

Driving Hepatitis C Elimination in NSW: Scaling Access, Equity and Impact

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Background/Approach: The NSW Ministry of Health has made the elimination of hepatitis C (HCV) a statewide system priority, guided by the NSW Hepatitis C Strategy. The Ministry drives performance in local health districts and the Justice Health and Forensic Mental Health Network by setting elimination targets and monitoring performance through quarterly reporting of testing (including venepuncture, dried blood spot [DBS] and point-of-care testing) and treatment data. Implementation efforts focus on key settings including Needle and Syringe Programs (NSPs), alcohol and other drug (AOD) services, custodial settings and Aboriginal Controlled Community Health Services (ACCHSs). State-wide strategies that support treatment uptake include scaling up DBS testing, HepCured communications in partnership with Hepatitis NSW and NUAA, GP education and peer-led test and treat programs.

Analysis/Argument: Increased access to high quality testing and treatment in community settings improves equity by allowing tertiary liver clinics to focus on people with advanced liver disease such as cirrhosis and fibrosis. Prioritising settings with the highest burden of disease such as NSPs, AOD services, and custodial settings, as well as investing in peer-led, culturally informed and innovative outreach strategies, improves engagement among people who inject drugs. These approaches ensure most people at risk are reached early and linked into treatment.

Outcome/Results: In 2024, over 3,000 hepatitis C treatments were dispensed in NSW including 1,995 initial treatments. General Practitioners prescribed 48% of all initial treatments. RNA testing in key settings increased by 13% compared to 2023. As of 30 September 2025, NSW treated 39,903 people living with HCV, saving an estimated \$108.9 million in avoided healthcare costs.

Conclusions/Applications: Existing strategies have enabled substantial progress towards HCV elimination, however sustained and intensified efforts in priority settings are essential to reach the remaining untreated populations. Continued investment in testing, treatment access, community partnerships, and peer-led models will be critical for NSW to achieve HCV elimination by 2028.

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