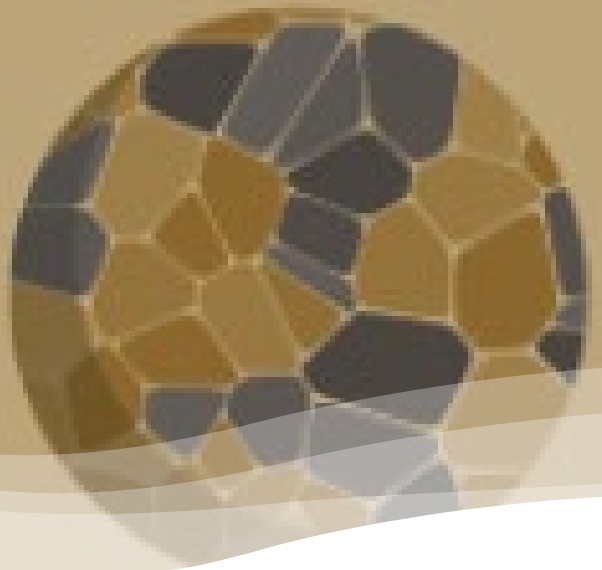

vh2026

Amy Muffarotto & Kim Rayner

Clinical Science Rapporteur presentation

Key Themes

The Missing People Remain the Challenge

Diagnosis & linkage: Despite effective diagnostics and treatments, substantial gaps remain

Only ~¼ of Australians living with chronic HBV are linked to care

Prevention: HBV vertical transmission prevention is not yet consistently implemented nationally

Even with successful high intervention uptake in the NT, 3 transmissions still occurred

HCV transmission: ~9,000 new infections annually, disproportionately affecting Aboriginal and Torres Strait Islander people, people who inject drugs and people experiencing incarceration

Late diagnosis: 37% of people presenting with HCC or decompensated liver disease in a Tasmanian study had late HBV/HCV diagnosis

Surveillance: HCC surveillance can reduce HCC-related mortality by ~40% — yet people are not being linked to care

The gap is not simply finding the virus — it is finding the person, finding them early, and keeping them connected to the care.

Simplify the Pathway

From Diagnosis to Treatment to Care — fewer steps, fewer delays, fewer people lost, active engagement.

- Right Person , Right Test, Right Setting
- Point-of-care testing can shorten the pathway from detection → treatment
  TEMPO trial: treatment initiation following POCT 38% vs 14% with standard care
- Automate risk stratification
  APRI automation tripled non-hepatology specialist FibroScan referrals and increased identification of F3/F4 disease
- Use the data we already have – activate and link NOTIFICATIONS/ **PEOPLE** TO CARE
- Streamlining HBV treatment guidelines and potential removal of S100 restrictions will reduce unnecessary complexity and improve access in the community/ PHC.
- Flexible remote prescribing,
- Enable all members of the workforce to work to full scope of practice

Care Beyond the Virus

Elimination is more than treating infection

- Treatment is a milestone, not the endpoint
  Elimination efforts must extend beyond diagnosis and treatment initiation
- Liver disease remains the bigger picture
  ALD, HCC and other chronic liver diseases continue to drive morbidity and mortality
- Shift from viral care to liver health
  Increase emphasis on fibrosis assessment, liver disease risk factors and HCC surveillance
- Meet people where they are, respond to what matters to them, and design services around their needs

Partnerships at the Centre

The strongest models don’t just decentralise care — they connect people, expertise and systems

- Co-design, not just decentralisation
  The strongest models are relationship-based, co-designed and connected
- Everyone at the table
  Consumers • nurses • specialists • primary care • peers • researchers • epidemiologists • policymakers
- Partnership across the whole system
  From consumer to clinician, service to system, and policy to practice
- Collaboration gets results
  No single discipline, service or sector can achieve elimination alone

MOC must evolve

The landscape is changing
As elimination progresses, care models, policy and adequate funding must evolve with it

- Bring care closer to people – ensure EQIUTY, ACCESS

The final mile is harder
As undiagnosed populations become smaller and harder to reach, case-finding becomes more resource-intensive and cost per person treated increases
This is not a failing system — it is a sign we are reaching the pointy end of elimination

- Success is not simply the number treated or cost per treatment — it is people engaged, cured, retained in care, appropriately surveilled and in good liver health
- We need to broadly adapt and scale up – WHAT WE KNOW WORKS
  not only to find people, but to keep them engaged, on treatment, linked to care and under appropriate surveillance

What's next?

PREVENT TRANSMISSION

- NSP in Prison, immunisation access across the lifespan, antenatal care, addressing the drivers of viral hepatitis transmission.

IDENTIFY EARLIER

Proactive case-finding → linkage → retention → holistic care

- Find the people we are still missing — and keep them connected.

ADAPT

Simplify pathways → remove barriers → embed care where people are

• POCT • nurse- and peer-led models • wraparound care • primary care integration

CARE BEYOND THE VIRUS

Cure is not the end of care

- Long-term liver health • fibrosis assessment • HCC surveillance • treat the person

If people are not linked into today's care , how will they access the treatment of tomorrow.