



Government of Western Australia
North Metropolitan Health Service
Public Health and Clinical Excellence

OFFICIAL

Hepatitis C elimination progress in Perth

Dr Erica Parker MBBS, PhD, FAFPHM
Public Health Physician
Boorloo (Perth) Public Health Unit



Nil disclosures.



Acknowledgement of Country

We acknowledge the Noongar people as the traditional owners and custodians of the land on which we work, and pay respect to their Elders both past and present.

North Metropolitan Health Service recognises, respects and values Aboriginal cultures as we walk a new path together.



The beginning

Clinical or lab
notification received



Standard letter sent
to treating clinician
outlining next steps

- Minimal, passive
- Nil follow-up of clinical progress
- Out of date approach

How should we measure success?



2

5 or less cases per 100,000 population per year.⁸

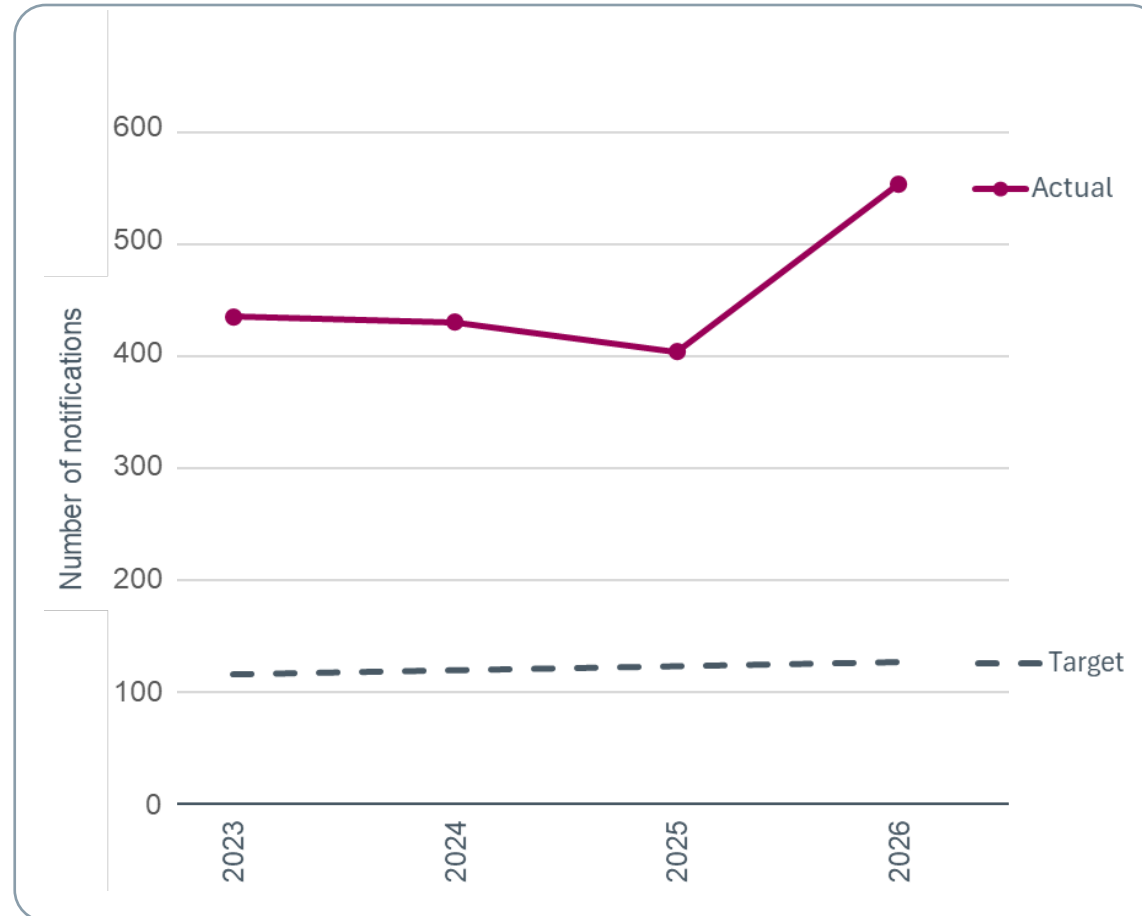
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Increase the proportion of people living with hepatitis C who are diagnosed (confirmed hepatitis C RNA positive) to 90%.

6

85% of people living with hepatitis C are cured.¹⁰

Estimating incidence

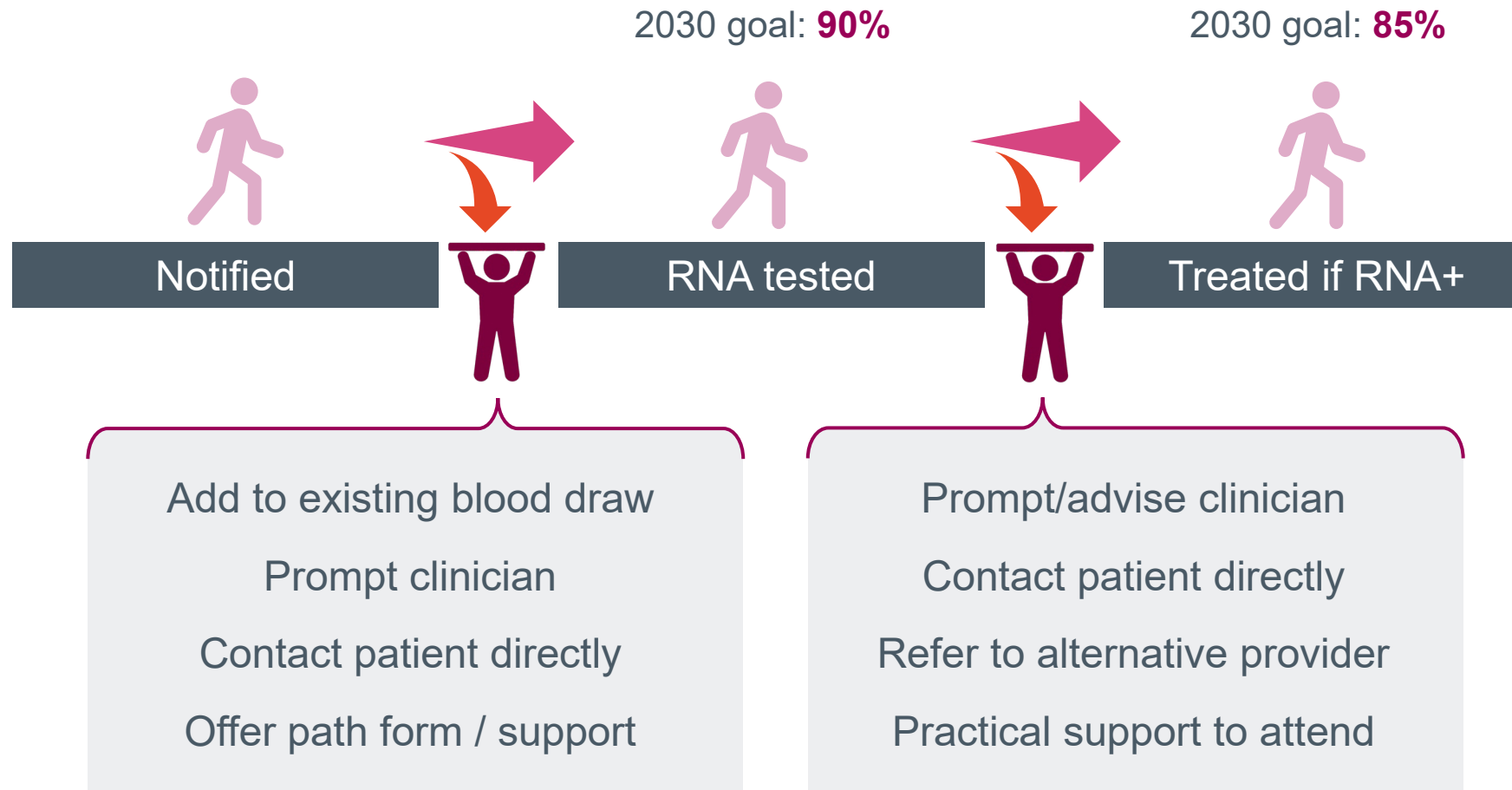


21.9
per 100,000
population
(2026)

5
per 100,000
population

Figure: Number of notifications with RNA positivity or evidence of acquisition within 2 years (magenta), per year, against the target of 5 notifications per 100,000 population (grey).

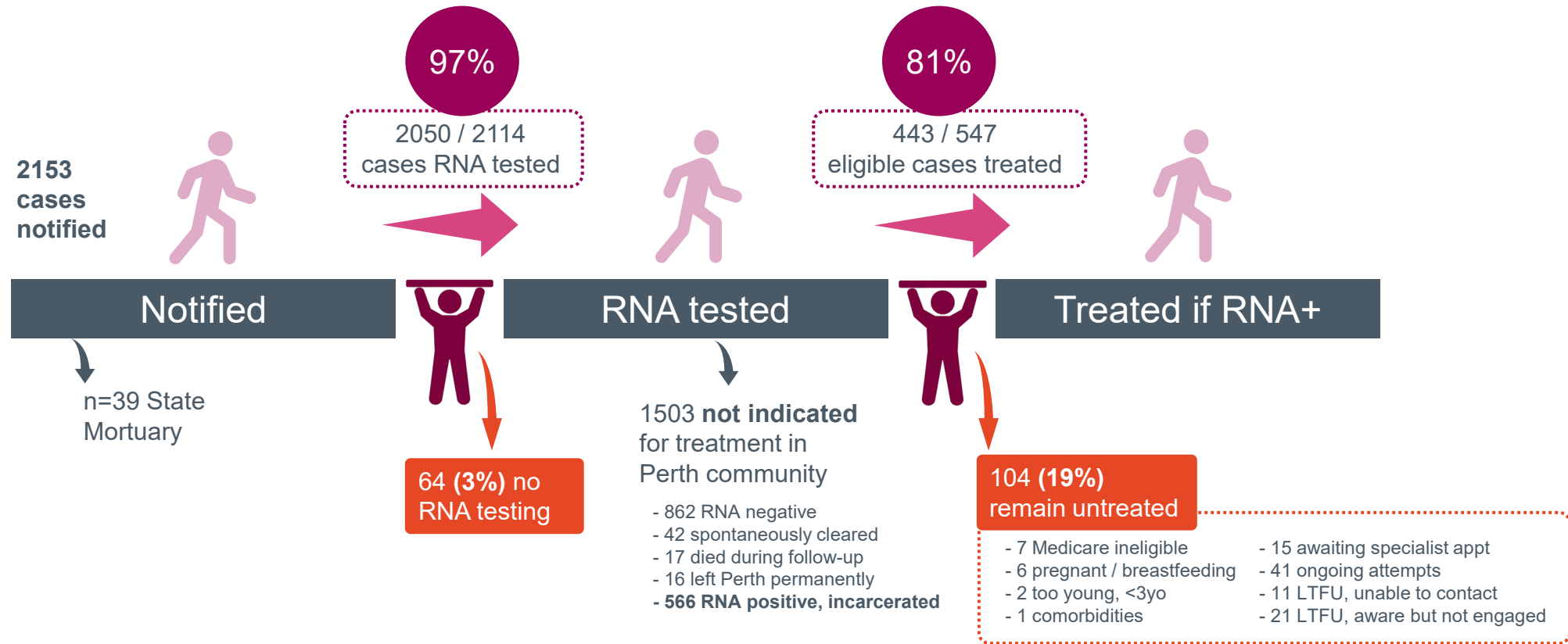
The intervention



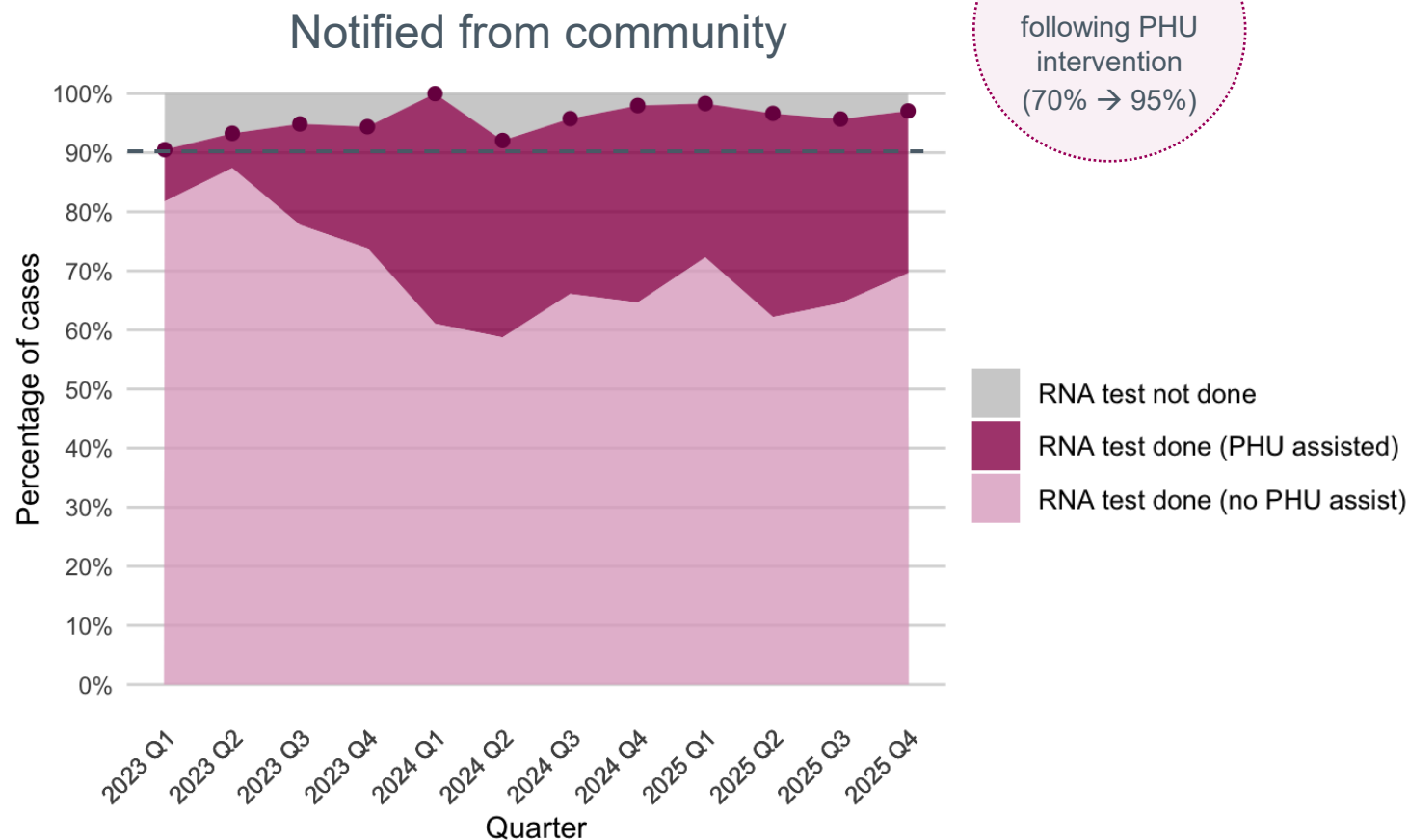
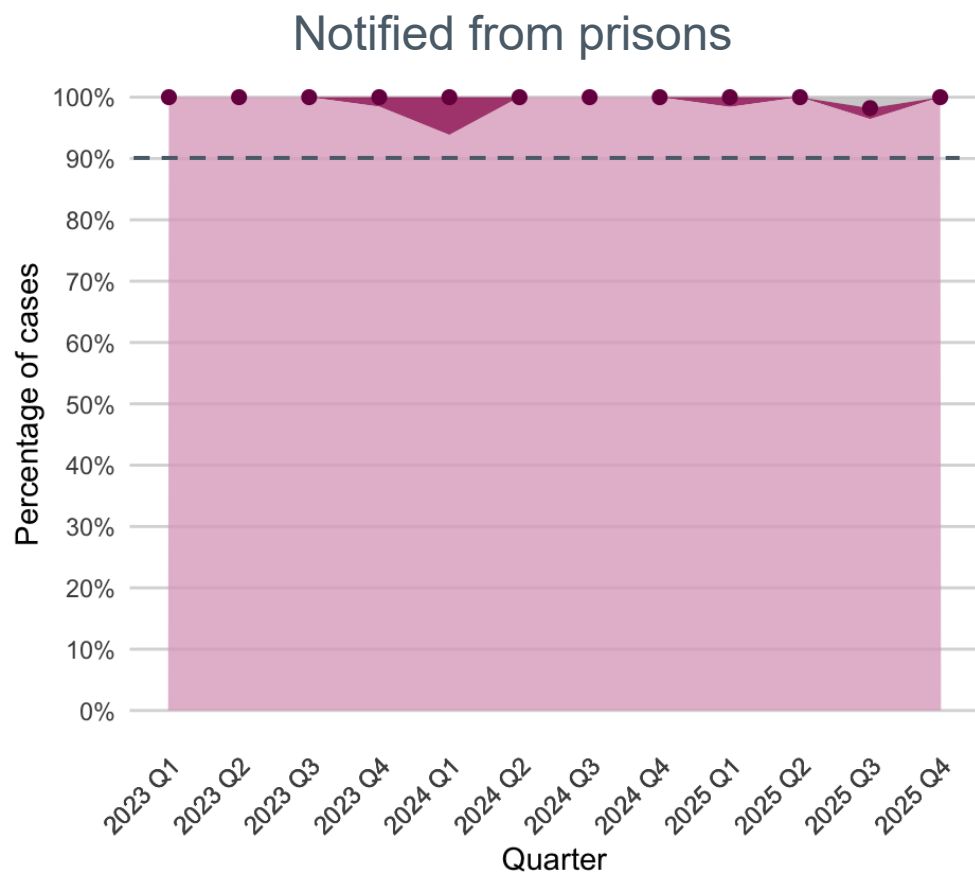
Example of longitudinal assistance

2023	2024	2025
Oct: HCV Ab positive in major Perth hospital no RNA test done. Nov: RNA test added to outpatient blood draw by Boorloo PHU.	Jan: Hospital outpatient clinic referred patient to hepatology clinic. Aug: Patient did not attend hepatology clinic. Nov: Boorloo PHU call patient's GP, request recall to discuss hep C. Dec: GP attempt to recall without success.	Jan: Boorloo PHU call patient, voicemail only. Jan: Home visit completed, patient not home but new number obtained from NOK. Feb: Boorloo PHU call patient, explain diagnosis, arrange clinical follow-up. Mar: Boorloo PHU arrange transport to and from GP appointment. June: Pre-treatment workup is completed. Aug: DAA treatment is commenced.

How is it going? 3 years of data.



Sustained over time – RNA testing



Sustained over time – treatment

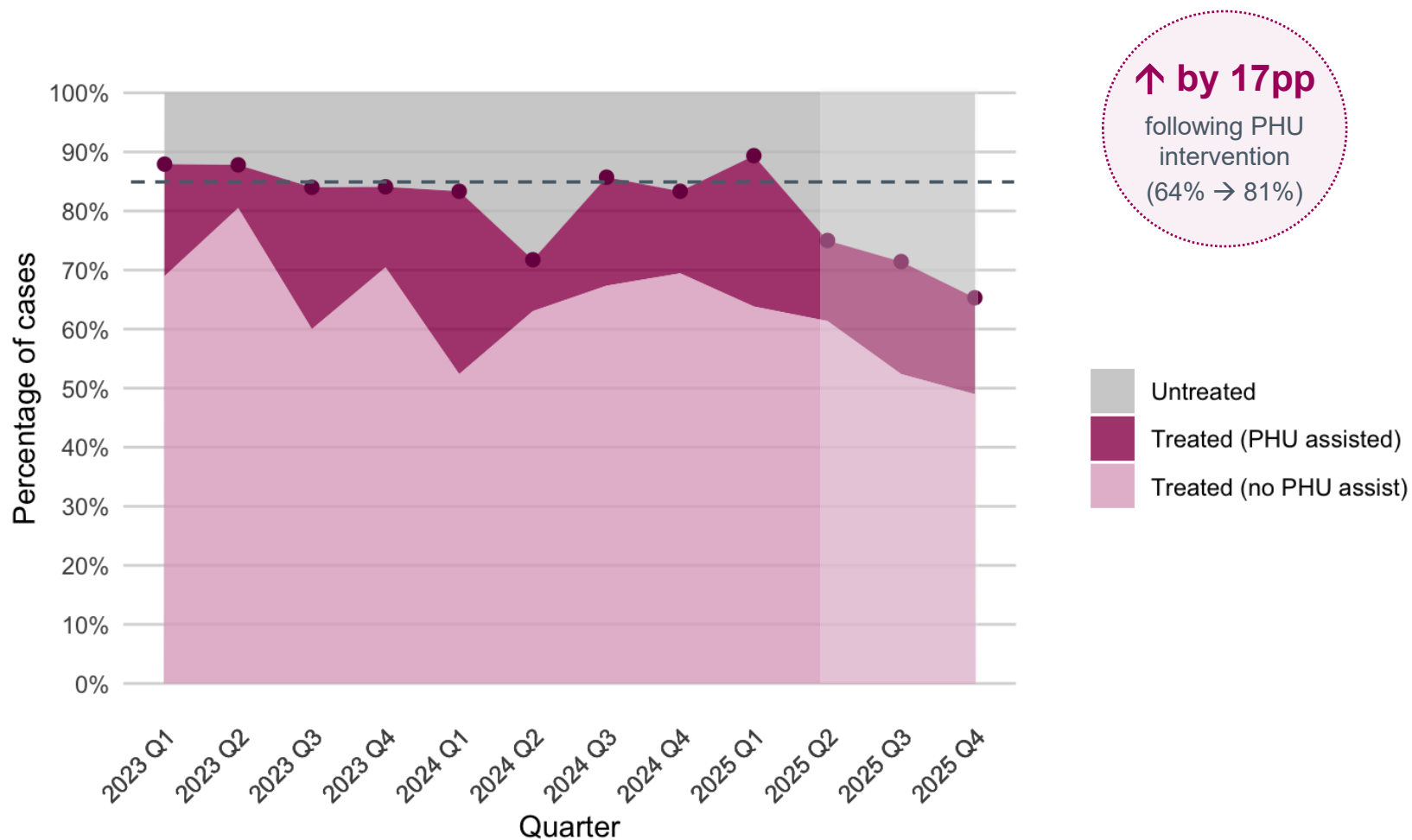


Figure excludes cases not indicated for treatment in the Perth community – those who spontaneously cleared, died during follow-up, left Perth permanently, or were imprisoned.

Figure includes cases diagnosed with active hep C in prison who were released to freedom prior to treatment.



Cost effectiveness

Table 3: Costs and benefits of active public health follow-up considered from a societal and health sector perspective.

Societal perspective

Costs of intervention		Costs averted	
RNA testing	\$4,430	Health sector	\$68,600
Hepatitis C treatment	\$286,000	Disease management	(\$68,600)
Drugs	(\$267,000)	Productivity	\$385,000
Pre-treatment tests	(\$7,250)	Absenteeism/presenteeism	(\$33,600)
Non-specialist HR	(\$7,740)	Premature death	(\$351,000)
Specialist HR	(\$3,700)		
Public health HR	\$12,300		
Total costs	\$303,000	Total costs averted	\$454,000
Net savings			\$151,000

Health sector perspective

Total QALYs	66
Net health sector costs ^a	\$231,000
Cost per QALYs	\$3,500

From: Sharma S, Parker E, Farmer K, Scalley B. Active follow-up of hepatitis C notifications by public health staff improves treatment uptake. *Australian and New Zealand Journal of Public Health*. 2025 Oct 1;49(5):100272.

Public Health FTE:

0.2
public health
registrar

0.1
public health
nurse

fractional:
public health physician
Aboriginal health team
epidemiologist

97
additional
patients
treated

291
QALYs
gained

\$1.69 M
productivity
losses
averted

\$3500
cost per
QALY

What else could be done by PHUs?

find cases yet to
be diagnosed



Next steps for the system



Identify & manage
reinfections



Manage older
active infections



Prison HITT,
transition planning



Inpatient treatment
options



Medicare ineligibility
options



DAA prescribing
chronicity barriers

Concluding remarks

21.5 new hep C diagnoses in Perth per 100,000 population. Goal **5**.

97% of people diagnosed with hep C in Perth had an RNA test completed. Goal **90%**.

81% of people diagnosed with active hep C in the Perth community have accessed treatment. Goal **85%**.

97+ additional courses of treatment were started due to active PHU follow-up (**16.8%↑**)

\$3500 cost to health system per QALY gained (very cost-effective)

 tweaks to data pathways, treatment eligibility, and initiatives in prisons can accelerate progress

Thanks!

Queries:

erica.parker@health.wa.gov.au

bphu@health.wa.gov.au

nmhs.health.wa.gov.au

Previous publication:

Sharma S, Parker E, Farmer K, Scalley B. Active follow-up of hepatitis C notifications by public health staff improves treatment uptake. [Australian and New Zealand Journal of Public Health](#). 2025 Oct 1;49(5):100272.

