



Department for Health and Wellbeing

# South Australian Hepatitis C Implementation Plan 2019-2023

South Australia's plan for addressing the  
Fifth National Hepatitis C Strategy  
2018-2022



Government  
of South Australia

SA Health

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## Acronyms

AHCSA	Aboriginal Health Council of SA
ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
ANSPS	Australian Needle Syringe Program Survey
BBV	blood borne virus/es
CAASSA	Community Access and Services SA
CDCB	Communicable Disease Control Branch
DASSA	Drug and Alcohol Services South Australia
HAPI Group	Viral Hepatitis Subcommittee of SASBAC
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
LHNs	Local Health Networks
PLHCV	people living with chronic hepatitis C
RHS	Refugee Health Service
SA	South Australia
SA3	statistical area level 3
SAPHS	SA Prison Health Services
SASBAC	South Australian STI and BBV Advisory Committee
SIN	Sex Industry Network
STI	sexually transmissible infection/s
VHMOC	South Australian Viral Hepatitis Model of Care Reference Group

## Background

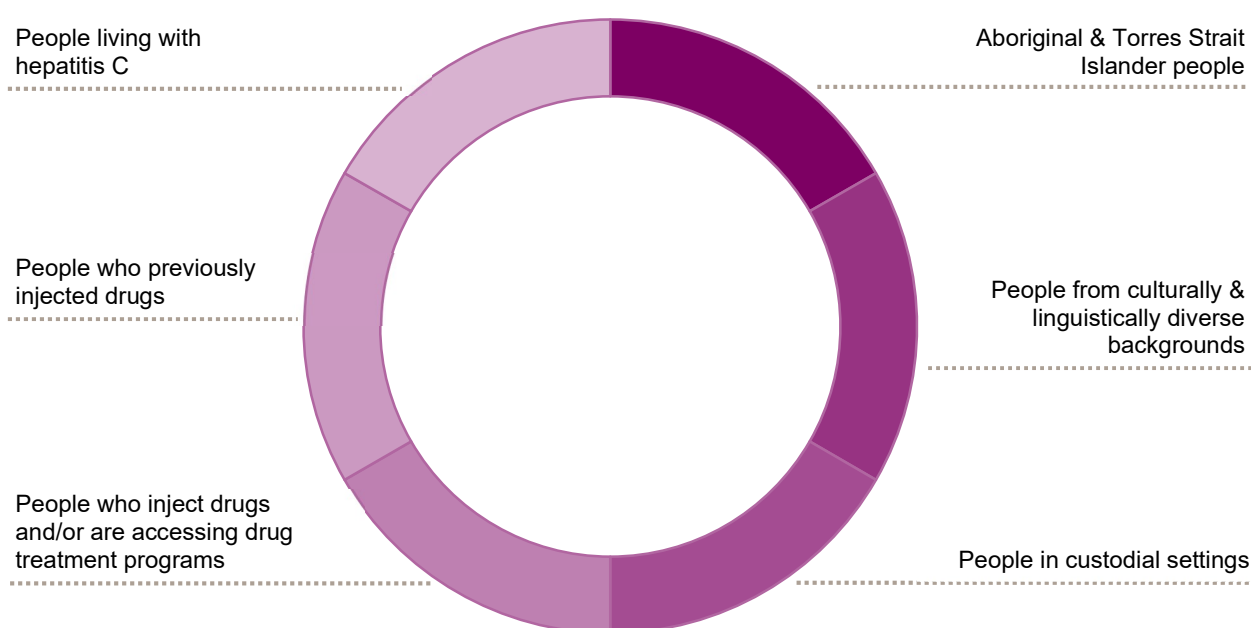
The 'South Australian Hepatitis C Implementation Plan 2019-2023' (Implementation Plan) builds on the work carried out under the 'South Australian Hepatitis C Implementation Plan 2016-2018'.

This Implementation Plan uses the priority populations, goals, targets, priority areas and key areas for action as per the [Fifth National Hepatitis C Strategy 2018-2022](#) and should be read in conjunction with the national strategy.

Funded within existing resources, most undertakings build upon current relationships and work activities to create new capacity to address items in this Implementation Plan. Other activities may require new funding streams to achieve objectives, and to meet performance indicators and output measures.

A summary of the progress made under the previous Implementation Plan is provided in [Appendix 1](#).

## Priority populations and settings



*Note: This graphic is not intended to reflect equal priority or prevalence among groups.*



Geographic locations with high prevalence and/or incidence of hepatitis C.



Places where priority populations live, work and socialise.



Community, primary health and other health service, including sexual health services, including Aboriginal Community Controlled Health Services / Aboriginal Medical Services.



Other services that support priority populations including peer-based services, homelessness services and mental health services.  
Alcohol and other drug services.  
Clean needle programs.



Custodial settings.

## Goals and targets

### Goals

- > Make significant progress towards eliminating hepatitis C as a public health threat.
- > Reduce mortality and morbidity related to hepatitis C.
- > Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health.
- > Minimise the personal and social impact of hepatitis C.

### Targets

1. Reduce the number of newly acquired hepatitis C infections, with a focus on priority populations, by 60 per cent.
2. Increase the proportion of people living with hepatitis C who are diagnosed to 90 per cent.
3. Increase the cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral treatment to 65 per cent.
4. Reduce hepatitis C attributable mortality overall by 65 per cent.
5. Reduce by 50 per cent the reported experience of stigma among people living with hepatitis C, and the expression of stigma, in respect to hepatitis C status.

## Priority areas

### Education and prevention

- > Improve knowledge and awareness of hepatitis C in the general community and priority populations, to support prevention of transmission and engagement in testing and treatment.
- > Improve equitable access to successful preventative measures for all priority populations, with a focus on sterile injecting equipment through clean needle programs.

### Testing, treatment and management

- > Implement approaches that maximise the number of people living with hepatitis C who are diagnosed; and support the completion of confirmatory testing and treatment for priority populations.
- > Support health professionals to provide current, innovative and effective testing and care for people living with hepatitis C.

### Equitable access to and coordination of care

- > Continue to strengthen connections between priority populations, the healthcare workforce and community organisations to facilitate coordination of care.
- > Ensure equitable access to treatment and care for all priority populations, including people in custodial settings and people reinfected after cure.

### Addressing stigma and creating an enabling environment

- > Implement a range of initiatives to address stigma and discrimination and minimise their impact on the health of people at risk of or living with hepatitis C.
- > Continue to work towards addressing the legal, regulatory and policy barriers which affect priority populations and influence their health-seeking behaviours.

### Workforce

- > Facilitate a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people at risk of or living with hepatitis C.

### Data, surveillance, research and evaluation

- > Continue to build a strong evidence base for responding to hepatitis C in Australia, informed by high quality, timely data and surveillance systems that underpin evidence-based local and national responses.

## South Australian Hepatitis C Implementation Plan 2019-2023

\* Program funded through the SA Health STI and BBV Non-government Contracted Health Services Funding Program

### 1. Education and prevention

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
1. Implement a national hepatitis C public education initiative which incorporates a focus on transmission routes, risks and evidence-based prevention strategies.	SA Health – Communicable Disease Control Branch (CDCB)	Collaborate with the Australian Government Department of Health to coordinate local implementation activities related to the national hepatitis C public education initiative.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
2. Scale up access to tailored information, education and prevention programs (including peer-based programs, in-language and low literacy resources) targeting each priority population across priority settings, to improve hepatitis C related health literacy, promote transmission risk mitigation, and support engagement in testing and treatment.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
3. Facilitate the sharing of successful prevention approaches and initiatives and support the adaptation of successful approaches to other priority populations and settings, including custodial settings.	SA Health – CDCB	Coordinate the statewide STI and BBV advisory structure and the Viral Hepatitis Model of Care Reference Group.
	SA Health – Drug and Alcohol Services South Australia (DASSA)	Management of the statewide Clean Needle Program in South Australia.
	> Department for Correctional Services ( <i>Lead</i> )	Improve access to primary prevention for hepatitis C and other BBV across all SA custodial settings, as per the South Australian Prisoner BBV Prevention Action Plan.
	> SA Health – SA Prison Health Service (SAPHS) ( <i>Lead</i> )	
	> SA Health – CDCB	
	> SA Health – DASSA	
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.	
SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.	

## 1. Education and prevention

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
4. Increase the availability and distribution of sterile injecting equipment and information on safer injecting among people who inject drugs across all priority settings, including facilitation of peer-based harm reduction initiatives, education and equipment distribution.	SA Health – DASSA	Management of the statewide Clean Needle Program in South Australia.
	Aboriginal Health Council of SA	> SA Aboriginal STI and BBV Program*. > Clean Needle Program sites.
	Hepatitis SA	> Viral Hepatitis Prevention and Workforce Development Program*. > Clean Needle Program site and peer programs.
	SHINE SA	> SA Sexual Health Education and Workforce Development Program*. > Clean Needle Program sites.
	SIN	> SA Targeted STI and BBV Prevention Program for Sex Workers*. > Clean Needle Program site and outreach.
5. Support an increase in the provision of and equitable access to evidence-based opioid treatment programs in priority populations and priority settings and address key barriers to access.	SA Health – DASSA	Medication assisted treatment for opioid dependence (MATOD) programs.
	> SA Health – SAPHS ( <i>Lead</i> ) > Department for Correctional Services	MATOD programs in state government and privately operated custodial facilities.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.



## 2. Testing, treatment and management

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
6. Incorporate information on new cures and how to access testing and treatment into the national hepatitis C public education initiative.	SA Health – CDCB	Collaborate with the Australian Government Department of Health to incorporate information on new cures and how to access testing and treatment into the national hepatitis C public education initiative.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
7. Explore the use of rapid testing and point-of-care (POC) technologies where appropriate to improve access to testing and engagement with priority populations.	<ul style="list-style-type: none"> <li>&gt; SA Health – Local Health Networks (LHNs) (<i>Lead</i>)</li> <li>&gt; SA Health – SAPHS</li> <li>&gt; Department for Correctional Services</li> </ul>	Deliver EC Australia projects* and other rapid/POC testing initiatives targeting priority populations and settings through partnership between on-site clinical teams and members of the Viral Hepatitis Model of Care Reference Group.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
8. Further develop and deliver evidence-based risk assessment and testing approaches for key priority populations which provide strong linkage to treatment.	<ul style="list-style-type: none"> <li>&gt; SA Health – LHNs (<i>Lead</i>)</li> <li>&gt; SA Health – SAPHS</li> <li>&gt; Department for Correctional Services</li> </ul>	Deliver EC Australia projects* and other initiatives which: <ol style="list-style-type: none"> <li>a. identify optimal strategies for routine screening and linkage to treatment in priority settings; and</li> <li>b. sustainably embed these strategies into standard practice through partnership between on-site clinical teams and members of the Viral Hepatitis Model of Care Reference Group.</li> </ol>
	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	Facilitate systematic linkage to treatment and support for people diagnosed with hepatitis C through proactive use of notification data and integrated models of care.
	SA Health – Refugee Health Service (RHS)	New Arrival Refugee Health Screening Program.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.

\* EC Australia projects delivered through a combination of grant funding from the Paul Ramsay Foundation (administered by the Burnet Institute), and in-kind support.

## 2. Testing, treatment and management

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
9. Identify opportunities to improve the application of recommended testing procedures for hepatitis C by clinicians, including the feasibility of automatic HCV RNA testing for priority populations.	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB</li> <li>&gt; SA Health – LHNs</li> <li>&gt; Pathology Providers</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Representation on national forums to provide jurisdictional input.</li> <li>&gt; Promote and support consistent local implementation of the National Hepatitis C Testing Policy.</li> </ul>
	<ul style="list-style-type: none"> <li>&gt; Primary Health Networks</li> </ul>	Promote and support consistent local implementation of the National Hepatitis C Testing Policy.
	<ul style="list-style-type: none"> <li>&gt; SA Health – Wellbeing SA (<i>Lead</i>)</li> <li>&gt; Primary Health Networks (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	HealthPathways SA.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.
10. Support best-practice case finding, treatment and management for hepatitis C in all primary care settings.	<ul style="list-style-type: none"> <li>&gt; SA Health – LHNs (<i>Lead</i>)</li> <li>&gt; Primary Health Networks</li> <li>&gt; Hepatitis SA</li> </ul>	Deliver EC Australia projects* and other initiatives which build the capacity of primary health care providers to improve screening, diagnosis and guideline-based management of people living with hepatitis C.
	<ul style="list-style-type: none"> <li>&gt; SA Health – Wellbeing SA (<i>Lead</i>)</li> <li>&gt; Primary Health Networks (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	HealthPathways SA.
	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> </ul>	Facilitate systematic linkage to treatment and support for people diagnosed with hepatitis C through proactive use of notification data and integrated models of care.
	SA Health – RHS	Continue to provide specialist primary health care services for new arrival refugees and asylum seekers, including comprehensive health screening.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.

## 2. Testing, treatment and management

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
11. Develop and integrate peer-based support models that include people with lived experience of hepatitis C as peer navigators in diagnosis, treatment and care for all priority populations.	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	SA Health – DASSA	Clean Needle Program Peer Programs.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.

### 3. Equitable access and coordination of care

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
12. Support models of care that provide effective testing, treatment and management of people living with hepatitis C in primary health settings, including links and referral pathways to specialist and multidisciplinary services.	> SA Health – CDCB	Coordinate the statewide STI and BBV advisory structure and the Viral Hepatitis Model of Care Reference Group.
	> SA Health – CDCB ( <i>Lead</i> ) > SA Health – LHNs	Facilitate systematic linkage to treatment and support for people diagnosed with hepatitis C through proactive use of notification data and integrated models of care.
	> SA Health – LHNs	Continue to deliver specialist viral hepatitis clinical services, and improve integration between primary health care providers, the Viral Hepatitis Nursing Support Program, tertiary hospitals and other key service providers.
	> SA Health – Wellbeing SA ( <i>Lead</i> ) > Primary Health Networks ( <i>Lead</i> ) > SA Health – LHNs	HealthPathways SA.
	SA Health – RHS	Continue to provide specialist primary health care services for new arrival refugees and asylum seekers.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
13. Identify opportunities to improve patient management systems to better support the primary care workforce to promptly identify and provide treatment and care for people living with hepatitis C.	> SA Health – LHNs ( <i>Lead</i> ) > SA Health – SAPHS > Department for Correctional Services > Primary Health Networks > Hepatitis SA	Deliver EC Australia projects* and other initiatives which build capacity for use of patient management systems in priority settings to systematically identify people requiring testing, treatment and support through partnership between on-site clinical teams and members of the Viral Hepatitis Model of Care Reference Group.
	> SA Health – Wellbeing SA ( <i>Lead</i> ) > Primary Health Networks ( <i>Lead</i> ) > SA Health – LHNs	HealthPathways SA.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.

### 3. Equitable access and coordination of care

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
14. Improve the coordination of hepatitis C treatment services and other service providers, including general practice, Aboriginal and Torres Strait Islander health services, AOD, NSPs, sexual health services, peer-based services and mental health services to better link people at risk of or living with hepatitis C to prevention, testing, and relevant follow-up and management.	SA Health – CDCB	Coordinate the statewide STI and BBV advisory structure and the Viral Hepatitis Model of Care Reference Group.
15. Enhance partnerships between jurisdictional health and justice systems and facilitate knowledge sharing across jurisdictions regarding prevention, testing, treatment and support services for inmates and those recently released.	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> <li>&gt; SA Health – SAPHS</li> <li>&gt; SA Health – DASSA</li> <li>&gt; Department for Correctional Services</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Representation on national forums to provide jurisdictional input.</li> <li>&gt; Representation of key stakeholders from the correctional and health sectors within the membership of statewide STI and BBV advisory structures and intradepartmental working parties.</li> </ul>
16. Identify and trial opportunities to increase access to prevention, testing and treatment in custodial settings.	<ul style="list-style-type: none"> <li>&gt; Department for Correctional Services (<i>Lead</i>)</li> <li>&gt; SA Health – SAPHS (<i>Lead</i>)</li> <li>&gt; SA Health – DASSA</li> <li>&gt; SA Health – CDCB</li> </ul>	Improve access to primary prevention for hepatitis C and other BBV across all SA custodial settings, as per the South Australian Prisoner BBV Prevention Action Plan.
	<ul style="list-style-type: none"> <li>&gt; SA Health – SAPHS (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> <li>&gt; Department for Correctional Services</li> </ul>	Deliver initiatives which improve access to testing, treatment and support for hepatitis C across all SA custodial settings, prioritising facilities of strategic importance including high admission sites and sites where barriers to accessing testing and treatment have been identified.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.

### 3. Equitable access and coordination of care

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
17. Establish and support nurse-led and other treatment programs in custodial settings, review prescribing arrangements for authorised nurse practitioners in these settings, and develop systems for active case management of people released from prison upon re-entry into the community.	<ul style="list-style-type: none"> <li>&gt; SA Health – SAPHS (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> <li>&gt; Department for Correctional Services</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Investigate new and scale up successful existing models of care, prioritising facilities of strategic importance including high admission sites and sites where barriers to testing and treatment have been identified.</li> <li>&gt; Maintain strong partnerships with key external service providers to support continuity of care post-release.</li> </ul>
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
18. Explore the inclusion of hepatitis C related key performance indicators, aligned to the targets of this strategy, for organisations central to the delivery of hepatitis C programs or services, including Primary Health Networks and custodial facilities.	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> <li>&gt; SA Health – SAPHS</li> <li>&gt; Department for Correctional Services</li> <li>&gt; Primary Health Networks</li> <li>&gt; Pathology providers</li> </ul>	Capture and routinely report hepatitis C testing and treatment data for key priority populations and settings to monitor progress towards National Hepatitis C Strategy targets and inform strategy at a statewide and service level.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.

#### 4. Addressing stigma and creating an enabling environment

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
19. Incorporate messaging to counteract stigma into the national hepatitis C public education initiative.	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
20. Monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services; and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response.	SA Health – CDCB	<ul style="list-style-type: none"> <li>&gt; Facilitate identification of barriers and strategies to address these via the Viral Hepatitis Subcommittee of SASBAC and the Viral Hepatitis Model of Care Reference Group.</li> <li>&gt; Monitor implementation of the <i>Criminal Law (Forensics Procedures Act) 2007</i>.</li> </ul>
	<ul style="list-style-type: none"> <li>&gt; Department for Correctional Services (<i>Lead</i>)</li> <li>&gt; SA Health – SAPHS (<i>Lead</i>)</li> <li>&gt; SA Health – DASSA</li> <li>&gt; SA Health – CDCB</li> </ul>	Improve access to primary prevention for hepatitis C and other BBV across all SA custodial settings, as per the South Australian Prisoner BBV Prevention Action Plan.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.

## 4. Addressing stigma and creating an enabling environment

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
21. Review and address institutional, regulatory and system policies which create barriers to equality of prevention, testing, treatment, care and support for people living with hepatitis C and priority populations.	SA Health – CDCB	Facilitate identification of barriers and strategies to address these via the Viral Hepatitis Subcommittee of SASBAC and the Viral Hepatitis Model of Care Reference Group.
	> Department for Correctional Services ( <i>Lead</i> )	Improve access to primary prevention for hepatitis C and other BBV across all SA custodial settings, as per the South Australian Prisoner BBV Prevention Action Plan.
	> SA Health – SAPHS ( <i>Lead</i> )	
	> SA Health – DASSA	
	> SA Health – CDCB	
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.	
SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.	
22. Implement initiatives in the community and healthcare settings aimed at minimising stigma and discrimination against people living with hepatitis C, people who inject drugs and other priority populations.	SA Health – LHNs	Promote and/or provide education opportunities and tools for clinicians delivering services to people at risk of or living with hepatitis C.
	Primary Health Networks	Promote and/or provide education opportunities and tools for the primary care workforce delivering services to people at risk of or living with hepatitis C.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.



## 5. Workforce

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
23. Implement targeted initiatives to facilitate a highly skilled clinical and community sector workforce, including the use of online learning, web-based resources, mobile applications and face-to-face learning opportunities.	SA Health – LHNs	Promote and/or provide education opportunities and tools for clinicians delivering services to people at risk of or living with hepatitis C.
	Primary Health Networks	Promote and/or provide education opportunities and tools for the primary care workforce delivering services to people at risk of or living with hepatitis C.
	> SA Health – CDCB > SA Health – LHNs	Facilitate opportunities for targeted mentoring of clinicians diagnosing people with hepatitis C through proactive use of notification data and integrated models of care.
	> SA Health – LHNs > Primary Health Networks > Hepatitis SA	Deliver EC Australia projects* and other initiatives which support primary health care providers to improve competency and confidence for consistent, early diagnosis and guideline-based management of people living with hepatitis C.
	> SA Health – Wellbeing SA ( <i>Lead</i> ) > Primary Health Networks ( <i>Lead</i> ) > SA Health – LHNs	HealthPathways SA.
	SA Health – DASSA	Build the capacity of organisations to prevent the spread of blood borne viruses amongst people who inject drugs.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
24. Continue to prioritise education and resources to support GPs and other prescribers in prescribing DAAs, managing patient care, and utilising available multidisciplinary referral pathways.	ASHM	HIV, HBV and HCV Prescriber Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.

## 5. Workforce

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
25. Support community organisations, the healthcare workforce and peer workers to increase their engagement with priority populations to improve health literacy and connection to care.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
26. Facilitate and support the involvement of the primary care workforce in the early detection and treatment of hepatitis C, including access to remote support for those new to treating hepatitis C, upskilling and training, and other approaches.	> SA Health – CDCB ( <i>Lead</i> ) > SA Health – LHNs	Facilitate systematic linkage to treatment and support for people diagnosed with hepatitis C through proactive use of notification data and integrated models of care.
	> SA Health – LHNs ( <i>Lead</i> ) > Primary Health Networks > Hepatitis SA	Deliver EC Australia projects* and other initiatives which improve integration between primary health care providers, the Viral Hepatitis Nursing Support Program, tertiary hospitals and other key service providers.
	> SA Health – Wellbeing SA ( <i>Lead</i> ) > Primary Health Networks ( <i>Lead</i> ) > SA Health – LHNs	HealthPathways SA.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	ASHM	HIV, HBV and HCV Prescriber Program*.

27. Support the continued provision,	> SA Health – CDCB	Support the maintenance and accessibility of national clinical guidelines and tools.
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## 5. Workforce

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
dissemination and maintenance of evidence-based, responsive and accessible national clinical guidelines and other information resources on testing, treatment, care and support for people living with hepatitis C that are adapted to the needs of the workforce.	> SA Health – LHNs	
	Primary Health Networks	Promote hepatitis C and related STI/BBV clinical guidelines and resources to primary health care providers.
	> SA Health – Wellbeing SA ( <i>Lead</i> ) > Primary Health Networks ( <i>Lead</i> ) > SA Health – LHNs	HealthPathways SA.
	ASHM	HIV, HBV and HCV Prescriber Program*.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	28. Continue to explore and share experiences of innovative models of care for hepatitis C prevention and management, particularly models for rural and remote areas and areas of workforce shortage.	> SA Health – CDCB ( <i>Lead</i> ) > SA Health – LHNs
> SA Health – LHNs ( <i>Lead</i> ) > SA Health – Rural Support Service > Primary Health Networks		Improve integration between clinical services in priority settings in rural and remote areas and areas of workforce shortage with the Viral Hepatitis Nursing Support Program, tertiary hospitals and other key service providers.
> SA Health – Wellbeing SA ( <i>Lead</i> ) > Primary Health Networks ( <i>Lead</i> ) > SA Health – LHNs		HealthPathways SA.
SA Health – DASSA		Management of the statewide Clean Needle Program in South Australia.
Aboriginal Health Council of SA		SA Aboriginal STI and BBV Program*.
Hepatitis SA		Viral Hepatitis Prevention and Workforce Development Program*.
Relationships Australia SA – Mosaic		SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.

## 6. Data, surveillance, research and evaluation

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
29. Identify opportunities to improve the timeliness and consistency of data collections.	SA Health – CDCB	Continue participation with National Notifiable Diseases Surveillance System led quality improvement activities, including benchmarking against other States and Territories.
	All partners	Identify opportunities to improve hepatitis C data collection to inform strategy and monitor progress towards National Hepatitis C Strategy targets, by priority setting/population.
30. Implement initiatives to improve data completeness of Aboriginal and Torres Strait Islander status and country of birth in clinical and pathology settings; and for collecting data on the impact of hepatitis C on sex workers in Australia.	<ul style="list-style-type: none"> <li>&gt; SA Health – CDCB (<i>Lead</i>)</li> <li>&gt; SA Health – LHNs</li> <li>&gt; SA Health – DASSA</li> <li>&gt; SA Health – SAPHS</li> <li>&gt; Primary Health Networks</li> <li>&gt; Pathology providers</li> </ul>	Enhance the quality and consistency of hepatitis C data collection by: <ol style="list-style-type: none"> <li>a. Identifying gaps in Aboriginal and country of birth specific hepatitis C data by infection, service type, region, etc.</li> <li>b. Establishing mechanisms to routinely report against Aboriginal and country of birth specific hepatitis C data to inform strategy (including service quality improvement) and monitor progress against National Strategy targets.</li> </ol>
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
31. Investigate opportunities to better measure incidence and prevalence of hepatitis C in the community, including linkage of data on the incidence of reinfection.	SA Health – CDCB	Review and update surveillance data where needed to enable reporting on key indicators identified in this strategy.
32. Identify gaps in surveillance data for measuring and monitoring the implementation of this strategy and prioritise these for action.	SA Health – CDCB	Review and update surveillance data where needed to enable reporting on key indicators identified in this strategy.
33. Improve surveillance of issues that impact people living with hepatitis C, including stigma and discrimination and quality of life measures.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
34. Promote a balance of social, behavioural, epidemiological and clinical research to	> SA Health – CDCB	Continue to support research opportunities across disciplines to address data gaps and inform implementation of the National Hepatitis C Strategy.

## 6. Data, surveillance, research and evaluation

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
better inform all aspects of the response.	<ul style="list-style-type: none"> <li>&gt; SA Health – LHNs</li> <li>&gt; SA Health – DASSA</li> <li>&gt; SA Health – SAPHS</li> </ul>	
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Hepatitis SA	Viral Hepatitis Prevention and Workforce Development Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
35. Ensure current and future programs and activities are evaluated to ensure linkage and alignment to the priority areas of this strategy.	SA Health – CDCB	Continue to monitor and evaluate the implementation of programs and services implementing this strategy, informing the South Australian STI and BBV Non-government Contracted Health Services funding program.

## Roles and responsibilities

The 'Fifth National Hepatitis C Strategy 2018-2022' and this Implementation Plan acknowledge that achieving the goals and targets they commit to requires collaboration between Commonwealth, State and Territory governments, clinical services, community organisations, service delivery organisations, professional bodies, research organisations and people living with STI and/or BBV, their families and communities.

### SA Health

SA Health is primarily responsible for delivery of specialist STI and BBV clinical health services, tertiary referral, training of specialist clinical workforce and service planning activities. SA Health also administers funding to the non-government sector to implement STI and BBV policy commitments.

SA Health's responses to STI and BBV are guided by jurisdictional policy and planning that align with the National Strategies for these infections.

### Partners

The non-government sector, in particular primary care clinicians, non-government organisations (NGO), peak bodies, professional organisations and research facilities, are a strong part of Australia's response to STI and BBV, and continue to play a vital role in the development, implementation and outcomes of the current National Strategies.

### South Australian STI and BBV Advisory Committee (SASBAC)

SASBAC is the peak structure of the partnership between government, non-government organisations, researchers, clinicians and affected communities in South Australia, which underpins the public health response to HIV, STI and viral hepatitis (hepatitis B and hepatitis C). It monitors surveillance and epidemiology and provides expert strategic advice on the planning, implementation, monitoring and evaluation of the strategies and activities that make up the South Australian health system's response to STI and BBV.

### Viral Hepatitis Subcommittee of SASBAC (HAPI Group)

The Viral Hepatitis Subcommittee provides advice to SASBAC on all aspects of hepatitis B and hepatitis C health promotion, workforce development, primary prevention and promoting the health and wellbeing of people affected by hepatitis B and C. This advice is considered in the context of priority populations identified in relevant SA Health implementation plans, action plans and strategies.

The Subcommittee recognises the differences in the epidemiology and models of care for the viruses, and applies an equitable consideration for hepatitis B and hepatitis C.

### Viral Hepatitis Model of Care Reference Group (VHMOC)

The South Australian Viral Hepatitis Model of Care Reference Group (VHMOC) was established to develop and monitor a [statewide model of care for viral hepatitis](#), with a focus on clinical pathways and shared care arrangements for the clinical management of people living with hepatitis B and C.

VHMOC provides a central coordination and monitoring mechanism for components of the statewide model of care for viral hepatitis including the Viral Hepatitis Nursing Support Program and the Community-based hepatitis B and C prescribing.

VHMOC aims to increase access to guideline-based care for hepatitis B and C positive people in South Australia by removing barriers to testing, treatment, care and support, and formalising and documenting clinical pathways. VHMOC acknowledges that pharmaceutical treatment is only one aspect of a holistic approach to the care and support of hepatitis B and C positive people, and facilitates partnerships between government and non-government services to ensure these needs are met.

## Monitoring and reporting

The Government of South Australia is committed to high-quality monitoring and evaluation, and to public accountability for its efforts to achieve the targets of the 'Fifth National Hepatitis C Strategy 2018-2022'.

The 'South Australian Hepatitis C Implementation Plan 2019-2023' will be monitored by SASBAC through the Viral Hepatitis Subcommittee.

An annual report on the 'South Australian Hepatitis C Implementation Plan 2019-2023' (covering the previous financial year) will be presented to SASBAC for review, after endorsement by the HAPI Group. Coordination of this process will be led by SA Health.

A 'Strategic Performance Framework Report' is conducted biennially to monitor, where data is available, South Australia's progress against the goals, objectives and targets of the national STI and BBV strategies. Compilation of the report is led by SA Health, with the final report being endorsed by SASBAC before being sent to its Subcommittees.

## Appendix 1: Progress under the South Australian Hepatitis C Implementation Plan 2016-2018

The 'South Australian Hepatitis C Implementation Plan 2016-2018' was South Australia's localised plan for implementing the 'Fourth National Hepatitis C Strategy 2014-2017' and the 'Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017'. As with this Implementation Plan, it was aligned to the key elements of the National Strategies.

### Key achievements

The following summarises progress in relation to the targets set under the 'South Australian Hepatitis C Implementation Plan 2016-2018':

#### Target 1: Reduce the incidence of new hepatitis C infections by 50% [by 2017]

Australia: 'Australia fell short of achieving a 50 per cent reduction in incidence. Hepatitis C incidence is difficult to measure accurately due to delays in diagnosis associated with the lack of defining symptoms at the time of infection and in the early stages of hepatitis C liver disease. However, trends in notifications among people under 25 years of age, who are likely to have acquired hepatitis C more recently, were stable from 2012 to 2016 (15–16 per 100 000 population).'<sup>1</sup>

From 2016 to 2018, there was a decline in hepatitis C incidence among people who inject drugs.

South Australia: There were 385 notifications of hepatitis C (HCV) infections of unspecified duration in South Australia in 2018, a decrease compared to the five year average (2013-2017) of 503.4 infections per year (Table 1).

**Table 1: Number of diagnoses of unspecified HCV, by Aboriginal status and notification rate per 100,000 population, South Australia, 2014 to 2018**

	2014	2015	2016	2017	2018
Aboriginal notification rate	148.1	113.0	146.6	164.5	103.4
Non-Indigenous notification rate	26.7	26.2	25.4	22.6	19.4
<b>Total number of notifications</b>	<b>518</b>	<b>487</b>	<b>499</b>	<b>465</b>	<b>385</b>

There were 41 notifications of newly acquired (acute) hepatitis C (HCV) infection in South Australia in 2018, a decrease compared to the five year average (2013-2017) of 46 notifications (Table 2).

**Table 2: Number of diagnoses newly acquired HCV, by Aboriginal status and notification rate per 100,000 population, South Australia, 2014 to 2018**

	2014	2015	2016	2017	2018
Aboriginal notification rate	37.7	34.4	24	25.9	32.2
Non-Indigenous notification rate	1.8	1.7	2.1	1.2	1.6
<b>Total number of notifications</b>	<b>45</b>	<b>43</b>	<b>45</b>	<b>32</b>	<b>41</b>

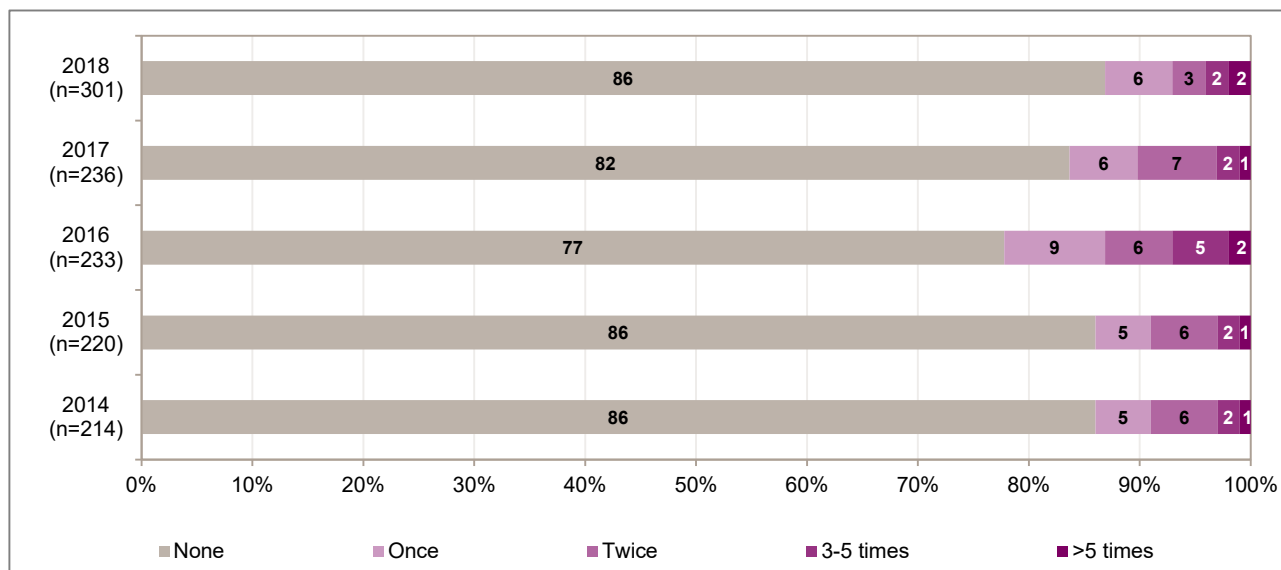
The transmission of hepatitis C can be prevented through targeted education, health promotion, and evidence based harm reduction (e.g. clean needle programs (CNP)) and demand reduction strategies (e.g. drug treatment programs). In addition to improving individual health outcomes, treatment scale up also contributes to reducing incidence and prevalence through a concept known as treatment as prevention (TasP)<sup>‡</sup>.

The proportion of South Australian respondents to the Australian Needle and Syringe Program (NSP) Survey who reported reuse of someone else's used needle and syringe in the last month prior to the survey remained relatively stable from 2013-2018, ranging from 14-23% during this period (Figure 1).

<sup>‡</sup> TasP is an individual and community prevention strategy that involves regular testing for early detection of infection and, following diagnosis, immediate initiation of treatment. Implementation of TasP consistently and at scale contributes to reducing prevalence and consequently, opportunities for transmission to occur, as well as improving health outcomes and quality of life.



**Figure 1: Percentage of people attending South Australian CNP sites reporting they re-used someone else's used needle and syringe last month, by survey year<sup>2</sup>**



Through partnership between [Drug and Alcohol Services South Australia](#) and other service providers including [Hepatitis SA](#), the [Aboriginal Health Council of SA \(AHCSA\)](#), [Sex Industry Network \(SIN\)](#), [SHINE SA](#) and [Community Access and Services SA \(CAASSA\)](#), a range of initiatives (including outreach and peer led strategies) were progressed to increase the availability, access to and use of sterile injecting equipment, and information on safer injecting across a range of priority populations and settings in metropolitan and rural areas under the previous Implementation Plan (Table 3).

**Table 3: Number of client transactions (statewide) and number of community CNP sites per Local Health Network (LHN), by year, South Australia<sup>3</sup>**

	2017	2018
Number of client transactions	59,839	62,719
Total number of CNP sites in South Australia	86	87
<b>Number of CNP sites per LHN:</b>		
Central Adelaide	16	16
Northern Adelaide	6	5
Southern Adelaide	5	5
Country Health SA	59	61

Building on this work and ensuring equitable access to primary prevention for hepatitis C across priority populations and settings, particularly in custodial settings and for Aboriginal people at risk of hepatitis C infection, will remain a focus under the 'South Australian Hepatitis C Implementation Plan 2019-2023'.

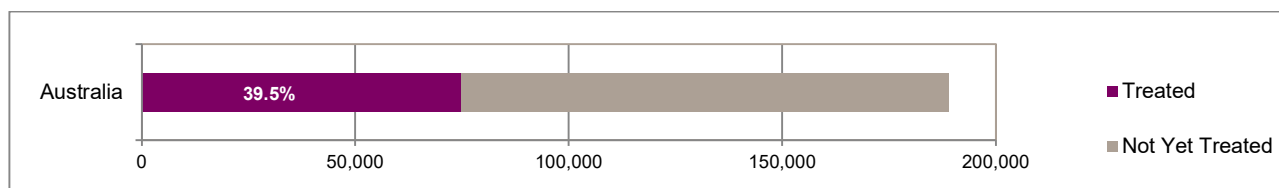
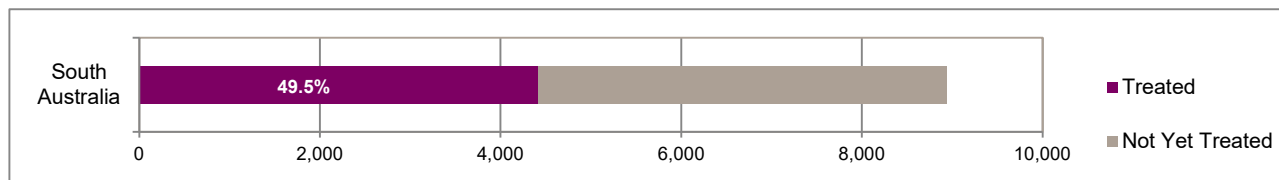
**Target 2: Increase the number of people receiving antiviral treatment by 50% each year**

**Australia:** The treatment targets of the 'Fourth National Hepatitis C Strategy' were exceeded. Between March 2016 (when direct acting antivirals (DAA) were subsidised) and June 2019, 39.5 per cent (74,704) of the estimated 188,951 people living with hepatitis C initiated DAA treatment. Prior to this, in the interferon treatment era, annual subsidised treatment uptake had never exceeded 2 per cent of the prevalent population per annum.<sup>1</sup>Error! Bookmark not defined.

**South Australia:** South Australia currently leads the nation in rates of hepatitis C DAA treatment uptake. As of June 2019, 49.5 per cent of the estimated 8,934 South Australians living with hepatitis C in 2016 had initiated treatment (Table 4). However, reflective of national trends, there has been geographic variation in treatment uptake (Table 5), and overall rates of treatment uptake have declined since 2016.

**Table 4: Estimated number of individuals initiating hepatitis C DAA treatment and proportion living with chronic hepatitis C initiating treatment, South Australia and Australia, March 2016 to June 2019<sup>4</sup>**

	South Australia	Australia
Est. no. individuals living with hepatitis C, 2016	8,934	188,951
Est. no. individuals initiating treatment, 2016-2019	4,419	74,704
Est. % initiating treatment, 2016-2019	49.5%	39.5%



**Table 5: Statistical Area Level 3 (SA3) regions ranked by estimated number of people living with chronic hepatitis C (PLHCV) who were yet to access treatment, South Australia, June 2019<sup>4</sup>**

Primary Health Network (PHN) and SA3	Est. no. of PLHCV (2016)	Est. % initiating treatment (2016-2019)	Est. no. and proportion of all PLHCV yet to access treatment (2019)	
<b>Adelaide PHN</b>	<b>6,197</b>	<b>51.4%</b>	<b>3,014</b>	<b>66.8%</b>
Salisbury	800	47.1%	423	9.4%
Playford	762	49.1%	388	8.6%
Port Adelaide (East)	608	38.5%	374	8.3%
Onkaparinga	738	55.0%	332	7.4%
Port Adelaide (West)	588	46.3%	316	7.0%
Charles Sturt	574	62.9%	213	4.7%
West Torrens	317	49.5%	160	3.5%
Adelaide	270*	45.9%	146	3.2%
Mitcham	218	34.4%	143	3.2%
Prospect-Walkerville	160	33.8%	106	2.3%
Campbelltown	184	56.5%	80	1.8%
Holdfast Bay	129	41.1%	76	1.7%
Marion	297	77.4%	67	1.5%
Unley	121	50.4%	60	1.3%
Burnside	109	52.3%	52	1.2%
Norwood-Payneham-St Peters	133	67.7%	43	1.0%
Tea Tree Gully	188	81.9%	34	0.8%
<b>Country South Australia PHN</b>	<b>2,736</b>	<b>45.2%</b>	<b>1,500</b>	<b>33.2%</b>
Murray and Mallee	639	35.4%	413	9.1%
Limestone Coast	501	36.7%	317	7.0%
Eyre Peninsula and South West	396	47.0%	210	4.7%
Outback – North and East	259	27.1%	189	4.2%
Mid-North	180	46.7%	96	2.1%
Fleurieu – Kangaroo Island	220	67.7%	71	1.6%
Gawler – Two Wells	152	59.2%	62	1.4%
Yorke Peninsula	113	50.4%	56	1.2%
Barossa	93	65.6%	32	0.7%
<b>South Australia</b>	<b>8,934</b>	<b>49.5%</b>	<b>4,514</b>	<b>100.0%</b>

This highlights the importance of investigating new and scaling up successful existing models of care and strategies for engagement with priority populations to ensure that South Australia remains on track to achieving the World Health Organization target of eliminating hepatitis C as a public health threat by 2030.

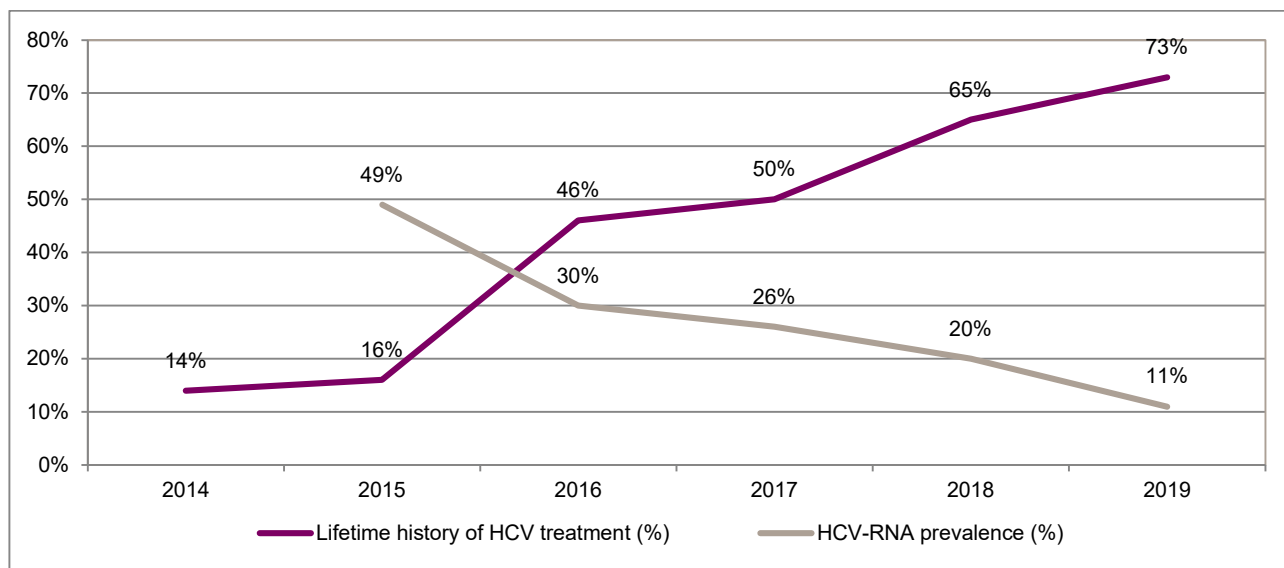
In 2018, the [Viral Hepatitis Nursing Support Program](#) (Central Adelaide Local Health Network team) received the SA Health Award for Out of Hospital Strategies and Care, reflective of the significant impact all SA Health Viral Hepatitis Clinical Practice Consultants Nurses (in partnership with tertiary specialists, primary care providers, government and non-government services, and hepatitis C peers) have had on increasing access to integrated care and support for hepatitis C in the community across South Australia.

With a view to ensuring consistent linkage to care for all people diagnosed with hepatitis C, in June 2018 the Communicable Disease Control Branch (CDCB) commenced routine referral of notifications of positive hepatitis C pathology tests into this statewide program, enabling these specialist nurses to contact diagnosing clinicians and if required, offer support to facilitate the follow up of patients and contacts and the provision of guideline based care and holistic support for all hepatitis C diagnoses notified to the CDCB.

In addition to progress at a statewide level, initiatives to improve access to hepatitis C treatment have had a demonstrable impact in some priority settings and groups, reflecting prioritisation of strategy and resources to these settings under the previous Implementation Plan.

For example, scale up of treatment among people accessing clean needle program sites in South Australia has been associated with a significant reduction in hepatitis C RNA prevalence in this cohort, reflecting national trends (Figure 2).

**Figure 2: Hepatitis C RNA prevalence among Australian Needle Syringe Program Survey (ANSPS) respondents and proportion of ANSPS respondents who self-reported a lifetime history of hepatitis C treatment, South Australia, 2014-2018<sup>5</sup>**



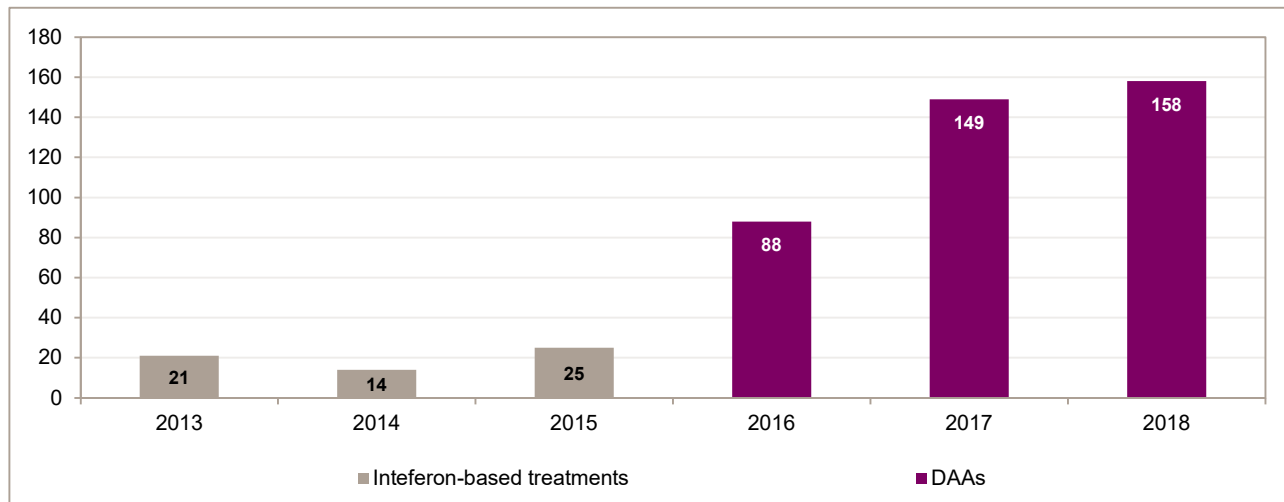
Development and implementation of the first '[South Australian Prisoner BBV Prevention Action Plan 2017-2020](#)', a joint initiative of the Department for Health and Wellbeing and the Department for Correctional Services, represents a commitment from these departments to address this significant public health issue, and a significant enabling document for the state's response to hepatitis C and other blood borne viruses.

Scale up of efforts to reduce the prevalence and impact of blood borne viruses in this setting have led to a number of noteworthy achievements to date.

Reflective of strong partnerships between the health and corrective services sectors, Hepatitis SA began delivering blood-borne virus education to correctional officers in 2015, and saw a nine-fold increase in the annual number of prisoners attending education sessions between 2013/14 and 2017/18.

SA Prison Health Service (SAPHS) have initiated a number of innovative strategies to leverage Pharmaceutical Benefits Scheme listing of DAA treatments in 2016, and optimise the model of care for hepatitis C in custodial settings. In partnership with non-government services, tertiary specialists and the Viral Hepatitis Nursing Support Program, SAPHS led an eight-fold increase in hepatitis C treatment uptake in South Australian prisons between 2013 and 2018 (Figure 3).

**Figure 3: Hepatitis C treatment initiation in South Australian custodial facilities, January 2013 to December 2018**



#### **Non-government contracted health services:**

The non-government sector plays a critical role in the statewide response to hepatitis C. In 2019, SA Health extended service agreements with non-government agencies for the continuation of these services essential to achievement of targets in this Implementation Plan.

#### Community and workforce education:

In addition to their work in custodial settings, [Hepatitis SA](#) also deliver a statewide community and workforce education program. Under the previous Implementation Plan, thousands of people across South Australia were engaged by the program, creating awareness and driving demand for prevention, testing, management, care and support for viral hepatitis across a range of priority settings.

[SIN](#) provide a statewide, peer-led, targeted STI and BBV prevention initiative for South Australian sex workers. The program incorporates best practice approaches in prevention, education and health promotion, with a view to addressing the needs of the diversity of sex workers who are vulnerable to hepatitis C and other STI/BBV, including outreach to marginalised and isolated sex workers.

The [Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine \(ASHM\)](#) (in partnership with Hepatitis SA and local clinicians with experience in the management of hepatitis C) also deliver clinical workforce development services in SA. From 2015/16 to 2017/18, 60 South Australian clinicians attended ASHM hepatitis C prescriber training courses, contributing to diversification of the prescriber base in South Australia, improving access to care across a range of settings.

### Support services:

Hepatitis SA also deliver a diverse array of individualised and group support services for people affected by hepatitis C, including peer support services and a statewide Hepatitis SA Helpline.

MOSAIC deliver a statewide program based on building resilience and assisting people living with blood-borne viruses who require support navigating the health system and coordinating the management of their condition through free and confidential counselling, advocacy and case management support.

Many of the clients of these support services were directly assisted to access curative treatment for hepatitis C, or manage morbidity (including complications of advanced liver disease) and other health issues associated with their infection.

### Response to hepatitis C in Aboriginal communities:

People who inject or have injected drugs from Aboriginal and Torres Strait Islander backgrounds were listed as a priority population in the previous South Australian Implementation Plan.

In addition to primary prevention projects, AHCSA in partnership with SA Aboriginal Community Controlled Health Services have implemented a data driven quality improvement project to improve the use of clinical guidelines and patient management systems to systematically identify and ensure appropriate linkage to care for any clients who are at risk of or living with hepatitis C.

Aboriginal and Torres Strait Islander people at risk of or living with hepatitis C will continue to be prioritised through implementation of the 'South Australian Hepatitis C Implementation Plan 2019-2023' and the 'South Australian Aboriginal STI and BBV Action Plan 2020-2024'.

## References

<sup>1</sup> Australian Government Department of Health. *Fifth National Hepatitis C Strategy 2018-2022*.

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1>.

<sup>2</sup> Heard S, Iversen J, Geddes L, and Maher L. *Australian Needle Syringe Program Survey National Data Report 2014-2018: Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees*. Sydney: Kirby Institute, UNSW Sydney; 2019. ISSN: 1448-5915. <https://kirby.unsw.edu.au/report/australian-nsp-survey-national-data-report-2014-2018>.

<sup>3</sup> SA Health (2019). *SA Strategic Performance Framework Report: Viral Hepatitis*. Unpublished.

<sup>4</sup> MacLachlan JH, Smith C, Towell V, Cowie BC. *Viral Hepatitis Mapping Project: National Report 2018–19*. Darlinghurst, NSW, Australia: Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), 2020; <https://ashm.org.au/programs/Viral-Hepatitis-Mapping-Project/>

<sup>5</sup> Heard, S; Iversen J; Geddes L & Maher, L. (2020). *Australian NSP survey: Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees, 25-year National Data Report 1995-2019*. Sydney: The Kirby Institute, UNSW Sydney. <https://kirby.unsw.edu.au/report/australian-nsp-survey-25-year-national-data-report-1995-2019>.

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For more information

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