

## Beyond the C: Findings from a national hepatitis C case finding project

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**Background:** Despite the widespread availability of direct-acting antivirals for hepatitis C (HCV) in primary care, gaps in incomplete diagnostic workup and patient disengagement after diagnosis remain significant challenges to HCV elimination by 2030. Targeted case-finding and recall strategies provide a systematic approach to identifying individuals with untreated HCV.

**Analysis:** Launched in December 2022, Beyond the C is a national partnership with primary care that aims to increase HCV testing and treatment in primary care through incentivised, structured support from Clinical Nurse Advisors for implementation of quality improvement processes to re-engage patients into care. Participating practices undertook clinical auditing, reporting on patients with coded HCV diagnoses, stratified by ribonucleic (RNA) status. Practices recalled these patients with positive or unknown RNA for testing and/or treatment and conducted Plan-Do-Study-Act (PDSA) cycle/s to identify additional undiagnosed individuals who may be living with HCV. Aggregated audit and PDSA data were analysed to assess testing and treatment uptake.

**Outcome/Results:** As of January 2026, 115 practices have enrolled (78% metro, 19% regional). Across 60 completed practices, baseline audits identified 431 patients with positive RNA and no documented treatment. Of 373 patients with unknown RNA, 40% (n=149) were re-engaged for RNA testing following recall. Across all patients confirmed to be RNA positive, 15% (n=70) successfully initiated treatment. PDSA cycles identified 204 patients additional previously undiagnosed RNA positive individuals of whom 37% (n=75) commenced treatment.

**Conclusions/Applications:** This primary care-led model demonstrates that targeted recall and case-finding with PDSA-driven identification can support re-engaging individuals who would otherwise remain undiagnosed or untreated. Strengthening workflows and systematic case-finding supports progress towards Australia's 2030 HCV elimination targets. These findings demonstrate the impact and value of real-world, case finding interventions that improve diagnosis of HCV in primary care and, ultimately, linkage to treatment and quality care.

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