

The Eliminate Hepatitis C (EC) Victoria Partnership is a five year project (2017-2021) led by the Burnet Institute in partnership with St Vincent's Hospital Melbourne (SVHM) and key stakeholders across the sector. It aimed to increase Hepatitis C (HCV) testing and treatment uptake among people who inject drugs (PWID) via a community based, nurse-led model of care. In order to meet WHO Elimination targets, Victoria needs to increase HCV treatments to ~1,160 PWID a year for five years. The results will be used to measure the impact on prevalence and incidence of HCV in Victoria and inform HCV elimination models in Australia and globally.

## 1. HEALTH PROMOTION

Funded partners to develop new health promotion resources for PWID:

- Hepatitis Victoria: ['Be free from C' - Getting treated on the Outside](#)
- Hepatitis Victoria: [updated fitpack stickers](#)
- Harm Reduction Victoria: ['ezy-card' resource](#)

Convened an EC Health Promotion Working Group

Activities included:

- Regular meetings to share information and lessons across the group.
- Improving the [health literacy of client resources](#).
- Developed a catalogue of existing hepatitis C resources available in Victoria



## 3. CLINICAL SUPPORT

- Undertook a **scoping exercise** across 18 clinics with a high caseload of PWID and 12 IHNs to document models of hepatitis C care.
- Developed and disseminated **620 copies of the EC Practice Support Toolkit** Australia-wide; a comprehensive resource for primary care providers to deliver HCV testing, treatments, and engagement in good quality hepatitis C care. These included:
  - Patient Support Resources, health promotion resources and patient information.
  - Provider Support Resources, clinical support resources and decision making tools.
  - Practice Support Resources, guidance for maximising MBS billing and Instructions to conduct database queries and searches, to assist case-finding of patients requiring care.
- **Direct provision of services at EC sites by EC nurses**, including on-site pathology, fibroscans, treatment assessments, referrals and support to service staff to recall and follow up clients.
- **Trialed the use of a vein finder**, as a tool to support clinicians in finding client's veins.

## 2. TRAINING & EDUCATION

- Established a **website**; HepCHelp to provide clinical HCV information to GPs (site was retired when HCV consensus guidelines were released).
- **Trained and mentored** individual providers at EC sites.
- Developed a **FibroScan training & certification program** and **loaning agreement** for Integrated Hepatitis C Nurses (IHNs) in regional areas.
- Produced a series of **clinical resources** to help clinicians understand requirements of HCV treatment and streamline pathways to liver fibrosis assessment and post treatment monitoring.
- Delivered **hepatitis C training sessions** for primary care nurses and people working in alcohol and drug settings, in collaboration with Victorian HIV and Hepatitis Integrated training and learning program, Primary Health Networks and ASHM.

## 4. DATA SYSTEMS & SURVILLANCE

- Expanded [ACCESS surveillance system](#), to include 16 primary care sites.
- Following consultation with clinicians, researchers and data experts we developed indicators to monitor the HCV care cascade.

## 6. PRISON PROGRAM:

- Developed a state-wide program on viral hepatitis assessment and treatment in prisons.
- Employed an Evaluation and Research Coordinator, for quality improvement and evaluation activities of the program.
- Conducted a trial to evaluate the effectiveness of a care navigator to link people released from prison into community-based hepatitis C care.
- Helped establish an annual reporting of hepatitis C treatment numbers among prisoners in each state/territory to contribute to the [progress to elimination report](#).
- Contributing to the the development of a national consensus statement on the management of hepatitis C in Australia's prisons.

## 5. RESEARCH & EVALUATION

- [Rapid EC](#), a pilot study of rapid point of care testing to demonstrate the potential utility of these tests in reducing barriers to testing.
- [EC Experience Cohort](#), a longitudinal study of people who inject drugs recruited from EC sites to identify barriers and enablers to accessing treatment.
- [Peer Assisting Treatment of Hepatitis C \(PATH\)](#) project, in partnership with Harm Reduction Victoria and Access Health, Salvation Army.
- Conducted a mapping of different populations of PWID to engage in HCV care, which has led to an ongoing [systematic review of barriers and enablers to HCV care](#).
- [Delivered a hepatitis C testing campaign](#) to coincide with World Hepatitis Day in July 2019.



## EC VICTORIA ACHIEVEMENTS

### OUTCOMES:

- Across 16 primary care services, we have supported them to test 14,293 and treat 1342 people.
- Across 14 prison sites, we have supported them to assess 2465 and treat 1,928 people.

### FURTHER FUNDING:

- EC Victoria informed the design of the [Eliminate Hepatitis C Australia Partnership](#), a \$11.3 million philanthropic grant (Paul Ramsay Foundation).
- RapidEC informed NHMRC Grant (\$1,459,971) & Gilead Grant (\$1,062,026) for the [National Quickstart Trial](#) and the [CT2 Myanmar Project](#).
- PATH pilot led to funding for PATH EX-panded through Gilead Grants (\$171,248.31).
- SVHM have secured funding for 12 months to establish partnerships with MSIR, Community Corrections and the IHN Network to pilot new models of care for testing and linkage to treatment.
- EC Victoria lead to the successful NHMRC Program Grant on 'The elimination of Hepatitis C as a global public health threat' (\$7,001,475).

### KNOWLEDGE TRANSLATION:

- Published 20 publications to date in multiple journals, including a [series of supplements in Medicine Today](#) to focus on the role of GPs in hepatitis C elimination.
- Provided regular sector updates through our [Newsletters](#).