

Central and Eastern Sydney PHN Hepatitis Strategy 2021-2025

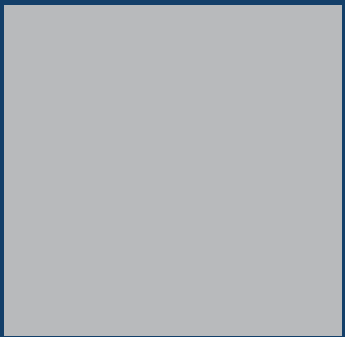
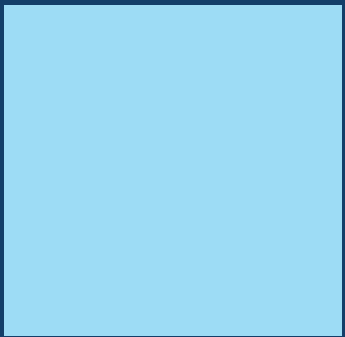
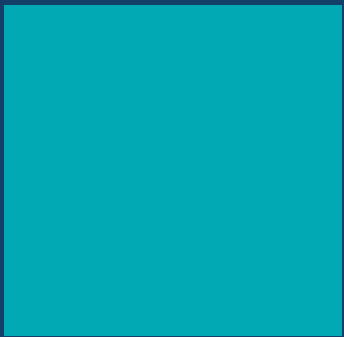
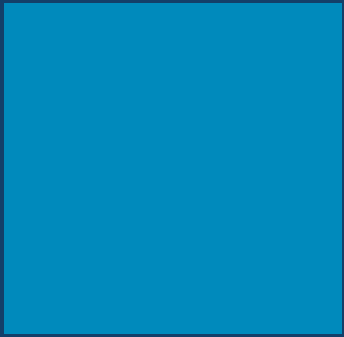
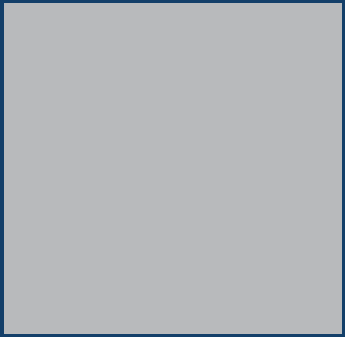
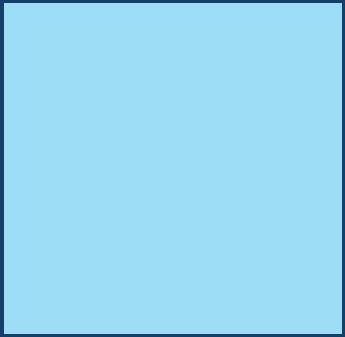
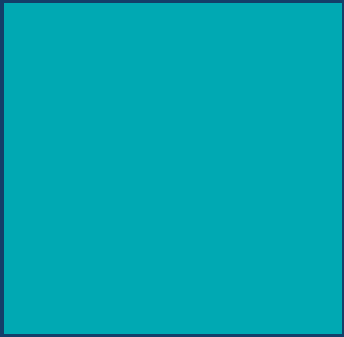
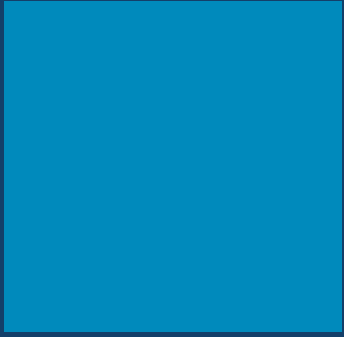
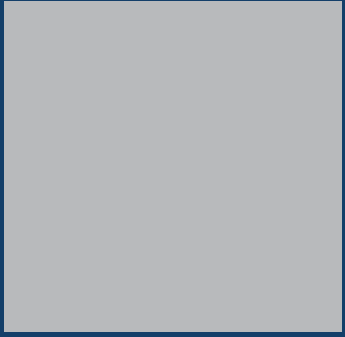
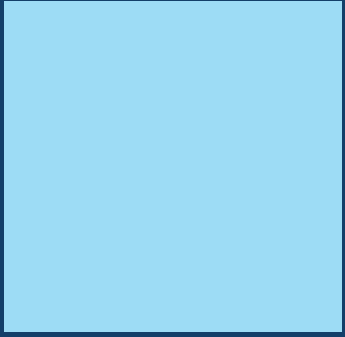
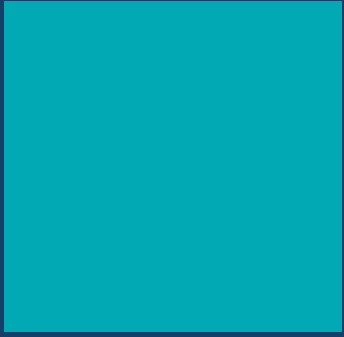
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CENTRAL AND
EASTERN SYDNEY

An Australian Government Initiative

Hepatitis C : -

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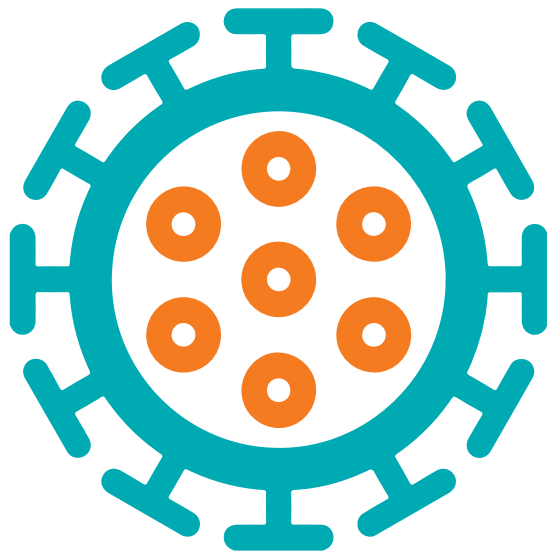
CESPHN aims to achieve the best possible care for people living with Hepatitis B virus (HBV) and Hepatitis C virus (HCV), and is in accordance with the CESPHN Strategic Plan 2019-2021.

This Hepatitis Strategy is intended to be a living document, and responsive to newly commissioned services and initiatives by CESPHN, and changes to State and Commonwealth policies and strategies.

Statement of goals

CESPHN goals will complement and seek to advance on State and Commonwealth strategies which aim to:

- Reduce newly acquired HBV and HCV infections (and working towards elimination of HCV by 2030)
- Increase detection of HBV and HCV
- Improve outcomes of people living with HBV or HCV and in particular increase access to treatment to all people who require it



Statement of Principles

CESPHN will seek to achieve stated goals whilst adhering to the following principles:

- Access and Equity – Ensuring equitable access to healthcare services for anyone affected by HBV or HCV in supportive environments with embedded cultural awareness and commitment to address priority populations.
- Practice and Quality Improvement - Develop and support best practices in the provision of healthcare for people with HBV or HCV.
- Health Promotion and Disease Prevention – Empower and increase awareness of HBV and HCV in local communities and clinicians through education, promotion of screening, and vaccination programs.
- Harm Reduction – Support harm reduction programs including needle syringe programs and opioid substitution, and eliminating stigma and discrimination.
- Partnerships/integration – Build essential links between patients, community groups, clinicians, researchers, peak organisations, and government bodies to achieve local, national, and global goals to eliminate HBV and HCV.

CESPHN demographic

Population
1.6 million

(2nd largest PHN in Australia)



Aboriginal and Torres Strait Islander
population

17,471 (1.1%)



Asylum seekers
residing
in CESPHN
region
population



13,500 (0.8%)

Residents
born overseas

40%



2230
General
Practitioners

46 accredited
s100 HBV
prescribers

Language
other than
English spoken
at home **38%**



Most common
languages:
**Mandarin,
Cantonese,
Greek,
Arabic, and
Italian**

Of people
exiting NSW
custodial
settings

**19% live in
the CESPHN
area**

Practice
Nurses



562

Allied Health
Professionals.

12500



600 plus General Practices & **18** Public Hospitals.



Snapshot of HBV in the CESPHN region (2018)

Prevalence of HBV is the 3rd highest among PHNs in Australia



22,754 people - 1.37%; national average 0.95%

Highest HBV burden in CESPHN areas:

- Hurstville (2.06%),
- Strathfield-Burwood-Ashfield (1.89%),
- Canterbury (1.72%)

Chronic Hepatitis B cases in CESPHN who are born overseas

85%

**Proportion (%) of people with HBV who have received treatment a,b
-CESPHN average 12.3% (2018) vs National average 9.3%-**

Highest	Lowest
Hurstville (20.1%)	Eastern Suburbs – South (6.6%)
Canterbury (17.7%)	Leichhardt (7.0%)
Marrickville-Sydenham-Petersham (15.8%)	Eastern Suburbs – North (7.2%)

Snapshot of HCV in the CESPHN regiona (2016-2019)

HCV treatment prescribed by CESPHN GPs - 23% (national average 32%)

Prevalence of HCV in CESPHN is 0.91%
14,053 people - national average 0.78%

Highest HCV burden in CESPHN areas:

- Sydney Inner City (2.89%),
- Marrickville-Sydenham-Petersham (1.57%)
- Leichhardt (1.41%)

NSW prison inmates with Hepatitis C

20%

Proportion (%) of people with HCV who have received treatment a,b -CESPHN average 34.6% (to mid-2019) vs National average 39.5%-

Highest	Lowest
Botany (54.5%)	Sydney Inner City (29.5%)
Cronulla-Miranda-Caringbah (51.9%),	Eastern Suburbs – South (31.2%)
Sutherland-Menai-Heathcote (49.8%)	Strathfield-Burwood-Ashfield (34.7%)

State, National, and International Hepatitis Strategies

The following strategies were reviewed in the development of the CESP HN Hepatitis Strategy:

- [NSW Health Hepatitis B strategy 2014-2020](#)
- [NSW Health Hepatitis C strategy 2014-2020](#)
- [NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2016-2021](#)
- [Third National Hepatitis B strategy 2018-2022](#)
- [Fifth National Hepatitis C strategy 2018-2022](#)
- [The Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018-2022](#)
- [World Health Organization Global health sector strategy on viral hepatitis 2016-2021](#)

Consultation and partnerships

CESPHN goals will complement and seek to advance on State and Commonwealth strategies which aim to:

- Aboriginal Health and Medical Research Council (AH&MRC) of NSW
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
- CESP HN - Aboriginal Health and Wellbeing Program Officer, Alcohol and Other Drugs team, Clinical Council, Community Council
- Kirketon Road Centre
- NSW Justice Health and Forensic Mental Health Network
- NSW Refugee Health Service and Asylum Seekers Centre
- South East Sydney Local Health District (SESLHD); HARP Unit, Liver services
- Sydney Local Health District (SLHD); HARP Unit, Gastroenterology and Liver Clinical Stream.

CESPHN Actions and Priorities for HBV and HCV

CESPHN will focus on actions and priorities in primary care that enhance patient care and management of HBV and HCV. These will complement fundamental and broader strategies enunciated by NSW Health and Commonwealth Department of Health, as outlined in the following tables (8a and 8b) below.

As determined by the CESPHN Needs Assessment (2019), State and National strategies, priority populations include the following:

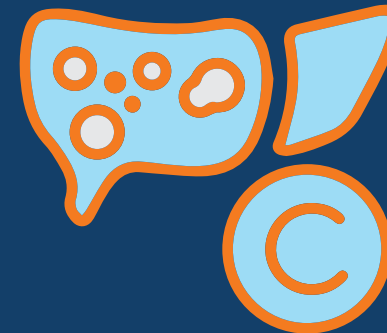
HBV

Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse (CALD) backgrounds, refugees, people who inject drugs, sex workers, men who have sex with men (MSM), and people released from custodial settings.



HCV

Aboriginal and Torres Strait Islander peoples, people from high-prevalence countries and continents (e.g. Egypt, Pakistan, Eastern Europe, Mediterranean, Africa, Southern Asia), people who inject drugs, people with HIV and people released from custodial settings.



HEPATITIS B ACTIONS AND PRIORITIES

	CESPHN and Primary Care				NSW Health and Commonwealth	
Primary care improvement	Promote Liver Health and regular health assessments, including care of patients with cirrhosis	Quality Improvement activities and regular patient data review to target patients with HBV	Ongoing education and CPD to support clinicians to manage HBV	Build and strengthen communities of practice for HBV in the CESPHN region		
Testing and Diagnosis	Clinicians to schedule follow-up for identified patients with HBV and arrange for relevant investigations	Increase and strengthen testing by clinicians in at-risk patients and priority groups	Ensure HBV testing is incorporated into HealthPathways for at-risk patients and priority populations		Increase the proportion of people with chronic HBV who are diagnosed to 80% (as per 3rd National Strategy)	Reduce attributable mortality to HBV by 30% (as per 3rd National Strategy)
Treatment and Access	Target and promote GPs in priority population areas to undertake training to prescribe HBV treatment	Support GP & nurse practitioner led care of patients with HBV, with rapid and timely access to specialist care (or shared care)	Raise proportion of people in CESPHN with chronic HBV receiving treatment from 12.6% to 20%	Ensure all patients undertaking treatment for HBV are actively followed-up and monitored	Increase the proportion of people with chronic HBV receiving antiviral treatment to 20% (as per 3rd National Strategy)	Increase proportion of people with chronic HBV receiving care to 50% (as per 3rd National Strategy)
Vaccination	Facilitate access and encourage childhood HBV vaccination and catch-up programs through general practices	Increase HBV vaccination for at-risk groups of HBV infection	Raise awareness of HBV vaccination in general practices located in priority population areas	Achieve 100% vaccination for close contacts of people with HBV	Support childhood HBV vaccination coverage to reach at least 95% (as per NSW Health strategy)	
Maternal and neonatal care	Achieve 100% screening for HBV in women seeking antenatal care in general practices	Ensure all mothers with HBV have supported GPs and nurses in their ongoing care	Ensure active follow-up of pregnant women with HBV and children born to women with HBV		Support and encourage HBV vaccination for 100% of newborn babies	Support all children of mothers with HBV to receive immunoglobulin within 12 hours of birth
Priority Populations	Work with the local Aboriginal Community to increase screening for HBV and promote 715 Aboriginal and Torres Strait Islander Health Assessments	Increase cultural awareness and cultural safety of all clinicians and service providers for people affected by HBV	Upskill local healthcare professionals to support priority populations affected by HBV (and linkages to other services)		Develop resources and access to information available in different languages about HBV	Eliminate stigma and discrimination regarding HBV for people seeking care or treatment
Health Promotion and Education	Support health education and service providers to reduce STIs and BBVs, including safe-sex messages	Support local and broader initiatives to raise awareness of HBV in communities			Raise health literacy of communities and engagement with health services	Reduce new HBV infections by 50% (as per 3rd National Strategy)
Harm Reduction	Support people with HBV to access Drug and Alcohol services where appropriate	Work with local health services to educate and raise awareness of harms in sharing injecting equipment			Support and raise awareness of harm minimisation strategies including Needle and Syringe programs (NSP)	

HEPATITIS C ACTIONS AND PRIORITIES

	CESPHN and Primary Care				NSW Health and Commonwealth	
Primary care Improvement	Enrol and support General Practices for PIP QI Program and HCV related quality improvement activities/audits.	Promote Liver Health and regular health assessments. including care of patients with cirrhosis	Build and strengthen communities of practice for HCV in the CESPHN region	Ongoing education and CPD to support primary care providers in managing HCV		
Testing and Diagnosis	Increase testing and strengthen follow-up by clinicians in at-risk patients and priority groups	Increase completeness of work-up for people exposed to HCV (i.e. HCV antibodies and RNA quantification)	Increase access to Dried Blood Spot (DBS) testing for service providers	Ensure testing is built into HealthPathways for at-risk patients e.g. exiting custodial settings, immuno-compromised	Achieve 90% diagnosis amongst people with HCV (as per 5th National Strategy)	Reduce HCV attributable mortality by 65% (as per 5th National Strategy)
Treatment and Access	Raise CESPHN GP prescribing to national average (32%) and targeting GPs in priority population areas to undertake training to prescribe HCV treatment	Support GP & nurse practitioner led care of patients with HCV, with rapid and timely links to specialist care where needed (shared care)	Raise proportion of people with chronic HCV receiving treatment from 34.6% to national target (65%)	Ensure all patients undertaking treatment for HCV are monitored for a sustained virologic response (SVR)	Increase access to HCV treatment by 100% (as per NSW Health)	Increase cumulative proportion of people with chronic HCV who have initiated treatment to 65% by 2022 (as per 5th National Strategy)
Priority Populations	Work with the local Aboriginal Community to increase screening for HCV and promote 715 Aboriginal and Torres Strait Islander Health Assessments	Support people exiting custodial settings to access health services HCV screening, treatment and regular follow-up	Targeted education and awareness in priority populations with a higher prevalence of HCV	Training and development of cultural awareness and cultural safety for all healthcare providers	Develop resources and access to information available in different languages about HCV	Eliminate stigma and discrimination regarding HCV for people seeking care or treatment
Health Promotion and Education	Develop peer-based approaches to health promotion and targeting priority populations	Support local and broader initiatives to raise awareness of HCV in communities	Increase community and provider knowledge about DBS and how to access		Raise health literacy of communities and engagement with health services	
Harm Reduction	Work with local health services to educate and raise awareness of harms in people who inject drugs	Support people with HCV to access Drug and Alcohol services where appropriate			Reduce sharing of injecting equipment by 25% (as per NSW Health)	Support NSW Health harm minimisation strategies including Needle and Syringe programs (NSP) and other injecting equipment access points (including pharmacies)

CESPHN Projects

Initiatives and projects commissioned by CESPHN include:

- Liver Toolkit Project (with Cancer Institute NSW) – Aims to identify and improve outcomes of patients with or at-risk of liver cirrhosis and hepatocellular carcinoma, and providing specialist practice support and visits.
- Hepatitis C Quality Improvement Activities (PIP QI Program) – Aims to support general practice to improve screening and testing of HCV for at-risk patients and to offer and prescribe DAAs to all patients diagnosed with HCV.
- Health Pathways – Further development of specialized clinical information for clinicians regarding management of HBV and HCV, and referral pathways.
- Prescriber Training - Aims to increase Hepatitis B s100 Prescribers and targeting communities with higher HBV prevalence, and raising confidence of GPs and Nurse Practitioners to prescribe DAAs and manage HCV.
- CPD and HBV/HCV Education - Targeting GPs, Practice Nurses and Pharmacists
- Integrated Community Hepatitis Assessment and Treatment (iCHAT) Program – Capacity building and support to primary health and other health service providers in the assessment and management of HCV in priority populations in SESLHD (2018-2020)

Harm Reduction/Alcohol and Other Drugs (AOD)/Other

CESPHN will seek to achieve stated goals whilst adhering to the following principles:

- GP Liaison in Alcohol and Other Drugs (GLAD) Project – Supporting local GPs to support patients with drug and alcohol needs. Clinical Nurse Consultants provide information, referral, shared care arrangements and education.
- NSW Users and AIDS Association (NUAA) Peer Training - Supporting peer workers and consumers to participate in meaningful roles in AOD services, including training modules addressing HCV, DBS and Safer Using (2019-2020)
- Homeless Outreach – supporting homeless people in the CESPHN area who are at higher risk of HCV, including an after-hours mobile clinic (with Kirketon Road Centre).
- Cultural Support Program – Engagement with CALD communities and providing cultural and linguistic input into resources, campaigns and health initiatives of SLHD and SESLHD.



Reporting and Evaluation

CESPHN will continuously monitor progress and attainment of goals, as outlined below:

- CESPHN Priorities and Actions - CESPHN commissioned projects and initiatives will utilize key performance indicators (KPIs) as outlined in respective project plans, provide progress reports to the CESPHN Board, and will be subject to external evaluation every 12 months.
- NSW Health and Commonwealth Priorities and Actions - NSW Health, Commonwealth, and other validated reports (e.g. ASHM) containing outcomes and indicators will be utilized to assess attainment of goals.

References

- Central and Eastern Sydney PHN Strategic Plan 2019-2021, CESPHN 2018
- Central and Eastern Sydney PHN 2019 Needs Assessment
- NSW Health Hepatitis B strategy 2014-2020
- NSW Health Hepatitis C strategy 2014-2020
- Third National Hepatitis B strategy 2018-2022
- Fifth National Hepatitis C strategy 2018-2022
- The Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018-2022
- World Health Organization Global health sector strategy on viral hepatitis 2016-2021
- MacLachlan JH, Smith C, Towell V, Cowle BC, Viral Hepatitis Mapping Project: National report 2018-19