Measuring Treatment Outcomes in Hepatitis C: Care Cascade in Tertiary Care Referrals

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Background:

In alignment with global targets, Australia is committed to eliminating hepatitis C virus (HCV) as a public health threat by 2030. However, treatment uptake remains suboptimal, with only 5,499 initiations in 2023.

The Coordinated Hepatitis response to Enhance the Cascade of Care (CHECCS) project, which aimed to improve follow-up of newly diagnosed HCV, identified 117 HCV RNA-positive cases notified to the Victorian Department of Health between September 2021 and March 2022, 50 of which were referred for non-general practice (GP) specialist care by their diagnosing doctor. However, CHECCS did not assess post-referral outcomes, and the care pathways and treatment outcomes of these cases was unknown.

Methods:

Between July and September 2024, we contacted the 50 cases referred to tertiary clinics to determine appointment attendance, treatment initiation, sustained virological response (SVR) and cirrhosis investigations for notified HCV cases referred to non-GP specialist clinics.

Results:

Of the 50 cases, most diagnoses occurred in GP settings (88%), with 12% in hospitals. Thirty-seven (74%) referrals resulted in scheduled appointments, 32 (86%) appointments were attended, and 28 (88%) started treatment. Treatment initiation

was higher among older patients and those born overseas, but lower among those with a recent history of injecting drug use (IDU). Treatment uptake was 100% among those reporting no IDU history, 88% in those with IDU >2 years ago, and 20% in people with recent IDU (<2 years). Of treatment completers, 92% achieved SVR. Among clinic attendees, 22 (69%) had cirrhosis investigations, with six positive results.

Conclusion:
High treatment initiation and SVR rates were observed among referred cases. However, individuals with recent IDU had lower treatment uptake. These findings emphasise the critical need to ensure HCV tertiary and primary care referral pathways are patient-centred, to enhance HCV treatment uptake and support elimination.

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.