

Enhanced surveillance for hepatitis B and C: insights into clinical care after diagnosis

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Background: Chronic hepatitis B and C are leading causes of liver cancer in Victoria. Linking individuals living with viral hepatitis to care is essential to reduce mortality. We assess impact of enhanced surveillance ascertaining clinical care information, which were collected by local public health units (LPHUs), as part of public health surveillance.

Methods: Cases of unspecified (chronic) hepatitis B virus (HBV) and hepatitis C virus (HCV) notified to the Victorian Government Department of Health during the first year of implementation of enhanced clinical data collection were analysed. We examined proportion of cases that had been provided follow-up PCR testing and treatment, alongside evaluating data completeness and demographic characteristics.

Results: 1,379 HBV and 1,222 HCV cases were notified between 1-Oct-2022 and 30-Sep-2023.

For HCV, 816 cases (66.8%) had PCR testing status assessed, and 749 (61.3%) had treatment status recorded. Of those with information collected, 629 (74.3%) had an RNA test done or had been referred to a specialist prior to testing, of which 49.6% had a positive RNA result. 79.8% of those with a positive RNA had been offered or referred for treatment. For HBV, 799 (57.9%) had PCR testing status recorded, and 848 (61.5%) had treatment status recorded; of those, 661 (77.9%) had already been offered treatment, were not clinically eligible or had been referred. 81 (9.6%) still needed further follow up and/or testing, 21 (2.5%) were reported lost-to-follow-up and 85 (10.0%) were not offered treatment for other reasons. Variation was observed in clinical care uptake and in data completeness according to geographic area and country of birth.

Conclusions: For the first time, real-time enhanced surveillance data have provided insights into cascade of care for newly identified individuals with chronic viral hepatitis. These findings can allow for prioritisation of cases needing further clinical care and identify gaps in access.

Disclosure of Interest Statement: