



Hepatitis C in NSW

The pathway to elimination by 2028

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Policy Context





- NSW Hepatitis C Strategy 2014 2020
- NSW target to eliminate hepatitis C by 2028

TEST	TREAT	PREVENT
Better management of	Improve access to hepatitis C	Build on established hepatitis C
hepatitis C across care cascade	treatment	prevention efforts

- Settings focus: Needle Syringe Program, drug and alcohol treatment services, mental health services, Aboriginal Community Controlled Health Services, correctional facilities and primary care
- · Use of data to inform progress

Managing the system - Implementation drivers







Statewide investments





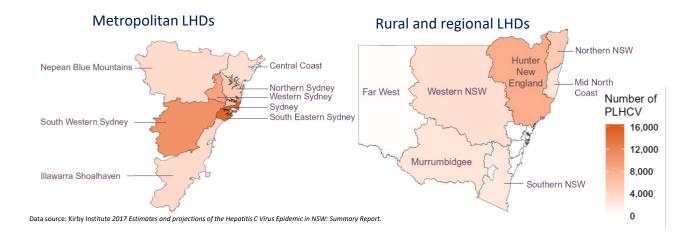
- Communications strategy
- RACGP contract
- Dried Blood Spot (DBS) testing pilot
- Statewide Clinical Action Group
- Peer-led test and treat programs
- Enhanced treatment in NSW correctional facilities

Measuring success – the big picture





- · NSW has used prevalence modelling to inform elimination targets and set KPIs
- Estimated 80,700 people living with hepatitis C in NSW



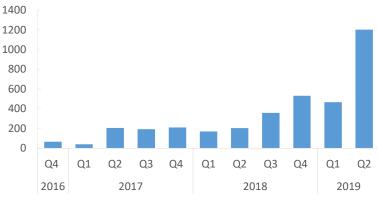
TEST





- Targeted testing is needed to find people living with hepatitis C
- NSW Dried Blood Spot (DBS) testing pilot commenced in 2016

Number of DBS registrations



DBS: an alternative to conventional testing

Equity focus:

- Aboriginal people
- People who inject drugs
- · People in custodial settings

Scale-up across priority settings:

- NSP
- Prisons
- · Outreach services

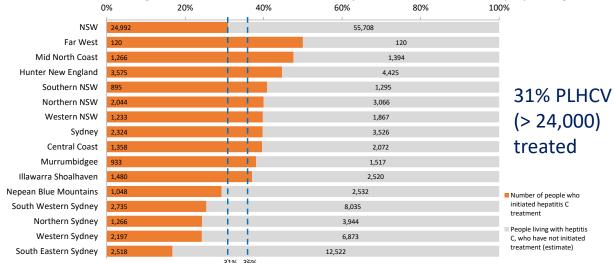


| 2016 | 2017 | 2018 | 2019 |
Data source: DBS pilot database – Registrations data

TREAT







31% 36%
Data sources: Pharmaceutical Benefits Schedule (PBS) data (includes people treated in Justice Health settings); The Kirby Institute, 2017 Estimates and Projections of the Hepatitis C Virus Epidemic in NSW: Summary Report

TREAT – settings focus: correctional facilities

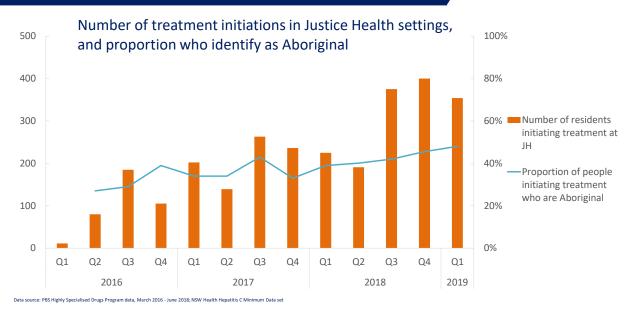


- Hepatitis C prevalence in NSW prisons is 20 to 30 times higher than in the wider community
- Justice Health KPI to screen 9,000 patients in custody for BBVs and STIs and treat 1,500 people for HCV in 2019/20 with a focus on treating Aboriginal people
- Hepatitis in Prisons Elimination (HIPE) Program commenced in 2017, involves
 - Broad screening
 - Concurrent treatment with DAAs
 - Ongoing review of new admissions
 - ⇒ Achieved virtual elimination in 12 prisons in NSW by June 2019
 - Further scale-up planned

TREAT - Justice Health





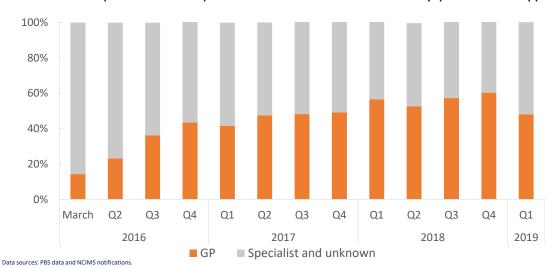


TREAT – settings focus: primary care





Proportion of hepatitis C treatment initiated by prescriber type



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TREAT – population focus





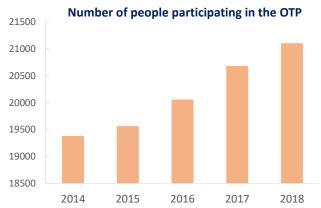
- Meeting the needs of people who inject drugs (PWID) is central to achieving elimination
- Enhanced Data Collection systems and research findings improve understanding of the barriers faced by priority populations to tailor service responses
- ETHOS Engage, an observational cohort study by the Kirby Institute focusing on PWID found treatment uptake was lower among PWID who were:
 - homeless
 - o not currently receiving opioid substitution therapy
 - o injecting more than daily within the last month
- NSW Health needs to be active in responding to the needs of populations facing barriers to DAA treatment

PREVENT





- **Needle Syringe Program (NSP)** statewide focus to enhance services offered to include access to hepatitis C testing and treatment and peer support
- Opioid Treatment Program (OTP)
- Number of clients enrolled in the OTP continues to increase (>21,000 in 2018)
- Newly TGA registered long acting depot buprenorphine being scaled across NSW treatment services



Data source: National Opioid Pharmacotherapy Statistics Annual Data 2014-2018

Next steps





- Enhance and innovate models of care and services in partnership with patients and our NGO partners (Hepatitis C Council and NUAA) e.g. DBS, HIPE, peer outreach
- Scale testing and treatment in priority settings
- Support translational research and policy relevant evidence-generation
- Use and refine data for system planning and measuring success
- Continue to collaborate with clinicians, community, researchers and others

