Effective use of Notifications Data to Advance Hepatitis C Elimination by 2030 in Australia

Authors:

<u>Matthews N</u>¹, Lindeman G¹, Armstrong P¹, Richmond J¹, Saich F¹, Combo T¹, Marukutira T^{1, 2}, Wallace J¹, Dore G³, Treloar C⁴, Davies J^{5, 6}, Doyle J^{1,7}, Pedrana A^{1,2}, Hellard M^{1,2}, Stoove M^{1,2}

¹ Burnet Institute, Melbourne Vic, Australia, ² Department of Epidemiology & Preventative Medicine, Monash University, Melbourne VIC, Australia, ³ Kirby Institute, Sydney NSW, Australia, ⁴ Centre for Social Research in Health, University of NSW, Sydney NSW, Australia, ⁵ Menzies school of Health Research, Charles Darwin University, Darwin NT, Australia, ⁶ Infectious Diseases Department, Royal Darwin Hospital, Darwin NT, Australia, ⁷ Dept of Infectious diseases, The Alfred and Monash University, Melbourne VIC, Australia

Background/Approach: Australia's progress to eliminate hepatitis C (HCV) by 2030 has slowed, with crucial gaps in linkage to care and treatment post-diagnosis. HCV notifications data, held by health authorities, offer sustainable opportunities to engage health practitioners and people living with HCV in treatment. *Connect C, funded through an NHMRC Partnership Grant,* aims to increase access to HCV care by using HCV notifications more effectively. To identify strategies for effective and sustainable use HCV notifications data, consultations were held with jurisdictional health authorities to map operational practices, notifications systems, resourcing, strategic and policy priorities, and local legislative and regulatory environments.

Analysis/Argument: Health systems analyses revealed significant structural and system barriers that hamper effective use of HCV notifications, including legislation (and how this is implemented in regulations), data access, operational and resourcing issues. However, the key barrier hindering the ability to utilise notifications to prioritise those requiring follow-up was the predominance of HCV antibody test notifications, with limited reporting or visibility of subsequent RNA test results (including negative results) or treatment completion data.

Outcomes/Results: To optimise notification data to support HCV care, it is crucial to implement system changes that improve access and visibility of HCV RNA data in notification systems. Also, alignment of government and laboratory notification procedures to identify current infections and link with PBS HCV dispensing data, and to determine who is already in treatment, would help prioritise notifications for follow-up.

Conclusion/application: Australia must overcome system-level barriers to facilitate the sustainable and effective use of HCV notification data to give people living with HCV, who are lost to care, the opportunity to engage with treatment. Partnering with jurisdictions, *Connect C* will advocate for and support these system changes through co-design with community to shape the most acceptable and ethical approaches to using notifications data to guide care pathways.

Disclosure of Interest Statement:

The Burnet Institute recognise the significant intellectual contribution that our partners, namely state and territory' Departments of Health, make to Connect C's research activities. Furthermore, we recognise the need for transparency of disclosure of potential conflicts of interest through acknowledging these when sharing publicly the work of Connect C.