

Enhanced surveillance for hepatitis B and C: insights into clinical care after diagnosis

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Background

- Chronic hepatitis B and C are leading causes of liver cancer in Australia, and linkage to care is essential to reduce mortality.
- Enhanced surveillance data assessing clinical care uptake has been collected on newly notified cases by Local Public Health Units in Victoria from 2022, as part of routine public health surveillance
- We aimed to assess how the data can be used to identify gaps in the cascade of care.

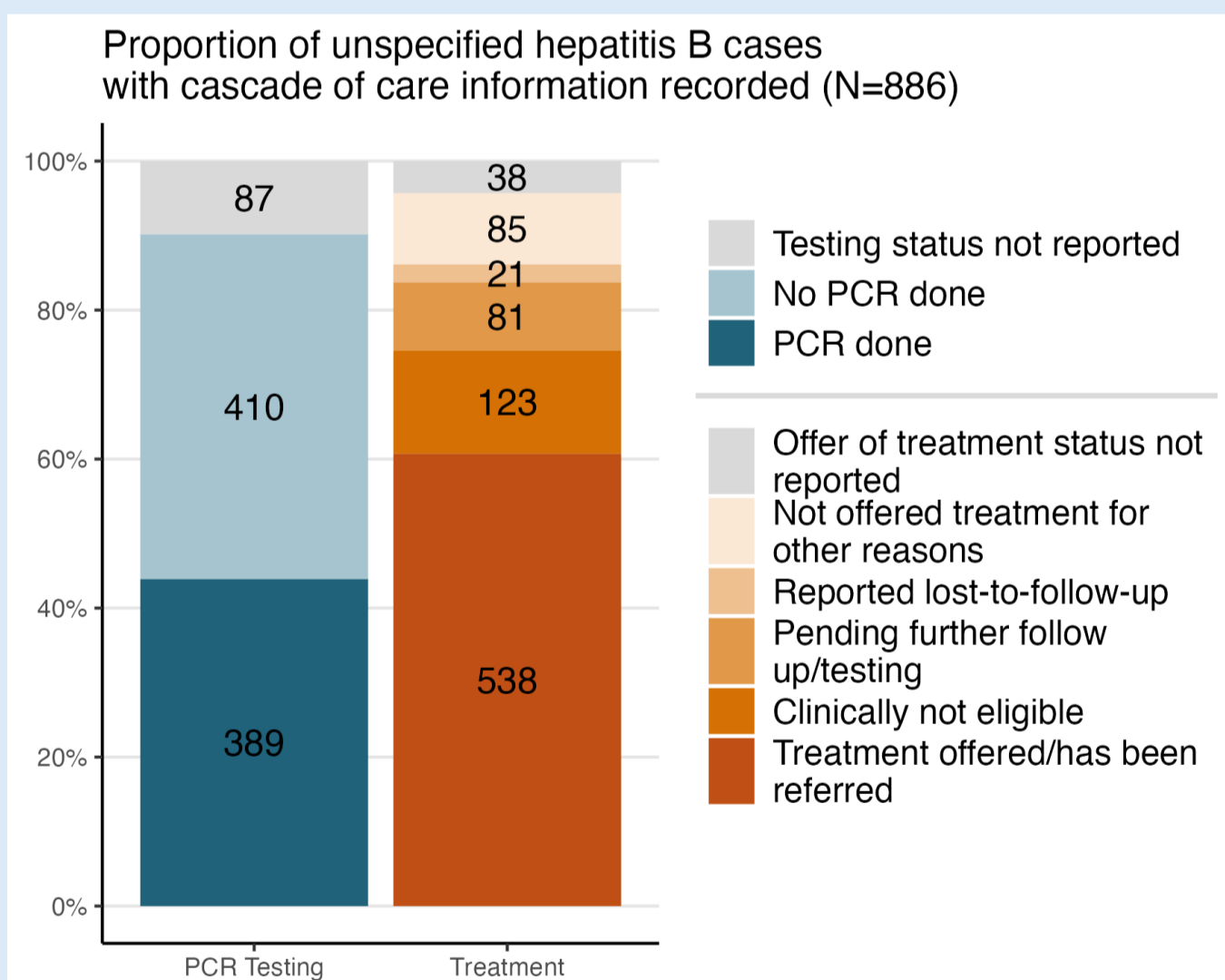
Methods

- Unspecified (chronic) hepatitis B virus (HBV) and hepatitis C virus (HCV) cases notified to the Victorian Government Department of Health following implementation of enhanced surveillance period were assessed.
- We analysed the proportion of cases that had been provided follow-up PCR testing and treatment.
- Data completeness and demographic variation were also evaluated.

Findings

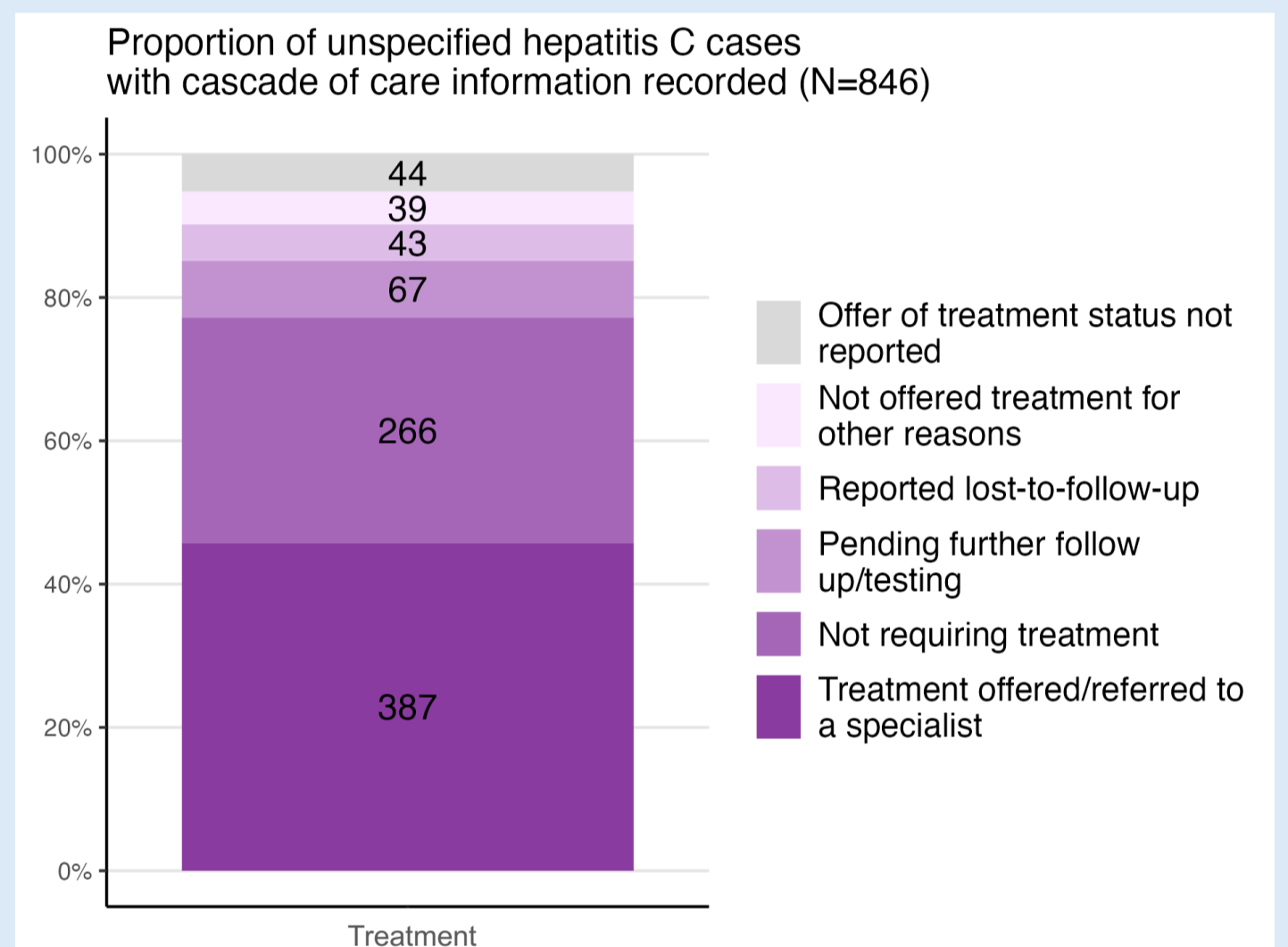
Data completeness

- 1,379 HBV** and **1,222 HCV** cases were notified between 1 Oct 2022 and 30 Sep 2023 in Victoria.
- For **HBV**, **57.9%** had PCR testing status recorded and **61.5%** had treatment status recorded; for **HCV**, **66.8%** had PCR testing status recorded and **61.3%** had treatment status recorded.
- Variation was observed in clinical care uptake and data completeness by geographic area and country of birth.



HBV cascade of care uptake

- 74.6%** of the **HBV** cases with any cascade of care information recorded (N=886) were offered/referred for treatment or were clinically not eligible.
- Other reasons the **85 cases not offered HBV treatment** included clinician misunderstanding regarding eligibility, cases planning to leave Victoria, and patient refusal.



HCV cascade of care uptake

- 77.1%** of **HCV** cases with any clinical care information recorded (N=846) were offered/referred for treatment, or did not require treatment due to previous treatment or a negative PCR/RNA result.
- 282 HCV** cases had a positive PCR/RNA result. **80.5%** of these had been offered or referred for treatment.
- The most common reasons for **not offering HCV treatment** were patient requiring further follow up or testing (7.9%) and reported lost-to-follow-up (5.1%).

Conclusions

- Enhanced surveillance data can provide real-time insights of cascade of care for newly diagnosed individuals with chronic viral hepatitis.
- It provides opportunities for prioritization of cases needing further clinical care and identify gaps in access. This also underscores the importance of linking individuals with the care they need.

Data source and acknowledgement

- Viral hepatitis surveillance data were provided by Victorian Government Department of Health.