

Early Insights from a Public Health Unit-led hepatitis C contact tracing program

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Background/Approach: Boorloo (Perth) Public Health Unit (PHU) follows up cases of hepatitis C notified in Perth to support linkage to care and treatment. Follow-up has not previously included contact tracing. While Australian guidelines encourage contact tracing, we are not aware of any systematic approach to hepatitis C contact tracing in Australia. This project aimed to design and evaluate a PHU-led hepatitis C contact tracing model.

Analysis/Argument: Alongside stakeholders we developed an acceptable, culturally safe contact tracing process. People with RNA-positive hepatitis C notified between 1 July and 31 October 2025 were included. Incarcerated patients were excluded. Cases were contacted by a registrar or Aboriginal Health Team. With consent, cases were asked about their contacts from the preceding six months. These contacts were then engaged confidentially with case permission

Outcome/Results: During the reviewed period, 163 hepatitis C cases in the community were notified to Boorloo PHU, 63 (38.7%) were RNA-positive and contact tracing was attempted with 27/63 (42.9%) who had treatment arranged. Most were contactable (23/27, 85%) and 20/23 (87.0%) were agreeable to the call. Four cases reported current intravenous drug use, three reported prior use and two reported needle sharing. Ten cases (43%) provided named contacts.

Fourteen contacts were named (12 sexual, 2 injecting). Half had recent testing before Boorloo PHU engaged. Of the remaining seven, four were successfully contacted by Boorloo PHU. One contact was successfully tested by Boorloo PHU, and one was informed of a previously notified hepatitis C diagnosis. To date, no additional cases have been treated through contact tracing interventions.

Conclusions/Applications: PHU-led hepatitis C contact tracing is feasible and acceptable, though numbers remain insufficient to assess its impact on early case detection. Cases were more likely to name sexual than injecting contacts, suggesting this approach may have limited reach into populations at highest risk of transmission.

Disclosure of Interest Statement: Please include disclosure of interest statement in your abstract for any contributions received relevant to this work. Please see example below:

The authors and contributors declare no conflicts of interest related to this work.

Note to reviewers: The abstract above presents very early findings from this program. Updated findings with a larger sample size will be presented at the conference.