

HEPATITIS C ELIMINATION IN NSW BY 2028 – PRIMING THE SYSTEM TO DELIVER EQUITY IN NSW

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Approach: The NSW Ministry of Health (MoH) has made the elimination of hepatitis C (HCV) transmission a system priority in NSW. The MoH drives performance in local health districts and Justice Health by setting elimination targets and progress is monitored by the quarterly reporting of Pharmaceutical Benefits Scheme (PBS) data. Implementation priorities focus on key settings including Needle and Syringe Programs (NSPs), alcohol and other drug (AOD) services, prisons and primary care, including Aboriginal Controlled Community Health Services (ACCHSs). State-wide strategies that support treatment uptake include scaling up the Dried Blood Spot (DBS) testing pilot, a communications strategy in partnership with Hepatitis NSW and the NSW Users & AIDS Association (NUAA), GP education and communication, and peer-led test and treat programs.

Argument: Increased access to high quality treatment in primary care improves equity by allowing the public health system to focus on marginalised populations with complex needs including people who inject drugs. Current challenge is reaching people outside of specialist services. By focusing on key settings (such as needle and syringe programs (NSPs), alcohol and other drug services, and prisons) as well as evaluating effectiveness of novel strategies (such as integrating peer approaches), NSW Health will improve access to treatment for people who inject drugs.

Results: Between 1 March 2016 and 30 September 2018, NSW treated 27.4% of people (22,145) estimated to be living with HCV, saving an estimated \$78,922,470 in avoided care costs. This includes 2,012 people in NSW prisons (37% of whom identified as Aboriginal). The proportion of people initiating treatment in GP continues to increase in NSW, with 58% of people initiating treatment by GPs between July to September 2018.

Conclusions: Using existing strategies, 27.4% of people living with HCV have been treated in NSW. The challenge is reaching people outside of traditional liver and drug services. Sustained efforts in GP and prison settings and increased efforts in targeted settings to actively test and treat people is critical to ensure NSW achieves HCV elimination by 2028.

Disclosure of Interest Statement: NSW Health funds the Kirby Institute to produce HCV prevalence estimates to include in our analyses. NSW Health does not receive funding from pharmaceutical companies for HCV therapies.