

Use of routine hepatitis notification data to support DAA treatment uptake in New South Wales

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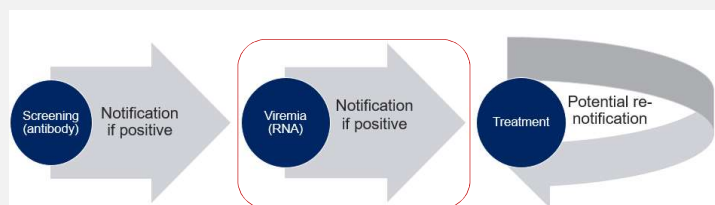
Background

NSW Health has set a target to eliminate hepatitis C (HCV) in New South Wales (NSW) by 2028. Direct acting antiviral (DAA) treatment of all adults with active infection is a cornerstone of the strategy to achieve this target.

Figure 1 shows the sequence of clinical HCV management and resulting laboratory notifications. The presence of HCV RNA indicates current infection and eligibility for DAA treatment. All antibody-positive patients should be followed up with RNA testing. Positive HCV tests, including antibody and qualitative and quantitative RNA tests, are notified to NSW Health under public health legislation.

The use of routine notification data have not yet been explored as a potential mechanism to support DAA uptake.

Figure 1a: Sequence of clinical HCV management and resulting laboratory notifications



Aim

To assess how routine hepatitis C notifications be used to systematically support DAA treatment uptake.

- Are patients with active infection routinely treated or referred for treatment?

Methods

- RNA laboratory notifications with a specimen collection date 15 January - 15 February 2019.
- Specialist providers were presumed to routinely treat their RNA-positive patients.
- Phone survey of non-specialist providers to ascertain cases' treatment and referral status and providers' usual HCV management practices.

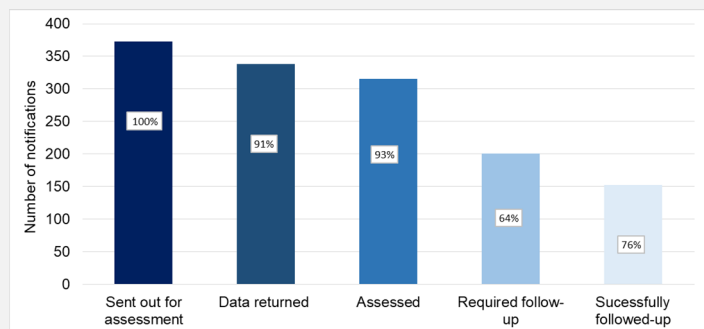
Results

(1) Follow-up

A total of 373 notifications were distributed to LHDs for assessment and follow-up where indicated (Figure 2). Data were returned for 91% (n=338) of notifications, and of these (n=315) were assessed for follow-up. In 36% (n=114) of cases, the ordering clinician was either a specialist provider or a non-specialist provider known to be an experienced DAA prescriber and did not require follow-up.

Follow-up was successful for 75% (n=151) of cases identified to require follow-up.

Figure 2: Number and cascading percentage of notifications included in each step of the project, NSW, 15 January - 15 February 2019

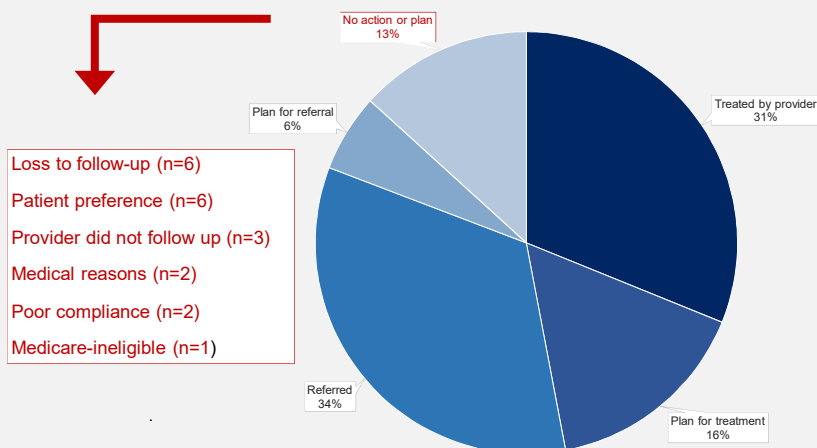


(2) Case treatment and referral

Of the 151 cases that were successfully followed-up (Figure 3), treatment had already been initiated for 31% (n=47), and treatment plans were in place for an additional 16% (n=24). Referral to a specialist had been arranged for 34% (n=51), and was planned for an additional 6% (n=9) of cases. Overall, 84% (n=131) of cases were on treatment or on a pathway to treatment, leaving 13% (n=20) without a treatment plan.

Of those that referred the case, two thirds routinely refer (43 to specialists, 2 to another GP) and one quarter routinely treats. Of the 18 providers that usually treat but did not treat the case, 44% (n=8) cited evidence of cirrhosis.

Figure 3: Percentage of notifications that were successfully followed up (n=151) by management status, NSW, 15 January - 15 February 2019



Conclusion

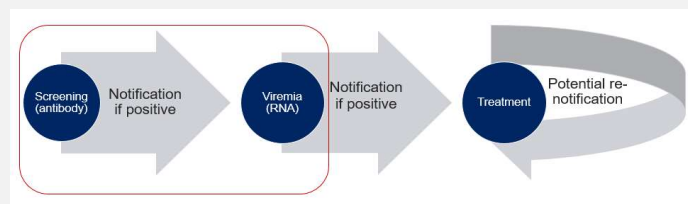
- The vast majority of non-specialist providers are either treating or referring patients with active infection.
- A substantial minority of non-specialist providers refer rather than treat.

Routine follow-up of RNA notifications is not an effective use of public health resources to encourage greater uptake of DAA treatment.

Next steps

Are antibody-positive patients assessed for active infection? (Figure 1b)

Figure 1b: Sequence of clinical HCV management and resulting laboratory notifications



- Explore the use of laboratory testing data to estimate the percentage of antibody-positive patients without evidence of RNA testing.
- Indication if public health follow-up of antibody-only notifications is worth trialling.