

Identifying high-priority regions for hepatitis C treatment in Australia

Targeted interventions are needed to increase hepatitis C treatment uptake in non-metropolitan areas and amongst disadvantaged and marginalised communities.

For complete details and results, contact Dr Nick Scott (nick.scott@burnet.edu.au).

Full publication: Scott N, Hainsworth S, Sacks-Davis R, Pedrana A, Doyle J, Wade A, Hellard M. Heterogeneity in hepatitis C virus treatment prescribing and uptake in Australia: a geospatial analysis of a year of unrestricted treatment access. *Journal of Virus Eradication* 2018; 4:108–114

THE ISSUE

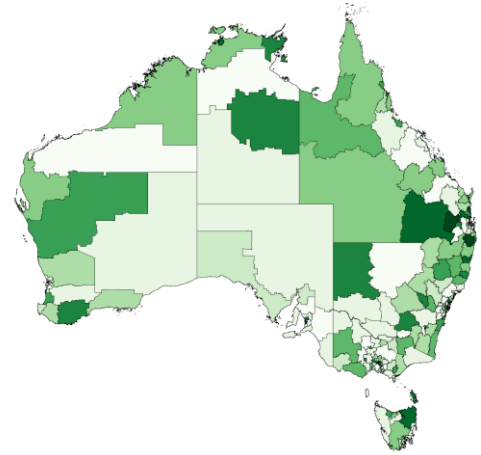
Universal access to highly-effective direct-acting antiviral treatments for hepatitis C became available in Australia in March 2016. Due to the simplicity of the treatments, they can be prescribed by non-specialists in primary care settings, providing optimism that Australia can eliminate hepatitis C as a public health threat.

WHAT OUR WORK FOUND

We combined data from the Australian Bureau of Statistics and Pharmaceutical Benefits Scheme from March 2016 to June 2017 to create demographic profiles for 338 discrete geographical areas in Australia and assess how treatment uptake and prescribing patterns varied by geography and demographic characteristics.

In the first 15 months since new hepatitis C treatments became available:

- Hepatitis C treatment uptake was below average in areas outside of major cities
- Hepatitis C treatment uptake was below average in areas with low socioeconomic status and in areas with larger migrant populations
- Outside of major cities, non-specialists (e.g., general practitioners) were the predominant prescribers of hepatitis C treatment
- Non-specialist prescribing was also higher in areas with a greater proportion of Aboriginal and Torres Strait Islanders populations.



This map compares the number of direct-acting antiviral treatment initiations per capita from March 2016 to June 2017 in Australia. The darkest areas are regions with the highest rate of treatment per 100,000 population.

CONCLUSION

There is significant variation in hepatitis C treatment uptake and prescribing patterns across Australia. Socioeconomically disadvantaged areas and non-metropolitan areas had the lowest hepatitis C treatment coverage rates. This variation may reduce Australia's ability to eliminate hepatitis C as a public health threat.

POLICY IMPLICATIONS

- Targeted interventions are required for non-metropolitan areas, areas of socioeconomic disadvantage and areas with greater migrant populations to improve hepatitis C service coverage and treatment uptake.
- The capacity of non-specialist prescribers should be supported and developed further to facilitate hepatitis C treatment uptake, especially outside of major cities and in marginalised communities.