

## Implementing the Hepatitis C Cure: Public Health implications

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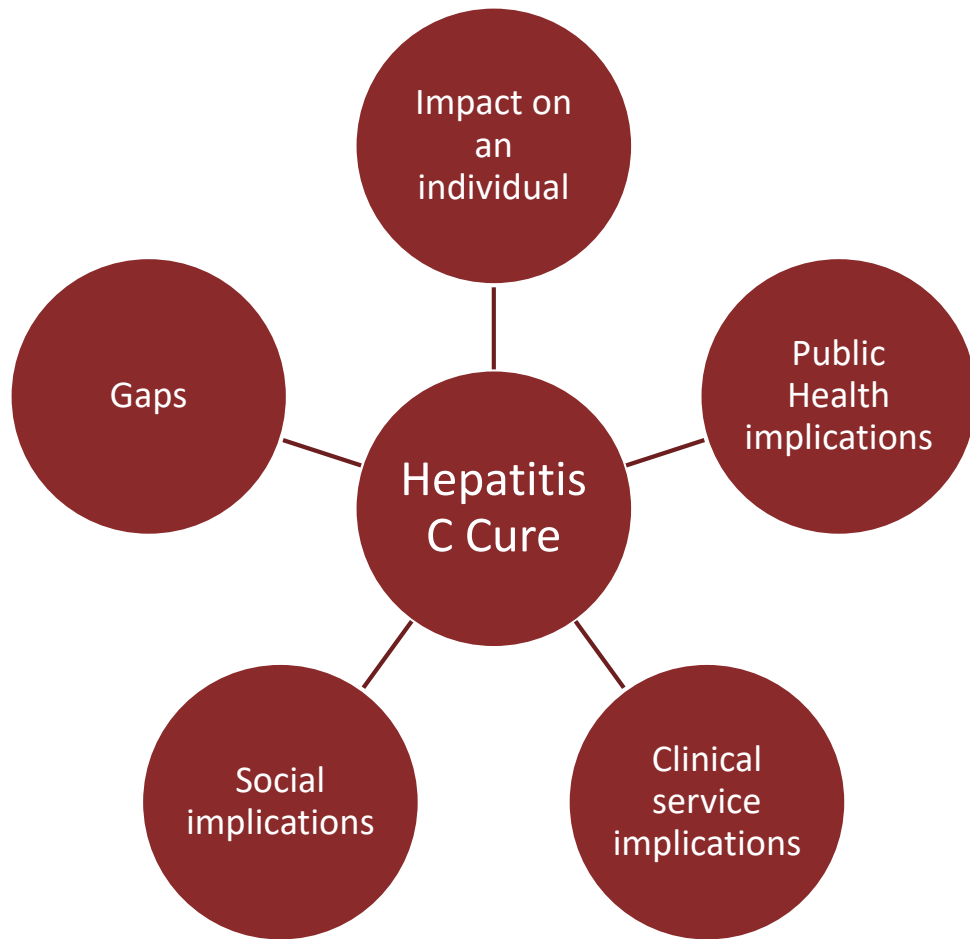
Australian Research Centre in Sex, Health and Society

# Background

- Hepatitis C treatment revolution
- Clinical impact well documented
- Sustained viral response vs cure
- Australian response: elimination
  - Implications for national strategies

# Methods

- Semi-structured interviews
- Twenty-four participants
  - Clinical specialists (hepatologists, ID physicians and CNCs) = 9,
  - Hepatitis C peer based community sector staff = 6,
  - Government policy = 5
  - General practitioners = 4 specialists
- Interview guide:
  - In your view what are the potential challenges for rollout of these new treatment regimens in the Australia?
  - What do you see as the potential benefits of these new treatments
  - Do you have any concerns about the rollout of new treatments? If so what are they?
  - How might the new treatments change the clinical management of hepatitis C in Australia?
  - In your view what are some of the potential policy implications of new treatments for models of care and education and prevention?



# Findings: Individual impact

*She was heading totally for decompensation on opiate replacement. It took about five years to engage her and she's always had a lot of anger and some days she'd walk out on you... We finally got her into treatment ... and she cleared it... She's happy, she's smiling. (Clinical specialist)*

*There really needs to be an acknowledgement that it's not just liver disease that affects people living with hep C. Their all-cause mortality is increased just by living with the viral infection. (Community sector)*

# Findings: Social implications

*I've still got a lot of clients who keep their hep C secret and these new treatments will allow them to actually get a cure and still maintain their confidentiality.  
(Community worker)*

*We could say “hey, you know what, your life really matters and we can clear you of this virus.” Extraordinary. (Government Worker)*

*The majority of people have hep C from intravenous drug use, and as a society we discriminate and judge people that use drugs. (General Practitioner)*

# Findings: Public health implications

*In terms of prisons or people involved in the drug and alcohol services and Aboriginal communities where treatment numbers have been really low, these new treatments provide an opportunity to provide greater access to those groups. (Community Sector)*

*If you no longer have the hepatitis C virus in your bloodstream you then are no longer infected with the hepatitis C virus so your ability to pass it onto others diminishes. (Clinical Specialist)*

# Clinical Service Implications

*What will change will be that the liver specialists will become true specialists focussed on the people with ... moderate to severe liver disease. (General Practitioner)*

*The new drugs will cut the need for time with patient by 60, 70 per cent, because we're not having to do weekly, fortnightly bloods, worry about Neutrophils, leukocyte (Clinical Specialist)*

*There should be no ATSICHS where hepatitis C treatment is not offered in that environment where Aboriginal people go for their healthcare checks. (Clinical Specialist)*



# Findings: Implementation Gaps

*We must decide we're going to actually have a strategic, cohesive response if we're going to stop death and stop transmission. (Clinical Specialist)*

*At the moment we're dealing with people clambering for treatment, and the answer in a year and a half or two years' time will be promoting treatment. (Community Sector)*

## Conclusion: *It's a complete game changer*

- Australia is unique in seeking elimination
- Ease of administration essentially changes administration
  - Community health services, correctional settings; drug and alcohol services
- Challenges:
  - Stigma and marginalisation affecting health access
  - Lack of coordinated implementation
  - People with hepatitis C engaged with health services will access treatment
  - Access to general practice

# Thank you

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