

Direct-acting antivirals have increased the number of people being cured of hepatitis C.

The number of people being cured of hepatitis C has improved since the introduction of direct-acting antivirals. More work is needed to increase testing of people who are at-risk of hepatitis C.

THE ISSUE

Australia has committed to eliminate hepatitis C as a public health threat by 2030. As part of this commitment, direct-acting antivirals (DAAs) were made widely available in 2016 via the Pharmaceutical Benefits Scheme (PBS). The introduction of DAAs has revolutionised hepatitis C treatment. Despite this, research shows that hepatitis C testing needs to increase alongside the uptake of DAAs.¹

Best practice management of hepatitis C involves an individual transitioning through the following five stages²:

1. Patient is tested for hepatitis C antibodies, and if positive:
2. Patient is tested for current hepatitis C infection (RNA), and if RNA positive:
3. Patient viral load/genotype tested
4. Patient starts hepatitis C treatment
5. After finishing the treatment, patient is tested again to confirm they have been cured of hepatitis C

This is known as the hepatitis C 'cascade of care'.

WHAT OUR WORK FOUND

Our research explored whether the number of people completing the hepatitis C care cascade improved in the period before and after DAAs were made available on the PBS. We drew on clinical data from a network of 18 community health centres and general practices that treat high numbers of people with hepatitis C and provide services for people who inject drugs in Victoria, Australia.

The proportion of people with hepatitis C completing the care cascade increased from less than 1% before the introduction of DAAs to 45% afterwards. Despite these improvements, the number of people being tested for hepatitis C has remained relatively stable.

CONCLUSION

The number of people with hepatitis C who have completed treatment and been cured of the virus has improved since the introduction of DAAs. However, there needs to be increased testing of people, particularly people who inject drugs, if Australia is to eliminate hepatitis C as a public health threat by 2030.

References

1. Scott et al. Reaching hepatitis C virus elimination targets requires health system interventions to enhance the care cascade. *Int J Drug Policy*. 2017; 47:107–116.
2. Safreed-Harmon K et al. The Consensus Hepatitis C Cascade of Care: standardized reporting to monitor progress toward elimination. *Clin Infect Dis*. 2019.
3. Gastroenterological Society of Australia. Australian recommendations for the management of hepatitis C virus infection: a consensus statement. 2018.

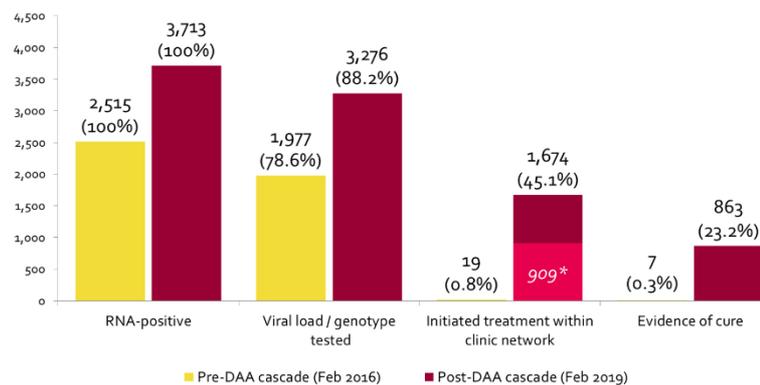


Figure 1: Number of individuals with confirmed hepatitis C infection diagnosed at one of the 18 clinics in the pre-DAA and post-DAA study periods. This reflects the number of people who have completed each stage of the hepatitis C cascade of care.

Implications

Community services and general practices should conduct risk-based assessments in a standardised manner to determine if someone is at risk of hepatitis C, and discuss the importance of hepatitis C testing with the patient.

For complete details, contact Michael Traeger (michael.traeger@burnet.edu.au).

Full publication: Traeger MW, Pedrana AE, van Santen DK, Doyle JS, Howell J, Thompson AJ, et al. 2020. The impact of universal access to direct-acting antiviral therapy on the hepatitis C cascade of care among individuals attending primary and community health services. *PLoS ONE* 15(6):e0235445.