

# Viral hepatitis notifications: a cohort study of enhanced local public health follow-up in Victoria

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BARWON  
SOUTH  
WEST  
Public Health Unit



  
Gippsland  
Region Public  
Health Unit  
Part of Latrobe Regional Health

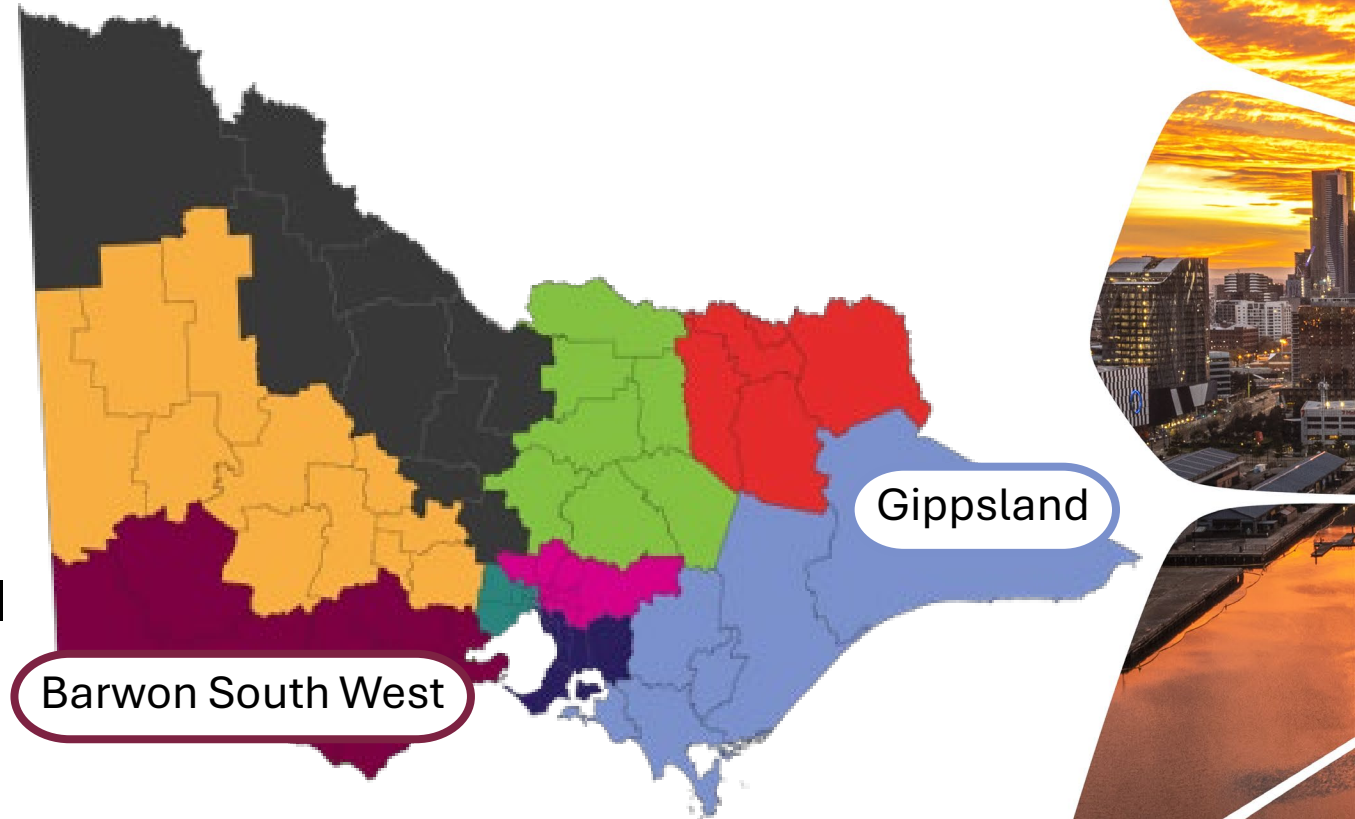


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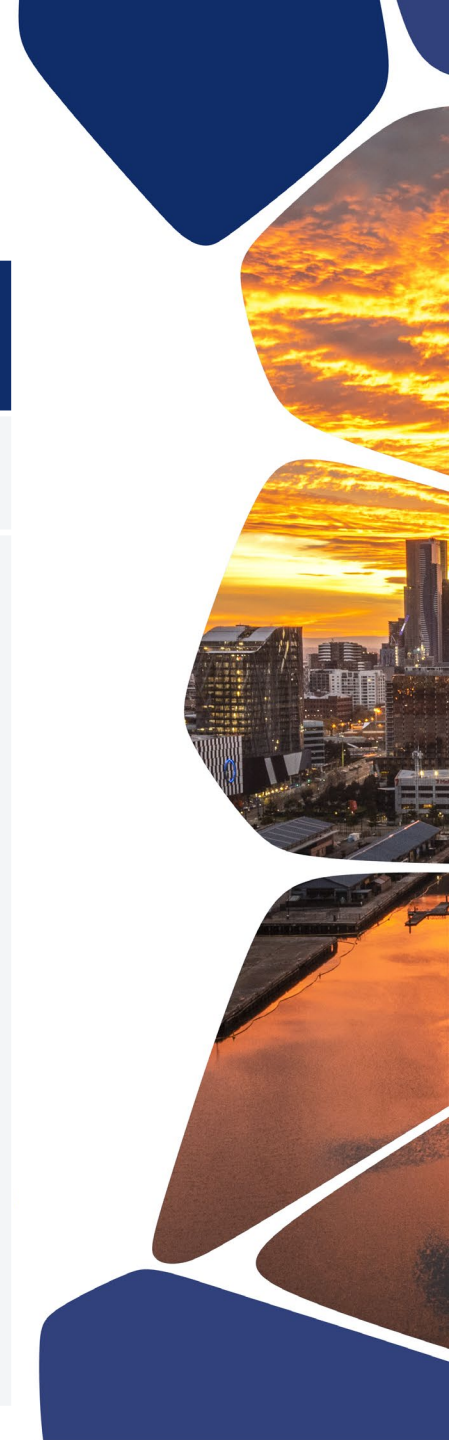
# BACKGROUND & AIM

- Nine Victorian Local Public Health Units (LPHU) were created during the COVID-19 pandemic
- Management of viral hepatitis notifications was integrated to LPHUs 2022-2023
- Aim: to assess the impact of **enhanced local public health follow-up** on viral hepatitis outcomes post notification compared to **standard public health management**

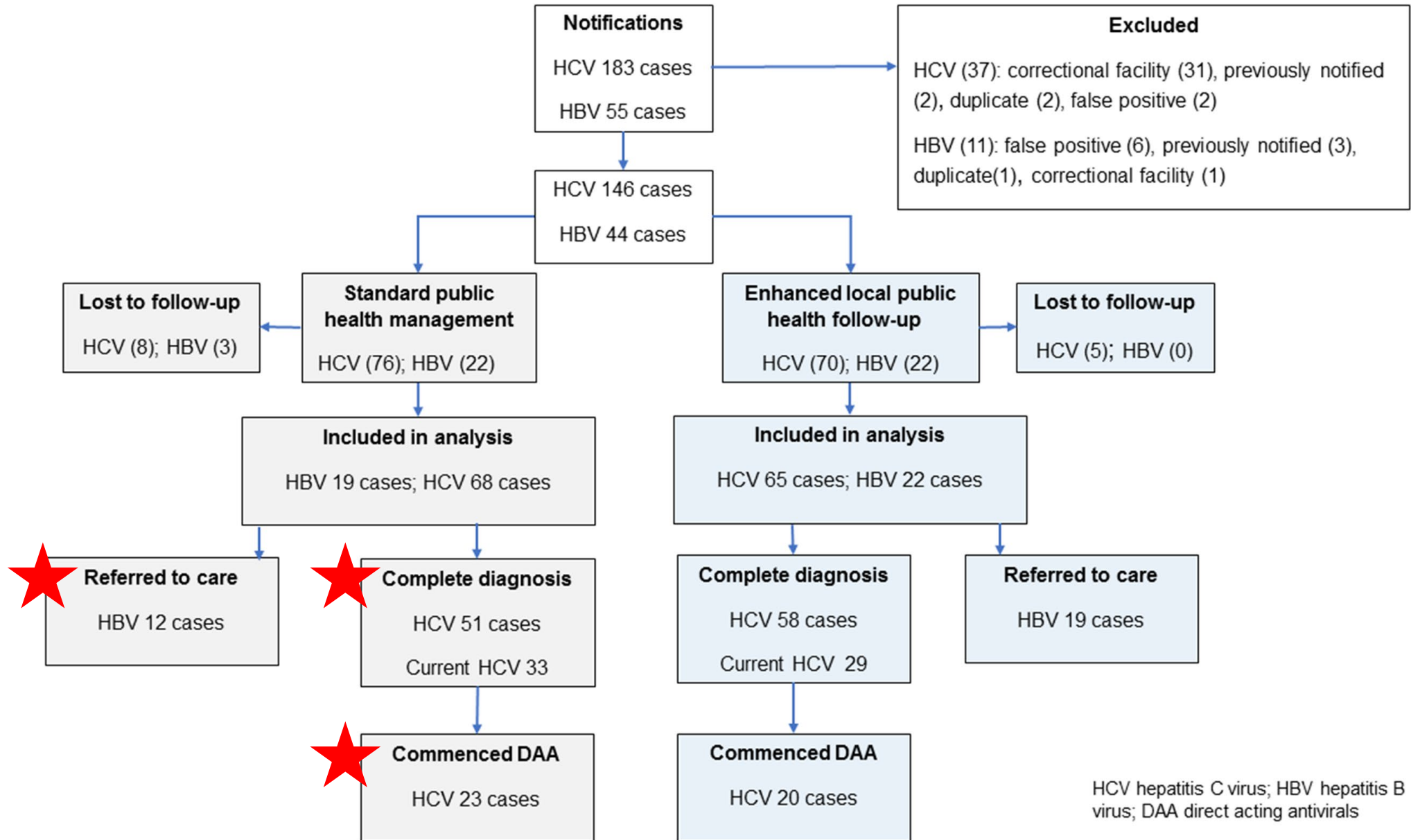


# METHODS

	Standard public health management	Enhanced follow-up and linkage to care (Barwon South West)	Enhanced follow-up and linkage to care (Gippsland)
Period	February – August 2022	August 2022 – February 2023	
Management	<ul style="list-style-type: none"> <li>- Enhanced surveillance data collection; enhanced surveillance form (ESF) faxed to practitioner followed by a <b>phone call to the practitioner if required</b></li> <li>- Identification of newly-acquired infections</li> <li>- <b>Case and contact follow-up focusing on newly acquired infections</b>; vaccination request form faxed to notifying practitioner</li> <li>- Further investigation of case with potential nosocomial or point source transmission (e.g., tattooing)</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Phone call to notifying clinicians</b></li> <li>- <b>Emailed tailored letter to clinician</b>; for hepatitis C letter according to complete diagnosis current infection / complete diagnosis no infection / incomplete diagnosis, advice on next steps including completion of diagnosis or treatment, advice about hepatitis B vaccine</li> <li>- Directed clinician to local information Western Victoria Primary Health Network <b>HealthPathways</b>; included mobile number for Barwon Health integrated viral hepatitis nurse</li> <li>- Meetings with Barwon Health <b>integrated viral hepatitis nurse and Barwon South West public health officers</b> to follow up unlinked cases</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Phone call to notifying clinician</b>, for hepatitis C advice given to complete diagnosis if appropriate</li> <li>- Information regarding local referral options provided if required</li> <li>- <b>Phone call to case</b> (with clinician approval) to support completion of public health action and care linkage</li> <li>- For hepatitis C liaise with <b>local specialist hepatitis nurses to support care linkage</b></li> </ul>



# RESULTS



# PRIMARY OUTCOMES

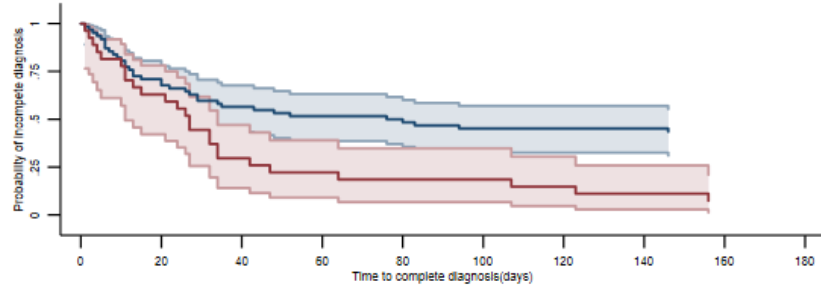
Standard public health management



Enhanced local public health follow-up

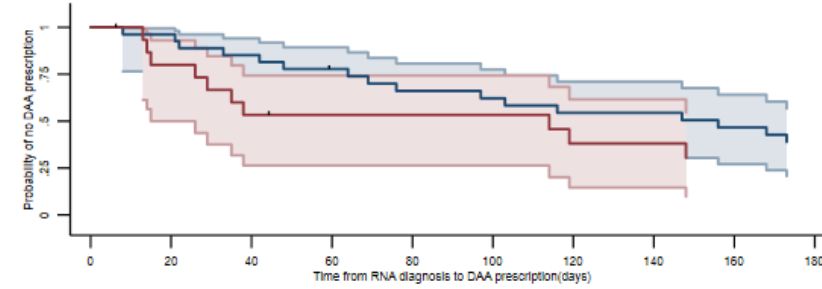


## A. Time from notification to HCV complete diagnosis



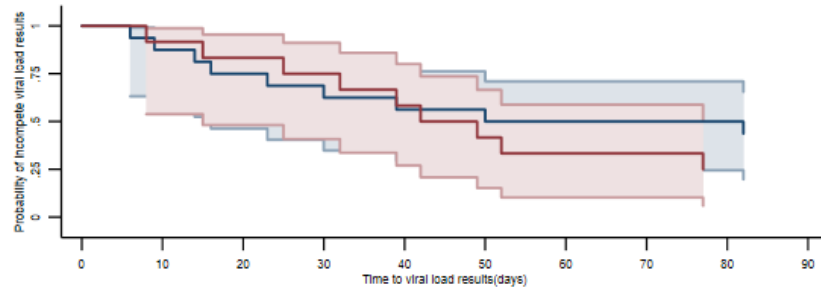
Group	0	20	40	60	80	100	120	140	160	180
Group = Standard public health management	62	44	35	32	31	28	28	28	27	27
Group = Enhanced local public health follow-up	27	17	8	6	5	5	4	3	2	2

## B. Time from HCV RNA to DAA prescription



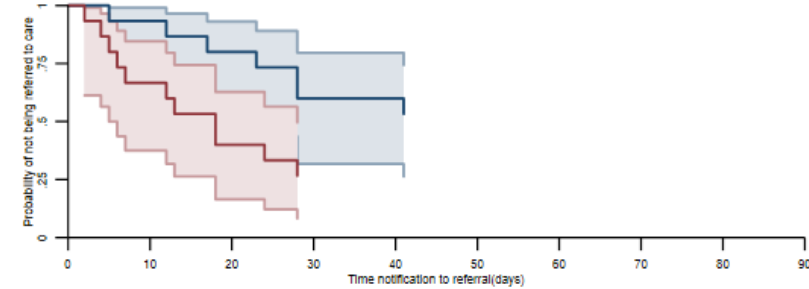
Group	0	20	40	60	80	100	120	140	160	180
Group = Standard public health management	27	26	23	20	17	16	14	14	12	10
Group = Enhanced local public health follow-up	16	12	8	7	7	7	5	5	4	4

## C. Time from notification to HBV viral load



Group	0	10	20	30	40	50	60	70	80	90
Group = Standard public health management	16	14	12	11	9	9	8	8	8	7
Group = Enhanced local public health follow-up	12	11	10	9	7	5	4	4	3	3

## D. Time from notification to referral to HBV care



Group	0	10	20	30	40	50	60	70	80	90
Group = Standard public health management	15	14	12	9	9	8	8	8	8	8
Group = Enhanced local public health follow-up	15	10	6	4	4	4	4	4	4	4

# KEY ACTIONS & TAKEAWAYS

- **Key Takeaway 1:** Enhanced management of hepatitis C notifications increased complete diagnosis compared to standard public health management.
- **Key Takeaway 2:** Enhanced management of hepatitis B notifications increased referral to hepatitis B care compared to standard public health management.
- **Key Takeaway 3:** Notification likely presents a unique opportunity for engagement in care and progress towards achieving the 2030 viral hepatitis elimination targets.

