

## FILLING THE GAPS: GEOGRAPHIC VARIATIONS IN THE HEPATITIS B AND C CASCADES OF CARE

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**Background:** Initial chronic hepatitis C (CHC) treatment uptake after DAA listing has been rapid, however continued momentum is needed in order to reach elimination targets, while treatment uptake for chronic hepatitis B (CHB) remains well below the levels needed. Identifying gaps in the cascade of care can drive improvements.

**Methods:** CHB and CHC prevalence according to region were generated using modelling methods; for CHC by weighting national estimates according to the distribution of notified cases, and for CHB by projecting seroprevalence according to population group. De-identified data linked by individual for services provided by Medicare were used to estimate treatment and testing uptake according to geographic region.

**Results:** CHC treatment numbers declined in 2017 compared to 2016 in all but one PHN, with the largest declines generally seen in PHNs with highest initial uptake. At the end of 2017, 48% of people living with CHC had received PCR or genotype test, however this ranged from 18% to 68% by PHN. GP prescribing of CHC treatment ranged from 15% to 45%, highest in rural QLD and NSW. GP prescribing for CHB varied from 6% to 34% by PHN, and GP monitoring from 29% to 93%, both generally higher in rural and remote areas. CHB care uptake was estimated to be 20%, ranging from 3% to 37% according to PHN. Only one-quarter of people living with CHB had any monitoring in the past four years.

**Conclusions:** Analysis of cascades of care by PHN shows inadequate coverage of treatment and monitoring services for people living with CHB and a slowing of uptake of CHC treatment. Further work is needed in order to reach national strategy targets across all regions of Australia, requiring a whole of system response.

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