



# Queensland Hepatitis C Action Plan 2019–2022

November 2019, Queensland Health



Queensland  
Government



# Foreword

The Queensland Government is committed to reducing hepatitis C transmission and increasing access to hepatitis C treatment in Queensland. The availability of direct acting anti-viral medications that can cure 95 per cent of people with chronic hepatitis C has been a significant development in recent years. 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 Action Plan complements this ongoing work and will drive a reduction in new hepatitis C infections and increases in treatment uptake in Queensland by a focus on:

- targeted best practice prevention activities
- increased access to testing for hepatitis C
- increased access to treatment by direct acting anti-viral medication for people diagnosed with chronic hepatitis C.

The success of these efforts depends not on reaching all people but on reaching the right people, acknowledging the complexity of people's lives and lived experience and understanding that a range of messages and approaches will be required.

The *Hepatitis C Action Plan 2019–2022* aligns with the *Queensland Sexual Health Strategy 2019–2021*, the *Queensland Hepatitis B Action Plan 2019–2022*, the *Queensland Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Action Plan 2019–2022* and the *Queensland HIV Action Plan 2019–2022* to ensure a comprehensive approach to blood-borne virus prevention and treatment in Queensland. The Action Plan also aligns with and supports the *Fifth National Hepatitis C Strategy 2018–2022* and the *Fifth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022*.

## 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 2,160 cases notified in 2018.
- 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.
- Access to the new treatments is available through both primary care providers and specialists.

### **The Hon Steven Miles MP**

Minister for Health and  
Minister for Ambulance Services

# GOAL

To make significant progress towards eliminating hepatitis C as a public health threat, and reduce mortality and morbidity related to hepatitis C in Queensland by 2022.

<b>Target populations</b>	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, people aged 40–60 years old, people living with hepatitis C, clinicians engaged in viral hepatitis treatment including AOD specialists and other specialist medical practitioners, <i>Fifth National Hepatitis C Strategy 2018–2022</i> stakeholders.				
<b>Key settings</b>	Primary Health Networks (PHNs) and primary healthcare settings, Hospital and Health Services (HHSs), Needle and Syringe Programs, Aboriginal and Islander Community Controlled Health Organisations (AICCHOs), custodial settings, sexual health clinics, alcohol and other drug services, mental health services, homeless services, and Community Based Organisations (CBOs) and settings.				
<b>Outcomes</b>	<b>1. A comprehensive approach to reduce hepatitis C transmission is implemented</b>	<b>2. Increased voluntary testing for hepatitis C</b>	<b>3. Increased treatment uptake by people with chronic hepatitis C to 65%</b>	<b>4. Increased awareness of hepatitis C transmission, and reduced stigma and discrimination related to hepatitis C</b>	<b>5. Improved surveillance, monitoring, research and evaluation</b>
<b>Priority actions</b>	<ol style="list-style-type: none"> <li>1.1. Ensure hepatitis C prevention programs are supported, culturally informed and co-designed with priority populations.</li> <li>1.2. Promote and provide improved access to a full range of sterile injecting equipment in the community.</li> <li>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.</li> <li>1.4. Promote and support harm reduction strategies in custodial settings.</li> <li>1.5. Support PHNs, HHSs, CBOs and AICCHOs to increase hepatitis C consumer awareness, knowledge and prevention skills through peer education and brief interventions.</li> <li>1.6. Continue to collect and report on the Queensland Needle and Syringe Program Minimum Data Set (QNSP-MDS) and continue to participate in the Australian Needle and Syringe Program Survey (ANSPS).</li> </ol>	<ol style="list-style-type: none"> <li>2.1. Work with PHNs, CBOs, AICCHOs, prison health services and other HHS services to promote and increase access to testing and early diagnosis of hepatitis C, including use of clinical audits.</li> <li>2.2. Support innovative testing initiatives such as point of care and dried blood spot testing.</li> <li>2.3. Address barriers to testing through targeted marketing activities including navigation to services, reducing stigma in the wider community, and clinician engagement.</li> <li>2.4. Ensure relevant services, including Alcohol and Other Drugs Services (AODS) and Mental Health Services, continue to promote the provision of hepatitis C testing.</li> <li>2.5. Support workforce development initiatives which promote GP engagement in hepatitis C testing and increase access points.</li> </ol>	<ol style="list-style-type: none"> <li>3.1. Promote enhanced access to hepatitis C treatment in all settings with a focus on primary care, AICCHOs, AODS and custodial settings including promoting collaboration between sectors.</li> <li>3.2. Continue to support funded service providers to improve hepatitis C treatment uptake and adherence.</li> <li>3.3. Examine and improve models of treatment and care to support the treatment of hepatitis C in the community.</li> <li>3.4. Develop and implement protocols for the enhanced follow up of people with newly acquired or unspecified hepatitis C infections on the Notifiable Conditions System (NoCS) since 1 July 2016 to ensure optimal uptake of treatment.</li> <li>3.5. Develop and implement protocols for the re-engagement of people notified with hepatitis C infections on NoCS prior to 1 July 2016 to ensure optimal uptake of treatment.</li> </ol>	<ol style="list-style-type: none"> <li>4.1. Continue to fund and support the development and delivery of targeted strategies to reduce stigma and discrimination related to hepatitis C including: <ul style="list-style-type: none"> <li>• social marketing to educate and inform the population about hepatitis C</li> <li>• information about the natural history of chronic hepatitis C infection and its prevalence in the community</li> <li>• how hepatitis C is transmitted and prevention strategies</li> <li>• the importance of hepatitis C testing</li> <li>• treatment options</li> <li>• information about the risk of re-infection.</li> </ul> </li> <li>4.2. Deliver training for hepatitis C service providers to support culturally appropriate and evidence-based clinical practice.</li> <li>4.3. Facilitate a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people with hepatitis C and other priority populations.</li> <li>4.4. Work with national research centres to measure the health impact of stigma and discrimination on priority populations.</li> </ol>	<ol style="list-style-type: none"> <li>5.1. Develop and implement a monitoring and surveillance plan aligned with the <i>National hepatitis C Strategy</i>.</li> <li>5.2. Identify and improve data for key populations such as Aboriginal and Torres Strait Islander people, people in custodial settings and people who inject drugs, especially those who are homeless or at risk of homelessness.</li> <li>5.3. Explore changes in notification criteria for primary hepatitis C diagnosis focusing on the presence of circulating virus rather than prior exposure to the virus.</li> <li>5.4. Work with the public laboratory sector to measure the extent of testing based on the presence of circulating virus following hepatitis C antibody testing.</li> <li>5.5. Extend surveillance systems to accommodate scientific and technological advances and innovation.</li> <li>5.6. Explore improved and innovative approaches to measuring testing and treatment rates among priority populations.</li> <li>5.7. Investigate and implement systems for monitoring re-infection and re-treatment rates.</li> <li>5.7. Support implementation of the <i>Queensland BBV/STI Research Strategy 2018–2021</i>.</li> </ol>

# MEASURING PROGRESS

Various indicators will be used to monitor the effectiveness of this action plan.

Outcomes	1. A comprehensive approach to reduce hepatitis C transmission is implemented	2. Increased voluntary testing for hepatitis C	3. Increased treatment uptake by people with chronic hepatitis C to 65%	4. Increased awareness of hepatitis C transmission, and reduced stigma and discrimination related to hepatitis C	5. Improved research and surveillance, monitoring and evaluation
Indicators	<p><b>The amount of sterile injecting equipment distributed.</b>  <b>Source of data:</b> Queensland Needle and Syringe Program, Communicable Diseases Branch, Department of Health.  <b>Frequency:</b> Annual</p> <p><b>The proportion of people who inject drugs who share injecting equipment.</b>  <b>Source of data:</b> Australian NSP Survey, Kirby Institute.  <b>Frequency:</b> Annual</p> <p><b>The number of opioid dependent people receiving OST.</b>  <b>Source of data:</b> Mental Health, Alcohol &amp; Other Drugs Branch, Department of Health.  <b>Frequency:</b> Annual</p> <p><b>Provision of harm reduction initiatives in custodial settings.</b>  <b>Source of data:</b> Survey of Prison Health Services, Communicable Diseases Branch, Department of Health.  <b>Frequency:</b> Annual</p> <p><b>The proportion of men who have sex with men who are injecting drug users, reporting that they are engaging in safer injecting practices.</b>  <b>Source of data:</b> Queensland Gay Community Periodic Survey, Centre for Social Research in Health.  <b>Frequency:</b> Annual</p>	<p><b>The proportion of people who currently inject drugs who are hepatitis C antibody negative or do not know their status who have been tested in the past 12 months.</b>  <b>Source of data:</b> Australian NSP Survey, Kirby Institute.  <b>Frequency:</b> Annual</p> <p><b>All PHNs promote the provision of hepatitis C testing and treatment.</b>  <b>Source of data:</b> Survey of PHNs, Communicable Diseases Branch, Department of Health.  <b>Frequency:</b> Annual</p> <p><b>The number of AODS clients with a history of injecting drug use undertaking hepatitis C testing.</b>  <b>Source of data:</b> Survey of AODS, Communicable Diseases Branch, Department of Health.  <b>Frequency:</b> Annual</p> <p><b>The proportion of people diagnosed as hepatitis C antibody positive who are subsequently tested to detect the presence of circulating virus.</b>  <b>Source of data:</b> Explore collection with Public laboratories, Queensland Health.  <b>Frequency:</b> Annual from 2019 onwards</p>	<p><b>The proportion of people living with chronic hepatitis C receiving treatment.</b>  <b>Source of data:</b> Monitoring hepatitis C treatment uptake in Australia report, Kirby Institute.  <b>Frequency:</b> Quarterly</p> <p><b>All PHNs and HHSs have collaborative arrangements in place to ensure timely local access to hepatitis C treatment.</b>  <b>Source of data:</b> Survey of PHNs, Communicable Diseases Branch, Department of Health.  <b>Frequency:</b> Annual</p> <p><b>Provision of chronic hepatitis C treatment in custodial settings.</b>  <b>Source of data:</b> Survey of Prison Health Services—Communicable Diseases Branch, Department of Health.  <b>Frequency:</b> Annual</p> <p><b>Provision of chronic hepatitis treatment in AODS.</b>  <b>Source of data:</b> Survey of AODS—Communicable Diseases Branch, Department of Health.  <b>Frequency:</b> Annual</p> <p><b>Implementation and evaluation of CBO-based chronic hepatitis C treatment projects.</b>  <b>Source of data:</b> Funded service provider reports.  <b>Frequency:</b> Annual</p>	<p><b>Campaigns in place to raise awareness of hepatitis C in specific settings or among specific populations conducted by funded service providers.</b>  <b>Source of data:</b> Funded service provider reports.  <b>Frequency:</b> Annual</p> <p><b>Delivery of public hepatitis C awareness campaigns.</b>  <b>Source of data:</b> Strategic Communications Branch, Department of Health.  <b>Frequency:</b> 2019</p>	<p><b>Weekly, quarterly, year to date and annual reporting of hepatitis C notifications.</b>  <b>Source of data:</b> Communicable Diseases Branch, Department of Health.  <b>Frequency:</b> Weekly, quarterly, annual</p> <p><b>A monitoring and surveillance plan is developed.</b>  <b>Source of data:</b> Commonwealth data.  <b>Frequency:</b> Annual</p>

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### For more information contact:

Communicable Diseases Branch  
Department of Health  
Mail: PO Box 2368, Fortitude Valley BC, QLD 4006  
Email: [BBVCDU@health.qld.gov.au](mailto:BBVCDU@health.qld.gov.au)

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