

Responding to Notifications of Unspecified Hepatitis B and C in Victoria

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Disclosure of Interest

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Victorian Surveillance

- Laboratories and doctors are required to notify newly acquired and chronic HBV and HCV
- ~30% of doctors notify
 - Limited details on laboratory notifications
- Notification follow up
 - Newly acquired cases, doctor notifications, immigration, any public health concern



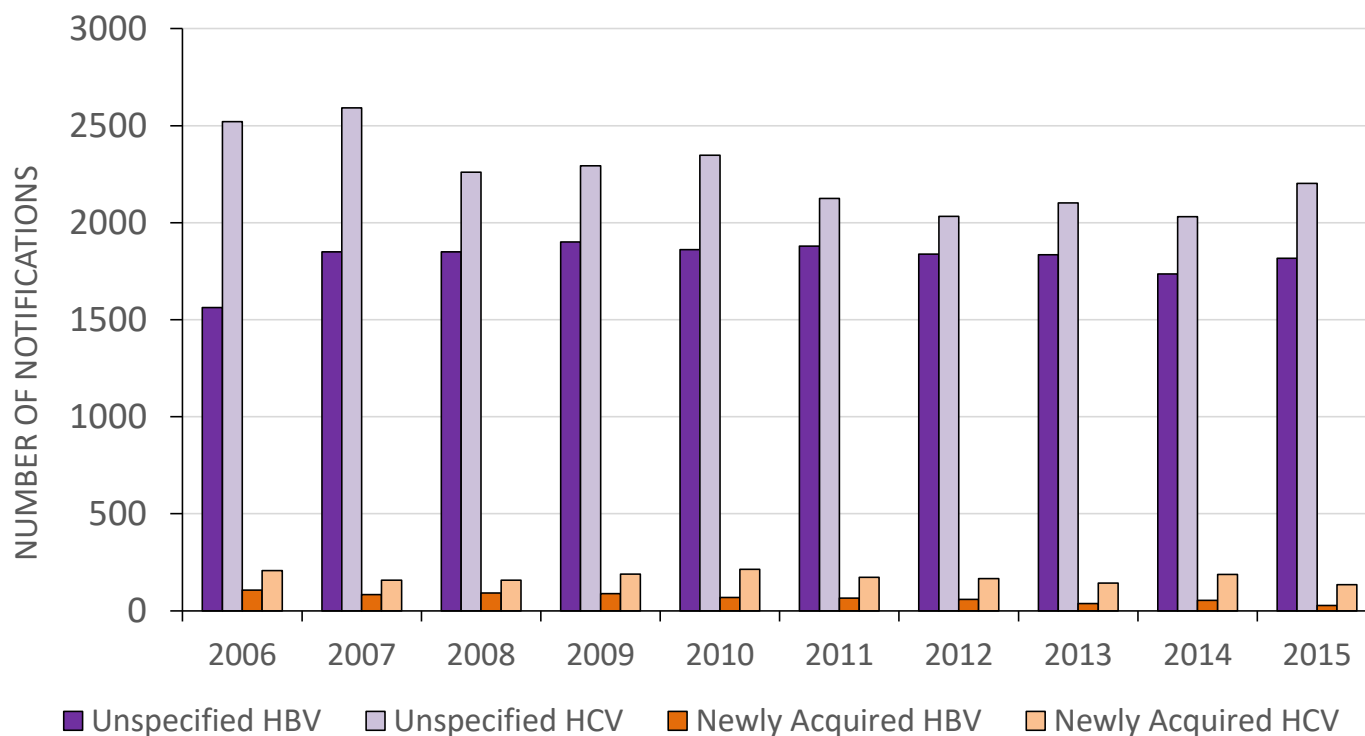
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Victorian Notifications, 2006-2015



- No follow up on unspecified (non-newly acquired)



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Problem

- Low completeness of data
- Limited uptake of free immunisations for hepatitis B
- Gaps in clinical follow up for people diagnosed with HBV/HCV



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Pilot Project Aims

- Simplify process of notification and vaccine ordering
- Inform clinicians about: importance of notification, availability of free vaccine, need for follow up care
- Measured outcomes:
 - Increase proportion of doctors notifying
 - Increase proportion of key fields complete in notification data
 - Increase ordering of hepatitis B vaccines
 - Improve awareness among clinicians



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Project Activities

- Contact doctors who diagnose a case of unspecified HBV/HCV
- Mail *Request for Information* pack
 1. Informative letter
 2. Notification form
 3. Immunisation order form



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Department of Health and Human Services

Dr Viral Hepatitis
5 Diagnosing Lane
Treatment City VIC 9999

50 Lonsdale Street
Melbourne Victoria 3000
GPO Box 4057
Melbourne Victoria 3001
www.dhhs.vic.gov.au
DX 210081

Dear Dr Hepatitis

Re.: Hepatitis B - Unspecified — 320162111111
Test1 Test2 (Female) DOB. 09-Sep-1990

According to a notification received by the Department of Health and Human Services (DHHS), you recently diagnosed this patient with hepatitis B infection. I am writing to advise you of the following:

- Liver cancer is the fastest increasing cause of cancer death in Victoria.
- All people with diagnosed hepatitis B need regular monitoring, and effective treatments are now available and able to be prescribed in primary care.
- Free vaccine is available for susceptible household and sexual contacts (order form enclosed).

What do you need to do now?

- The enclosed request for information questionnaire has been prefilled with the patient's demographic details. Please complete the other fields to confirm risk factor information.
- Identify and offer vaccination to susceptible household and sexual contacts (form enclosed).
- Assess and manage chronic hepatitis B infection.

Why do I need to complete the request for information questionnaire?

- Notification of hepatitis B infection with relevant clinical information is vital to improve public health responses.
- Information such as country of birth, Aboriginal and Torres Strait Islander status, occupation, and risk details cannot be provided on laboratory reports.

Identification and vaccination of susceptible household and sexual contacts

- The DHHS provides free hepatitis B vaccine for household and sexual contacts of a person with hepatitis B infection (order form enclosed).

Letter

- Where possible all household contacts and sexual partners of this patient should be tested for **HBsAg**, anti-HBs and anti-HBc. Those found to be susceptible should be vaccinated and protection confirmed on serological testing 4–8 weeks after last dose.
- Contact tracing should be discussed with the patient and an agreed position reached as to how it will be undertaken and how confidentiality will be managed.

Management of chronic hepatitis B infection

- There is no longer a concept of the "healthy carrier".
- All patients with chronic hepatitis B should have yearly viral load monitoring and some require six monthly monitoring for liver cancer.
- Appropriate antiviral treatment for chronic hepatitis B prevents progression of liver disease and reduces the risk of complications including liver cancer.
- Management guidelines and resources for GPs including fact sheets in multiple languages are available at www.hepbhelp.org.au.
- Although chronic hepatitis B is the most common cause of a positive **HBsAg** test result, newly acquired (acute) hepatitis B infection is another possibility. Further serological testing may be needed if this patient has signs and symptoms of acute infection or risk factors for recent acquisition (see hepbhelp.org.au).

Who should I test for hepatitis B infection?

Most Victorians with hepatitis B come from one of two priority populations:

- People born in regions with intermediate or high hepatitis B prevalence, such as the Asia-Pacific and Sub-Saharan Africa
- Aboriginal and Torres Strait Islander People.

All patients belonging to these two groups should be offered routine testing to determine their hepatitis B status.

More information on these and other at-risk populations can be found at hepbhelp.org.au.

The completed questionnaire can then be returned either by fax to 1300 651 170 or posted to Communicable Disease Prevention and Control, Reply Paid 65937, Melbourne VIC 8060 (no postage stamp required). All information collected is confidential and is protected by legislation.

If you have any questions or wish to discuss this request in more detail, please call on 1300 651 160.

Yours sincerely

Professor Charles Guest
Chief Health Officer
19 September 2016

/2

Notification Form

Confidential Hepatitis B Unspecified—Request for information



Please correct and complete the information below and return to the department at the following address or fax. Please contact the department on 1300 651160 if you have any queries. Your assistance is greatly appreciated.

Department of Health & Human Services, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651170.

Please ensure the case (1) has been informed of their diagnosis, (2) has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*), and (3) has been informed that the department may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions nor to provide the information requested on this form.

Is this diagnosis a newly acquired or unspecified case

☐ Hepatitis B (Newly Acquired)

Meets at least one of the following criteria:

- ☐ Detection of hepatitis B surface antigen (HBsAg) from a person shown to be negative within the past 24 months
- ☐ Detection of hepatitis HBsAg and IgM to hepatitis B core antigen, in the absence of prior evidence of hepatitis B virus infection
- ☐ Detection of hepatitis B virus by nucleic acid testing and IgM to hepatitis B core antigen, in the absence of prior evidence of hepatitis B virus infection

☐ Hepatitis B (Unspecified)

Meets at least one of the following criteria:

- ☐ Detection of hepatitis B surface antigen (HBsAg) or hepatitis B virus by nucleic acid testing in a person with no prior evidence of hepatitis B infections AND does not meet any of the criteria for a newly acquired case
- ☐ Previously known to be hepatitis B positive

Case details—please answer all questions

Last name

Test 1

First name(s)

Test 2

Date of birth

01-Jan-1973

Sex

☐ Male

☒ Female

Other, specify

Residential address

1 Viral Hepatitis Lane

City

Trial Run

Postcode

VIC 9999

Is the case of Aboriginal or Torres Strait Islander origin

☐ No

☐ Unknown

☐ Aboriginal

☐ Torres Strait Islander

☐ Both Aboriginal and Torres Strait Islander

Country of birth ...country

☐ Australia

☐ Unknown

☐ Other, specify >

...year arrived in Australia

☐ Unknown

Alive/deceased

☒ Alive

☐ Died due to hepatitis B >

☐ Died due to other causes >

...date of death

Current occupation

☐ Unknown

Has the case EVER worked as a health care worker, or, is currently training to work as a health care worker

☐ No

☐ Unknown

☐ Yes, specify occupation >

Was the case in a prison/correctional facility at the time of this test

☐ No

☐ Unknown

☐ Yes

Does the case have a history of injecting drug use

☐ No history of injecting drug use

☐ Unknown

☐ Yes, within the past 2 years

☐ Yes, more than 2 years ago

History of illness/clinical comments include any relevant comments, such as possible source of infection, others with similar illness, etc.

Name of person completing this form (if not the notifying doctor below)

Position

Medicare provider no.

Notifying doctor/hospital/laboratory details



Immunisation Order Form

Health Protection Branch

Hepatitis B Vaccine Order — Eligible at risk people



- Please allow a MINIMUM of 3 business days for processing and delivery of your vaccine or resource order.
- For vaccine delivery inquiries please telephone Onelink 03 8588 1042.
- Please send completed orders to fax 03 8588 1032 or email orders@onelink.com.au.

Order from

Doctor name
Dr Viral Hepatitis

DHHS account no

Delivery address (not post office box)
5 Diagnosing Lane Treatment City VIC 999

Telephone
0387460200

Fax

In order to receive government funded vaccines, I agree that:

1. To follow the Free vaccine Victoria – criteria for eligibility at www.health.vic.gov.au/immunisation.
2. On receipt of the vaccine delivery, to immediately check the **TagAlert** temperature indicator and if the LCD is not displaying the 'OK' icon to immediately notify **Onelink** by phone 03 8588 1042 or fax 03 8588 1032.
3. To comply with the vaccine cold chain storage requirements of 2°C – 8°C as contained in the National Vaccine Storage Guideline, Strive for 5.
4. In the event of any clinic cold chain breach to immediately contact the Immunisation Section by telephone 1300 882 008 or email immunisation@health.vic.gov.au before discarding or administering any vaccines.

Print name

Signature

Date

Read Part 4.5 of The Australian immunisation handbook for hepatitis B management for specific at-risk groups regarding pre and post serological testing, vaccine dosage, spacing and administration at immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home. Consumer Hepatitis B information is available at www.betterhealth.vic.gov.au/health/conditionsandtreatments/hepatitis-b. Immunisation resources are available at www.health.vic.gov.au/public-health/immunisation.

Eligible at risk people	Engerix-B vaccine	Doses in stock	Doses required
	•Adult formulation (≥20 years of age) •Paediatric formulation (<20 years of age)		
Household contacts and sexual partners of people living with hepatitis B	Adult formulation (ENGSC)		
	Paediatric formulation (ENGSCP)		
People who inject drugs or are on opioid substitution therapy	Adult formulation (ENGIDU)		
	Paediatric formulation (ENGIDUP)		
People living with Hepatitis C	Adult formulation (ENGCC)		
	Paediatric formulation (ENGCCP)		
Men who have sex with men	Adult formulation (ENGMSM)		
	Paediatric formulation (ENGMSMP)		
People living with HIV	Adult formulation (ENGGB)		
	Paediatric formulation (ENGGBP)		

July – August 2016, HBV & HCV

686 confirmed
unspecified



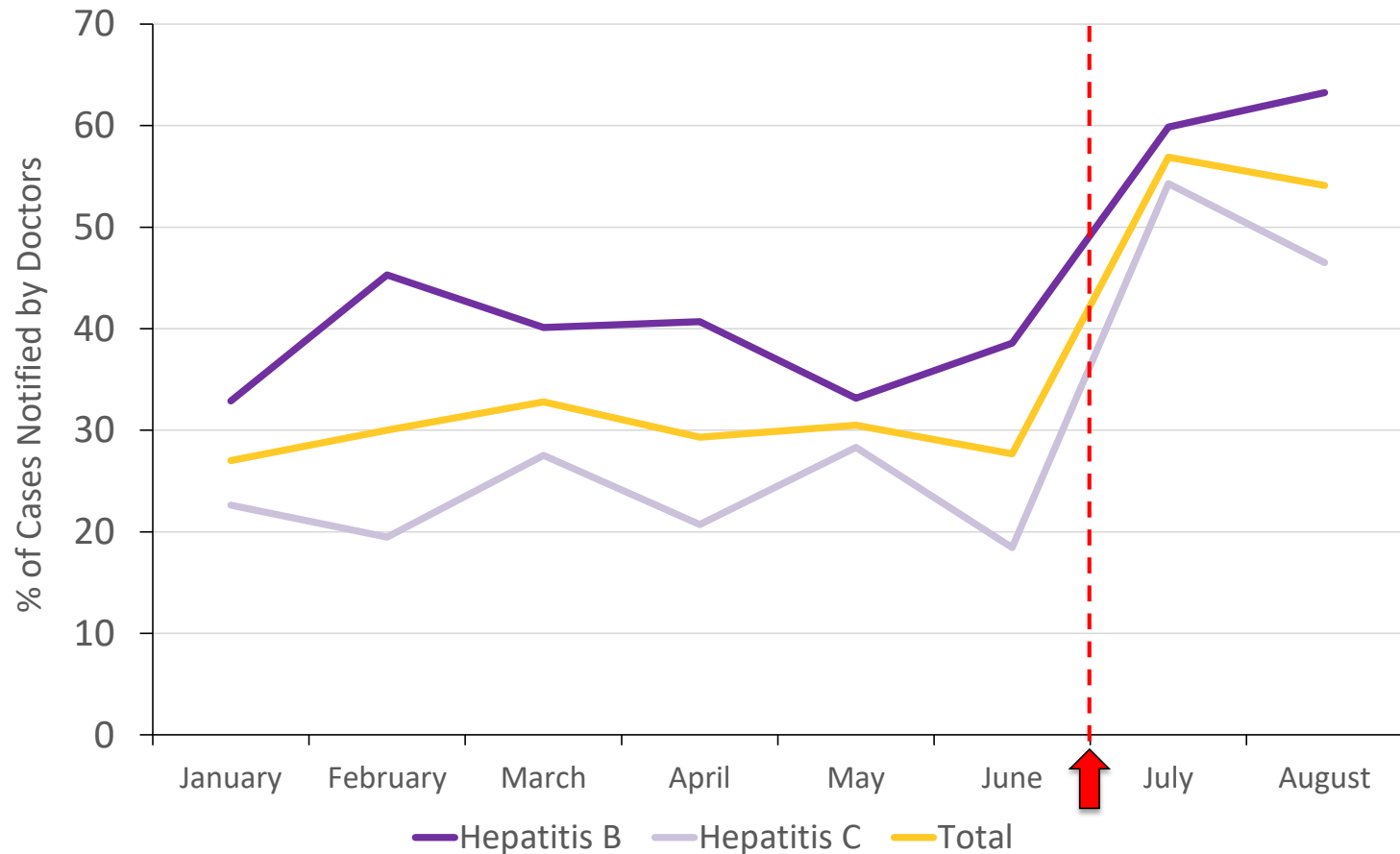
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HBV and HCV Cases Notified by Doctors, 2016



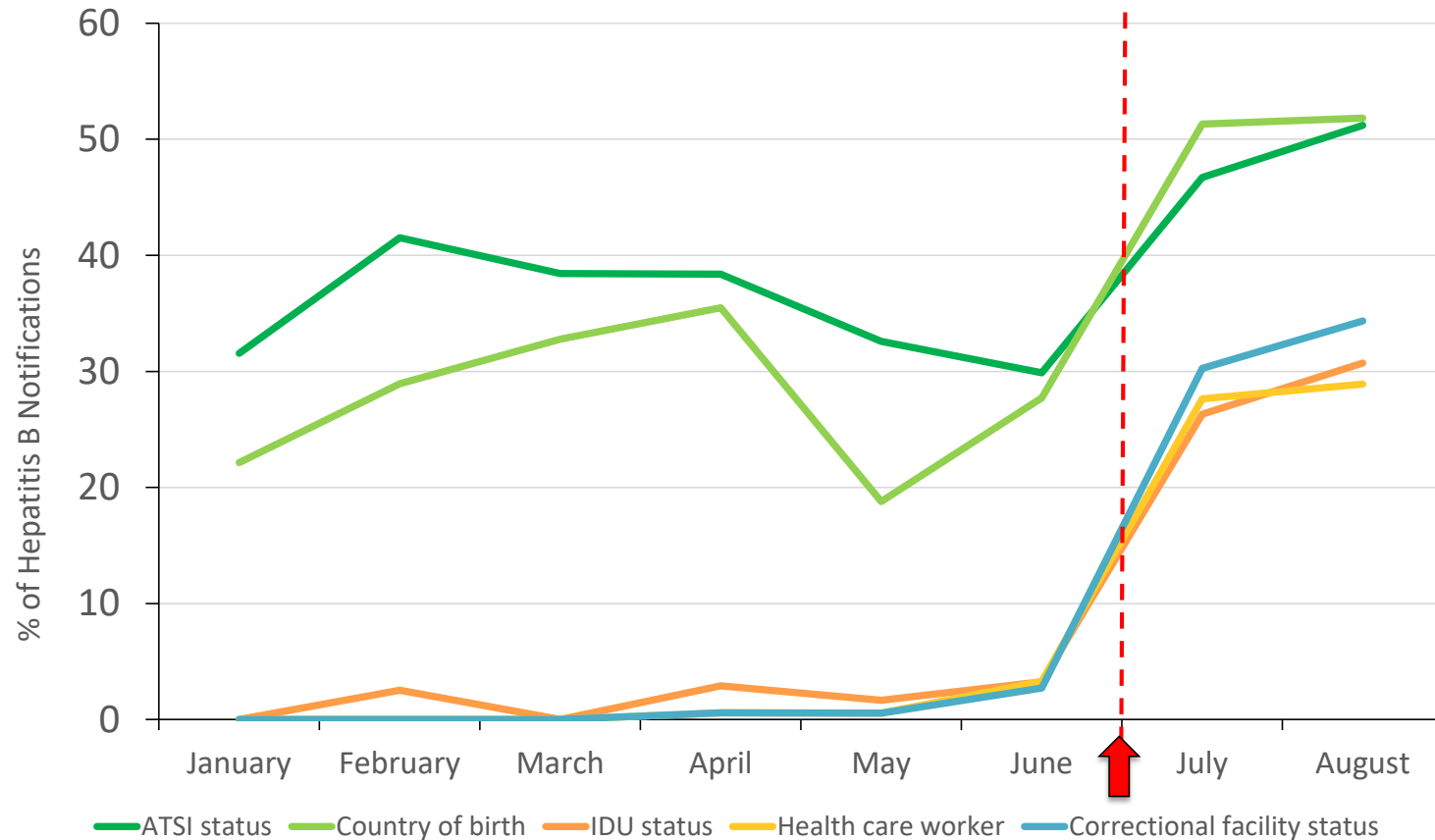
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Hepatitis B Data Completeness, 2016



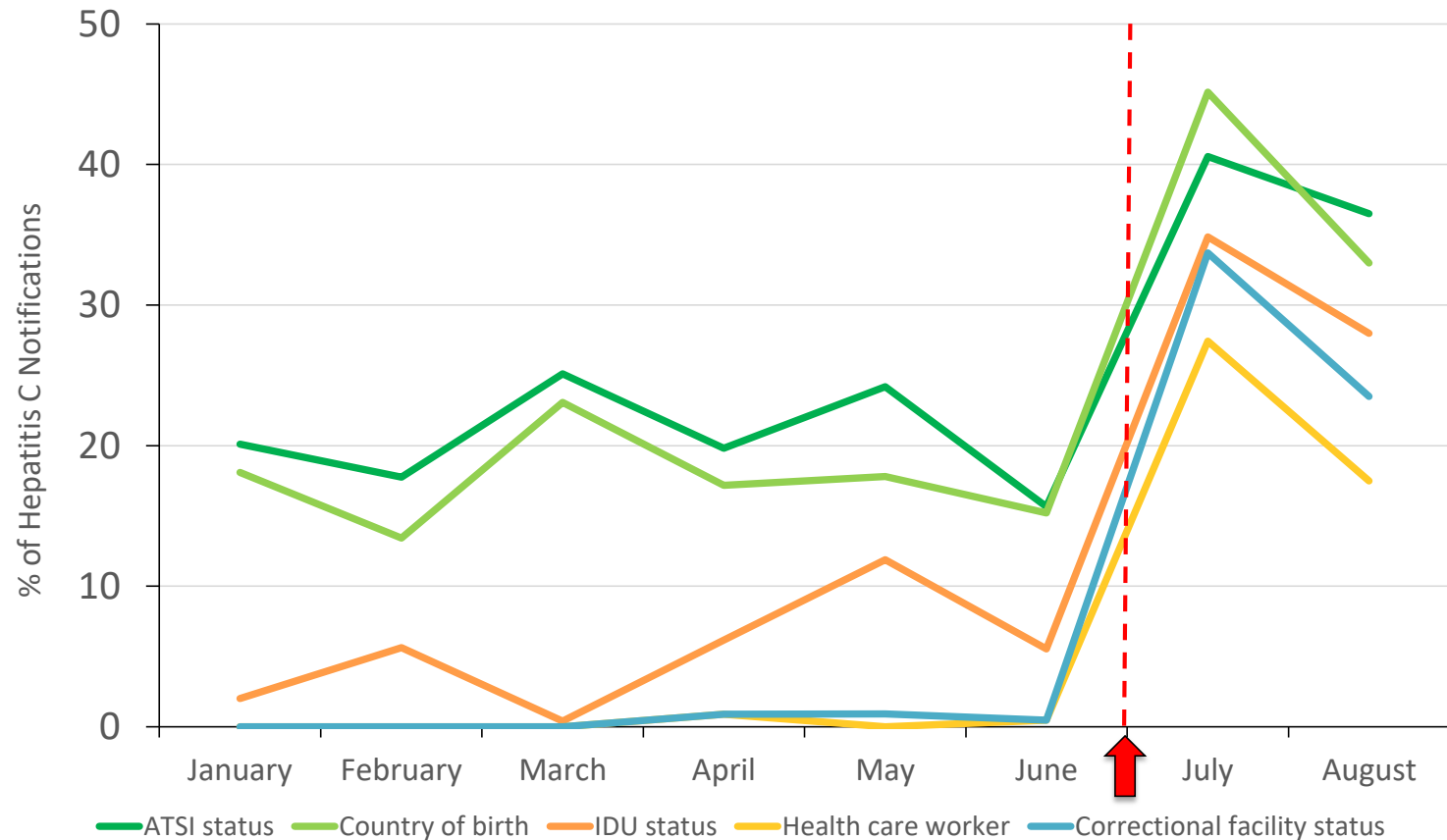
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Hepatitis C Data Completeness, 2016



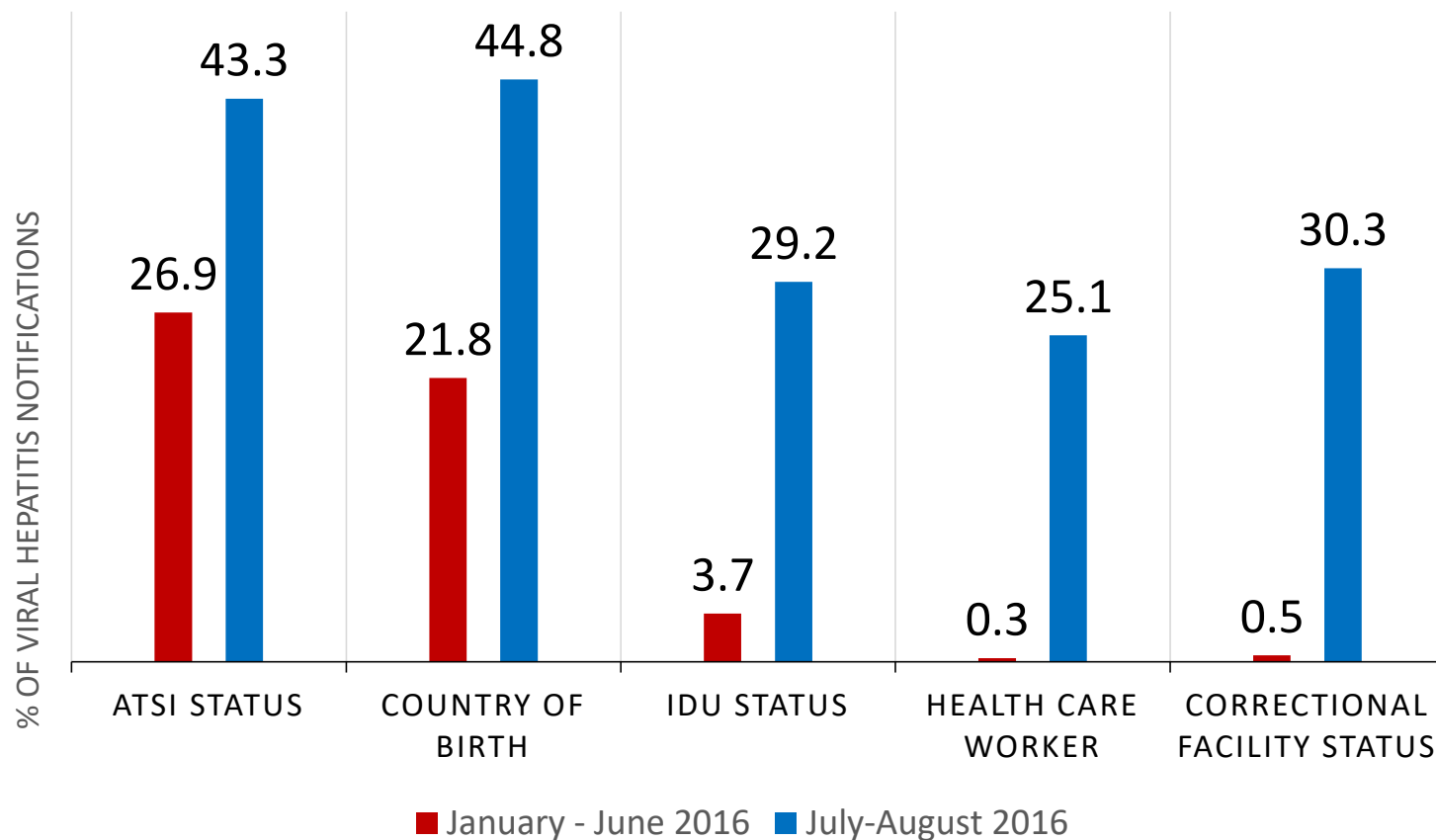
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HBV & HCV Change in Data Completeness



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Challenges

- Lead time in project implementation
- Integrating with DH surveillance processes

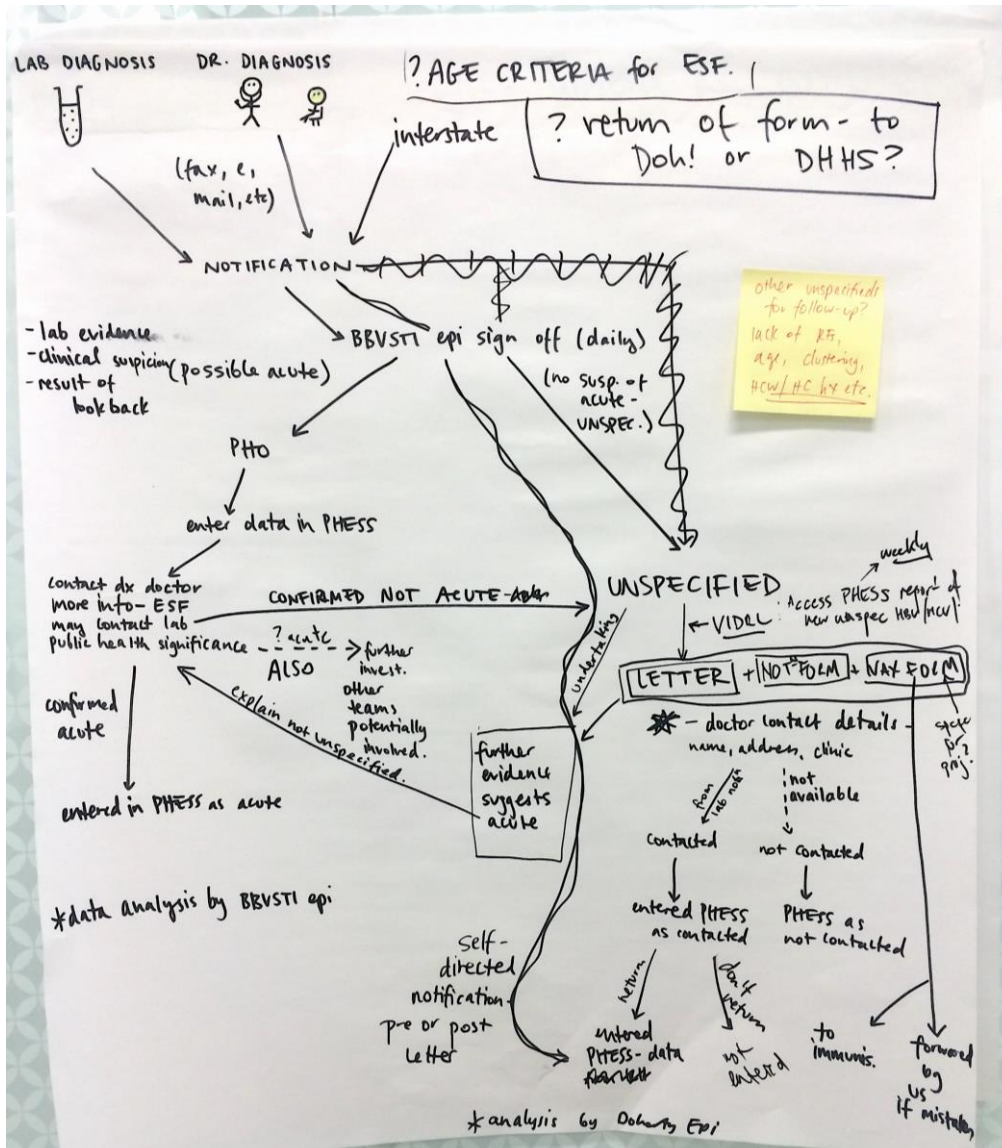


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Challenges

- Lead time in project implementation
- Integrating with DH surveillance processes
- Doctor details on laboratory reports
 - 8% of all confirmed cases are missing doctor details
 - Correct addresses?
- Timeliness
 - IT issues, data entry backlog
 - Median time taken to send letter: 8 days
- Clinical information unavailable
 - 51% of returned letters partial completeness



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Conclusion

- Key opportunity to increase:
 - Epidemiological information
 - Clinician awareness
 - Uptake of services
- Substantial improvements on data completeness
- Further refinements will enhance data collection and completeness
- Project could be replicated in other jurisdictions with a modest investment of resources



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Notifying doctors and laboratories

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