Coordinated Hepatitis Responses to Enhance the Cascade of Care by Optimising Existing Surveillance Systems (CHECCS) in Victoria

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Background

- To reach national and international elimination targets, identifying patients with untreated hepatitis C and promoting linkage to care is essential
- Despite broad treatment availability, an estimated 45% of people with hepatitis C in Victoria remain untreated
- Prior to September 2021, limited follow-up and enhanced surveillance was undertaken for unspecified hepatitis C cases in Victoria

This project piloted the use of the existing notifiable diseases surveillance system at the Victorian Department of Health in a new, active approach:

- Supporting notifying healthcare providers to engage individuals in follow-up testing and linkage to treatment
- Assessing barriers to care and supporting increased uptake of treatment

Methods

From September 2021, we commenced follow-up of new notifications of unspecified hepatitis C.

At least four weeks after the notification, we requested information from diagnosing doctors (via phone or secure email/fax), including:

- Case demographics (e.g. country of birth and Indigenous status), injecting drug use status and whether the case was a health care worker
- If the case has received follow-up testing, treatment or referral
- Advice on clinical resources, referral pathways, and education opportunities were provided where appropriate
- Follow-up was enacted to identify progress in clinical engagement after initial testing/diagnosis
- Separate methods will be used to explore the cascade of care in prisons

Key findings from implementation

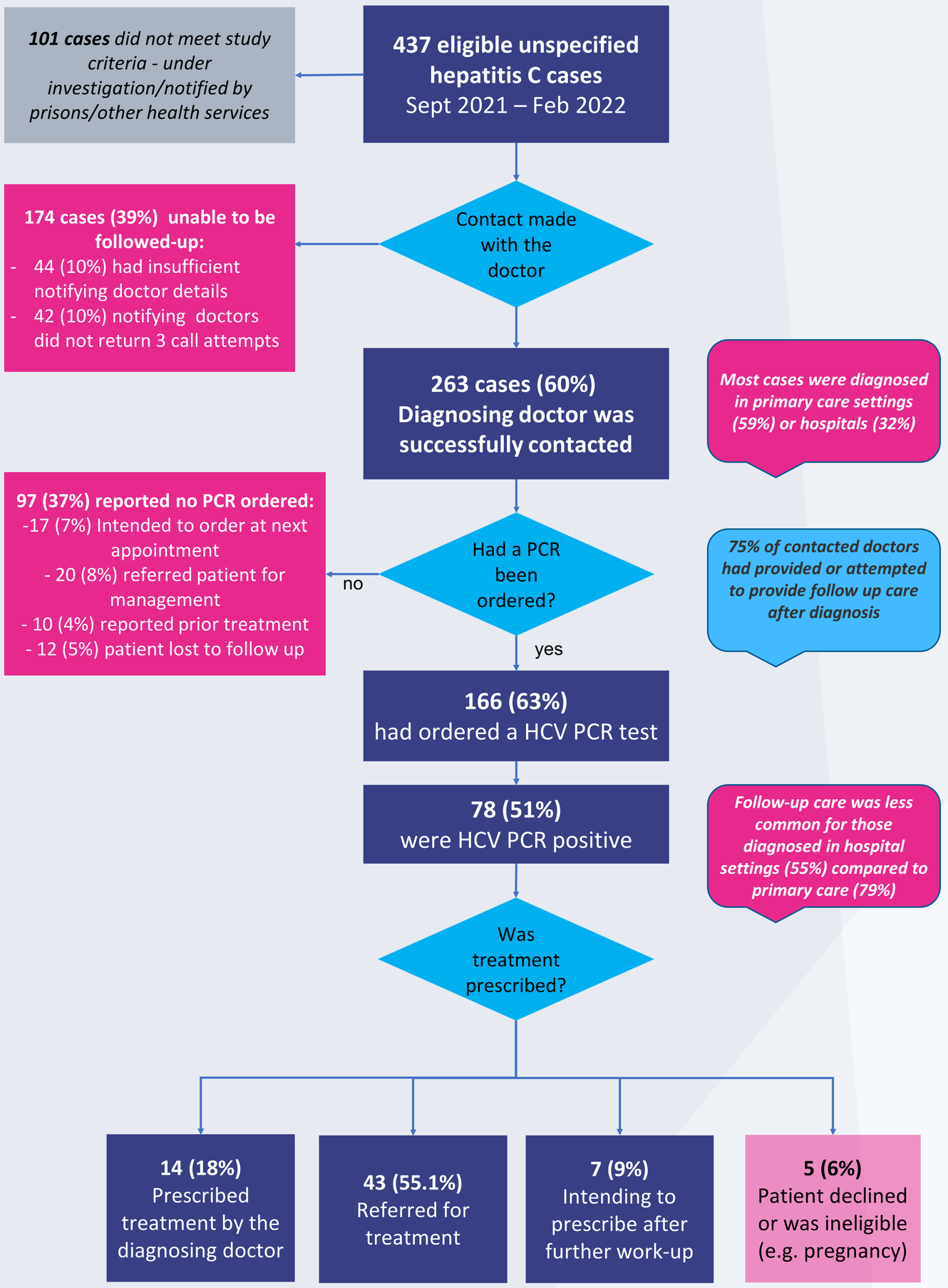
- Overall, diagnosing doctors were receptive to enhanced follow-up of notified cases and discussing treatment pathways
  - ➢ 42% of GPs requested further resources
- The main challenge to follow-up was wait times to speak to reception staff & GPs, heavily influenced by the COVID-19 pandemic
  - ➢ Overall, 38% of cases required multiple calls to the notifying clinicians to gather data
  - ➢ Follow up with hospitals was lengthy, requiring multiple calls, and often unsuccessful
- Further contact was made with diagnosing doctors for cases identified as higher risk of being lost to follow-up
  - ➢ Outcomes included prompting patient recall by the doctor and further referral (e.g. Integrated Hepatitis C Services)

Case characteristics

Case demographics:
Male: 64%
Median age: 50 years
Locality: 69% reside in Melbourne
Aboriginal and Torres Strait Islander people: 3.7% of cases

Among these cases, there was no evidence of disparity in the provision of follow up care by sex, age, or region of residence

Key outcomes for cases



Conclusions and future work

- Surveillance system optimization represented an effective and acceptable method to assess the cascade of care for hepatitis C, and identified potential gaps in follow-up
- Future work could explore linkage between Integrated Hepatitis C Nurses and case follow up, as well as local health service follow-up of cases diagnosed in hospital settings
- Having access to further testing results (such as PCR results for all cases) would allow more targeted and timely follow-up
- Continued linkage to care as part of routine surveillance is imperative in achieving elimination targets for hepatitis C

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