

Hepatitis C Strategy 2007-2009

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Summary The NSW Hepatitis C Strategy 2007-2009 provides a statewide strategic framework for the prevention and management of Hepatitis C.

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NSW Hepatitis C Strategy 2007–2009

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Introduction

Hepatitis C is one of the most challenging public health concerns in NSW. Over the last decade it has been the most commonly notified infectious disease both in NSW and in Australia.

In 2004, 4,970 cases were notified in NSW, and around 89,000 cases have been notified since 1990. Nationally, it is estimated that in 2003 around 180,000 people had chronic hepatitis C infection, and a further 60,000 had antibodies to the virus indicating past exposure.

Hepatitis C poses major challenges in relation to prevention, treatment and care and the health workforce. This strategy is framed in the context of these challenges.

Regarding prevention, NSW and Australia have in place what is, by world standards, a large, accessible and well resourced needle syringe and program (NSP). However despite its proven effectiveness in preventing HIV among injecting drug users, transmission of hepatitis C in the same population continues to occur at a high rate. Peer based education strategies have also received significant support both nationally, through collaboration with the Australian Injecting and Illicit Drug Users' League (AIVL) and the Australian Hepatitis Council (AHC), and at state level, involving the NSW Users and AIDS Association (NUAA) and the Hepatitis C Council of NSW (HCCN). Finding ways to make these proven strategies more effective in relation to hepatitis C, and/or identifying additional prevention strategies, is both an urgent priority and a key challenge.

Regarding treatment, it is clear that the large number of people already living with chronic infection means that, in the absence of greatly increased levels of antiviral therapy, there will be a very significant increase in rates of cirrhosis, liver failure and liver cancer in the coming decades. The most authoritative current study of its kind, commissioned by the Australian Government Department of Health and Ageing in 2006, concluded that in 2005 there were 5,300 living with HCV-related cirrhosis, 210 new cases of liver failure, 105 new cases of HCV-related hepatocellular carcinoma and 1900

cumulative deaths attributable to HCV-related liver disease. This study also highlighted the disproportionate burden of disease experienced by people from countries of high HCV prevalence and Aboriginal people. The study estimated that by 2020 all these figures are likely to increase three-fold in the absence of improved treatments or increased rates of treatment. The impact on specialist liver clinics of such increases, together with the accompanying costs to the health system, would be very significant.

Recent advances in antiviral therapy provide the possibility of averting or moderating this scenario, provided that a sufficiently large number of people with chronic infection can be treated in time. The challenge in this case is to make the new treatments available in the primary health system, which alone has the possibility of treating the required number of people. Currently, only around 1 per cent of people with chronic infection receive antiviral treatment each year.

A third challenge which affects both the prevention and treatment issues is discrimination and its effects on access to services. Discrimination and antipathy towards people with or at risk of hepatitis C has been identified as a major obstacle impeding people's access to health and other services. Finding ways to significantly reduce discrimination will be an essential component in achieving improved prevention and treatment outcomes.

Goals

This Strategy provides a statewide strategic framework for the prevention and management of hepatitis C. The goals of the Strategy are to:

- Minimise the transmission of hepatitis C
- Improve the health status of people with hepatitis C
- Minimise the negative personal, social and economic impact of hepatitis C.

The goals will be achieved by:

- Implementing prevention and education strategies to reduce transmission of hepatitis C
- Providing equitable access to treatment, care and support services and increasing treatment uptake among people with hepatitis C
- Reducing discrimination, stigmatisation and marginalisation experienced by people with hepatitis C
- Improving the knowledge, skills and capacity of the workforce to meet the needs of people with or at risk of hepatitis C
- Improving monitoring, surveillance and research to better inform the NSW response to hepatitis C.

Guiding principles

The following principles guide the response to hepatitis C in NSW:

- Harm minimisation
- Health promotion
- A partnership approach
- The involvement of affected communities
- Transparency and accountability
- An enabling environment
- Access and equity
- Evidence based approach.

Priority populations

The following populations are identified in the Strategy, in particular in terms of their prevention and education needs:

- People who inject drugs
- Aboriginal people who are at risk of hepatitis C infection
- People from culturally and linguistically diverse backgrounds.

Settings

In addition the Strategy recognises that particular settings have a significant impact on access to services, both in relation to prevention and education, and to treatment care and support. The following are identified as priority settings:

- Rural settings
- Correctional settings.

Glossary

| | | | |
|------------|--|--------|---|
| ACCHS | Aboriginal Community Controlled Health Services | HALC | HIV/AIDS Legal Centre |
| ADB | Anti Discrimination Board | HARPM | HIV/AIDS and Related Program Managers (Area) |
| AH&MRC | Aboriginal Health and Medical Research Council of NSW | HCCNSW | Hepatitis C Council of NSW |
| AHS | Area Health Services | ICRC | Infection Control Resource Centre |
| AIDB | AIDS/Infectious Diseases Branch | JH | Justice Health |
| ALA | Australian Liver Association | KRC | Kirketon Road Centre |
| AMS | Aboriginal Medical Services | LGSA | Local Government Association of NSW and Shires Association of NSW |
| ANSWD | Alliance of NSW Divisions (of General Practice) | MACH | Ministerial Advisory Committee on Hepatitis (NSW) |
| AOD | Alcohol and Other Drugs (Services) | MHDAO | Mental Health and Drug and Alcohol Office |
| ASHAC | Aboriginal Sexual Health Advisory Committee (NSW) | MHAHS | Multicultural HIV/AIDS and Hepatitis Service |
| ASHM | Australasian Society for HIV Medicine | MSIC | Medically Supervised Injecting Centre |
| ASHW | Aboriginal Sexual Health Workers | NAAH | NSW Association for Adolescent Health |
| CAH | Centre for Aboriginal Health | NADA | Network of Alcohol and Drug Agencies |
| CDB | Communicable Diseases Branch | NCHECR | National Centre in HIV Epidemiology and Clinical Research |
| Consortium | Consortium for Social and Policy Research on HIV, Hepatitis C and Related Diseases | NCHSR | National Centre in HIV Social Research |
| CRC | Community Restorative Centre | NGO | Non-Government Organisation |
| DADHC | Department of Ageing, Disability and Home Care | NUAA | NSW Users and AIDS Association |
| DAMEC | Drug and Alcohol Multicultural Education Centre | OATSIH | Office for Aboriginal and Torres Strait Islander Health (Australian Government) |
| DCS | Department of Corrective Services | PHU | Public Health Units |
| DET | Department of Education and Training | RACGP | Royal Australian College of General Practitioners |
| DoHA | Department of Health and Ageing (Australian Government) | TRAIDS | Medically acquired hepatitis C and HIV counselling, support and advocacy centre |
| DJJ | Department of Juvenile Justice | WDP | Workforce Development Program (NSW Health) |
| EHB | Environmental Health Branch | YAA | Youth Accommodation Association |
| FPA | Family Planning NSW | YAPA | Youth Action and Policy Association NSW |

SECTION 1

Prevention and education

The major mode of transmission of hepatitis C in Australia is through unsafe drug injecting practices, in particular the sharing and reusing of needles and syringes and other items of injecting equipment. Around 80 per cent of prevalent infections, and around 90 per cent of incident infections, are attributed to injecting drug use.

The primary risk factors and environments for transmission are:

- Injecting drug use
- Incarceration
- Skin penetration practices.

Other risk factors and environments include:

- Unsterile medical procedures
- Unscreened blood transfusions and blood products
- Occupational exposure
- Vertical transmission
- Household contacts
- Sexual contact

Key prevention and education objectives

1. Improve and increase the reach of prevention and education interventions targeted at priority population groups at risk of hepatitis C infection.
2. Reduce the prevalence of unsafe injecting practices.
3. Implement prevention and education strategies in correctional settings and occupational settings.

Principles for implementation

- Information about hepatitis C should be available and accessible for all people with or at risk of hepatitis C.
- Hepatitis C education and prevention should be culturally and linguistically appropriate and relevant for their intended audience.
- Hepatitis C prevention and education should be delivered in ways that engage people at risk of hepatitis C.
- Prevention and education interventions should seek the input of the target population in their design, delivery and evaluation.
- Given the significant contribution that peer education can make to hepatitis C prevention, peer-based initiatives should be encouraged.
- Hepatitis C prevention and education should support people who inject drugs to adopt safer injecting practices and, where appropriate, to adopt non-injecting modes of drug use.
- Hepatitis C prevention and education should support people who are at risk of commencing drug use or injecting to make informed decisions about engaging in practices that potentially could put them at risk of hepatitis C infection.
- Incarcerated people should have access to hepatitis C prevention initiatives.
- GPs and other primary health care providers, including NSW Needle and Syringe Program workers, alcohol and other drug workers and Aboriginal Sexual Health Workers, should be supported to play an active role in hepatitis C prevention.

Action Plan 1 describes the strategies which will be implemented to achieve the objectives listed above.

Testing

Testing is the primary tool in diagnosing infection and assessing the prognosis for people with chronic hepatitis C. The manner of informing people that they have hepatitis C largely shapes their understanding of their infection. Testing needs to be undertaken with the informed consent of the patient and should be accompanied by adequate pre- and post-test discussion. The *National Hepatitis C Testing Policy* provides comprehensive guidelines, including population groups to be prioritised for promotion of testing.

Key testing objectives

1. Increase the level of testing among priority populations at risk of hepatitis C infection.
2. Increase the level of knowledge of the benefits of hepatitis C testing among priority populations.
3. Increase awareness among a range of clinical service providers regarding hepatitis C testing.

Principles for implementation

- Testing should only occur with the informed consent of the patient.
- Pre- and post-test discussion should be made available when hepatitis C tests are performed.
- Services seeing individuals at risk of hepatitis C, including primary health care facilities and publicly funded health services, should assess their capacity to offer hepatitis C testing or referral to hepatitis C testing.
- Testing uptake can be encouraged through education of those at risk of hepatitis C and through clinician-initiated discussion of testing.
- Promotion and offering of testing should be planned in accordance with the cultural and social context of priority populations, including Aboriginal people and people from culturally and linguistically diverse backgrounds.

Action Plan 2 describes the strategies which will be implemented to achieve the objectives listed above.

Treatment

Antiviral therapy outcomes for hepatitis C have improved significantly. Although side effects remain, the benefits outweigh the costs for many people eligible for antiviral therapy. With improvements in the efficacy and tolerability of drug treatments, it is likely that there will be an increase in the number of people on or seeking antiviral therapy. In order to accommodate this, it will be necessary to expand the range of health services involved in the provision of hepatitis C treatment.

This Strategy is committed to promoting equitable and appropriate access to treatment and monitoring services to the diversity of people with hepatitis C.

Key treatment objectives

1. Increase knowledge of the improvement in treatment options among people with chronic hepatitis C.
2. Increase uptake of and access to assessment, monitoring and treatment programs among people with chronic hepatitis C.

Principles for implementation

- Ensure equitable access to treatment services for all people with hepatitis C.
- Hepatitis C treatment services should take an active role in prevention of hepatitis C.
- Involvement of general practitioners in the diagnosis and management of hepatitis C.
- Specialist hepatitis C services should work in partnership with general practitioners.
- Allied health workers such as dietitians, social workers, clinical psychologists and counsellors play an important role in supporting people with hepatitis C to manage their illness.

Action Plan 3 describes the strategies which will be implemented to achieve the objectives listed above.

Health maintenance, care and support

People with hepatitis C have a range of health maintenance, care and support needs. These may include health monitoring, counselling, psychosocial support, information and health maintenance support. Health maintenance, care and support outcomes require the collaborative input of community based organisations (and through them, peer educators and peer leaders), allied health care, primary health care, and specialist services.

This Strategy is committed to promoting equitable and appropriate access to health maintenance, care and support services to the diversity of people with hepatitis C.

Key treatment, care and support objectives

1. Enhance the knowledge and skills of people with hepatitis C to maintain their health and quality of life.
2. Support people with hepatitis C in making appropriate lifestyle changes to improve long-term health outcomes.

Principles for implementation

- Ensure equitable access to health maintenance, care and support services for all people with hepatitis C.
- Hepatitis C care and support service providers should take an active role in prevention of hepatitis C.
- Involvement of general practitioners in the diagnosis and management of hepatitis C.
- Specialist hepatitis C services should work in partnership with general practitioners.
- Allied health workers such as dieticians, social workers, clinical psychologists, counsellors and Aboriginal Health Workers play an important role in supporting people with hepatitis C to manage their illness.

Action Plan 4 describes the strategies which will be implemented to achieve the objectives listed above.

Infrastructure and support workforce development

A skilled and knowledgeable workforce is crucial for providing effective prevention and health promotion programs and quality treatment, care and support services.

This Strategy is committed to supporting workers in the provision of equitable and accessible services and programs that are culturally appropriate for the diversity of people with or at risk of hepatitis C.

Key workforce development objectives

1. Improve the knowledge, skills and capacity of the workforce to meet the needs of people with or at risk of hepatitis C.

Principles

- Health care workers should have access to appropriate training and support to enable them to provide services to people with or at risk of hepatitis C in a knowledgeable and non-discriminatory manner.
- Health care workers should have access to current and accurate information on hepatitis C.
- Community based organisations and affected communities have an important role in assisting health care workers to understand their needs.
- The learning needs of health care workers in different settings vary.
- Governments and employers have a responsibility to provide working conditions and training programs which minimise the risk of occupational transmission of hepatitis C.

Action Plan 5 describes the strategies which will be implemented to achieve the objectives listed above.

Surveillance and research

Knowledge about hepatitis C underpins the ability to respond effectively to the disease. There remain gaps in knowledge about incidence and prevalence, natural history, prevention, treatment, costs and long-term outcomes of hepatitis C. Surveillance and research are fundamental to improving knowledge, and to providing an evidence base that informs policy, program development, clinical treatments and therapies, and service design and delivery.

Key surveillance and research objectives

1. Improve hepatitis C monitoring and surveillance.
2. Improve understanding of risk-taking behaviours and contexts.
3. Improve knowledge of long-term outcomes of hepatitis C, including treatment outcomes.
4. Enhance dissemination of surveillance and research findings.

Principles

- Effective surveillance is essential in the control of the spread of hepatitis C.
- Hepatitis C service planning, implementation and evaluation is informed by surveillance and research.

Action Plan 6 describes the strategies which will be implemented to achieve the objectives listed above.

Discrimination

The 2001 Anti-Discrimination Board inquiry into hepatitis C related discrimination found discrimination to be common and widespread, in particular in health care settings.

Such discrimination has a significant impact on the lives of people with or at risk of hepatitis C, and acts as a potent deterrent to accessing health and other services. In addition, it is unlawful on the grounds of disability. The enshrining of the principles of equality and non-discrimination in legislation provide a framework for reducing hepatitis C related discrimination.

This Strategy is committed to reducing hepatitis C related discrimination through ensuring that health care workers and workers in other professions or settings in regular contact with people with or at risk of hepatitis C have access to education and training in hepatitis C and other blood-borne viruses and drug issues.

Key objectives for reducing discrimination

1. Reduce discrimination, stigmatisation and marginalisation experienced by people with hepatitis C.
2. Reduce discrimination, stigmatisation and marginalisation experienced by people at risk of hepatitis C

Principles

- People with or at risk of hepatitis C should be treated with dignity and respect.
- People with or at risk of hepatitis C are entitled to the same access to quality health care as other members of the community.
- Hepatitis C services and programs should be guided by policies designed to eliminate discrimination, stigmatisation and/or marginalisation of people with or at risk of hepatitis C.
- People with or at risk of hepatitis C should be involved in the development and delivery of resources and services aimed at improving their health and/or reducing their marginalisation.

Education and prevention

| Objectives | Strategies | Responsibility |
|---|--|---|
| A. ACCESS TO STERILE INJECTING EQUIPMENT | | |
| 1. Maximise access to sterile injecting equipment | Continue to support NSPs as a key mechanism for hepatitis C prevention. Implement the recommendations of the review of the policy framework and operations of the NSP as appropriate. Implement the revised NSP Policy and Guidelines for NSW. | AIDB AHS ¹ NGOs ² |
| | Implement relevant projects funded by COAG Supporting Measures Initiative. | AHS NGOs |
| | Review availability of 24 hour access to sterile equipment within AHS. Identify opportunities for increasing installation of automatic dispensing machines. | AIDB AHS |
| | Contribute to the development of national best practice guidelines for public NSPs. | AIDB AHS |
| | Continue to support and promote pharmacy participation in the Fitpack scheme. Maintain support for pharmacy liaison programs. Implement supply of pre-packed Fitpacks to pharmacies. Support the development of statewide NSP resources for the pharmacy sector. | AIDB Pharmacy Guild (NSW) AHS |
| 2. Improve the accessibility of the NSW NSP for people with or at risk of hepatitis C who are from CALD backgrounds | Provide cultural awareness training to NSP workers in priority areas. Undertake targeted recruitment of workers from priority CALD communities. Implement COAG and HCEP funded projects addressing access and community support for the NSP | AHS MHAHS HCCNSW |
| 3. Improve access to sterile injecting equipment among people in rural and regional areas | Continue to support and promote pharmacy participation in the Fitpack scheme. Each AHS to review access across geographic areas and ensure an appropriate mix of primary and secondary outlets, ADMs and Fitpack pharmacies. | AIDB Pharmacy Guild |
| | Consider the findings and recommendations of the review of the policy framework and operations of the NSP and implement as appropriate | AIDB AHS NGOs |
| 4. Improve the accessibility of the NSW NSP and services for young people with or at risk of hepatitis C | Build local partnerships between youth health services and hepatitis C services/NSPs. Include hepatitis C prevention in HIV/STI training provided to youth accommodation workers and generalist youth workers. | AHS HCCNSW YAA YAPA NAAH |
| 5. Improve access to sterile equipment among those people who inject drugs who do not access NSP | Enhance partnerships with drug user organisations to encourage awareness of and access to pharmacy, vending machines and NSP. | NUAA AHS |

¹ Unless otherwise specified, references to Area Health Services include the eight geographic Areas and Justice Health

² A range of non-government organisations contribute to hepatitis C outcomes in NSW. Where responsibility for progressing a strategy is shared between a number of different NGOs, the generic term NGOs has been used. NGOs with a lead responsibility in relation to the statewide hepatitis C response in NSW include the Hepatitis C Council of NSW (HCCNSW) and the NSW Users and AIDS Association, while other NGOs such as the Australasian Society for HIV Medicine (ASHM), TRAIDS, the Haemophilia Foundation and the Pharmacy Guild contribute to specific aspects of the response.

| Objectives | Strategies | Responsibility |
|---|---|---|
| 6. Improve Aboriginal people's access to NSP outlets based in mainstream health services | <p>Ensure local initiatives to develop services include consultation with ACCHS and local Aboriginal communities.</p> <p>Work with ASHW to develop local approaches to harm reduction.</p> <p>Implement the recommendations of the NSP Strategic Planning Report in relation to maximising access for Aboriginal people.</p> <p>Ensure that all NSP staff have access to training in confidentiality, cultural awareness, accessible service delivery and sensitivity to the needs of Aboriginal clients, including via induction and the Annual NSP Workers Meeting.</p> <p>Examine the range of models of service provision which could be used to maximise access, including the location of ADM.</p> <p>Enhance the physical and cultural accessibility of NSP outlets.</p> <p>Raise awareness of the availability of the range of NSP outlets.</p> <p>Undertake proactive recruitment of Aboriginal staff.</p> <p>Identify strategies to increase the role of the Pharmacy Guild and pharmacies in service delivery to Aboriginal communities.</p> <p>Strengthen partnerships between AHS based services, AH&MRC and local ACCHS.</p> <p>Include NSP and harm reduction programs in MOUs between AHS and ACCHS as appropriate.</p> | <p>AHS</p> <p>NGO</p> <p>WDP</p> <p>AH&MRC</p> <p>ASHWN</p> |
| 7. Improve the accessibility of the NSW NSP Program for Aboriginal people in Aboriginal Community Controlled services | <p>Increase the number of ACCHS that provide NSP.</p> <p>Build the capacity of ACCHS to deliver harm reduction strategies and provide services to people who inject drugs.</p> | <p>AH&MRC</p> <p>AIDB</p> <p>ASHWN</p> |

B. HEPATITIS C PREVENTION EDUCATION

| | | |
|---|---|--|
| 1. Improve prevention and education interventions targeted at priority population groups at risk of hepatitis C | <p>Continue to promote best practices in prevention and education interventions across government and community sectors.</p> <p>Commission a meta-analysis of Australian and international best practice in relation to hepatitis C prevention education.</p> <p>Support NSW NSP staff in providing appropriate prevention and education to all clients.</p> | <p>AHS</p> <p>WDP</p> <p>Consortium</p> <p>HCCNSW</p> <p>NUAA</p> |
| 2. Increase the reach of prevention and education interventions targeted at priority population groups at risk of hepatitis C | <p>Enhance local outreach initiatives for people who inject drugs, particularly those who do not or infrequently access the NSP and other hepatitis C services.</p> <p>Ensure that all initiatives which expand access to injecting equipment incorporate education and information about hepatitis C.</p> <p>Ensure that educational materials reflect the diversity of those at risk of hepatitis C, as appropriate</p> | <p>AHS</p> <p>NGOs</p> |
| 3. Improve and increase the reach of prevention and education interventions targeted at people who are at risk of acquiring hepatitis C through unsterile medical procedures overseas | <p>Acknowledge issues of migration and mobility for people from CALD backgrounds in the context of education and prevention initiatives.</p> <p>Utilise ethnic media from priority CALD communities when planning broad-based prevention and education initiatives.</p> <p>Develop partnerships with priority CALD communities to enhance the cultural appropriateness of initiatives.</p> | <p>MHAHS</p> <p>AHS</p> <p>NGOs</p> |
| 4. Support people with hepatitis C to prevent hepatitis C transmission | <p>Include non-stigmatising, effective personalised prevention information and education in interactions with individual clients, including through NSPs and AOD services and Correctional Centres.</p> | <p>AHS</p> <p>ASHM</p> <p>GPs</p> <p>HCCNSW</p> <p>Private specialists</p> |
| | <p>Continue to include prevention information in health promotion activities targeting people with hepatitis C</p> | <p>HCCNSW</p> <p>NUAA</p> |

| Objectives | Strategies | Responsibility |
|--|--|--|
| 5. Improve the capacity of the NSP to provide appropriate referrals to people with or at risk of hepatitis C | <p>Continue to incorporate training in duty and continuity of care, and brief interventions, to the NSP workforce.</p> <p>Develop collaborative planning and service profiling activities between NSP and local AOD services.</p> <p>Strengthen referral pathways between NSPs, AOD, mental health and other relevant services.</p> <p>Promote a holistic approach to hepatitis C in AOD services.</p> <p>Produce and disseminate resources which provide information about local NSP and AOD services.</p> <p>Produce and disseminate resources regarding the NSP which can be distributed by relevant health services.</p> | AHS AIDB MHDAO WDP |
| 6. Promote peer education for people who inject drugs | <p>Continue to include hepatitis C prevention information in Users' News.</p> <p>Maintain local initiatives that include peer education components.</p> <p>Identify other models and opportunities for peer education, including alternate media and other strategies.</p> <p>Conduct peer education regarding access points for information and injecting equipment.</p> <p>Maintain the NUAA Information and Support Line.</p> | NUAA KRC DAMEC |
| 7. Improve the evidence base for peer education strategies among people who inject drugs | <p>Ensure evaluation is included in all peer education initiatives targeting people who inject drugs.</p> <p>Monitor literature regarding successful peer education strategies and adapt for sub-populations in NSW</p> | NUAA CRC AH&MRC Researchers HCCNSW |
| 8. Increase the hepatitis C health literacy of members of priority populations | <p>Develop and disseminate non-stigmatising educational materials on hepatitis C transmission and prevention, including medium literacy resources and resources targeting specific populations or risk groups.</p> <p>Maintain the profile of prevention messages within the Hepatitis C Review.</p> <p>Participate in Hepatitis C Awareness Week Initiatives.</p> <p>Develop hepatitis C education resources for distribution via pharmacies.</p> | HCCNSW NUAA AHS AH&MRC MHAHS |
| 9. Increase awareness of the support services available to people who inject drugs | <p>Continue to identify support services available to people who inject drugs through brief interventions, educational activities and through the development of resources.</p> <p>Promote telephone helpline services at automatic dispensing machines.</p> <p>Develop stickers for fitpacks distributed by pharmacies.</p> <p>Advertise services via peer and alternate/street media.</p> | NUAA HCCNSW AOD services AHS |
| 10. Provide hepatitis C prevention education to young people in contact with police and at risk of detention | <p>Conduct research into effective strategies to prevent hepatitis C infection among this population.</p> <p>Contribute to a holistic approach to the health and social needs of this population.</p> <p>Explore partnerships between the hepatitis C sector and services currently working with this population</p> | AIDB NCHSR AHS HCCNSW AH&MRC Justice Health |
| 11. Support the implementation of school based programs promoting blood borne virus awareness | <p>Expand the scope of the interdepartmental NSW Sexual Health Steering Committee to include hepatitis C.</p> <p>Review the existing curriculum module on hepatitis C.</p> <p>Coordinate professional development activities to support the use of Hepatitis – Promoting understanding through education package through the NSW Sexual Health Steering Committee.</p> | DET AIDB AHS HCCNSW |

| Objectives | Strategies | Responsibility |
|--|--|---|
| C. HEPATITIS C PREVENTION AMONG ABORIGINAL PEOPLE | | |
| 1. Support access to and the implementation of culturally appropriate harm reduction resources and strategies among Aboriginal people who inject drugs | Maintain support for the capacity of the Aboriginal Health and Medical Research Council to provide leadership on harm reduction and Hepatitis C. Support the prioritisation of AHS projects working with Aboriginal people who inject. Identify gaps in the existing range of prevention education resources and develop materials to address those gaps. | AIDB AH&MRC OATSIH AHS |
| | Ensure that NSW education campaigns addressing hepatitis C are appropriately inclusive of Aboriginal people | AIDB HCCNSW |
| | Ensure that ASHW are actively included/consulted in the development and implementation of programs targeting Aboriginal clients and communities | AHS NGOs ASHW ACCHS |
| | Build the capacity of ASHW to deliver education to communities and in the custodial environment. | AHS AH&MRC AMS ASHW AIDB |
| 2. Increase access by Aboriginal people to health services within key settings of risk | Work with youth services and other health services, including Justice Health, which work with young people to plan and provide regular education, testing and health management for hepatitis C. | AH&MRC AHS NGOs ACCHS AHW |
| 3. Strengthen Aboriginal community understanding and support for the NSP | Provide information to ACCHS and Aboriginal community leaders on the hepatitis C epidemic and the role and benefits of NSPs. | AH&MRC |
| D. HEPATITIS C PREVENTION AMONG PEOPLE FROM CALD BACKGROUNDS | | |
| 1. Ensure hepatitis C education resources are culturally appropriate and meet the needs of people from CALD backgrounds | Ensure that resource development and focus testing processes include people from CALD backgrounds. | All funded services |
| 2. Conduct hepatitis C education with people from CALD backgrounds | Continue to develop the range of appropriate and up to date resources such as "Everybody's Business" in priority languages to assist in providing community education as required. | AHS MHAHS NGOs |
| E. HEPATITIS C PREVENTION IN CORRECTIONAL SETTINGS | | |
| 1. Develop a strategic and coordinated approach to hepatitis C prevention in correctional centres and juvenile justice centres | Enhance the partnership between those responsible for improving health outcomes for individuals in correctional centres and juvenile justice centres. | Justice Health DCS DJJ AHS NGOs HCCNSW |
| 2. Strengthen the infrastructure supporting hepatitis C prevention and education programs | Justice Health to develop and regularly review context-specific guidelines and strategies for hepatitis C service delivery in which are applicable in both adult and juvenile centres in NSW | Justice Health |
| | Participate in the development of National Model Guidelines for hepatitis C education and prevention | Justice Health |
| 3. Improve the hepatitis C health literacy of individuals in correctional centres and juvenile justice centres | Continue to support hepatitis C prevention and education efforts for inmates and detainees. | Justice Health NGOs DCS DJJ |

| Objectives | Strategies | Responsibility |
|---|--|--|
| | Ensure hepatitis C education and prevention resources are contextually appropriate and relevant for the diversity of incarcerated people. | Justice Health NGOs |
| | Promote the use of existing low literacy resources such as "Health in Prisons" to meet the educational needs of inmates and detainees. | Justice Health CRC |
| | Ensure that workforce development opportunities exist for staff involved in BBV health promotion regarding the needs of individuals with intellectual disability or mental illness. | DCS DJJ Justice Health FPA |
| | Ensure prevention and education interventions include strategies aimed at reducing injecting drug use and improving knowledge of infection control. | Justice Health NGOs |
| 4. Provide culturally appropriate education programs and services for Aboriginal people | Continue to support hepatitis C prevention and education efforts for Aboriginal inmates and detainees, and those about to be released from prison. | DCS DJJ Aboriginal SH&BBV Prisons Project ACCHS Justice Health |
| 5. Maintain access to the means of prevention | Maintain access to appropriate disinfectant solutions. | DCS Justice Health AIDB |
| | Scope the potential for initiatives to strengthen access to hepatitis C prevention strategies, to inmates and detainees. | DCS Justice Health |
| 6. Reduce the prevalence of injecting drug use within prisons | Provide injecting drug users with access to prevention and education programs, including brief interventions. | DCS DJJ Justice Health |
| | Enhance access to pharmacotherapy and other drug rehabilitation services among inmates and detainees. | Justice Health DCS DJJ |
| | Continue to support effective diversion schemes such as drug courts. | AHS CDA AIDB |
| 7. Improve links to safe injecting services for post-prison populations | Engage drug and alcohol and NSP services in prison release planning. Promote the prisons Hepatitis C helpline. Support the roles of families in hepatitis C prevention post-release. | DCS DJJ Probation and Parole CDA Justice Health MSIC CRC |

F. STRENGTHEN THE PROGRAMMATIC APPROACH TO HEPATITIS C PREVENTION

| | | |
|---|--|---------------------|
| 1. Enhance the evidence base available to inform hepatitis C prevention efforts | Commission a technical review of international and domestic literature regarding the relative contribution of strategies for hepatitis C prevention, including the contribution of educational interventions and provision of equipment. | AIDB |
| 2. Identify factors which may be protective against hepatitis C acquisition | Commission research into the behaviours and practices of long term injectors who remain hepatitis C negative. | AIDB |
| 3. Assess the extent to which NSPs are meeting the needs of people who inject drugs | Commission a consumer satisfaction survey of NSP attendees. Assess existing research and if required commission further research into the BBV prevention needs of people who do not access NSPs. | AIDB Researchers |

| Objectives | Strategies | Responsibility |
|--|---|--|
| G. REDUCE THE PREVALENCE OF INJECTING DRUG USE IN THE COMMUNITY | | |
| 1. Explore the feasibility of interventions aimed at preventing or delaying the uptake of injecting as preferred method of drug use | Commission a meta-analysis of Australian and international research. | AIDB |
| 2. Promote access to pharmacotherapy and other drug rehabilitation services | Strengthen referral pathways between NSPs and drug dependency treatment services. Provide training to NSP workers in referral and brief interventions. | AHS NGOs WDP NADA |
| | Collaborate with CDA regarding strategies to improve access to treatment services and related programs | AIDB MHDAO Committee for Drug and Alcohol Prevention |
| H. COMMUNITY SUPPORT FOR THE NSP | | |
| 1. Maintain community support for the NSP through promoting community awareness and understanding of the rationale and benefits of harm reduction strategies | Establish a mechanism to update community leaders on current issues for people who inject drugs and current issues in harm reduction. Promote the evidence of effectiveness of the NSP. | AHS HCCNSW NGOs AIDB AH&MRC MHAHS |
| | Implement COAG funded projects targeting priority CALD communities | MHAHS |
| 2. Reduce inappropriate disposal of community sharps | Maintain investment in the Clean Up Hotline and local clean up programs. Strengthen partnerships between local government and NSP policy and services. Continue to promote a coordinated approach to the disposal of community sharps. Develop Community Sharps Management Plans in priority locations. Maintain investment in education with people who inject regarding safe disposal. Expand access to disposal points through collaboration with local government and AHS. | AIDB AHS Local Government LGSA |
| I. SKIN PENETRATION | | |
| 1. Promote compliance with infection control practices in the skin penetration industry | Promote the development of local government plans to audit skin penetration services for compliance with skin penetration regulations. Support the provision of education regarding infection control to skin penetration practitioners. Encourage regular compliance audits in skin penetration services. | Local Government Public Health Units Environmental Health Branch |
| J. HEALTH CARE SETTINGS | | |
| 1. Reduce the risk of HCW occupational exposure to hepatitis C | Support the development and implementation of a Sharps Safety Policy. Support implementation and review of PD2007_036 <i>Infection Control Policy</i> in relation to standard precautions, reprocessing and sharps handling and disposal. Encourage use of the NSW Health Infection Control Audit Tool for infection control to monitor and support compliance with PD2007_036 <i>Infection Control Policy</i> . <i>Review and support implementation of PD2005_162 Health Care Workers infected with HIV, Hepatitis B or Hepatitis C.</i> Maintain programs to collect data on exposure incidents and identify opportunities for development and implementation of risk control and reduction strategies. Support review and implementation of the PD2005_311 <i>Management of Health Care Workers Potentially Exposed to HIV, Hepatitis B and Hepatitis C.</i> | AIDB AHS ICRC |
| 2. Reduce the risk of patient exposure to HEPATITIS C in healthcare settings | Support implementation and review of PD2007_036 <i>Infection Control Policy</i> in relation to standard precautions, reprocessing and sharps handling and disposal. Review and support implementation of PD2005_162 | AIDB AHS ICRC |

ACTION PLAN 2

Testing

| Objectives | Strategies | Responsibility |
|--|--|---|
| 1. Reduce the prevalence of undiagnosed hepatitis C infection in NSW | Promote referral of NSP, MSIC, methadone, rehabilitation and detox clients to GPs and other services that have the capacity to assess risk and offer testing. | AHS NGOs Public, private and NGO AOD services NADA |
| | Promote early detection and management for hepatitis C among those entering NSW custody especially among those who are most at risk of hepatitis C infection but are still unaware of their status, including young injectors. | Justice Health |
| | Conduct health promotion initiatives that enhance awareness of both the availability and potential benefits of hepatitis C testing among priority populations. | NUAA HCCNSW AHS |
| | Promote appropriate risk assessment of clients in sexual health clinics. | AIDB AHS |
| | Provide education to GPs and other primary health care workers to increase skills in assessing risk and offering appropriate testing. | ASHM AHS |
| | Design and implement an awareness campaign targeting undiagnosed people with hepatitis C from CALD communities. | MHAHS HCCNSW |
| 2. Support access to high quality, targeted testing for hepatitis C | Contribute to the review of the National Hepatitis C Testing Policy and support its implementation in NSW. | AIDB MACH HCCNSW AHS |
| | Support implementation of the AH&MRC <i>Early Detection and Treatment of Sexually Transmissible Infections and Blood Borne Infections: A manual for improving access to early detection and treatment programs for Aboriginal People and Communities in NSW.</i> | ACCHS AH&MRC ASHW AHS |
| | Improve access to testing among Aboriginal people at risk through increasing the capacity of ACCHS and GPs to offer testing in a holistic manner | AMS GP Network ASHM AH&MRC RACGP ACRRM |
| | Improve access to testing among people from CALD backgrounds by working with GPs in priority locations and CALD GPs | AHS ASHM MHAHS |
| | Increase knowledge among ASHW and other Aboriginal Health Workers, including AOD and Maternal and Child Health Workers, regarding services which provide testing for hepatitis C | AH&MRC AHS NGOs |
| | Conduct workforce development and advocacy activities for obstetrics and gynaecology staff to support appropriate testing of pregnant women | WDP MACH Workforce Development S/C HCCNSW |
| 3. Increase access to hepatitis C risk assessment and offer of, or referral for, testing in AOD services | Include hepatitis C as an issue of concern in the Drug and Alcohol Clinical Services Plan. Promote workforce development to increase skills in risk assessment and offer of testing in AOD services. | CDA AIDB NADA AHS |

Treatment

| Objectives | Strategies | Responsibility |
|--|---|---|
| A. ACCESS TO TREATMENT | | |
| 1. Support an appropriate match between client need and the range and number of public hospitals that offer hepatitis C treatment and care | Commission a Hepatitis C Treatment, Care and Support Needs Assessment, including a review of hospitalisation data, identification of unmet service need and projections of future need for treatment, care and support services. Implement the recommendations of the Review as appropriate. | AIDB MACH AHS |
| | Monitor the increase in demand for specialist hospital inpatient and ambulatory care services by people with advanced liver disease and provide feedback to Area Health Services to assist in service planning. | AIDB MACH |
| | Review and update the Minimum Service Levels for hepatitis C service delivery, following completion of the Needs Assessment | AIDB Statewide Services, Dept of Health |
| 2. Reduce barriers to access to treatments | Increase the number of public hospital pharmacies from which hepatitis C antiviral therapy drugs listed under the Highly Specialised Drugs Scheme can be dispensed. Strengthen links between specialist livers clinics and pharmacies. | Pharmaceutical Services Branch AIDB |
| 3. Support effective planning for service development | Facilitate partnerships between rural areas and key centres for support in planning optimal service delivery. | AIDB MACH |
| | Liaise with the Gastroenterology Task Group of the Greater Metropolitan Clinical Taskforce regarding hepatitis C treatment, following submission of Needs Assessment Report | MACH AIDB |
| 4. Increase access to hepatitis C treatment for Aboriginal people | In partnership with key organisations, explore models for the provision of culturally sensitive hepatitis C treatment, care and support in a range of settings. Identify partnership opportunities with Area specific services. Build the capacity of specialist services to offer culturally appropriate services to Aboriginal people with hepatitis C. | ASHAC AH&MRC ACCHS AHS AOD ASHM GPs |
| | Support ACCHS to review relevant policy frameworks. Conduct workforce development activities that build the capacity of ACCHS to conduct assessment, support, work-up and referral of people with hepatitis C. Examine options for the provision of tailored support to doctors working in ACCHS in relation to hepatitis C assessment, referral, treatment, care and management. Conduct a pilot project to examine strategies to improve assessment and work-up for Aboriginal people in ACCHS. | ASHAC AH&MRC ACCHS ASHM GPs AHS |
| 5. Increase access to hepatitis C treatment and support for people from CALD backgrounds | Enhance the capacity of GPs from CALD backgrounds to provide services to CALD people with hepatitis C. Enhance the capacity of mainstream services to address the needs of people from CALD backgrounds. Increase access to interpreter services in treatment settings. | MHAHS AHS ANSWD ASHM |
| 6. Increase access to hepatitis C treatment and support for people with medically acquired hepatitis C | Provide ongoing support for individuals and families | TRAIDS Haemophilia Foundation HCCNSW |

| Objectives | Strategies | Responsibility |
|---|--|------------------------------|
| 7. Increase access to hepatitis C treatment, care and support for people in correctional settings and juvenile justice facilities | Identify strategies to enhance the availability of hepatitis C treatment services to inmates and detainees. Support the establishment of treatment, care and support services in correctional and juvenile justice settings via partnerships with Area specialist liver clinics. Support the implementation of model guidelines. | Justice Health DCS AHS |

B. SPECIALIST SERVICES

| | | |
|--|---|----------------------------|
| 1. Provide appropriate assessment and support for people with hepatitis C on treatment | Explore the feasibility of introducing hepatitis C nurse practitioners to provide hepatitis C care and treatment services, in particular in areas where hepatitis C care by GPs is not readily available, such as in rural areas. | MACH College of Nursing |
| | Encourage the recruitment of clinical nurse consultants to the area of hepatitis C | MACH College of Nursing |
| | Work with Area Health Services to promote appropriate allocation of funds to hepatitis C treatment services | AIDB HARPM |
| | Develop protocols/guidelines to support consistent education, assessment and support for people commencing treatment | AHS |

C. PRIMARY HEALTH CARE

| | | |
|---|---|---|
| 1. Increase access to treatment in primary health care settings | Complete and evaluate the pilot of hepatitis C s100 prescribing in General Practice. Explore the feasibility of a trial of GP initiation of treatment. | ASHM MACH AIDB Pharmaceutical Services Branch ALA |
| | Liver clinics to produce guidelines on their requirements for work up prior to referral for treatment. | AHS MACH |
| | Enhance the skills and knowledge of clinicians in providing a culturally appropriate service to Aboriginal clients. Provide information to clinicians on how to increase Aboriginal people's access to services. | AH&MRC ASHM |

D. SERVICES THAT ACCESS PEOPLE WITH OR AT RISK OF HEPATITIS C

| | | |
|--|---|---------------------------------------|
| 1. Expand the role of related health services in hep C testing and diagnosis, care and treatment and education on risk reduction | Assess the feasibility of expanding the role of drug dependency treatment services and sexual health services in providing hepatitis C risk assessment, testing, and treatment, via the Needs Assessment. | MACH AIDB ASHM WDP NADA |
| | Participate in a pilot project to support drug dependency services to undertake hepatitis C diagnosis, care and treatment | AIDB NCHECR ASHM CDA NADA |
| | Expand the number of formal linkages and agreements between AOD services and liver and infectious diseases units | AHS MHDAO NADA |

Health maintenance, care and support

| Objectives | Strategies | Responsibility |
|--|---|---|
| A. PRIMARY HEALTH CARE | | |
| 1. Support the role of GPs in multidisciplinary care for individuals with hepatitis C | Promote the use of enhanced primary care items to enable non-prescribing GPs to provide primary health care for people with hepatitis C. Enhance the capacity of GPs to provide information, support and referral to people with or affected by hepatitis C. Undertake tailored workforce development in partnership with appropriate agencies. | ASHM ANSWD AHS HCCNSW |
| B. SPECIALIST SERVICES | | |
| 1. Develop the capacity of specialist mental health services to work with people with hepatitis C with mental health condition | Conduct workforce development to build the capacity of mental health services to address the mental health needs of people with hepatitis C (diagnostic, care and support). | AIDB MHDAO MACH |
| 2. Improve access to alcohol and other drug services | Encourage AOD agencies to actively promote their services to people with hepatitis C. Strengthen linkages and partnerships between AOD services and hepatitis C services. | CDA AIDB AHS NADA HCCNSW |
| C. ALLIED HEALTH CARE | | |
| 1. Strengthen a multi disciplinary approach to the health needs of people with hepatitis C | Develop, trial and implement models of case management that contribute to improved service delivery and are responsive to clients' needs. | MACH WDP ASHM HCCNSW MHDAO DADHC |
| 2. Increase access to support and care among Aboriginal people | Enhance the capacity of Aboriginal Community Controlled Health Services to provide primary health services, including diagnosis, to Aboriginal people with hepatitis C. Enhance the capacity of Aboriginal Sexual Health Workers to support Aboriginal people with hepatitis C. | AH&MRC ASHM AHS |
| 3. Increase access to care and support among people from CALD backgrounds | Increase the cross cultural skills of staff working in hepatitis C services through the delivery of targeted and ongoing cultural competency training. | MHAHS AHS |
| | Strengthen links between hepatitis C services and MHAHS | MHAHS AHS |
| D. HEALTH MAINTENANCE | | |
| 1. Increase awareness of treatment options and benefits among people with hepatitis C | Profile the benefits of treatment through National Hepatitis C Awareness Week, where appropriate to the theme. | HCCNSW TRAIDS AHS NUAA |
| | Contribute to the development of national resources on treatment options for people with hepatitis C. | AIDB HCCNSW NUAA DoHA |

| Objectives | Strategies | Responsibility |
|---|--|---|
| | Integrate information regarding the benefits of and pathways to treatment into ongoing resource production. | HCCNSW NUAA |
| | Consider targeted promotion of hepatitis C testing and treatment to CALD communities. | MHAHS HCCNSW AIDB |
| | Ensure that up-to-date information on treatment and hepatitis C services is available for people with haemophilia and hepatitis C and others with medically acquired hepatitis C. | HCCNSW TRAIDS Haemophilia Foundation |
| 2. Increase the capacity of individuals with hepatitis C to manage their own health | Build the capacity of services to undertake lifestyle interventions aimed at educating on the benefits of exercise, maintenance of ideal body weight, reduction of alcohol intake, hepatitis A and B vaccination, and regular follow up. | AHS GPs ANSWD HCCNSW |
| | Develop strategies to support people with hepatitis C to manage anxiety and depression. | HCCNSW NUAA |
| 3. Increase the health literacy of people with hepatitis C | Redevelop and disseminate a basic resource regarding hepatitis C to be provided to individuals at the point of first diagnosis. | HCCNSW |
| | Revise information resources for people on treatment to support and complement educational interventions. | HCCNSW NUAA |
| 4. Improve the overall health of people with hepatitis C | Promote the availability of and access to hepatitis A and hepatitis B vaccination to people with hepatitis C in line with A Model of Care for the <i>Management of Hepatitis C Infection In Adults</i> . | AHS |
| 5. Build the personal skills of people with hepatitis C to navigate the health system | Provide information and education to people with or at risk of hepatitis C on their rights in relation to accessing and receiving health and other services. | HCCNSW NUAA AHS |
| | Increase awareness of available support services and redress mechanisms in people with or at risk of hepatitis C who may have been subjected to discrimination, stigmatisation or marginalisation. | HCCNSW NUAA ADB HALC |
| 6. Strengthen peer support and education | Trial and evaluate models of peer based support for those on or considering treatment. | HCCNSW Researchers |
| | Maintain support for community organisations that provide information and support to people with or affected by hepatitis C. | AIDB |

Infrastructure and support

| Objectives | Strategies | Responsibility |
|--|--|--|
| A. PLANNING AND COORDINATION | | |
| 1. Establish/maintain appropriate planning and coordination mechanisms | Each AHS to develop a strategic plan articulating current baselines in education, treatment, care and support and identifying local priorities in hepatitis C programs and services. | AHS |
| | Each AHS to consider the establishment of a hepatitis C reference group with appropriate local representation, including from ACCHS and Aboriginal communities, and local CALD communities. | AHS |
| | Each AHS to identify opportunities to strengthen networks between clinical and non-clinical services involved in hepatitis C prevention, treatment and care, surveillance and others as locally appropriate, including AOD services. | AHS |
| | Support the appropriate inclusion of hepatitis C priorities in the workplan of ASHW. | AHS ACCHS AH&MRC |
| B. SURVEILLANCE | | |
| 1. Strengthen hepatitis C monitoring and surveillance | Convene a forum on hepatitis C surveillance. | CDB PHU MACH |
| | Explore the feasibility of conducting enhanced surveillance on a sample of notifications to obtain information on mode of exposure. | CDB PHU MACH |
| | Explore the feasibility of strategies to detect acute cases of hepatitis C infection. | MACH CDB PHDF |
| | Maintain communication with medical practitioners and laboratories regarding notification requirements. | CDB |
| | Develop culturally appropriate and sensitive protocols for the collection of Aboriginality data in hepatitis C notifications. Establish a project to improve the completeness of Aboriginality data. Review existing data sources, including service utilisation data, sentinel surveillance and BEACH data to augment Aboriginality data. | CDB AH&MRC ASHAC CAH MACH PHU |
| | Develop a protocol to allow for the culturally appropriate collection of ethnicity data on a sample of notified cases. | CDB PHU MACH |
| 2. Enhance dissemination of surveillance data | Disseminate quarterly report on hepatitis C surveillance to advisory committees, HARPMS and others as appropriate. | CDB AIDB |
| | Disseminate annual hepatitis C surveillance data to all stakeholders. | CDB AIDB |
| | Incorporate surveillance data into policy and practice as appropriate. | AIDB MACH |

| Objectives | Strategies | Responsibility |
|---|--|---|
| C. RESEARCH | | |
| 1. Improve understanding of risk-taking behaviours and contexts | Identify gaps in the body of knowledge regarding prevention, treatment, costs, disease progression and burden of disease and promote research in these areas. | MACH NUAA HCCNSW Researchers |
| | Establish the Australian Hepatitis C Observational Study to further increase understandings of the outcomes of hepatitis C infection. | NCHECR AHS AIDB |
| | Trial a periodic survey methodology to gather data on knowledge about hepatitis C (and other BBVs and STIs), risk practices and access to services among Aboriginal communities. | AH&MRC NCHSR ASHWN ASHAC |
| | In consultation with Aboriginal communities, commission or promote research to address gaps in clinical and social research related to hepatitis C in Aboriginal communities. | MACH AH&MRC ASHAC |
| | Commission research with priority CALD communities regarding knowledge and perceptions of hepatitis C, and use of health services. | MHAHS NCHSR |
| | Ensure that the research needs of NSW programs and services are identified and addressed when research organisations determine research priorities. | MACH AIDB AHS |
| | Monitor emerging data on sexual transmission of hepatitis C among people with HIV/AIDS. | NCHECR AIDB |
| 2. Identify barriers to access to treatment among people with hepatitis C | Commission research to investigate barriers to treatment uptake. | DoHA AIDB MACH |
| 3. Improve understanding of issues related to co-morbidity | Identify strategies to examine issues related to co-morbidity among Aboriginal people with hepatitis C. Monitor literature regarding mental health co-morbidities among people with hepatitis C. | NCHECR AIDB |
| 4. Enhance dissemination of research | All NSW Health funded research projects to include specific dissemination strategies. | National Centres Consortium |
| | Incorporate research findings into policy and practice where appropriate. | AIDB MACH WDP AHS NGOs Researchers |
| 5. Gather and analyse service utilisation data | Identify strategies to improve data regarding service utilisation in hepatitis C prevention services. | AIDB MACH |
| D. WORKFORCE DEVELOPMENT | | |
| 1. Enhance the skills and capacity of the dedicated hepatitis C and NSP workforce | Enhance the capacity of NSW NSP workers to engage with clients and provide education, health promotion and other interventions as required. | AHS WDP |
| | Enhance the capacity of the hepatitis C workforce, including NSP staff, to deliver services and interventions that are culturally appropriate for the diversity of people with or at risk of hepatitis C, including Aboriginal people and CALD people. | AHS WDP MHAHS AH&MRC HCCNSW NUAA |

| Objectives | Strategies | Responsibility |
|--|---|--|
| | Promote the hepatitis C related initiatives of the WDP. | AIDB WDP HCCNSW |
| | Ensure workforce development and education programs are accessible to rural health care workers. | AHS WDP |
| | Continue to provide grants program funding and support for access to training and development opportunities, guidance on curriculum development and leadership in developing innovative multi-disciplinary learning activities. | WDP AIDB HARP Managers |
| | Continue to support ASHM's hepatitis C education initiatives. | AIDB |
| | Identify mechanisms to incorporate issues related to access and equity, discrimination and quality improvement, in NSW Health funded hepatitis C training and education programs. | AIDB MACH Workforce Development Sub Committee ASHM WDP HCCNSW |
| | Continue to support networks and interagencies, such as Heplink, that provide opportunities for skill, knowledge and resource sharing. | HCCNSW HARP managers AIDB WDP |
| | Maintain statewide infrastructure to support ASHW. | AIDB AH&MRC ASHAC |
| | Develop and offer training and support in Aboriginal cultural awareness, sensitivity and competence. | AHS AH&MRC WDP AIDB NGOs |
| | Identify strategies to increase the number of Aboriginal workers employed in key areas such as NSP. | AHS AH&MRC AIDB |
| | Develop and offer training and support in working effectively with people from CALD backgrounds. | AHS MHAHS WDP AIDB NGOs |
| Enhance the capacity of NSP staff to better access and service Aboriginal clients. | AH&MRC AHS ACCHS | |
| 2. Enhance the skills and capacity of staff working in related services and programs | Engage with alcohol and other drug services to broaden the provision of appropriate hepatitis C related interventions. | AHS HCCNSW CDA NADA NUAA |
| | Support Correctional Centres and Juvenile Justice Centres to improve the provision of hepatitis C related interventions through the provision of tailored workforce development to custodial, policy and program staff. | Justice Health DCS DJJ HCCNSW |

| Objectives | Strategies | Responsibility |
|--|---|---|
| | Explore the feasibility of including hepatitis C in workforce development undertaken by the Chapter of Addiction Medicine which targets registrars and GPs. | AIDB MHDAO MACH Workforce Development Sub Committee Chapter of Addiction Medicine |
| | Conduct workforce development activities that enhance the capacity of ACCHS to address hepatitis C prevention and undertake treatment, care and support. | AH&MRC AIDB ACCHS |
| | Strengthen support for ASHW based in ACCHS. | AH&MRC AIDB |
| 3. Upskill and inform staff working in pharmacies | Commission the production of a workforce development resource. | AIDB |
| 4. Enhance the skills and capacity of mainstream health staff to address hepatitis C | Participate in the development of national standards on educating health care professionals about hepatitis C. | MACH Workforce Development Sub Committee |
| | Advocate for the inclusion of hepatitis C and other BBV education in pre-entry curricula for health professionals. | MACH Workforce Development Sub Committee HCCNSW ASHM |
| | Advocate for the inclusion of curricula on stigma and discrimination and impact on health, help-seeking and quality of life. | MACH Workforce Development Sub Committee |
| | Seek the inclusion of hepatitis C issues in training provided to mental health workers, antenatal workers and other relevant workers. | AIDB MACH MHDAO Maternal and Perinatal Committee |
| 5. Improve access to appropriate services | Enhance the capacity of Aboriginal primary health care service providers to respond to hepatitis C. | AH&MRC HCCNSW ASHM |
| | Enhance the capacity of ACCHS staff to provide NSP services in their respective communities. | AH&MRC ASHW AHS |
| 6. Reduce discrimination and stigma experienced by people with hepatitis C in health care settings | Develop, implement and review strategies to improve knowledge of and adherence to non-discriminatory service delivery, privacy and confidentiality guidelines/regulations. | MACH HCCNSW AHS AH&MRC MHAHS |
| | Increase awareness in health care workers of the hepatitis C related discrimination that people with or at risk of hepatitis C may encounter and the additional support they may require. | HCCNSW NUAA WDP |
| | Develop, implement and review strategies to improve knowledge of and adherence to appropriate infection control guidelines. | ICRC AIDB |

| Objectives | Strategies | Responsibility |
|--|---|--|
| E. PARTNERSHIPS | | |
| 1. Strengthen the partnership approach to hepatitis C | Continue to consult with key stakeholders in the development, implementation and evaluation of policies or programs as appropriate and relevant. | AIDB |
| | Ensure area health services and NGOs take into account the needs and opinion of local communities. | AIDB AHS NGO |
| | Explore options to enhance awareness and consideration of hepatitis C issues in related advisory committees. | AIDB MACH |
| | Continue to work with local communities and councils to ensure the operation of harm reduction services. | AHS AIDB LGSA Local Government |
| | Area Health Services to develop partnership arrangements with appropriate local and statewide agencies. | AHS |
| | Justice Health and other AHS to form partnership arrangements to facilitate continuation of treatment, care and management as people move in and out of custody in NSW. | AHS, inc JH |
| | Support the implementation of the NSW Police guidelines on NSPs. | AIDB NSW Police Service |
| 2. Ensure that the response to hepatitis C issues for Aboriginal communities is developed and implemented in partnership | Strengthen partnership between AH&MRC, HCCNSW and NUAA. | AH&MRC HCCNSW NUAA |
| | Review and strengthen partnerships between AHS and ACCHS. | AHS ACCHS AH&MRC |

ACTION PLAN 6

Supportive environment

| Objectives | Strategies | Responsibility |
|---|---|----------------------------------|
| A. ACCESS AND EQUITY | | |
| 1. Support the provision of accessible, equitable and high quality health services to people with or at risk of hepatitis C | Continue to identify and promote skills, programs and service coordinating strategies that contribute to a more equitable and accessible health system and eliminate discrimination against people with/at risk of hepatitis C. | AHS WDP HCCNSW AIDB |
| 2. Reduce community discrimination toward people with hepatitis C | Develop, implement and review strategies, in partnership with Aboriginal community organisations, to reduce hepatitis C related discrimination in Aboriginal communities. | AH&MRC ASHAC ACCHS AIDB |
| | Develop, implement and review strategies, in partnership with CALD community organisations, to reduce hepatitis C related discrimination in CALD communities. | MHAHS AIDB |
| 3. Promote general community awareness and understanding of hepatitis C | Implement appropriate local initiatives in support of national Hepatitis C Awareness Week. Develop strategies to support local implementation of the National Hepatitis C Awareness Campaign. | HCCNSW AHS |

