

# HEPATITIS C SPECIALIST NURSES USE NOTIFICATION DATA TO ENHANCE ENGAGEMENT WITH AND EDUCATION OF GENERAL PRACTITIONERS IN SOUTH EASTERN SYDNEY

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**Background:** Research supports using blood-borne virus surveillance to enhance progression through care cascades. We report using hepatitis C virus (HCV) notifications to facilitate engagement between HCV specialist nurses and general practitioners (GPs) within South Eastern Sydney Local Health District (SESLHD).

**Methods:** Statutory laboratory notifications of HCV infection in SESLHD residents from July 2017 to December 2018 were reviewed and duplicates identified. Cases were excluded if nurses knew requesting doctors already provided HCV treatment, clients resided out of area, or insufficient GP contact information was provided. In remaining cases, letters were sent to GPs with advice regarding further testing, management and linkage to care. Specialist nurses made follow-up telephone calls to offer these GPs support, discuss appropriate management, assess their experience of HCV training, and willingness to prescribe antiviral treatment.

**Results:** Of 1011 notifications reviewed, 473 unique cases were identified, of which 383 (81%) cases were excluded. Of 90 eligible cases, telephone contact with GPs occurred in 49 (56%) cases; and of these 12 (25%) cases were lost to follow-up, while 37 (75%) received one or more GP interventions. Of 37 cases where GPs intervened, 26 (70%) had HCV RNA testing requested, 18 (49%) were referred to specialists and 3 (8%) were treated by GPs.

Of 49 GPs contacted, 15 (31%) were willing to undergo HCV prescriber training and treat HCV, nine practice visits have been made and education provided to 19 GPs. In addition, six (12%) reported prior HCV prescriber training and treatment initiation; seven (14%) were unwilling to be trained or treat; eight (16%) would consider training in future; and training status was unknown for thirteen (27%).

**Conclusion:** Making telephone contact with GPs can be challenging. However, specialist nurses used HCV surveillance notifications as a prompt to facilitate engagement with and education of local GPs. Continuing engagement may enhance HCV care cascade progression.

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