

**5<sup>th</sup> HEPATITIS C**  
TECHNICAL ADVISORY  
GROUP  
**TAG Meeting**

***AUSTRALIA'S PROGRESS TOWARDS  
HEPATITIS C ELIMINATION:  
LESSONS LEARNT AND CHALLENGES  
AHEAD.***

Margaret Hellard  
Burnet Institute and Alfred Hospital

## Acknowledgements

Joe Doyle, Alisa Pedrana, Amanda Wade, Nick Scott, Rachel Sacks Davis, Paul Dietze, Peter Higgs, Mark Stooze, Sally von Bibra and many others

## Disclosures

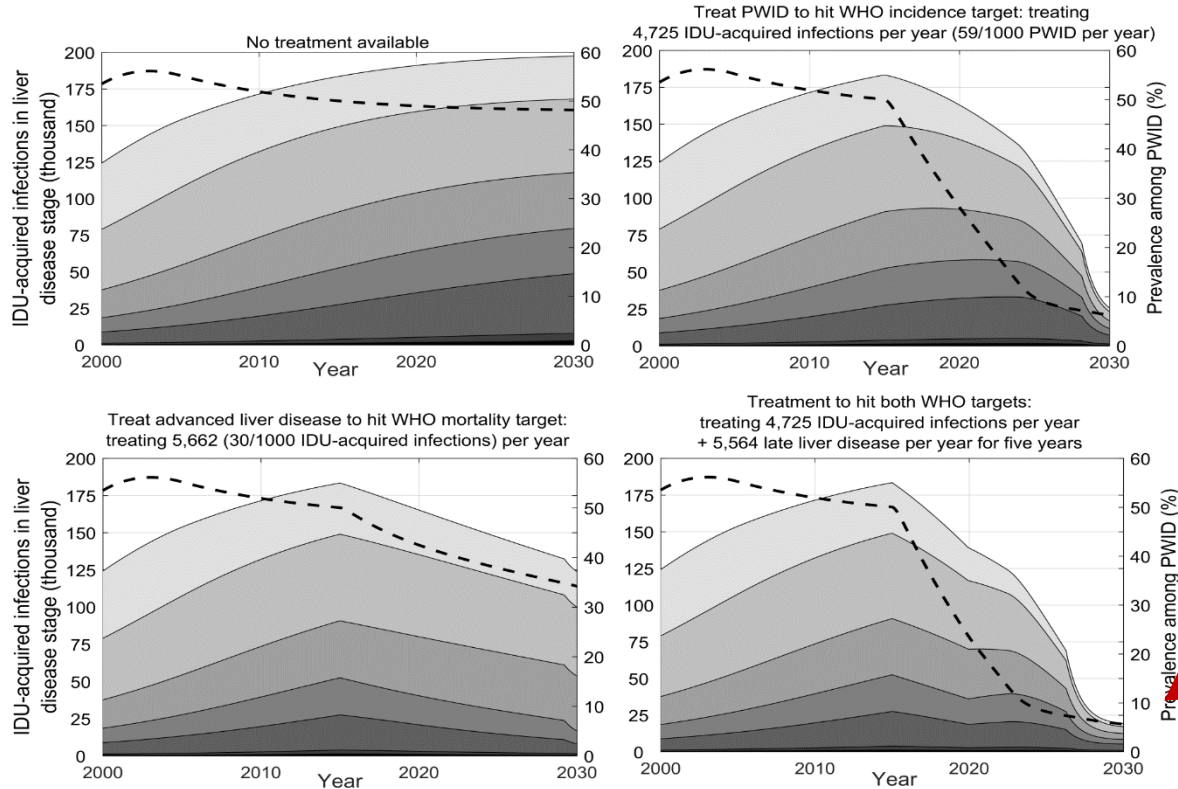
Gilead Science

Abbvie

BMS

# Australia – stopping deaths and treatment as prevention

**HCV-related liver disease among current and former PWID in Australia**  
**Projected outcomes 2015-2030 under different treatment scenarios**



Reduce  
transmissions

Stop deaths

Scott et al  
Gut 2016

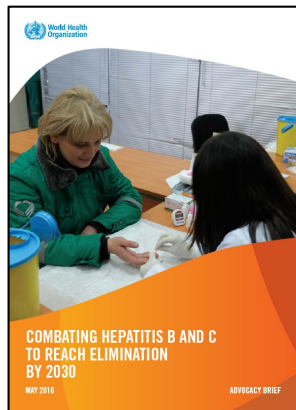
# Australia – treatment became available for everyone

- No restrictions on diseases stage
- No restrictions on drug or alcohol use
- Prescription – specialists and other doctors
- Treatment available in prisons

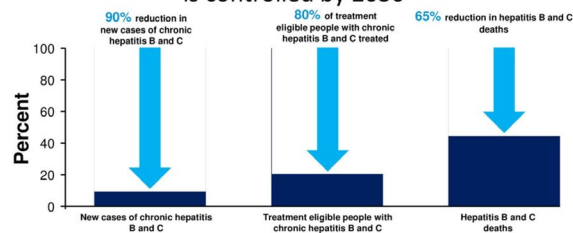


# Australia is aiming to eliminate hepatitis C as a public health threat by 2030

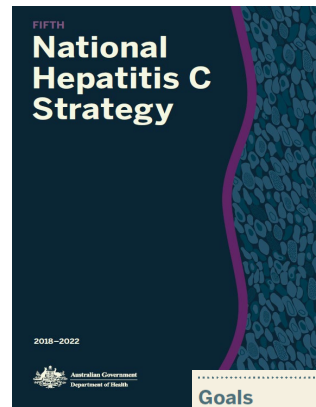
## World Health Organization global target 2030 target



## Global targets achieved if viral hepatitis is controlled by 2030



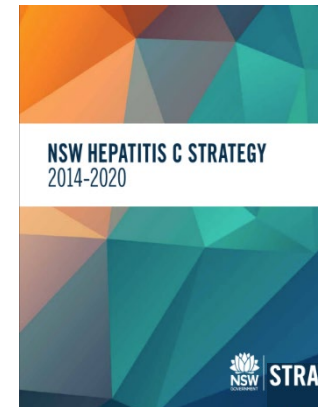
## National Hepatitis C Strategy 2018–2022 targets



### Goals

- Make significant progress towards eliminating hepatitis C as a public health threat
- Reduce mortality and morbidity related to hepatitis C
- Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health
- Minimise the personal and social impact of hepatitis C

## State/Territory Strategies & 2028 targets



### STRATEGY AT A GLANCE

#### GOALS

TO REDUCE HEPATITIS C INFECTIONS IN NSW

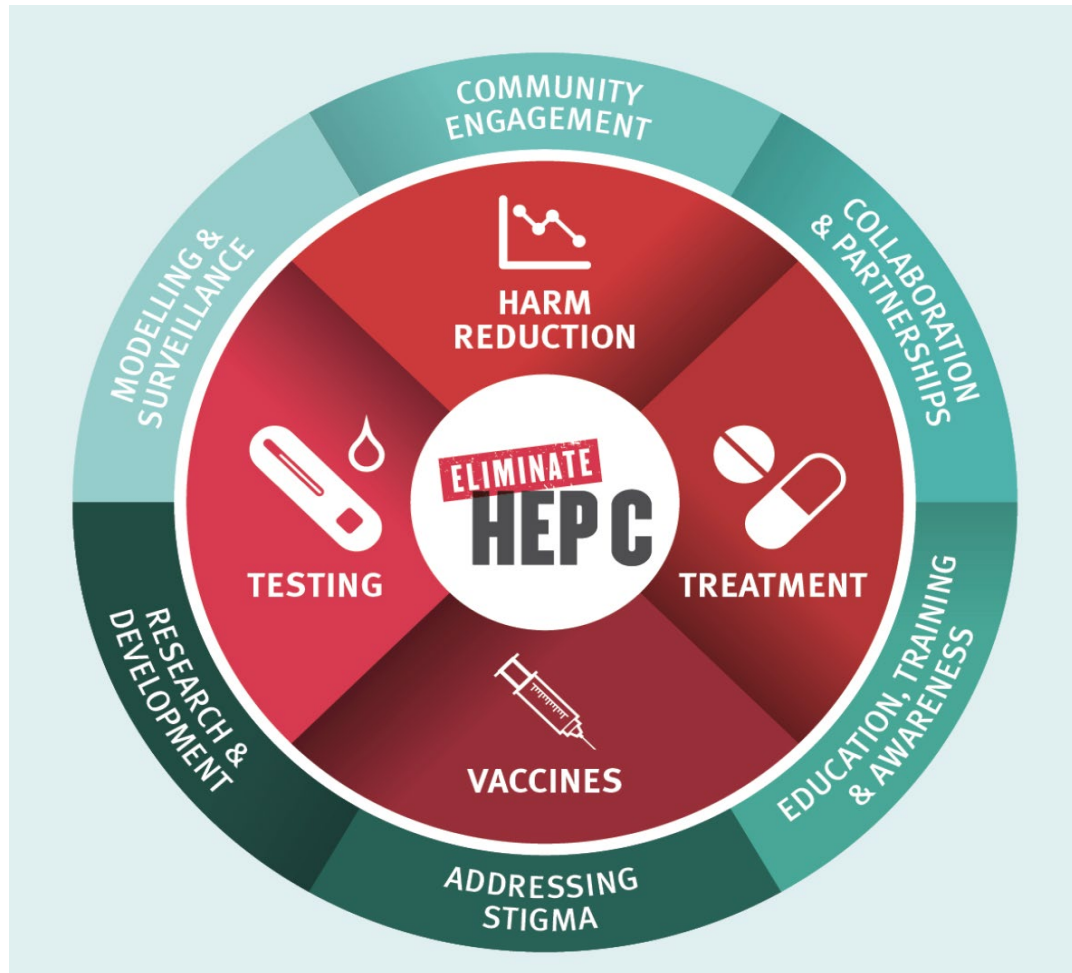
TO IMPROVE THE HEALTH OUTCOMES OF PEOPLE LIVING WITH HEPATITIS C IN NSW

#### TARGETS

REDUCE SHARING OF INJECTING EQUIPMENT AMONG PEOPLE WHO INJECT DRUGS BY 25%

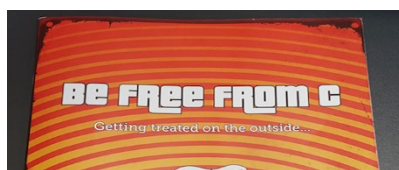
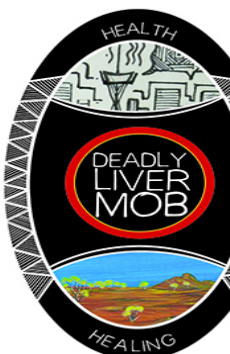
INCREASE THE NUMBER OF PEOPLE ACCESSING HEPATITIS C TREATMENT IN NSW BY 100%

# Multipronged approach

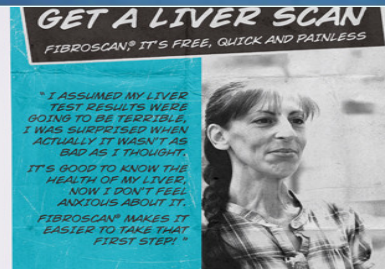
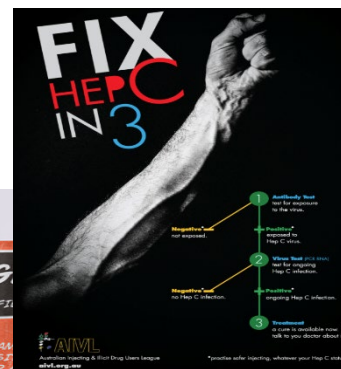
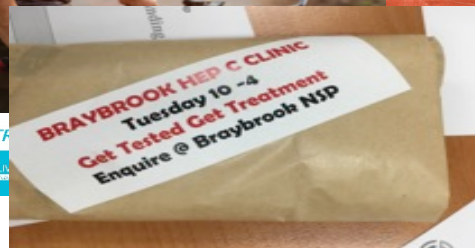




## Raise awareness.



**HEP C CAN BE CURED**  
SPEAK TO YOUR DOCTOR ABOUT NEW SAFE TREATMENTS



**GET TESTED  
GET TREATED.  
GET CURED.**

**coHealth Braybrook**  
107-139 Churchill Avenue, Braybrook  
Hep C Clinic runs every Tuesday  
Call 9448 5507 to book an appointment  
Drop in from 1pm to 4:30pm on Tuesdays

# Prevention – high quality harm reduction





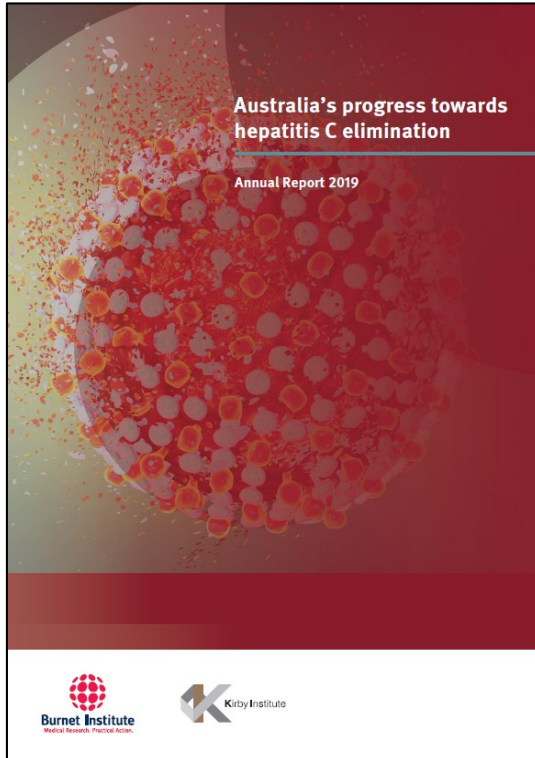
# Testing



# Treatment - no one “best” model of care

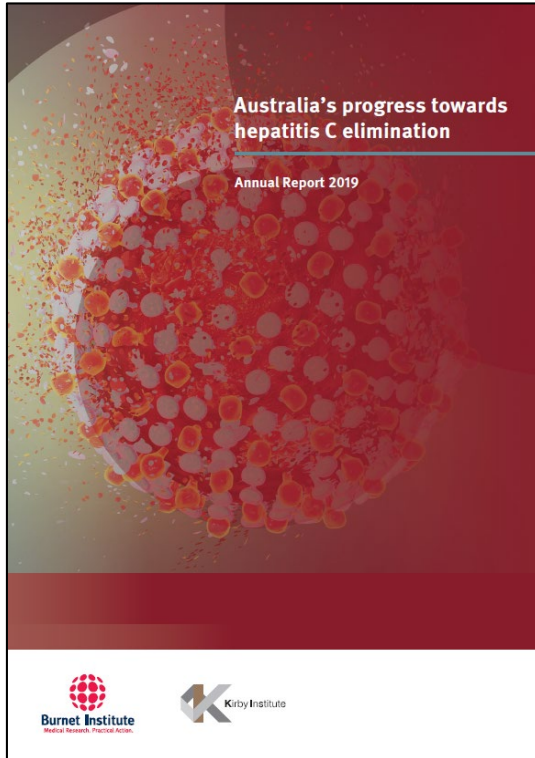


# Australia is aiming to eliminate hepatitis C as a public health threat by 2030



1. Reduce new infections
2. Ensure people living with hepatitis C know their status
3. Ensure people diagnosed with hepatitis C can access treatment and cure
4. Reduce stigma and discrimination for people living with hepatitis C
5. Access to high quality harm reduction services to prevent people acquiring hepatitis C
6. Ensure equity in access to treatment and cure
7. Model progress towards elimination targets

# Australia is aiming to eliminate hepatitis C as a public health threat by 2030



## Summary of Report

### The good

- ~70,000 people have received DAA therapy by the end of 2018
- Treatment rates have been accompanied by declines in new infections

### The bad

- Rates of DAA treatment uptake have declined in the past 2 years
- ~2/3 of the estimated population living with hepatitis C is yet to be treated

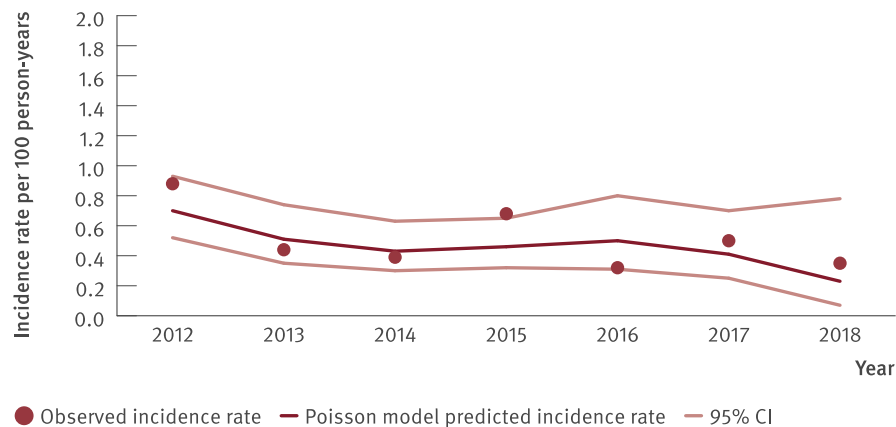
### The optimistic

- Increased efforts to engage hepatitis C-affected populations in testing, treatment and prevention is needed
- Modelling data suggests that without significant increases in testing of at-risk populations to prevent further treatment declines, Australia's progress towards elimination will slow

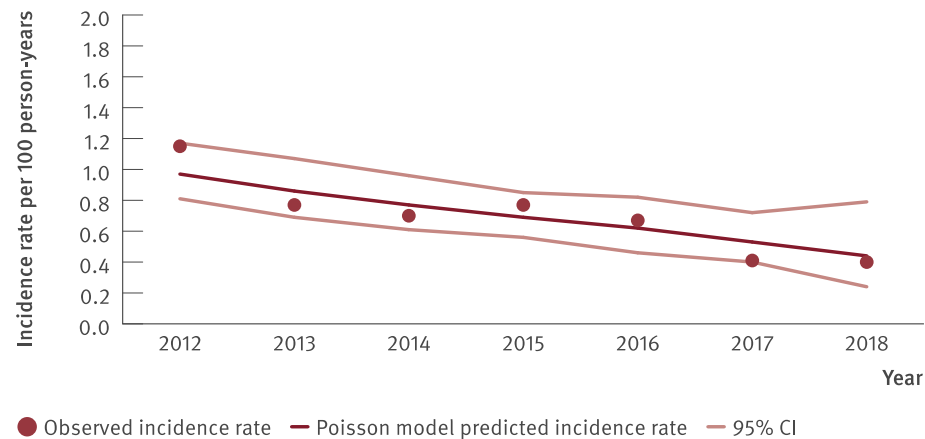


## 1. Reduce new infections

Hepatitis C infection incidence\* among individuals tested **at PWID clinics** and tested HCV antibody negative less than two years ago; ACCESS clinical network, 2012–2018



Hepatitis C infection incidence\* among HIV-positive GBM tested **at GBM clinics** and tested HCV antibody negative less than two years ago; ACCESS clinical network, 2012–2018

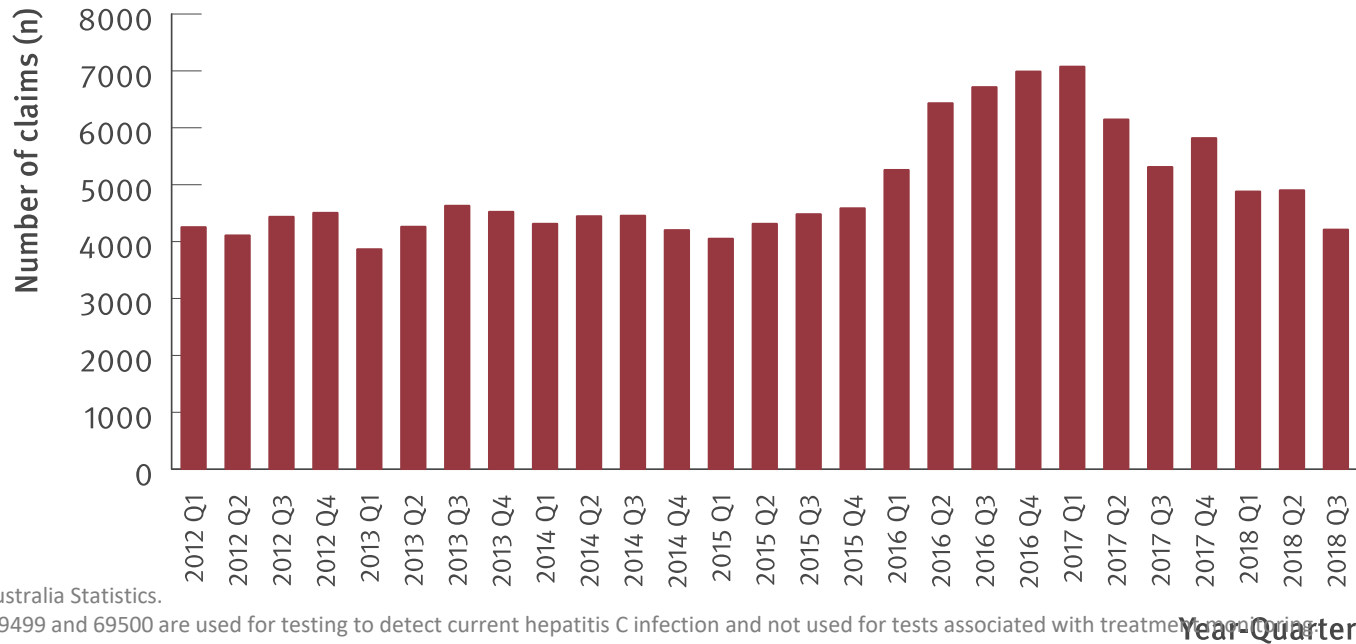


Source: ACCESS clinical network, 2012–2018, \*Australian Government. Hepatitis C (newly acquired) case definition.



## 2. Ensure people living with hepatitis C know their status

**Number of claims to the MBS for items 69499 and 69500 (detection of HCV RNA, new infections only), 2012 to Q3 2018**

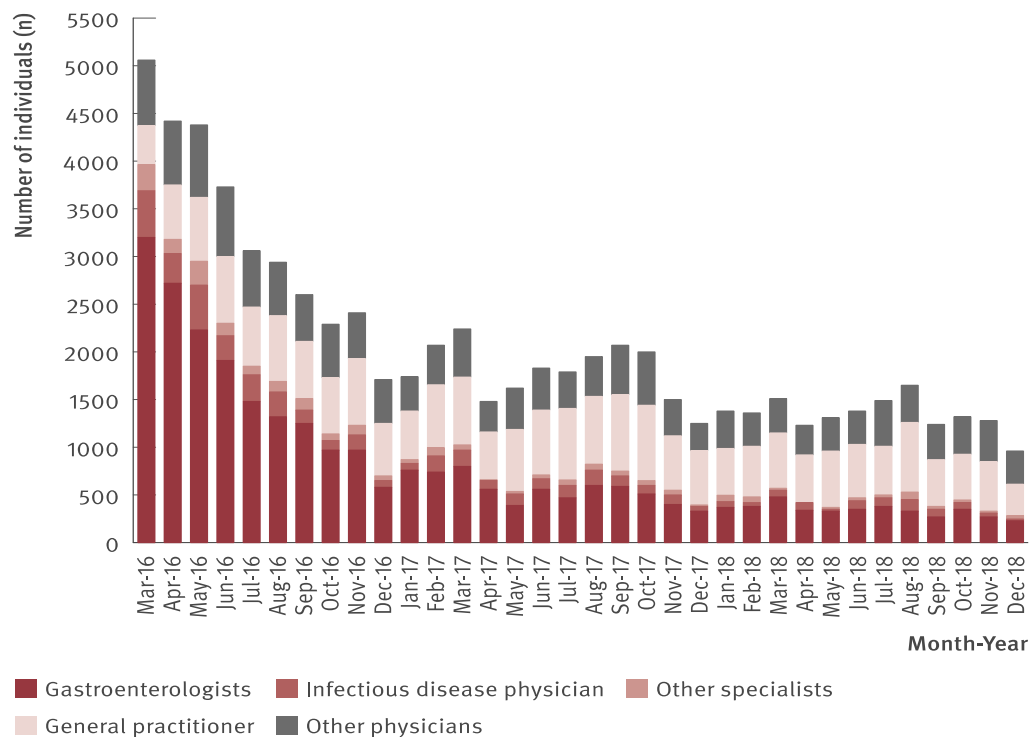


Source: Source: Medicare Australia Statistics.

Notes: MBS item numbers 69499 and 69500 are used for testing to detect current hepatitis C infection and not used for tests associated with treatment monitoring.

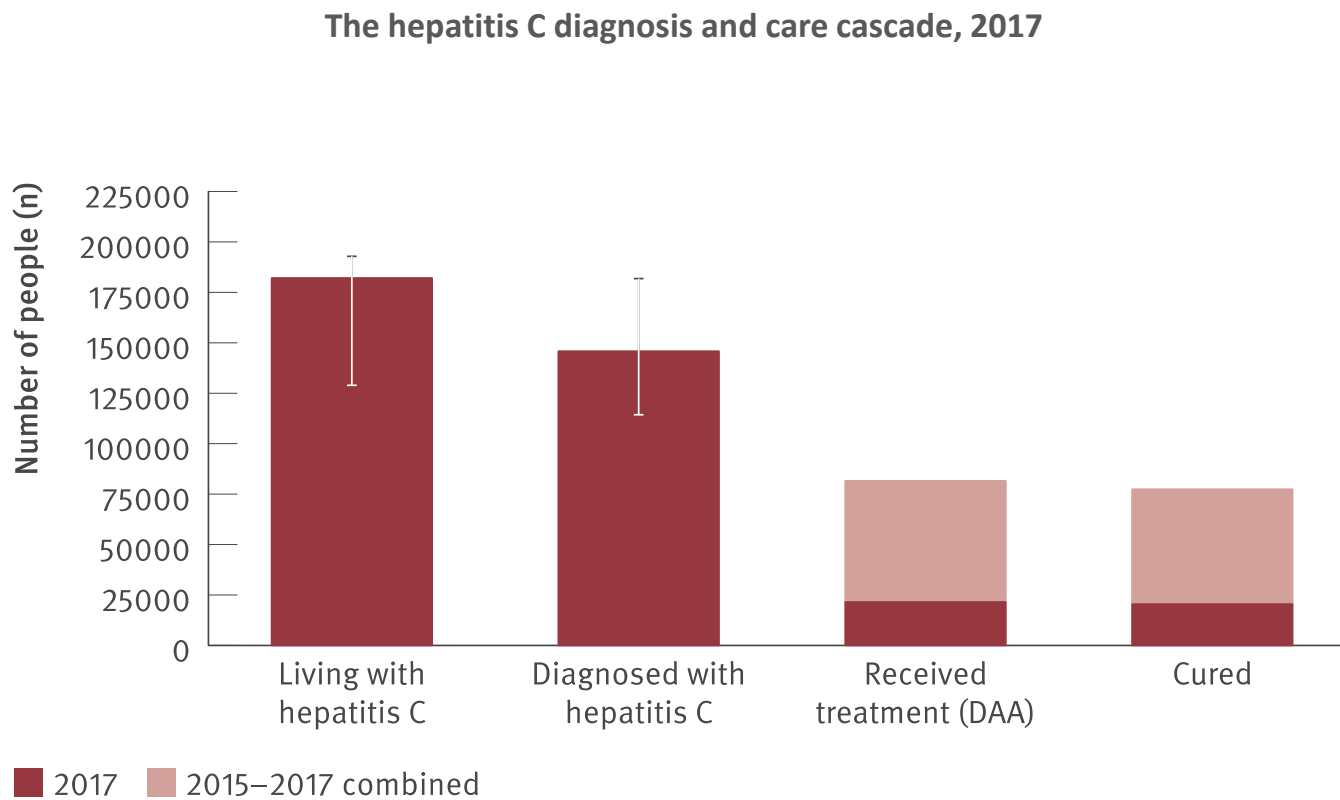
### 3. Ensure people diagnosed with hepatitis C can access treatment and cure

**Estimated number of individuals initiating DAA treatment, by prescriber type, March 2016 to December 2018**



Source: Monitoring hepatitis C treatment uptake in Australia, 10% random sample of the PBS database.

### 3. Ensure people diagnosed with hepatitis C can access treatment and cure

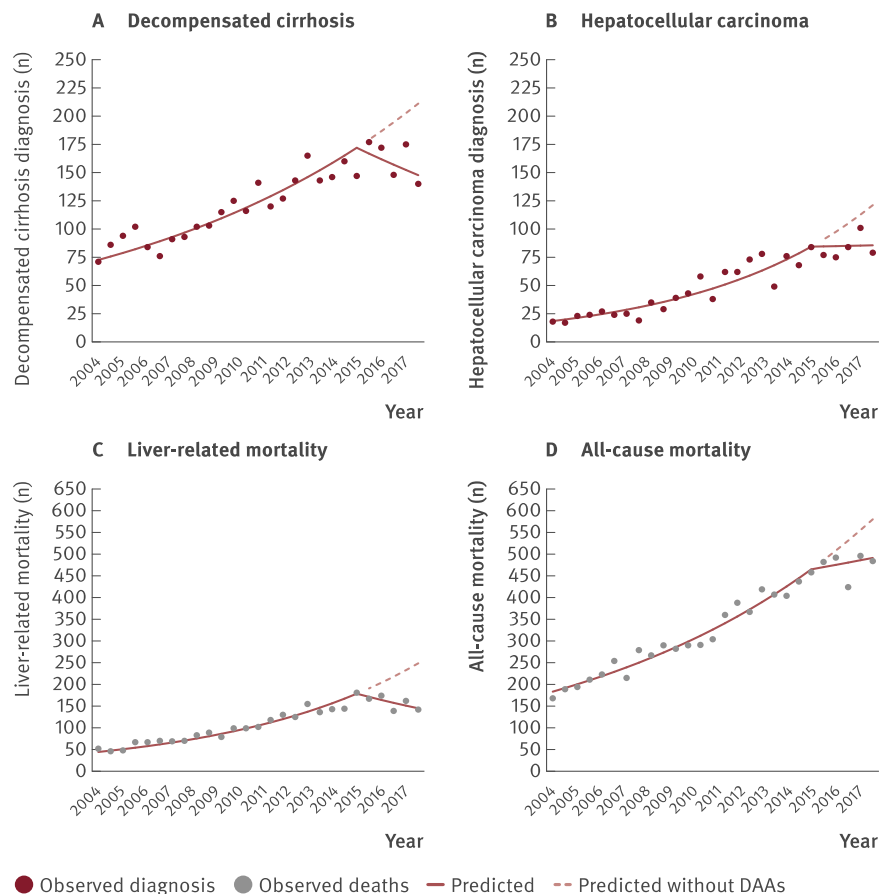


Source: Kirby Institute, HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2018.

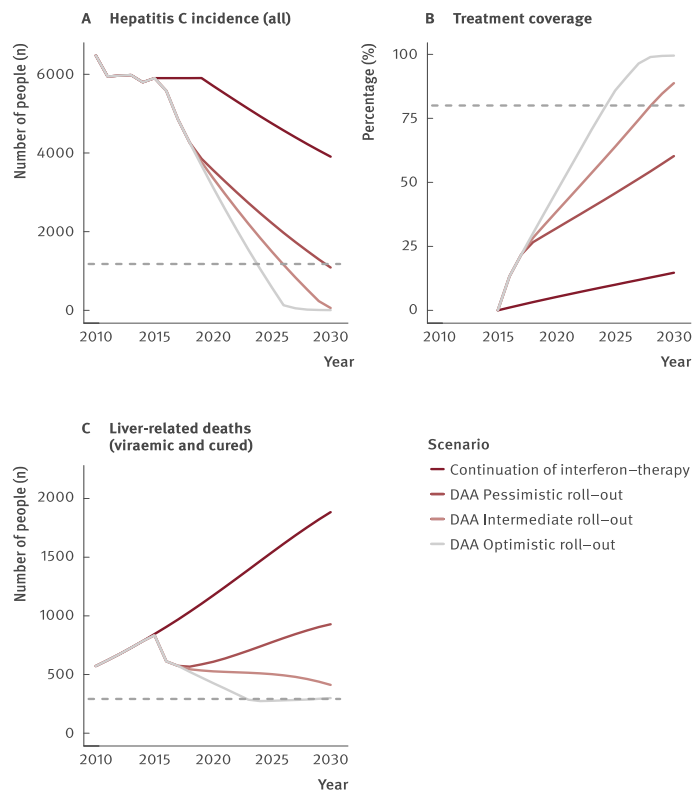
### 3. Ensure people access treatment and cure to reduce mortality

Annual observed mortality cases, mean number of cases and predicted number of cases without DAA treatment access among individuals notified with hepatitis C, related to:

- A) decompensated cirrhosis:
- B) hepatocellular carcinoma
- C) liver related deaths
- D) and all-cause mortality

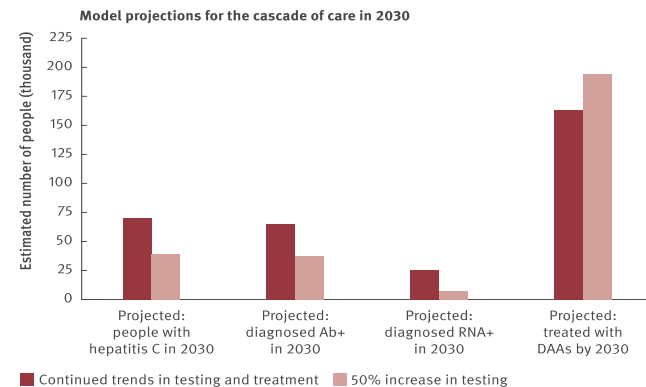
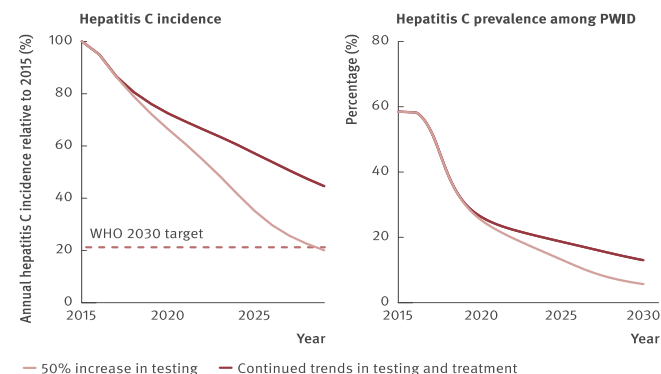


## 7. Model progress towards elimination targets



Annual change in hepatitis C incidence, treatment coverage, and liver-related deaths in Australia 2030 (2010–2030) with WHO hepatitis C elimination targets.

Sources Kwon J, et al. J Viral Hepat. 2019;26(1):83-92.  
Australia

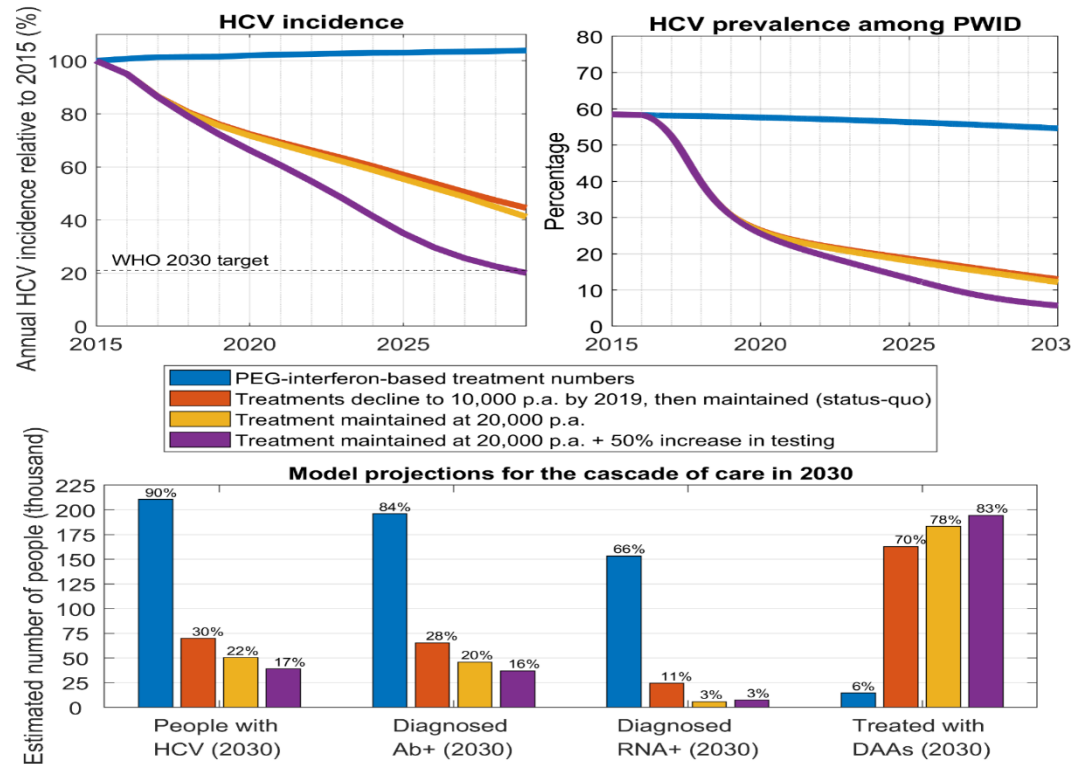


Model projections for the additional requirements for Australia to reach the targets  
Red: continued current trends in testing and treatment. Pink: a 50% increase in testing

Source: Scott N, et al. (in review) Medical Journal of



# However we are about to “fall off a cliff!”



# EC Australia – trying to stop “the fall”!

- EC Australia has been funded by the Paul Ramsay Foundation to support and facilitate a national coordinated response to ensure we meet our elimination targets.
- This work will focus on key populations at risk for HCV transmission and severe liver disease to ensure we meet our elimination targets:
  - People at risk of hepatitis C transmission – people who inject drugs, people who have injected drugs in the past, prisoners, Aboriginal and Torres Strait Islanders
  - People living with hepatitis C that are at risk of progressing to severe liver disease and HCC
- Through a systems-wide approach to increase hepatitis C awareness, testing and treatment, this work will use an iterative evaluation response to inform refinements to models of care and the optimal targeting of services and responses.



# Aims and Objectives

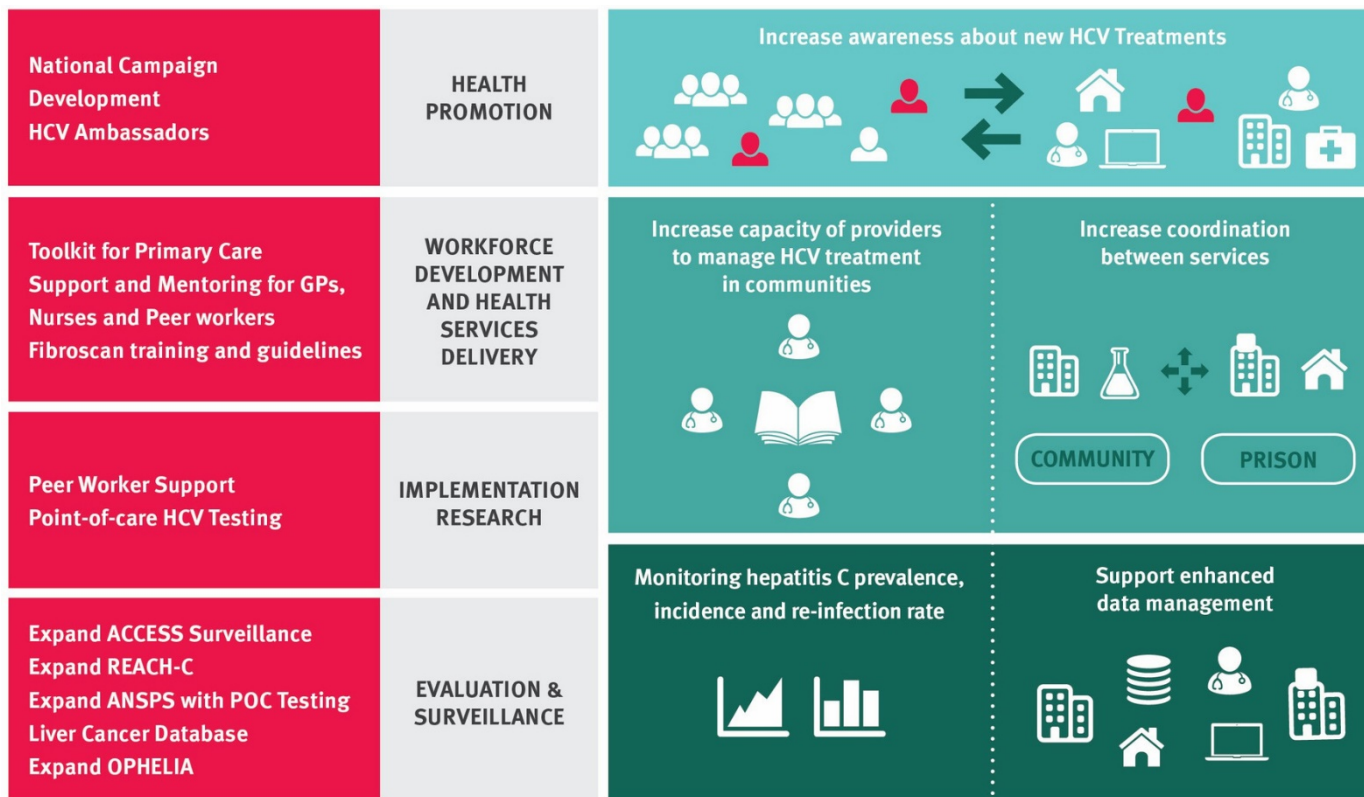
**Vision: The elimination of hepatitis C as a public health threat by 2030**

- Ensure at least **15,000** Australians with chronic hepatitis C are treated and **cured of their infection annually**
- Ensure people identified with **hepatitis C related cirrhosis are treated** and cured, and **regularly monitored** for liver failure and liver cancer consistent with National Guidelines
- Establish a **national collaborative framework** to facilitate a coordinated response for the elimination of hepatitis C as a public health threat from Australia by 2030\*
- Advocate for the **integration of EC Australia into the National Strategy action plan** to ensure long-term sustainability and funding for key activities



\* Which aligns with National Hepatitis C Strategy 2018-2022 and integrates with existing jurisdictional working groups and/or committees responsible for implementing elimination strategies targeting key risk populations

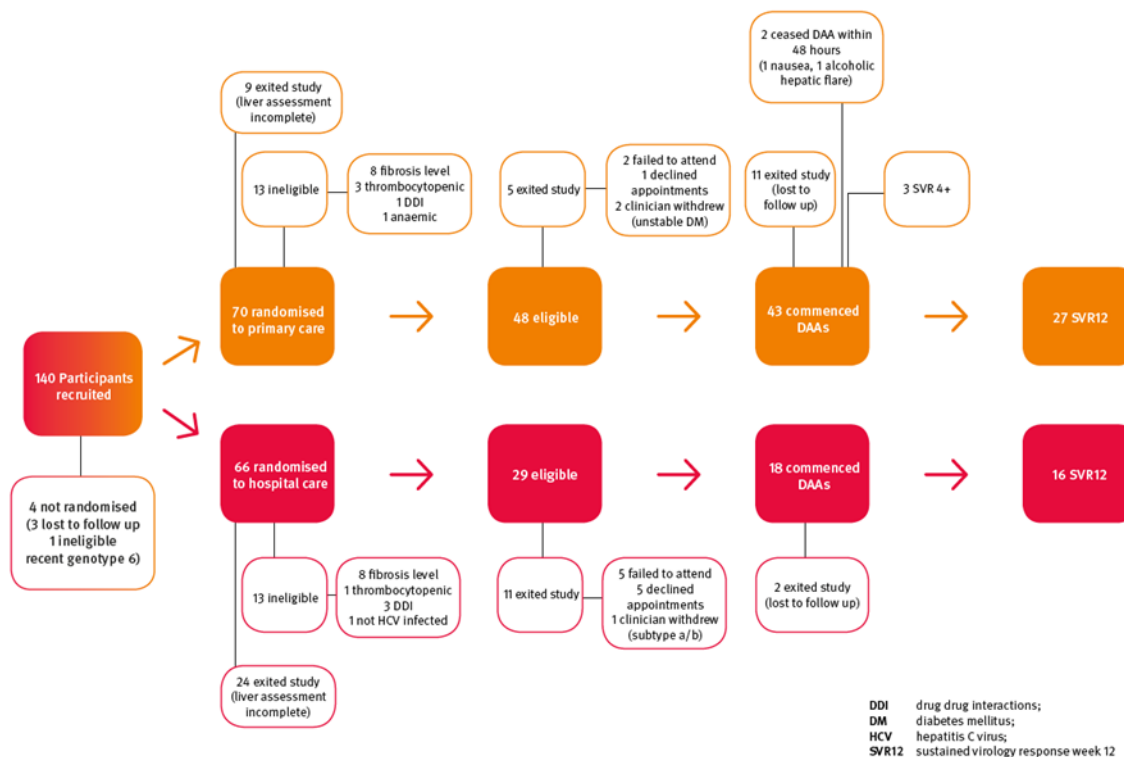
# EC Australia



# The Prime Study



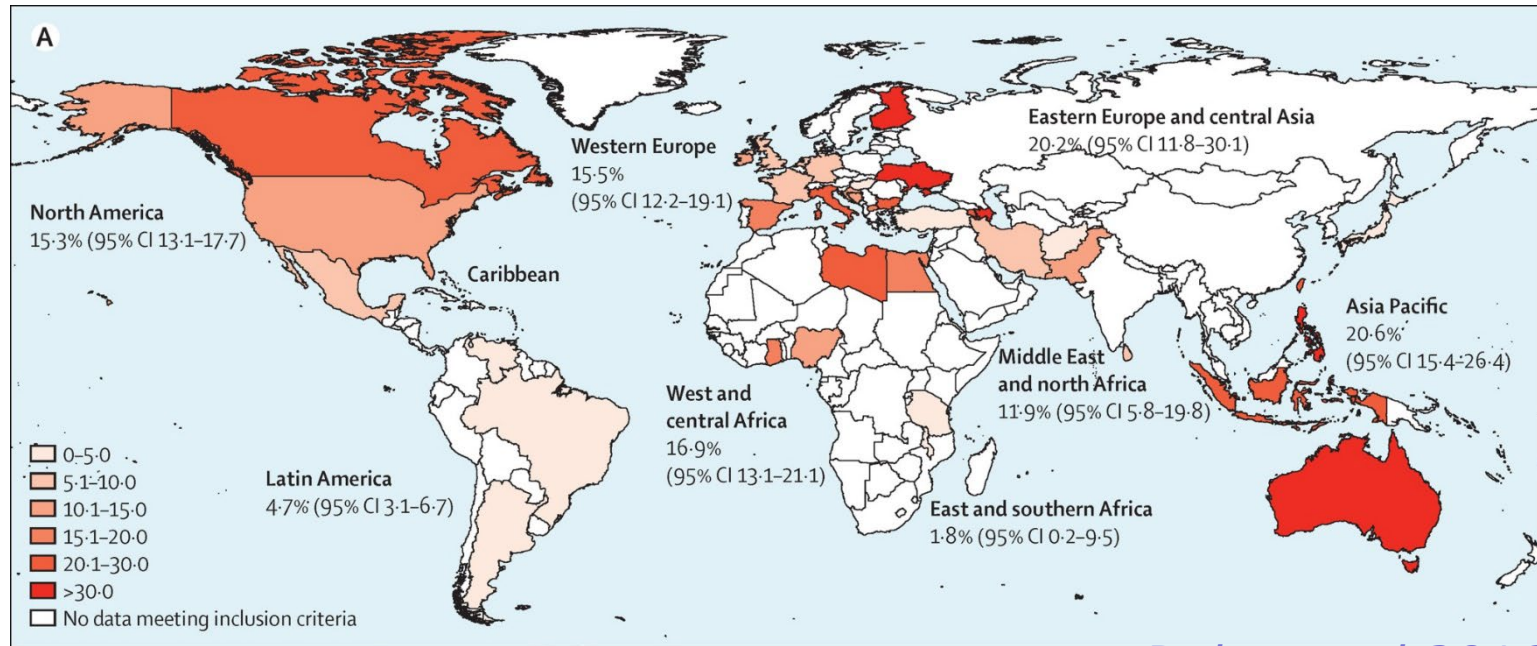
A randomised trial assessing the optimal model of HCV care





# Prison – a public health opportunity

- Prevalence of prisoners with hepatitis C globally



*Dolan et al 2016*

# Summary

- Hepatitis C elimination in Australia is possible
- A lot of work to be done
- Need to substantially increase testing
- Needs ongoing investment

# Stigma and discrimination



## Public health and international drug policy



*Joanne Csete, Adeeba Kamarulzaman, Michel Kazatchkine, Frederick Altice, Marek Balicki, Julia Buxton, Javier Cepeda, Megan Comfort, Eric Goosby, João Goulão, Carl Hart, Thomas Kerr, Alejandro Madrazo Lajous, Stephen Lewis, Natasha Martin, Daniel Mejía, Adriana Camacho, David Mathieson, Isidore Obot, Adeolu Ogunrombi, Susan Sherman, Jack Stone, Nandini Vallath, Peter Vickerman, Tomáš Zábanský, Chris Beyrer*

### Executive summary

In September, 2015, the member states of the UN endorsed Sustainable Development Goals (SDGs) for 2030, which aspire to human-rights-centred approaches

the same light as potentially dangerous foods, tobacco, and alcohol, for which the goal of social policy is to reduce potential harms.

Published Online  
March 24, 2016  
[http://dx.doi.org/10.1016/S0140-6736\(16\)00619-X](http://dx.doi.org/10.1016/S0140-6736(16)00619-X)

# Acknowledgements

## **Burnet Institute**

Joe Doyle, Alisa Pedrana, Amanda Wade, Nick Scott, Rachel Sacks Davis, Paul Dietze, Peter Higgs, Mark Stooze, Bridget Draper, Caitlin Douglas, Bridget Williams, Evelyn Wong, Stelliana Goutzamanis, Ned Latham, Emma McBryde, David Iser,

Sally von Bibra, Amy Kirwin and all the members of the TAP and MIX field teams and others in the Viral Hepatitis Group and Drugs and Alcohol Group

**St Vincent's Hospital** – Alex Thompson, David Iser

**Alfred Hospital** – Janine Roney, Mellissa Bryant and team

**Kirby Institute** – Greg Dore, Jason Grebely, Rebecca Guy

**Community based organisations** – Harm Reduction Victoria, Hepatitis Victoria, VAC, Living positive

**Department of Health, Health services** – primary and tertiary hospitals

**Others** – Jeff Lazarus, Andrew Hill, Scott Bowden, John Dillon, Sanjeev Aurora



**Professor Margaret Hellard**

[margaret.hellard@burnet.edu.au](mailto:margaret.hellard@burnet.edu.au)



**Burnet Institute**  
Medical Research. Practical Action.



Equity Through Better Health

**[burnet.edu.au](http://burnet.edu.au)**

85 Commercial Road Melbourne, Victoria, 3004