

## RESPONDING TO NOTIFICATIONS OF UNSPECIFIED HEPATITIS B AND C IN VICTORIA

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**Background:** In Victoria, as in several Australian jurisdictions, notifications of unspecified (non-acute) hepatitis B and C are not followed up with diagnosing doctors. This limits availability of key information such as Aboriginal and Torres Strait Islander status or country of birth, and represents a lost opportunity to support primary care clinicians with information regarding vaccination, management approaches and treatment availability for their patients.

**Methods:** From July 2016, Victoria is implementing a pilot program where all notifications of unspecified viral hepatitis will lead to postal contact with the diagnosing doctor. The response to doctors will highlight the availability of treatment and provide links to clinical resources; include a simplified data collection form pre-filled with patient information; and include order forms for free hepatitis B vaccine for people diagnosed with hepatitis C, or eligible contacts of those diagnosed with hepatitis B.

**Results:** In the year prior to pilot implementation, <30% of laboratory notifications for unspecified viral hepatitis were also notified by treating doctors. This was reflected in completeness of key data, such as Aboriginal and Torres Strait Islander status (26.5%), country of birth (22.6%), and history of injecting drug use (7.6%). Change in completeness of these and other key data fields following implementation will be presented, as will initial data on changes in vaccination uptake. Barriers encountered and feedback from stakeholders will be described.

**Conclusion:** Improved public health responses to notifications of viral hepatitis, including support for clinicians at time of diagnosis, has long been advocated and is recommended in the National Hepatitis Strategies. This pilot program represents a cost effective strategy to not only improve the quality of notifiable disease surveillance data to inform effective program delivery, but also provide information for clinicians at the time of diagnosis to improve outcomes for Victorians newly diagnosed with viral hepatitis.

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