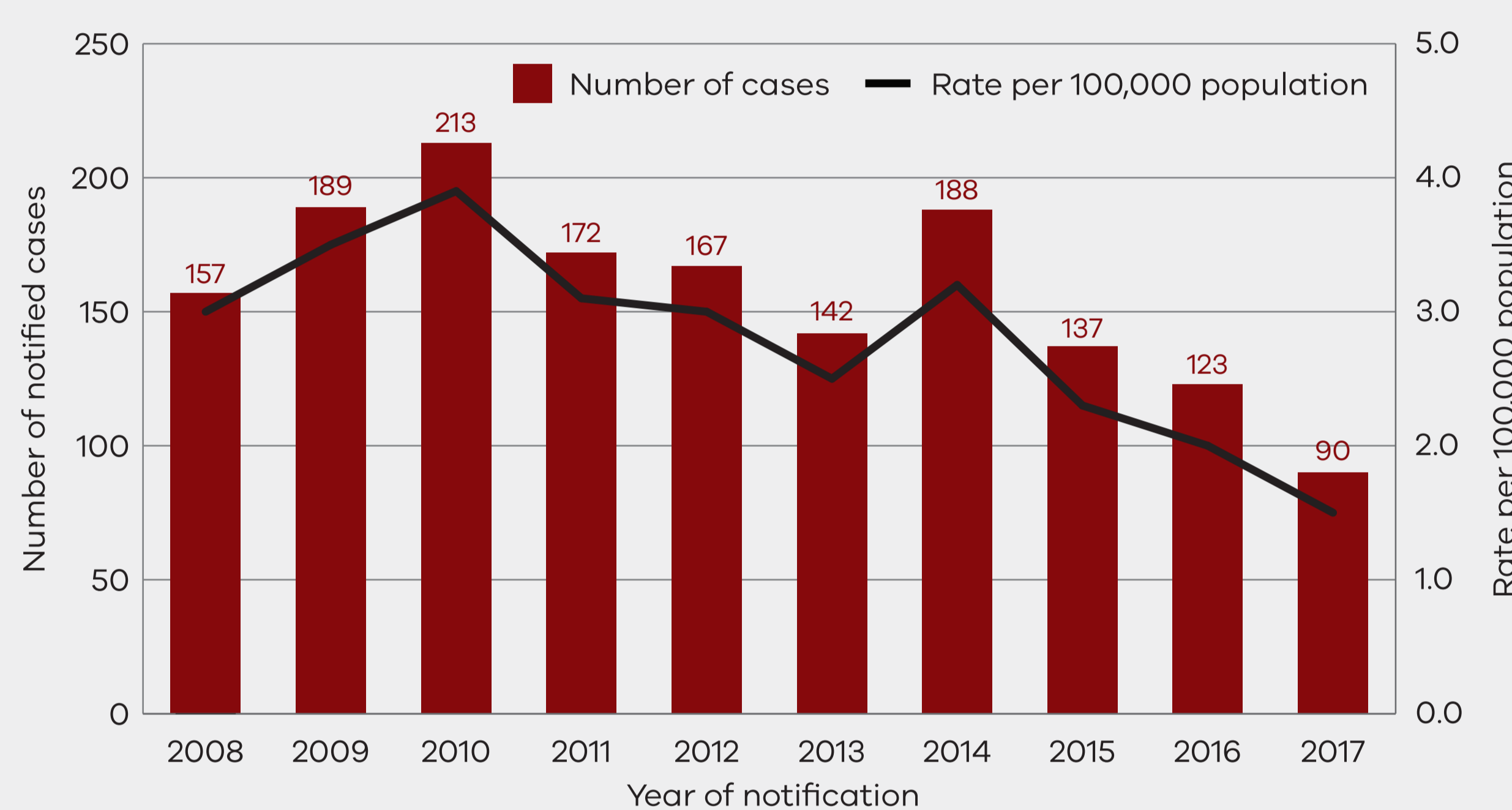


Figure 3: Victorian hepatitis C strategy 2016–2020



What are we doing?

- The VNPP is building the workforce of nurses who can prescribe hepatitis C drugs. Two health services were funded in 2018 to develop nurse practitioner candidate positions to support equitable access across locations and settings.
- The hepatitis C health pathway is widely used, being the most frequently accessed of all clinical health pathway topics available to GPs through primary health networks.
- Continuing to train nurses and GPs to prescribe and test for the hepatitis C virus through the Victorian HIV and Hepatitis Integrated Training And Learning program.
- Supporting a harm minimisation approach with needle syringe exchange programs and blood borne virus screening in the Medically Supervised Injecting Room.
- The Australian Research Centre in Sex, Health and Society is leading reorientation of the IHCS to develop a contemporary nurse-led model of care to increase community-based testing and treatment.
- The IHCS nurses continue to work with the Burnet Institute on the Eliminate Hepatitis C project to increase testing and treatment among people who inject drugs.
- Hepatitis Victoria is undertaking a stigma reduction project for people living with viral hepatitis to address stigma and discrimination.
- Established the Victorian viral hepatitis working group in June 2018 to oversee and monitor implementation of the **Victorian hepatitis C strategy 2016–2020 (Figure 3)**.
- Developed metrics to evaluate effectiveness of the Victorian hepatitis B and C strategies 2016–2020.

Where to next?

- Through embracing the opportunity to eliminate hepatitis C with universal access to the DAAs, we can reduce the burden of hepatitis C and limit rising rates of liver cancer.
- Continue to expand and refine the development of nurse-led models of hepatitis C care.
- Use data to drive the design of services/ programs.
- Develop a baseline assessment of the prevalence of viral hepatitis related stigma and discrimination.
- Publish an annual implementation report against the Victorian hepatitis B and C strategies 2016–2020.

We acknowledge and thank all people living with viral hepatitis whose lives and experiences were the subject of this work.