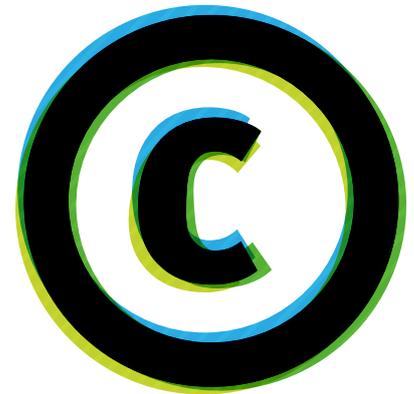
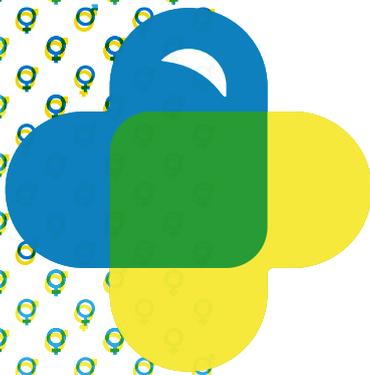


HEPATITIS



QUEENSLAND **HEPATITIS C**

ACTION PLAN 2016–2021





Foreword

With the availability of direct acting anti-viral medications that can cure 95 per cent of people with chronic hepatitis C, the Queensland Government is committed to increasing access to hepatitis C treatment and reducing hepatitis C transmission in Queensland.

This action plan acknowledges the current provision of quality hepatitis C prevention, testing and treatment services within Queensland Health, the private sector and community based organisations across Queensland.

The plan complements this ongoing work and will drive a reduction in new hepatitis C infections and increase treatment uptake in Queensland through:

- targeted best practice prevention activities
- increased access to testing for hepatitis C
- increased access to treatment for people diagnosed with chronic hepatitis C.

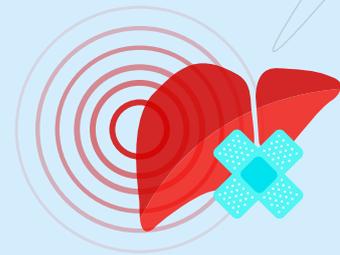
The success of these efforts depends not on reaching all people but on reaching the right people through effective targeted interventions.

The action plan aligns with the *Queensland Sexual Health Strategy 2016–2021*, the *Queensland Hepatitis B Action Plan 2016–2021* and the *Queensland HIV Action Plan 2016–2021* to ensure a comprehensive approach to blood-borne virus prevention and treatment in Queensland. It also aligns with and supports the *Fourth National Hepatitis C Strategy 2014–2017* and the *Fourth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2014–2017*.

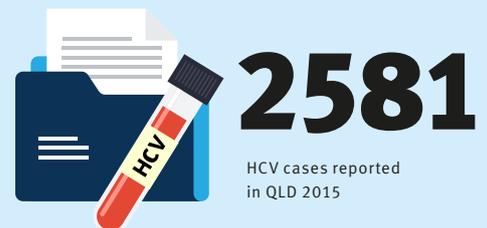
The Hon Cameron Dick MP

Minister for Health and
Minister for Ambulance Services

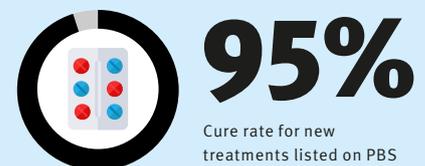
Hepatitis C at a glance



Hepatitis C causes inflammation of the liver. Chronic infection can result in progressive liver inflammation leading to cirrhosis (scarring of the liver) and cancer.



Hepatitis C virus (HCV) remains the most frequently reported blood borne virus infection in Queensland with 2581 cases notified in 2015.



New treatments listed on the Pharmaceutical Benefits Scheme (PBS) from 1 March 2016 have a cure rate of 95 per cent and are available to everyone over the age of 18 years infected with chronic hepatitis C.



New treatments can be prescribed by medical practitioners including general practitioners, who are experienced in the treatment of chronic hepatitis C infection; or in consultation with a gastroenterologist, hepatologist or infectious diseases physician experienced in the treatment of chronic hepatitis C infection.





GOAL

Increase the proportion of Queenslanders diagnosed with chronic hepatitis C who have undergone treatment to 50 per cent by 2021.

Outcome	1. Implement a comprehensive approach to reduce hepatitis C transmission	2. Increase voluntary testing for hepatitis C	3. Increase treatment uptake by people with chronic hepatitis C	4. Increase awareness of hepatitis C transmission, and reduce stigma and discrimination related to hepatitis C
Target populations	People who inject drugs, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, men who have sex with men, people in custodial settings and young people.	People who inject drugs, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people in custodial settings, men who have sex with men and young people.	All people living with hepatitis C (including those in custodial settings), clinicians engaged in viral hepatitis treatment, general practitioners (GPs), Alcohol and Other Drugs (AOD) specialists and other specialist medical practitioners.	People who inject drugs, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, men who have sex with men, people in custodial settings and GPs.
Key settings	Primary Healthcare, Hospital and Health Services (HHSs), Needle and Syringe Programs (NSPs), custodial and community settings	Primary Healthcare, HHSs, NSPs, custodial and community settings	Primary Healthcare, HHSs, NSPs, custodial and community settings	NSPs, custodial and community settings

Outcome

1. Implement a comprehensive approach to reduce hepatitis C transmission

2. Increase voluntary testing for hepatitis C

3. Increase treatment uptake by people with chronic hepatitis C

4. Increase awareness of hepatitis C transmission, and reduce stigma and discrimination related to hepatitis C

Priority actions

- 1.1 Ensure hepatitis C prevention programs target priority populations.
- 1.2 Promote and provide improved access to a full range of sterile injecting equipment in the community.
- 1.3 Support improved access to Opioid Substitution Treatment (OST) for people who inject drugs and are opioid dependent, both in community and custodial settings.
- 1.4 Promote and support harm reduction strategies in custodial settings.
- 1.5 Engage with Community Based Organisations (CBOs) to increase consumer hepatitis C awareness, knowledge and prevention skills through peer education and brief interventions.
- 1.6 Work with PHNs, HHSs and CBOs to promote hepatitis C treatment as prevention.
- 1.7 Continue to collect and report on the Queensland Needle and Syringe Program Minimum Data Set and continue to participate in the Australian Needle and Syringe Program Survey.

- 2.1. Work with PHNs, CBOs and HHSs to promote and increase access to testing and early diagnosis of hepatitis C.
- 2.2. Explore changes in notification criteria for primary hepatitis C diagnosis, focusing on the presence of circulating virus rather than prior exposure to the virus.
- 2.3. Work with the public laboratory sector to measure the extent of testing based on the presence of circulating virus undertaken following hepatitis C antibody testing.
- 2.4. Address barriers to testing through targeted marketing activities, including direction to services, reducing stigma in the wider community, and clinician engagement.
- 2.5. Ensure AOD services continue to promote the provision of hepatitis C testing.
- 2.6. Examine how hepatitis C notification data and processes can be improved.

- 3.1. Promote enhanced access to hepatitis C assessment and treatment, and support community based hepatitis C treatment.
 - 3.2. Continue to support funded service providers to improve hepatitis C treatment uptake and adherence.
 - 3.3. Examine and improve models of treatment and care to support the treatment of hepatitis C in the community by continuing existing specialist hepatitis C capacity through liver and infectious diseases clinics, while reviewing consultation and integrated pathways between GP and tertiary centres.
- 3.4. HHS, PHNs and the CBO sector to work collaboratively to optimise hepatitis C treatment uptake.
- 3.5. Promote enhanced access to hepatitis C treatment in AOD services and custodial settings.

- 4.1. Continue to fund and support the development and delivery of targeted strategies including:
 - social marketing to educate and inform the population about hepatitis C
 - information regarding prevalence of hepatitis C in the community
 - information regarding the nature and natural history of chronic hepatitis C infection
 - how hepatitis C is transmitted
 - how hepatitis C infection can be prevented
 - the importance of testing for hepatitis C
 - new treatment options.

Outcome

1. Implement a comprehensive approach to reduce hepatitis C transmission

2. Increase voluntary testing for hepatitis C

3. Increase awareness of hepatitis C by people with chronic hepatitis C

4. Increase awareness of hepatitis C transmission, and reduce stigma and discrimination related to hepatitis C

Indicators

The amount of sterile injecting equipment distributed

Source: Queensland Needle and Syringe Program, Communicable Diseases Branch, Department of Health
Frequency: Annual

The proportion of people who inject drugs who share injecting equipment

Source: Australian NSP Survey, Kirby Institute
Frequency: Annual

The number of opioid dependent people receiving OST

Source: Prevention Division, Department of Health
Frequency: Annual

Provision of harm reduction initiatives in custodial settings

Source: Queensland Corrective Services
Frequency: Annual

The proportion of men who have sex with men who are injecting drug users, reporting that they are engaging in safer injecting practices

Source: Gay Community Periodic Survey, Centre for Social Research in Health
Frequency: Annual

The proportion of people who currently inject drugs who are tested for hepatitis C

Source: Australian NSP Survey, Kirby Institute
Frequency: Annual

All PHNs promote the provision of hepatitis C testing and treatment

Source: Survey of PHNs, Communicable Diseases Branch, Department of Health
Frequency: Annual

The number of AODS clients with a history of injecting drug use undertaking hepatitis C testing

Source: Survey of AOD services, Communicable Diseases Branch, Department of Health
Frequency: Annual

The proportion of people diagnosed as hepatitis C antibody positive who subsequently have testing to detect the presence of circulating virus

Source: Explore collection with Public Laboratories, Queensland Health
Frequency: Annual from 2018 onwards

Delivery of a public hepatitis C awareness campaign

Source: Integrated Communications Branch, Department of Health
Frequency: One off in 2016

The proportion of people living with chronic hepatitis C receiving treatment

Source: Monitoring hepatitis C treatment uptake in Australia report, Kirby Institute
Frequency: Quarterly

All PHNs and HHSs have collaborative arrangements in place to ensure timely local access to hepatitis C treatment

Source: Survey of PHNs, Communicable Diseases Branch, Department of Health
Frequency: Annual

Provision of chronic hepatitis C treatment in custodial settings

Source: Survey of Prison Health Services, Communicable Diseases Branch, Department of Health
Frequency: Annual

Provision of chronic hepatitis treatment in AOD services

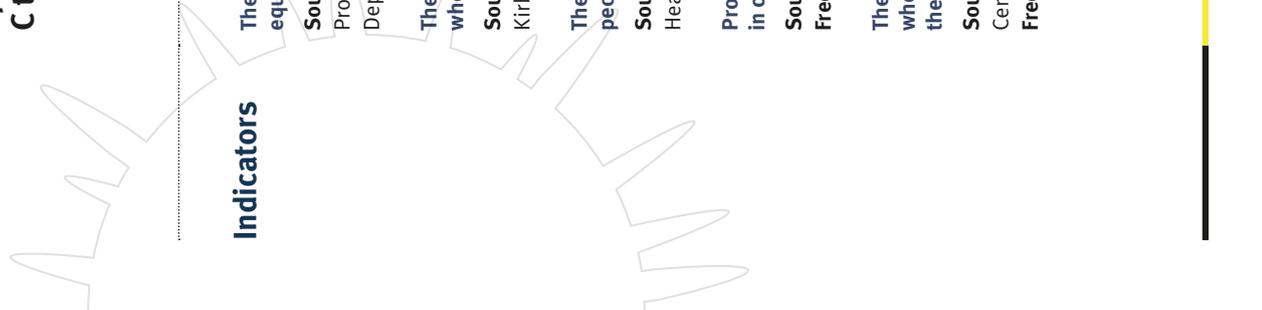
Source: Survey of AOD services, Communicable Diseases Branch, Department of Health
Frequency: Annual

Implementation and evaluation of CBO based chronic hepatitis C treatment projects

Source: Funded service provider reports
Frequency: Annual

Campaigns in place to raise awareness of hepatitis C in specific settings or among specific populations conducted by funded service providers

Source: Funded service provider reports
Frequency: Annual





Queensland Hepatitis C Action Plan 2016–2021

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