



## **Australian Government**

Australian Government response to the  
House of Representatives Standing Committee on Health report:

**The Silent Disease**

**Inquiry into Hepatitis C in Australia**

November 2016

## **LIST OF ABBREVIATIONS**

AHPPC	Australian Health Protection Principal Committee
AIHW	Australian Institute of Health and Welfare
ARTG	Australian Register of Therapeutic Goods
BBV	Blood Borne Viruses
BBVSS	Blood-borne Viruses and Sexually Transmissible Infections Standing Committee
CDNA	Communicable Diseases Network Australia
COAG	Council of Australian Governments
PBS	Pharmaceutical Benefits Scheme
PWID	People Who Inject Drugs
RPOCT	Rapid Point of Care Test
STI	Sexually Transmissible Infection
TGA	Therapeutic Goods Administration

## **Introduction**

The Australian Government recognises the impact hepatitis C has on people infected, their family and friends and the Australian community as a whole.

The inquiry into *Hepatitis C in Australia* conducted by the House of Representatives Standing Committee on Health culminated in the Committee's report entitled *The Silent Disease* (the Report). The Report is an important document and the Government thanks the Committee and the various stakeholders for their valuable and thoughtful input to the Inquiry.

This response addresses the recommendations raised in the Report, and has been coordinated and prepared by the Department of Health.

## Recommendations and Australian Government responses

### Overview – Hepatitis C in Australia

#### Recommendation 1

The Committee recommends that the Department of Health enhance reporting on the *National Hepatitis C Strategy* by including a comprehensive reporting and review framework (which includes an annual report and reporting against key performance indicators) within the Strategy.

#### *Australian Government response to Recommendation 1*

Agreed

In July 2015, the Department of Health published a *National Blood-borne Viruses (BBV) and Sexually Transmissible Infections (STI) Surveillance and Monitoring Plan 2014-2017* (the Plan) to support the five National BBV and STI Strategies 2014-2017 (National Strategies). The Plan monitors progress towards achieving the targets and goals of the National Strategies.

The Plan was developed by the Communicable Diseases Network Australia (CDNA), in consultation with the Blood-borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) and was endorsed by Australian Health Protection Principal Committee (AHPPC). The Commonwealth is a member of all three committees.

For the first time, the National Strategies include targets for improvements in diagnoses, testing rates and uptake of preventative measures. The targets in each of the five National Strategies were agreed by all Health Ministers. The Plan will provide essential information on the progress being made towards the targets, and enable them to be reviewed and updated as necessary.

The Plan provides details of the indicators that will be used to monitor implementation of the strategies and progress towards achieving the targets and objectives in each of the National Strategies.

The Plan will be monitored during its lifetime to ensure the indicators are appropriate. The Plan will also be updated if and when new indicators become available and are assessed by CDNA and BBVSS to be appropriate for inclusion in the Plan.

The Kirby Institute for Infection and Immunity in Society has been funded to produce an annual BBV and STI Surveillance and Monitoring report based on the Plan, published at the end of each calendar year, reporting the progress towards achieving the targets of the National Strategies.

### Living with Hepatitis C

#### Recommendation 2

The Committee recommends that the Australian Government, in collaboration with the states and territories, work to develop well-informed hepatitis C awareness campaigns targeted at:

- *The general community* to provide information on how hepatitis C is transmitted, how it can be prevented, and how it can be treated;
- *Populations at high-risk of hepatitis C infection*, informing them of transmission risks, prevention strategies, and the availability of voluntary testing;
- *People living with hepatitis C* who have not sought advice about treatment options since their initial diagnosis; and

- *The wider community* to highlight the impact of stigma on the social and emotional wellbeing of people living with hepatitis C and their families.

#### *Australian Government response to Recommendation 2*

Partially Agreed

#### General Community Information Campaign

A general community information campaign to provide information on how hepatitis C is transmitted, how it can be prevented, and how it can be treated is not supported. This type of information is better targeted at those with or at risk of acquiring hepatitis C and their health care providers. General community information campaigns of this type require a significant amount of resources to be successful. A targeted approach would provide better outcomes from the resources available.

#### Populations at High-risk of Hepatitis C Infection

The former Minister for Health, the Hon Peter Dutton MP, approved funding for a Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Prevention Programme (the Prevention Programme). The aim of the Prevention Programme is to reduce the rate of transmission of viral hepatitis and other BBV. In particular, activities are to be undertaken, funded and supported to reduce the rates of hepatitis C in populations at high risk of hepatitis C infection, including people who inject drugs, especially those in rural, regional, and Aboriginal and Torres Strait Islander communities.

#### People Living with Hepatitis C

The Department of Health has engaged community based and professional organisations to undertake hepatitis C education and awareness activities over the period 1 July 2015 to 30 June 2017. These education and awareness activities are specifically targeted at people at risk of or living with hepatitis C.

The activities, funded from the Prevention Programme, seek to deliver hepatitis C education on the available testing and treatment options, harm reduction, and stigma and discrimination programs. The activities are split between affected communities and primary health care providers.

#### A Wider Community Campaign

A wider community campaign to highlight the impact of stigma on the social and emotional wellbeing of people living with hepatitis C and their families is not supported. To change the wider community's beliefs and attitudes around hepatitis C will only result from a long-term ongoing discussion within the community as a whole. Community leaders (including political and cultural leaders) will be pivotal in engaging with the wider community on these issues. Wider community campaigns of this type require a significant amount of resources to be successful. A targeted approach would provide better outcomes from the resources available.

## **Testing and Treatment**

### **Recommendation 3**

The Committee recommends that the Department of Health, in consultation with relevant stakeholders, devise a specific target or targets for hepatitis C testing and report on progress towards reaching the target or targets annually.

*Australian Government response to Recommendation 3*

Noted

The *Fourth National Hepatitis C Strategy 2014-2017* (the Strategy) contains targets to reduce the incidence of new hepatitis C infections and increase the number of people receiving treatment. These targets were endorsed by Commonwealth and state and territory governments, and community and professional organisations. The Strategy notes that these current targets are an initial step, and will be reviewed and updated as necessary. The Strategy will be reviewed as part of the development of any new Strategy. The Department of Health will consult with all stakeholders during this process.

**Recommendation 4**

The Committee recommends that the Department of Health consider the ways in which rapid point of care testing (RPOCT) can assist in implementing the goals of the *Fourth National Hepatitis C Strategy* and the *National Hepatitis C Testing Policy*.

*Australian Government response to Recommendation 4*

Noted

There are currently no rapid point of care tests for hepatitis C registered on the Australian Register of Therapeutic Goods (ARTG). These or similar tests may be approved for entry on the ARTG in the future if a sponsor of the tests makes an application to the Therapeutic Goods Administration (TGA) and the tests meet Australian regulatory requirements. Should one or more of these tests be approved for entry on the ARTG, they could find a niche in hepatitis C testing in Australia as they offer an opportunity for testing of people who may not otherwise seek help from traditional medical settings. However, it is difficult to predict when a sponsor may approach the TGA for application to list a rapid test on the ARTG, so undertaking the work required to integrate them into current testing regimes would not be an effective use of resources at this time. It may be a more opportune to develop the testing strategies and models of care required to allow these tests to be integrated into testing regimes concurrently, with the listing process.

**Recommendation 5**

That the Department of Health work with the Royal Australian College of General Practitioners and liver clinics to examine appropriate information provision, treatment processes, and patient counselling for people diagnosed with hepatitis C.

*Australian Government response to Recommendation 5*

Partially Agreed

The Department of Health has engaged a professional organisation to develop and deliver hepatitis C education and awareness activities to primary health care providers, including available testing, treatment options and barriers people with hepatitis experience when navigating the health care system. Primary health care providers who become involved in prescribing and dispensing the new hepatitis C medicines are able to access this education programme. The resources developed will also be available to a wider audience of health care providers who wish to be better informed on hepatitis C testing and treatment options.

## Reaching Populations at High Risk of Infection

### Recommendation 6

The Committee recommends that the Department of Health work with States and Territories to produce culturally and linguistically specific information for migrant groups with higher rates of hepatitis C infection to inform them about hepatitis C including: transmission methods, testing and treatment options.

#### *Australian Government response to Recommendation 6*

Agreed

The Department of Health has engaged a professional organisation to develop and deliver hepatitis C awareness activities to priority populations. The awareness activities aims to deliver general hepatitis C education on the available testing and treatment options, harm reduction, and stigma and discrimination programs. These activities will increase the number of people from priority populations, including PWID from culturally and linguistically diverse communities who are living with or at risk of hepatitis C, who will engage with the health care system.

### Recommendation 7

The Committee recommends that the Department of Health work with States and Territories to develop strategies to address the high prevalence rates of hepatitis C in the Aboriginal and Torres Strait Islander population.

#### *Australian Government response to Recommendation 7*

Agreed

The Department of Health has engaged professional organisations to develop and deliver hepatitis C awareness raising activities to primary health care providers and priority populations, including Aboriginal and Torres Strait Islander people.

In addition, as Aboriginal and Torres Strait Islander people in custodial settings are a priority population within the *Fourth National Aboriginal and Torres Strait Islander BBV and STI Strategy 2014-2017*, the implementation of the priority actions contained within this strategy will also contribute to addressing the high prevalence rates of hepatitis C in this population.

### Recommendation 8

The Committee recommends that the Department of Health work with State and Territory health and corrections agencies to:

- develop a standard approach to data collection and reporting of prisoner health in custodial settings; and
- give consideration to the provision of support for safe tattooing, barbering and any other legal practices which may present a risk of hepatitis C transmission in custodial settings.

*Australian Government response to Recommendation 8*

Agreed in-principle

The Australian Institute of Health and Welfare (AIHW) publishes *The health of Australia's prisoners* report (the report). The 4th report, released in 2015, relates to the National Prisoner Health Indicators, which were developed to help monitor the health of prisoners, and to inform and evaluate the planning, delivery and quality of prisoner health services. Data for the report is derived from the National Prisoner Health Data Collection which was designed to monitor 116 indicators which are aligned to the National Health Performance Framework, and from the Australian Bureau of Statistics. The 116 indicators include rates of blood borne viruses and injecting drug use. The Department of Health will engage with the AIHW and state and territory health and correctional agencies on future iterations of the report.

The administration of custodial settings is a state and territory responsibility. Any policy changes to do with the provision of tattooing and barbering equipment or legal practices which may prevent the risk of hepatitis C transmission in custodial settings is a matter for state and territory governments.

**Recommendation 9**

The Committee recommends that a national strategy for blood-borne viruses and sexually transmissible infections in prisons be developed. The strategy should accompany and support the five existing jurisdictional strategies and be developed, implemented, reviewed and assessed in the same way.

*Australian Government response to Recommendation 9*

Not Agreed

People in custodial settings are a priority population within the *Fourth National Hepatitis C Strategy 2014-2017* (as well as the other four national BBV and STI strategies). The priority actions in the Strategy apply equally to prisoners as to any other priority population. As states and territories have responsibility for the health and welfare of people in custodial settings and have agreed to meet the goals and objectives of the Strategy there is no requirement for a separate Strategy for people in custodial settings.

The Australian Government has funded the cost of new hepatitis C medicines for all Australians, including prisoners, through the PBS from 1 March 2016, in recognition of prisoners as a priority population for treatment of hepatitis C, and the need to reduce the incidence of hepatitis C transmission.

**Recommendation 10**

The Committee recommends that the Australian Government raise the issue of hepatitis C in prisons, and the establishment of national standards in prison health delivery as part of the Council of Australian Governments (COAG) Health Council process.

*Australian Government response to Recommendation 10*

Noted

The health and welfare of people in custodial settings is the responsibility of states and territories. Each state and territory has its own separate prison system where health services are provided by health or justice departments and supplied directly, or contracted, by public and private custodial



facilities. The Australian Government acknowledges that this presents challenges for the development of national standards in prison health delivery and it is willing to work with states and territories on this issue if they wish to raise it as part of the COAG Health Council process.