

Hepatitis C Testing and Care in Alcohol and Other Drug Services

Guidance for Alcohol and Other Drug Services
2024

Acknowledgement of Country

The Centre for Alcohol and Other Drugs (CAOD) acknowledges that Aboriginal and Torres Strait Islander peoples are the First Peoples and Traditional Custodians of Australia, and the oldest continuing culture in human history.

We pay respect to Elders past and present and commit to respecting the lands we walk on, and the communities we walk with. We celebrate the deep and enduring connection of Aboriginal and Torres Strait Islander peoples to Country and acknowledge their continuing custodianship of the land, seas, and sky.

We acknowledge the ongoing stewardship of Aboriginal and Torres Strait Islander peoples, and the important contribution they make to our communities and economies.

We reflect on the continuing impact of government policies and practices and recognise our responsibility to work together with and for Aboriginal and Torres Strait Islander peoples, families, and communities, towards improved health, economic, social and cultural outcomes.

Acknowledgements

This Practice Guide has been jointly developed by the Centre for Alcohol and Other Drugs and Centre for Population Health, NSW Ministry of Health, following consultation with Alcohol and Other Drug (AOD) Clinical and Service Directors in each Local Health District, St Vincent's Health Network, and select Non-Government Organisations. The Framework within the Practice Guide was refined following feedback from the Drug and Alcohol Program Council, Hepatitis C Implementation Committee, Drug and Alcohol Nurses Network and the Blood Borne Virus in Alcohol and Other Drugs Working Group. The final draft document was reviewed by members of the Drug and Alcohol Program Council.

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Introduction

Purpose

This document provides guidance to all NSW Alcohol and Other Drug (AOD) services on the appropriate testing and care of people at risk of all blood borne viruses (BBV) with a particular focus on hepatitis C virus (HCV).

This document complements the [NSW Clinical Care Standards for Alcohol and Other Drug Treatment](#) including the 6 standards of care for AOD treatment. ^[1]

Key information

- The [NSW Hepatitis C Strategy 2022 – 2025](#) identifies AOD services as key settings for embedding HCV care. Many people at risk of BBVs engage with AOD services more often than with general health services, which makes them an important setting for BBV healthcare. ^[2]

Testing for and treating HCV enhances AOD interventions and promotes overall health. ^{[3][4]}

- HCV testing should be offered to **all** people attending AOD services in NSW. The level of HCV care will vary based on the service's workforce and amenities outlined in the Framework for Managing HCV in AOD Services ([Appendix 1](#)).
- All AOD services should provide Dried Blood Spot (DBS) testing and referral pathways for the patient as a minimum service.

HCV can be cured with Direct Acting Antivirals (DAA) treatment available through Medicare under the Pharmaceutical Benefits Scheme. ^{[5][6]}

Each Local Health District (LHD) must identify a BBV Clinical Lead to coordinate BBV care and provide assistance to AOD services.

- All AOD services should have an HCV care Implementation Plan which includes information on screening, testing, referral, and links to other services and information resources ([Appendix 2](#)).

Partnerships between AOD services and both local HIV and Related Program (HARP) Units and hepatitis C peer support organisations including Hepatitis NSW and NSW Users and AIDS Association (NUAA) will help assist with HCV care across each district.

- BBV testing and treatment must align with [NSW Clinical Care Standards for Alcohol and Other Drug Treatment](#) (Standard 4 – Risk identification and monitoring) ^[1]

Priority settings for screening and intervention

- Opioid Treatment Programs (OTP) public services
- Magistrates Early Referral into Treatment (MERIT) and other Court Diversion programs
- Community and Day Programs
- Withdrawal treatment services
- Justice health settings
- Needle and Syringe Program (NSP) services
- Non-Government Organisations, including residential rehabilitation facilities and Continuing Coordinated Care programs

Priority populations

- People who currently inject drugs or have a history of injecting drugs
- People in custodial settings or with a history of incarceration
- People living with hepatitis C
- People from culturally and linguistically diverse backgrounds
- People who are Aboriginal or Torres Strait Islander

Framework for HCV testing and care in AOD Services

The Framework for HCV testing and care in AOD Services ([Appendix 1](#)) outlines the minimum level of HCV care offered by an AOD service depending on the services' workforce, amenities and other requirements. The service levels range from Service Type A (minimum service) to Service Type D (comprehensive service) and so all AOD services will have HCV testing available with increasing levels of HCV care at more resourced services.

Use the framework to confirm the type of HCV care to be provided at each AOD service and ensure appropriate assistance, referral pathways, education, training and partnerships are in place to support HCV care.

The framework will provide a standardised way to identify the levels of HCV care offered within each LHD AOD services, opportunities to enhance care and build workforce capacity.

Testing and Assessment

All AOD services should:

- screen for HCV risk factors at intake and undertake onsite testing as part of a face-to-face AOD assessment for all patients, irrespective of their drug and alcohol status. The method of testing will be based on the Framework ([Appendix 1](#)) with DBS testing as a minimum.
- offer testing every 6 months to patients identified at risk of HCV
- consider clinical audits to ensure testing and re-testing is undertaken at appropriate intervals
- have HCV testing and care patient information and resources available
- ensure that tested clients are given both positive or negative test results
- ensure all clients with DBS positive and/or antibody positive results receive venepuncture RNA testing and are linked into care

Treatment and Ongoing Assessment

- All clients who test HCV RNA positive need to be actively linked to treatment with an established continuity of care and follow up pathway, based on the Framework ([Appendix 1](#)).
- Oral DAA can be prescribed by the AOD treating doctor. Clients should not be referred out if this can be managed by the current care team.
- Oral DAA treatments are well tolerated and can cure over 95% of HCV with an 8–12-week course of treatment. ^{[5][6]}
- Guidance on prescribing treatment is available from the [ASHM Hepatitis C Guidelines](#) and [Decision Making in Hepatitis C tool](#).

Clinical leadership

The implementation of HCV testing and care in AOD services requires clinical leadership in each LHD. This clinical leadership can come from within AOD services or other services such as liver clinics or sexual health services. Services can work with local AOD sites to implement HCV testing, develop referral pathways and partnerships, and identify workforce needs. In some LHDs, hepatitis or sexual health nurses are well placed to provide this clinical leadership which helps foster partnerships.

HCV Implementation Plan

All AOD services require a HCV plan to support implementation of HCV care, which outlines key information and support for the service and is communicated to all staff. A Template HCV Implementation Plan is provided at [Appendix 2](#).

Support from HARP Services

Collaboration between AOD services and HARP services can enhance the focus and outcomes of HCV care. The contact details for district HARP Managers are listed at [Appendix 3](#).

Potential opportunities for collaboration may include:

- Joint participation in local multidisciplinary HCV governance committees
- HCV quarterly reports distributed from HARP units to AOD services for mutual discussion and decision-making regarding monitoring, data collection and targets
- Joint discussions about any current or future hardware or technology needs for testing, including for testing events, outreach clinics, enhanced rural/regional access
- Sourcing and engaging AOD peer workforce, and engagement with Hepatitis NSW and NUAA
- Opportunities for joint testing events

Data Collection

AOD services should collect data on HCV testing and continuity of care activities according to their usual data collection and in line with NSW Health data governance principles, to assess quality care and improvements. All services have access to client testing information from local pathology services which can be used for patient care, evaluation, and quality improvement activities.

Some LHDs currently capture HCV care data using an eMR form, a CHOC work-around, dashboards or new databases. Data is also being collected from research projects e.g. DBS, National Point of Care Testing and ETHOS.

The Centre for Population Health, NSW Ministry of Health receives quarterly HCV testing data (antibody and RNA) for services that use NSW Health Pathology, which is used for reporting under the [Hepatitis C Strategy 2022 - 2025](#). HARP services also have access to HCV testing and treatment data for their district.

Resources

For information and support, districts can contact the DBS Coordinator, HARP Manager contacts or the Clinical Hepatitis Contacts for AOD Services ([Appendix 3](#)).

Hepatitis NSW resources, events and connection with peer workers

- [Factsheets](#) and [videos](#) about hepatitis C
- [Peer worker program](#)
- [Training workshops and events](#)
- [Online learning modules](#)

ASHM resources and training for health professionals

- [Decision Making in Hepatitis C tool](#)
- [Recommendations for the management of HCV](#)
- [National Hepatitis C Testing Policy](#)
- [Online Learning Module: Hepatitis C in Primary Care and Drug and Alcohol Settings](#)
- [Point-Of-Care Testing Website](#)

Facilitating connections in rural and regional NSW

To increase access to hepatitis C treatment in regional NSW, ASHM coordinates a Remote Prescribing Program that facilitates linkages between nurses who perform patient assessment and medical/nurse practitioners experienced in prescribing hep C treatment.

- Download the [remote prescribing pathway](#) [PDF]. This flowchart summarises the roles of the participating nurses (referrers) and medical/nurse practitioners (prescribers).
- Download the program's specifically tailored [remote consultation request for initiation of Hepatitis C treatment form](#) [DOCX].

Information on Dried Blood Spot Testing

- [NSW DBS Test website](#)

References

- [1] NSW Ministry of Health, “Clinical Care Standards: Alcohol and Other Drug Treatment,” NSW Health, St Leonards, 2020.
- [2] NSW Ministry of Health, “NSW Hepatitis C Strategy 2022–2025,” NSW Health, 2022.
- [3] E. S. Rosenthal, R. Silk, P. Mathur, C. Gross, R. Eyasu, L. Nussdorf, K. Hill, C. Brokus, A. D’Amore, N. Sidique, P. Bijole, M. Jones, R. Kier, D. McCullough, D. Sternberg, K. Stafford, J. Sun, H. Masur, S. Kottiril and S. Kattakuzhy, “Concurrent Initiation of Hepatitis C and Opioid Use Disorder Treatment in People Who Inject Drugs.,” *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America*, vol. 71, no. 7, p. 1715–1722, 2020.
- [4] Commonwealth of Australia (Department of Health), “National Drug Strategy 2017-2026,” Canberra, 2017.
- [5] O. Falade-Nwulia, C. Suarez-Cuervo, D. R. Nelson, M. W. Fried, J. B. Segal and M. S. Sulkowski, “Oral Direct-Acting Agent Therapy for Hepatitis C Virus Infection: a systematic review.,” *Annals of Internal Medicine*, vol. 166, no. 9, pp. 637-648, 2017.
- [6] J. Grebely, G. J. Dore, S. Morin, J. K. Rockstroh and M. B. Klein, “Elimination of HCV as a public health concern among people who inject drugs by 2030 – What will it take to get there?,” *Journal of the International AIDS Society*, vol. 20, no. 1, p. 22146, 2017.

Appendix 1 – Framework for Hepatitis C testing and care in AOD Services

The Framework outlines the minimum level of hepatitis C care offered by an AOD service depending on the service’s workforce, amenities and other requirements. AOD services can use the Framework to confirm the type of HCV care to be provided at their service and ensure appropriate assistance, referral pathways, education, training, and partnerships are in place to support HCV care.

Some services may provide hybrid types of care that don’t fit into one specific service type but suit their local service capacity and capability.

Use the Framework in conjunction with the HCV Implementation Plan for AOD Services ([Appendix 2](#)).

Service Capability			Role of service in BBV testing and treatment				Example
Service Type	Workforce	Pathology	Testing	Delivery of results	Treatment	Ongoing assessment	Example Service
A	<ul style="list-style-type: none"> Allied health and peer workers Other workforce (not venepuncture trained) 	<ul style="list-style-type: none"> No on-site pathology collection No Point of Care Testing (POCT) 	<ul style="list-style-type: none"> Dried Blood Spot (DBS) Testing 	<ul style="list-style-type: none"> According to site initiation plan- NSW Sexual Health Infolink (SHIL) or service If HCV+, refer to another service for HCV work up bloods Check attendance to referred service 	<ul style="list-style-type: none"> According to local referral pathway 	<ul style="list-style-type: none"> Offer testing every 12 months if client is at risk 	<ul style="list-style-type: none"> AOD counselling, Primary Needle & Syringe Program
B	<ul style="list-style-type: none"> As for Service Type A Part-time nurse, nurse practitioner or doctor No arrangement with remote prescriber 	<ul style="list-style-type: none"> On-site pathology collection 	<ul style="list-style-type: none"> DBS Testing And Venepuncture for HCV (HCV Ab +/- RNA), LFT 	<ul style="list-style-type: none"> According to site initiation plan - NSW Sexual Health Infolink (SHIL) or service If HCV+, complete venepuncture confirmation (HCV Ab +/- RNA and LFT) 	<ul style="list-style-type: none"> Prescribe treatment or refer to appropriate service 	<ul style="list-style-type: none"> Offer testing every 12 months if client at risk 	<ul style="list-style-type: none">

Service Capability			Role of service in BBV testing and treatment				Example
Service Type	Workforce	Pathology	Testing	Delivery of results	Treatment	Ongoing assessment	Example Service
C	<ul style="list-style-type: none"> As for Service Type B Arrangement with remote prescriber 	<ul style="list-style-type: none"> On-site pathology collection POCT (+/- Fibroscan) 	<ul style="list-style-type: none"> As for Service Type B POCT (+/- Fibroscan) 	<ul style="list-style-type: none"> As for Service Type B 	<ul style="list-style-type: none"> Prescribe treatment via remote or part-time medical prescriber Refer to liver clinic for surveillance (if patient has fibrosis or cirrhosis) 	<ul style="list-style-type: none"> As for Service Type B 	<ul style="list-style-type: none"> Nurse-led OTP public clinic with visiting D&A specialist
D	<ul style="list-style-type: none"> As for Service Type C Full-time nurse practitioner and/or doctor 	<ul style="list-style-type: none"> As for Service Type C including Fibroscan 	<ul style="list-style-type: none"> As for Type C including Fibroscan 	<ul style="list-style-type: none"> As for Type C 	<ul style="list-style-type: none"> Prescribe treatment Refer to liver clinic for surveillance (if patient has fibrosis or cirrhosis) 	<ul style="list-style-type: none"> As for Type C Monitor for cirrhosis or liver cancer 	<ul style="list-style-type: none"> OTP clinic in tertiary hospital with Addiction Medicine Specialist or Gastroenterologist

DBS = dried blood spot testing where drops of blood are absorbed onto blotting paper and send to a central laboratory for testing

HARP = HIV and Related Programs which includes Hepatitis and STI

POCT = Point of Care testing uses mobile devices to analyse pathology samples, like blood and saliva, to provide on-the-spot results at a client's consultation or in the community. In 2023 this includes blood HCV RNA testing but in future may include blood/saliva HCV antibody tests.

SVR 4-12 = testing for sustained viral response between 4 to 12 weeks AFTER completion of an 8 or 12-week Direct Acting Antiviral treatment course.

Appendix 2 – Hepatitis C Implementation Plan

Each AOD service requires a Hepatitis C Implementation Plan which describes the protocols for hepatitis C testing and care, referral information, partnerships and other key contacts. The plan should be communicated to all staff involved in hepatitis C care.

Implementation Date for Plan

Insert date for implementation of the Guidance Document within AOD service

Brief overview of service’s role in BBV testing and treatment

Insert information about:

- Service Type (see Appendix 1)
- Other relevant information (current workforce, amenities, pathology, links with peer workers etc.)

Testing for HCV

Insert information about:

- Protocol for screening and testing within the service (e.g. intake and every 6 months)
- Type of tests used in the service
- If a test is positive, how subsequent testing is confirmed/organised
- How results are delivered to client
- Referral pathways and key partnerships

Treatment for HCV and ongoing monitoring

Insert information about:

- How treatment is organised or administered (if applicable)
- Ongoing monitoring

Data collection and/or reporting requirements

Insert information about:

- Local data collection and reporting
- AOD Service/HARP unit reporting arrangements

Governance

Insert information about any local governance arrangements in place for HCV, including a multidisciplinary HCV Steering Committee

Resources and further information

Insert information about:

- Education and training resources
- Contact details for key staff members and other key contacts, such as BBV in AOD district Clinical Lead, HARP Manager contact
- Information on referral pathways

Appendix 3 – Contacts

Role	Contact	Phone Number	Email address
NSW DBS Coordinator	Nigel Carrington	0409 382 966	Nigel.Carrington@health.nsw.gov.au

The table below provides **clinical contacts** familiar with operational and clinical requirements for BBV testing and care to support services to implement BBV testing and care.

Local Health District	Name	Position	Email address	Phone number	Primary place of work
Nepean Blue Mountains	Vince Fragomeli	CNC Hepatitis C Liver Clinic	Vincenzo.fragomeli@health.nsw.gov.au	0404 481 578	Nepean Hospital Liver Clinic – Outpatients
	Julie Page	CNC Hepatitis C Liver Clinic NSP	Julie.page@health.nsw.gov.au	0438 417 288	Nepean Hospital NSP
Northern Sydney	Asma Baig	CNC Grad Hepatitis C Liver Clinic	Asma.Baig@health.nsw.gov.au	9463 2463	RNS Hospital Liver Clinic – Outpatients
	Elsa Chu	CNC Hepatitis B Liver Clinic	Elsa.Chu@health.nsw.gov.au	9463 2450	RNS Hospital Liver Clinic – Outpatients
South Eastern Sydney	Nathan McGarry	CNC, St George Hepatology	Nathan.McGarry@health.nsw.gov.au	9113 2817	St George Hospital, Hepatology Dept
	Anna Doab	Hepatitis CNC KRC	anna.doab@health.nsw.gov.au	9859 5510	Kirketon Road Centre
	Samira Avdic	CNC Infectious Diseases Prince of Wales	Samira.avdic@health.nsw.gov.au	0426 263 131	Prince of Wales Hospital Infectious Diseases

Local Health District	Name	Position	Email address	Phone number	Primary place of work
South Western Sydney	Gary Keogh	SWSLHD Drug Health Services BBV CNC	gary.keogh@health.nsw.gov.au	0438 171 437	SWSLHD Drug Health Services
	Melissa Bagatella	Hepatology CNC	melissa.bagatella@health.nsw.gov.au	0408 968 191	Liverpool Hospital G&L Clinic
Sydney	Janice Pritchard-Jones	Hepatitis Coordinator	Janice.PritchardJones@health.nsw.gov.au	0434 360 357	RPA G & L Service
	Sinead Sheils	Hepatology Nurse Practitioner	Sinead.Sheils@health.nsw.gov.au	0459 847 555	RPA G & L Service
Western Sydney	Kindness Bondezi	Hepatology CNC	WSLHD-HepatologyService@health.nsw.gov.au	0407 293 625	Storr Liver Centre, Westmead Hospital
	Jeannette Valdivia	Hepatology CNS	Jeannette.valdivia@health.nsw.gov.au	0409 421 071	NSP, Parramatta, Blacktown, Mt Druiitt
	Susan Holdaway	Viral Hepatitis CNC	Susan.holdaway@health.nsw.gov.au	0417 548 632	NSP, Parramatta, Blacktown, Mt Druiitt
	Josephina Hathi	WSLHD DH nurse	Josephina.Hathi@health.nsw.gov.au Also send to generic email: wslhd-dafsmn@health.nsw.gov.au	9840 3888	Fleet St Opioid Treatment Clinic
	Shivani Gupta	WSLHD DH nurse	Shivani.Gupta@health.nsw.gov.au Also send to generic email: wslhd-dafsmn@health.nsw.gov.au	9840 3888	Fleet St Opioid Treatment Clinic
	Jonathan Coreas	WSLHD DH nurse	jonathan.coreasjule@health.nsw.gov.au Also send to generic email: wslhd-dhadmineast@health.nsw.gov.au	8860 2560	Centre for Addiction Medicine, Cumberland
	Allec Morales	WSLHD DH nurse	allec.morales@health.nsw.gov.au Also send to generic email: wslhd-dhadmineast@health.nsw.gov.au	8860 2560	Centre for Addiction Medicine, Cumberland

Local Health District	Name	Position	Email address	Phone number	Primary place of work
	Grant Katte	WSLHD DH NUM	wslhd-dabtmn@health.nsw.gov.au	8670 0200	Blacktown Centre for Addiction Medicine
	Rancy Cherian	WSLHD DH nurse	Rancy.Cherian@health.nsw.gov.au Also send to generic email: wslhd-communitydrughealth@health.nsw.gov.au	8887 5800	Mt Druiitt Centre for Addiction Medicine
	Christine Malate	WSLHD DH nurse	Christine.Malate@health.nsw.gov.au Also send to generic email: wslhd-communitydrughealth@health.nsw.gov.au	8887 5800	Mt Druiitt Centre for Addiction Medicine
Central Coast	Steve Childs	Manager D&A/ HARP	Steven.Childs@health.nsw.gov.au	0414 193 978	CCLHD
	Jenny Lane	Nurse Manager D&A/ HARP	jennifer.lane@health.nsw.gov.au	0447 409 145	CCLHD
	Amanda Burfitt	Manager NSP	amanda.burfitt@health.nsw.gov.au	0420 531 266	CCLHD
Hunter New England	Donna deRiviere	CNC- Hepatology	Donna.DeRiviere@health.nsw.gov.au	0429 100 504	HNELHD – Northern/New England region
	Suresh Sharma	Nurse Practitioner- Hepatology	Suresh.Sharma@health.nsw.gov.au	0409 659 849	HNELHD – Southern/Hunter Region
	Dr Josh Davis	Staff Specialist, Immunology & Infectious Diseases	Joshua.Davis@health.nsw.gov.au	4922 3444	HNELHD – Southern/Hunter Region
Illawarra Shoalhaven	David Reid	Director Drug and Alcohol	david.reid1@health.nsw.gov.au	4254 2756	ISLHD Drug and Alcohol
	Connie Graf	HEO Viral Hepatitis	Connie.Graf@health.nsw.gov.au	0411 021 597	ISLHD Drug and Alcohol
Mid North Coast	Alex Wade	CNC2	Alex.Wade@health.nsw.gov.au	0427 401 503	MNC Liver Clinics

Local Health District	Name	Position	Email address	Phone number	Primary place of work
Murrumbidgee	Katie Mulqueeney	Hep C CNS2	katie.mulqueeney@health.nsw.gov.au	0498 803 980	Wagga Health Services Hub
	Leah Hobbs	Hep C Nurse		0417 287 073	Albury Wodonga Health
Northern NSW	Kate Salisbury	NUM2	Kate.Salisbury@health.nsw.gov.au	0408 684 191	NNSW Liver Clinic
Southern NSW	Fiona McKenna	SH/Hep C RN	fiona.mckenna@health.nsw.gov.au	0439 720 790	Queanbeyan Goulburn Sexual Health and Hepatitis Service
	Rena Peereboom	SH/Hep C RN	renae.peereboom@health.nsw.gov.au	0477 337 585	Bega Valley Sexual Health and Hepatitis Service
	Natalie Woodbridge	SH/Hep C RN	natalie.woodbridge@health.nsw.gov.au	0477 337 585	Bega Valley Sexual Health and Hepatitis Service
	Kaija Talvihariu	SH/Hep C RN	Kaija.talviharju@health.nsw.gov.au	0427 219 874	Eurobodalla Sexual Health and Hepatitis Service
Western NSW	Katherine McQuillan	Hepatology Nurse Practitioner	Katherine.McQuillan@health.nsw.gov.au	0407 523 838	Bathurst Community Health
Justice Health	Tracey Jones	Hepatology Nurse Practitioner, Population Health	Tracey.Jones@health.nsw.gov.au	0447 321 346	Justice Health Kurri Kurri
	Katerina Lagios	Clinical Director Population Health	Katerina.Lagios1@health.nsw.gov.au	0473 559 614	Long Bay Administration Centre

Role	LHD	Contact	Email address
HARPM Contacts	SLHD	Shih-Chi Kao	Shih-chi.kao@health.nsw.gov.au
	SWS	Megan Brooks	Megan.brooks1@health.nsw.gov.au
	WS	Jeffrey Dabbhadatta	Jeffrey.dabbhadatta@health.nsw.gov.au

Local Health District	Name	Position	Email address	Phone number	Primary place of work
	SES	Julia Purchas		Julia.purchas@health.nsw.gov.au	
	NS	Anne Lunnon		Anne.lunnon@health.nsw.gov.au	
	NBM	Felicity Sheaves		Felicity.sheaves@health.nsw.gov.au	
	ISH	JodieLee Little		Jodielee.Little@health.nsw.gov.au	
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	M/SNSW	Alison Nikitas		Alison.Nikitas@health.nsw.gov.au	

