

Poche Centre for Indigenous Health

An HCV cascade of care: Findings from the ATLAS surveillance network comprised of Aboriginal Community Controlled Health Services

Dr Rani West, on behalf of ATLAS Investigators and Sites

14th Australasian Viral Hepatitis Conference 2nd August 2024

I have nothing to disclose



Acknowledgement of Country

The University of Queensland (UQ) acknowledges the **Larrakia People** as the Traditional Owners of **Garramilla (Darwin)**.

We recognise their Custodianship, care for Country and Waterways for many thousands of years.

We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to this Country.

Digital reproduction of *Consolidate* by proud Kalkadoon artist Sid Domic.



Acknowledgement of people with living and lived experience

I would like to acknowledge all the people who have lost their lives to hepatitis C and liver disease.

I acknowledge, thank and recognise all people with living and lived experience of hepatitis C that have contributed to the information I am presenting today. Real people and real lives are the reason for our fight against viral hepatitis elimination.

Digital reproduction of *Consolidate* by proud Kalkadoon artist Sid Domic.



Significance and Aim

If Australia is to reach elimination by 2030, **a range of strategies are urgently needed.**

2020 → **21,584 Aboriginal and Torres Strait Islander people** living with HCV (3)

- Only comprise 3% population (3)
- Account for 18% of those living with HCV (3)
- 6 x greater rate of notifications than non-Indigenous (3)
- Treatment is less (12)

Significant impact of colonialism and intergenerational trauma (8)

The aim of this research was to **create a cascade of care from ACCHOs involved in the ATLAS network between 2016 and 2023**



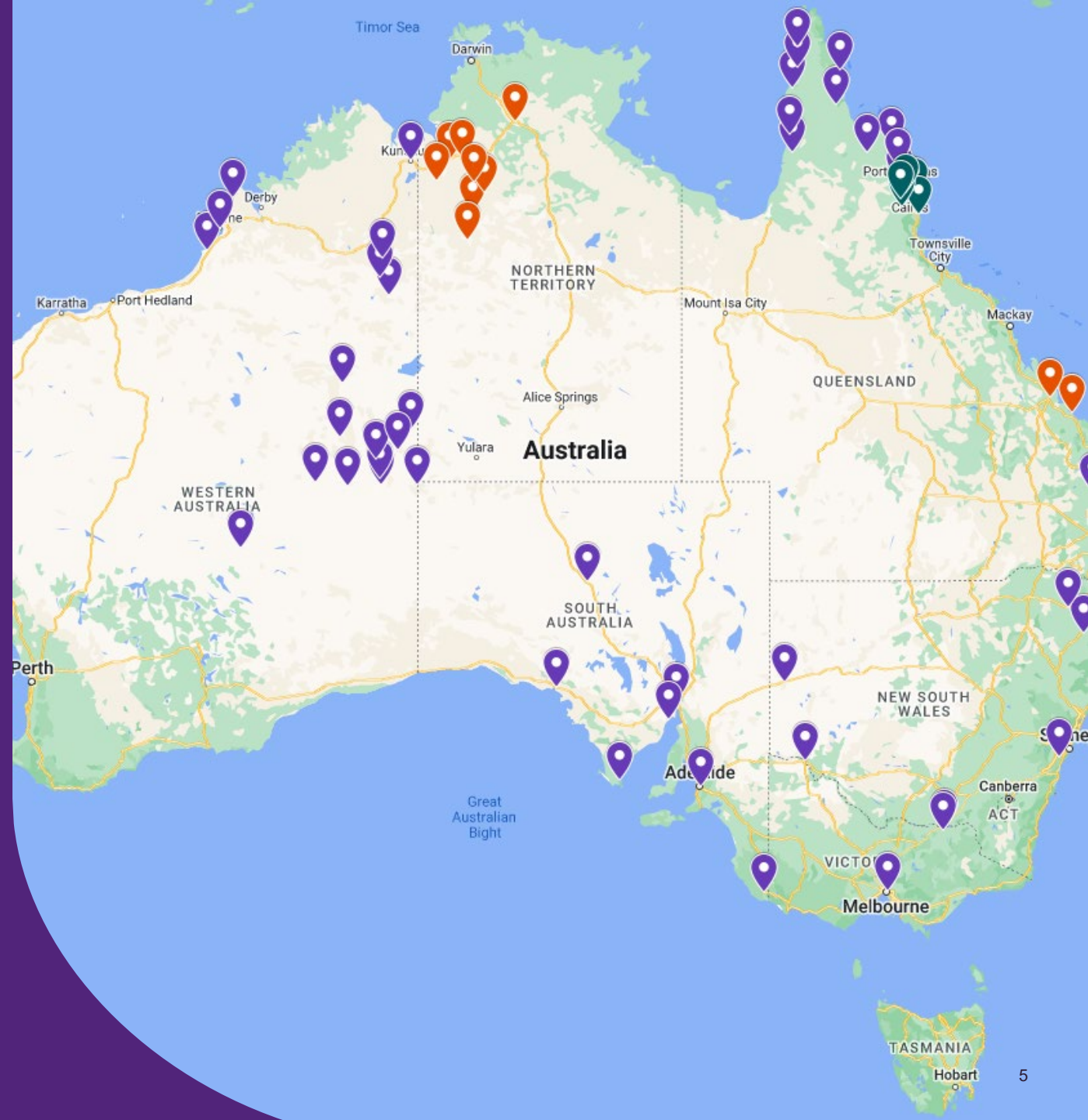
The ATLAS Network

Data Sources and Participants

Sentinel surveillance system developed in partnership with more than 50 ACCHOs nationally.

178,818 unique Aboriginal and Torres Strait Islander clients aged 15 years and over.

Collects deidentified primary care data relating to STI and BBV testing and control dating back to 2016.

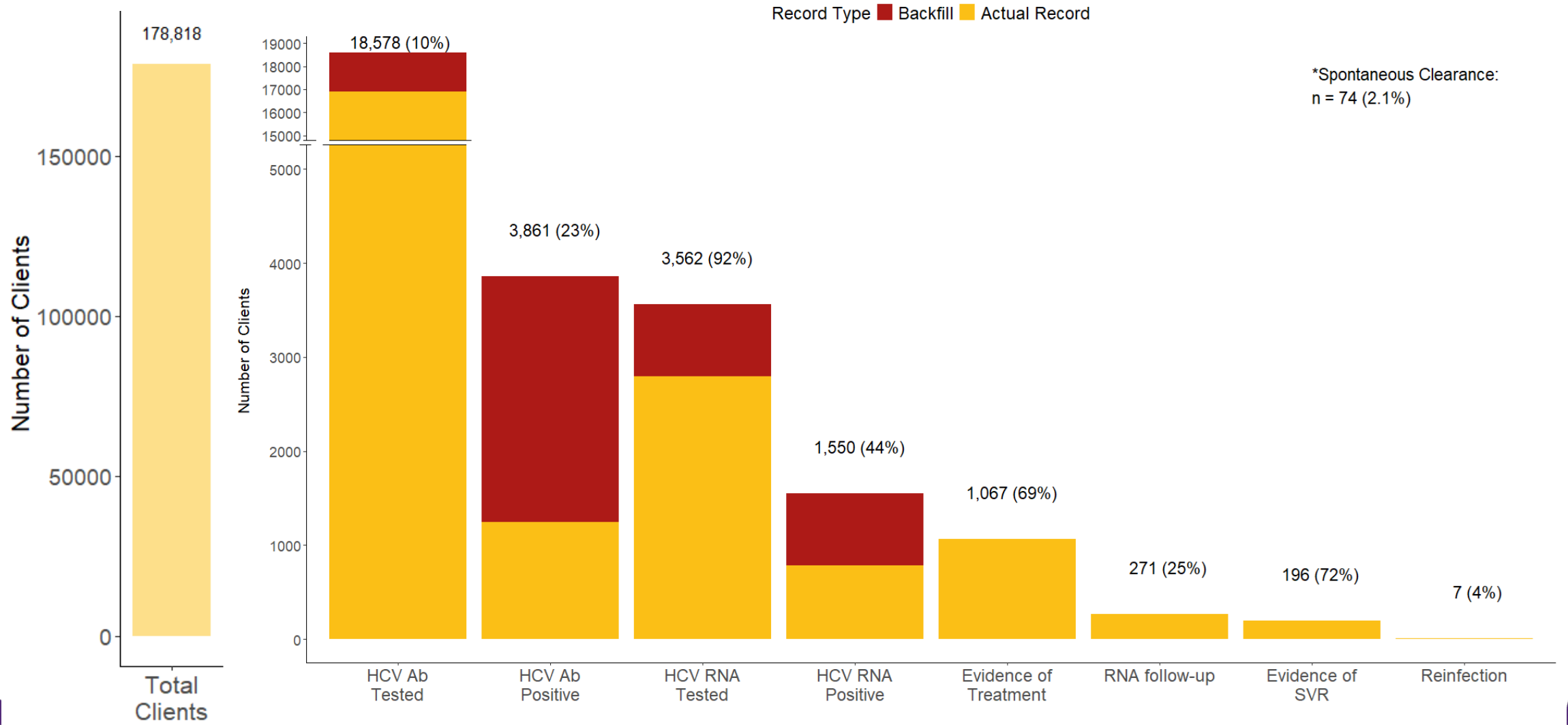


Methods

Stage of Care	Definition
HCV antibody test	Clients tested for HCV antibody Backfilled with people who had an HCV RNA result
Positive for HCV antibody	Clients with a positive result for HCV antibody Backfilled with people who had an HCV RNA result
Tested for HCV RNA	Clients tested for HCV RNA
Spontaneously cleared	Clients with a negative result for HCV RNA
Positive for HCV RNA	Clients with a positive result for HCV RNA Backfilled with people who had evidence of treatment
HCV treatment	Clients that had evidence of treatment prescribed or initiated
HCV RNA follow up test	Clients that had evidence of treatment prescribed and a follow up HCV RNA test ≥ 12 weeks and ≤ 1 year post treatment date
Achieved SVR	The proportion of clients that had a negative result for a follow up HCV RNA
Relapse or reinfection	Testing positive for HCV after achieving SVR (≥ 1 year post SVR)

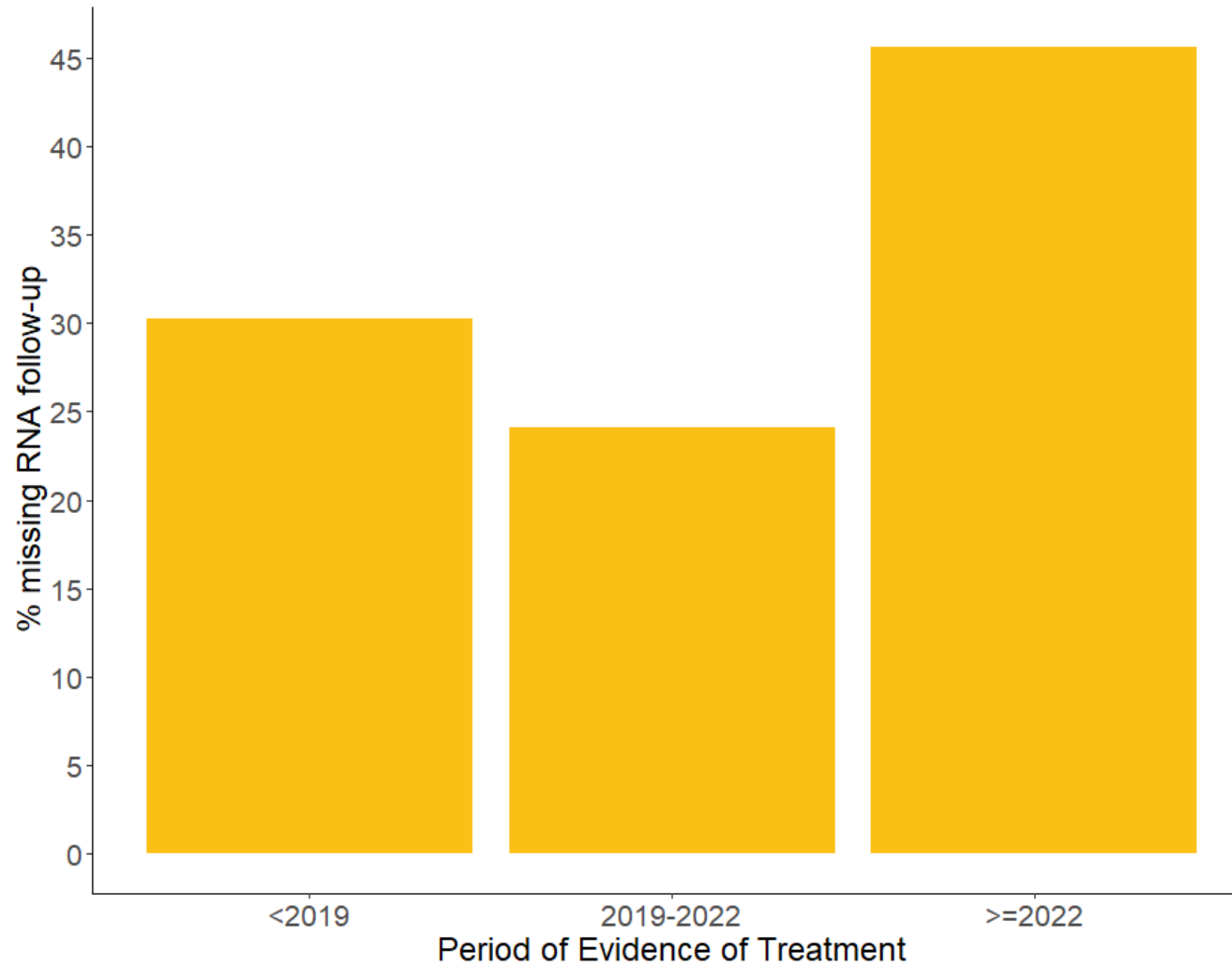
Results

Hepatitis C Cascade of Care

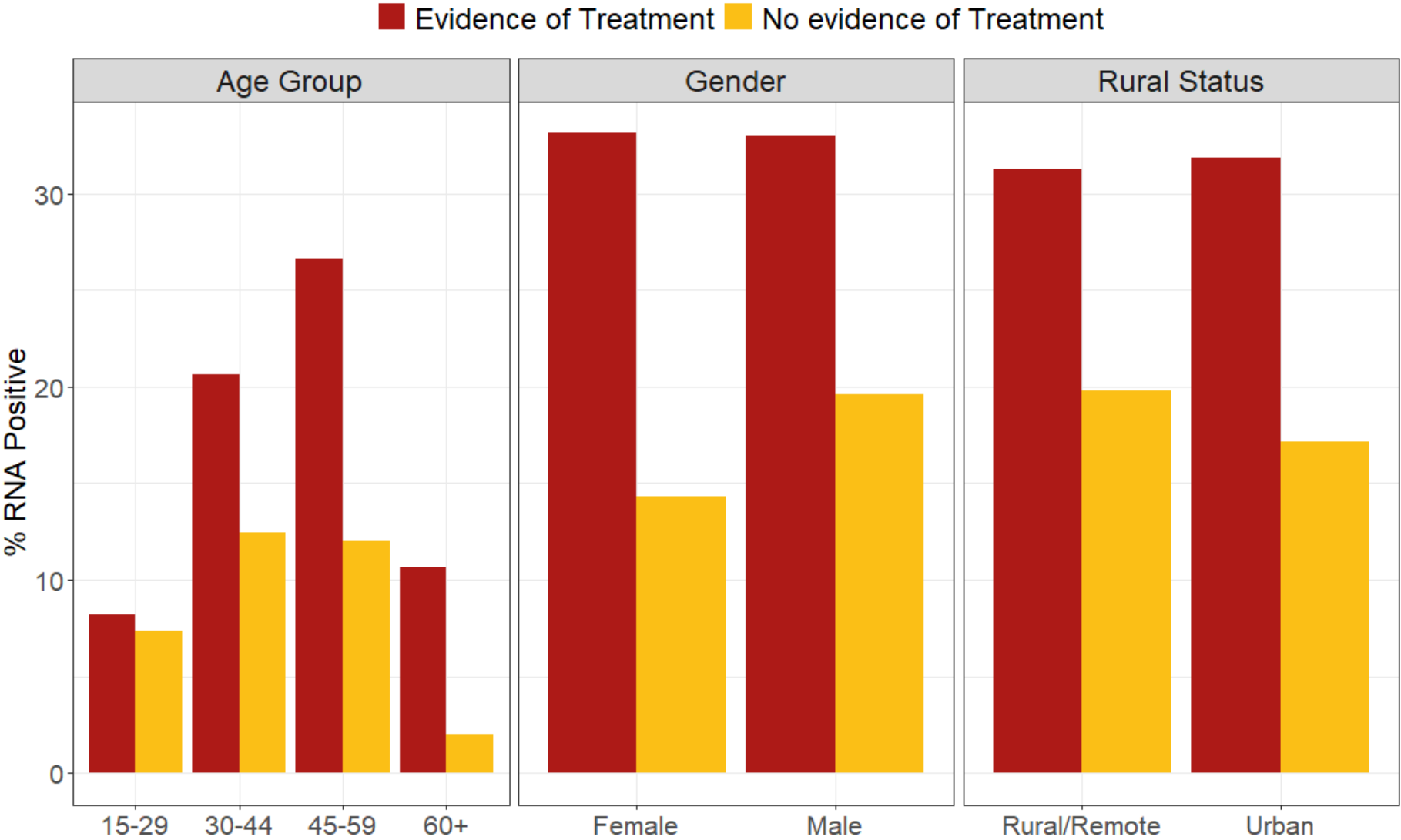


RNA follow-up

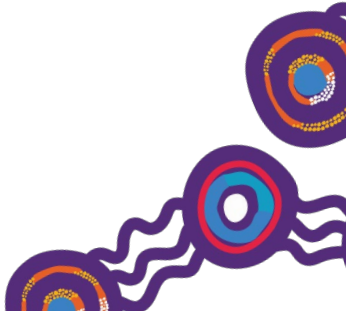
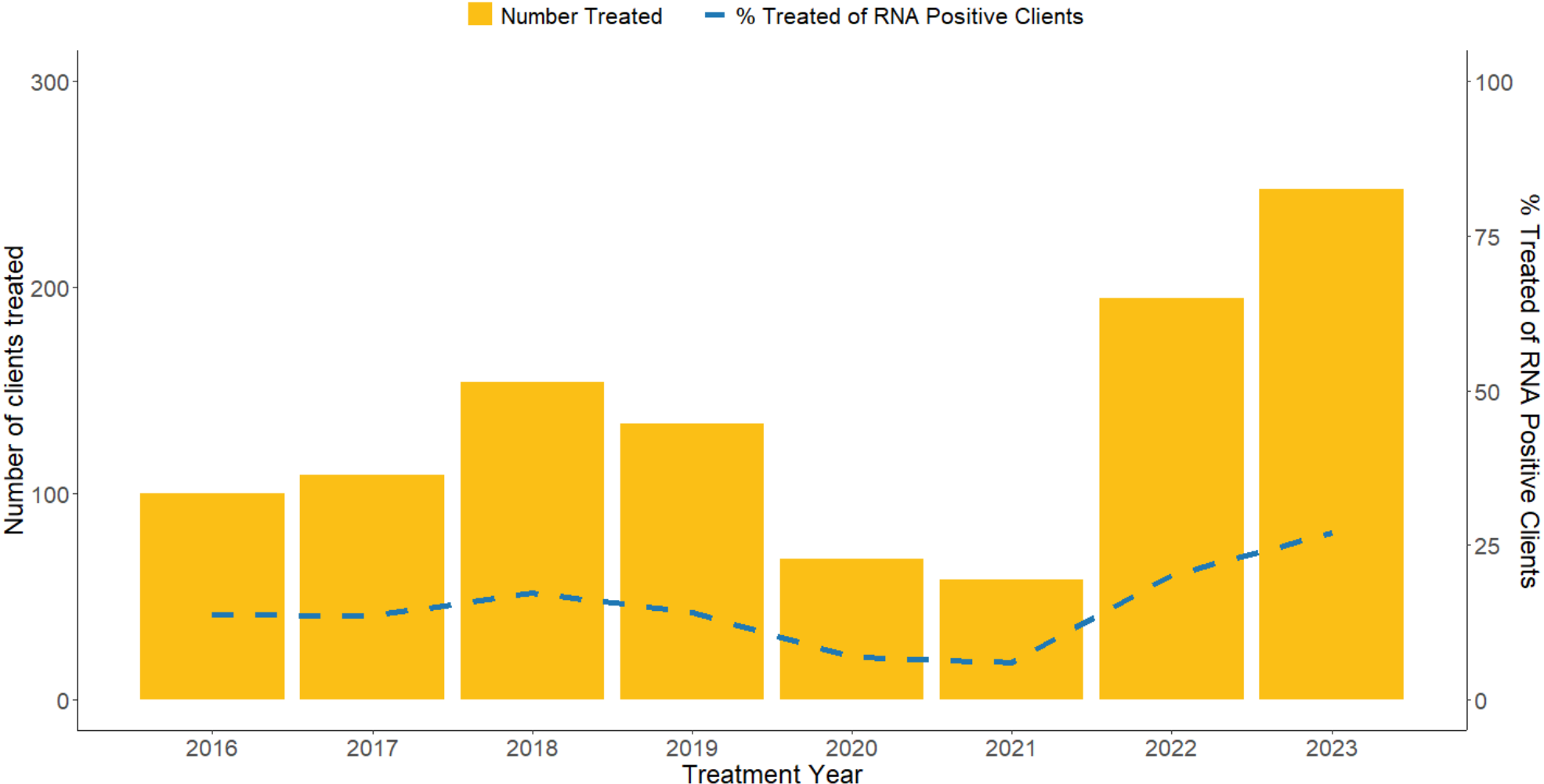
Those with evidence of treatment and no HCV RNA follow up testing



Demographic characteristics of clients who were HCV RNA positive and had evidence of treatment



Proportion of clients visiting ACCHOs per year who were HCV RNA positive and had evidence of treatment



Discussion and Summary

- 10% of clients were tested for HCV antibody with 23% testing positive
- 92% of those HCV Ab positive are subsequently tested for HCV RNA
- Nearly half were HCV RNA positive
- 69% of these clients had evidence of treatment
- Of those with RNA follow-up, 73% achieved SVR, nearly 4% were subsequently reinfected
- Evidence of post treatment RNA testing was less than expected and may be due to:
 - Treatment initiation later in 8-year period and RNA follow up not included in study period
 - Loss to follow up/referrals/not yet returned to service
- Of those clients who were HCV RNA positive, those with evidence of treatment were more likely to be aged 30-59 years
- Treatment over time showed an increase in DAA treatment in past 2 years

Impact

Impact on Community and research in practice

Only comprehensive Indigenous primary care surveillance network

Provides evidence of treatment in Aboriginal and Torres Strait Islander people who are disproportionately impacted by HCV in Australia

Secure online dashboard

- Highly interactive
- Responsive to personalised analyses
- Supports local priorities, CQI initiatives and Self Determination

6-monthly surveillance reports → inform local elimination efforts

The network is unique among others extracting data from primary health care

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