

Consultation on the Draft National Strategies for Blood Borne Viruses and Sexually Transmissible Infections

AFAO comments on *draft Fourth National Hepatitis C Strategy 2014 – 2017*

AFAO's approach to providing feedback for this consultation

AFAO makes the following comments on the understanding that given the proposed referral of the draft Strategies to the AHPPC in early May, shortly after the consultation closes, there will be limited opportunity for major revisions to the Strategy. We have therefore made suggestions, where possible, for minimal revisions that would either address concerns we have with the current text or at least go part-way to addressing those concerns.

2. Hepatitis in Australia

- Essential that both the issue of co-infection with HIV, and the sexual transmission of hepatitis C among HIV-positive gay men and other MSM is included in more detail here, based on the data, to highlight this important emerging issue. The fourth paragraph needs the following added after the last sentence, so it reads (additional text taken from other parts of the current draft of the Hepatitis C Strategy, but reworked as it is currently unclear):
“There are a growing number of people with HIV and hepatitis C co-infection. Recently, sexual transmission of hepatitis C among HIV-positive men who have sex with men has also been reported. In a recent national study of recent hepatitis C infections around 30% of those who had recently acquired hepatitis C were also HIV positive, and of those just over half were attributed to male-to-male sexual activity.”
 - The correct reference for this is:
Matthews GV, Pham ST, Hellard M, Grebely J, Zhang L, Oon A, et al. Patterns and characteristics of hepatitis C transmission clusters among HIV-positive and HIV-negative individuals in the Australian trial in acute hepatitis C. *Clin Infect Dis*. 2011 Mar 15;52(6):803-11. PubMed PMID: 21282185. Pubmed Central PMCID: 3106259. Epub 2011/02/02. eng.
- The high levels of underdiagnoses and the level of undetermined exposure category for hepatitis C also needs to be included. Suggested wording:
“There is a very high level of underdiagnosis of hepatitis C, and there is also a particularly high proportion of infections that are reported as undetermined exposure category. In 2012, 164 of the 466 (approximately 35%) were classed as undetermined.”
 - Reference:
The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report. The University of New South Wales, Sydney, NSW, 2013.

4. Goal, indicators and targets

4.2. Objectives

- Add an objective about testing. Suggested wording:
“Decrease the number of people with undiagnosed hepatitis C infection”

4.4. Indicators

- Under ‘Indicator’ for the objective of “Reduce the incidence of hepatitis C”, suggest adding the following to also include the other priority populations:
 - “Annual Incidence of hepatitis C in people in custodial settings”
 - “Annual Incidence of hepatitis C in people living with HIV”
 - “Annual Incidence of sexually transmitted hepatitis C”
- Add the above objective “Decrease the number of people with undiagnosed hepatitis C infection” to the table and suggest including the following indicators to also include the other priority populations:
 - Proportion of people who inject drugs who have been tested for hepatitis C in the previous 12 months
 - Proportion of people who are living with HIV who have been tested for hepatitis C in the previous 12 months
 - Proportion of gay men and other men who have sex with men who are living with HIV who have been tested for hepatitis C in the previous 12 months
 - Proportion people in custodial settings who have been tested for hepatitis C in the previous 12 months

6. Priority populations

- With approximately 30% of those who had recently acquired hepatitis C also being HIV positive (see information on study above in start of document), strongly suggest adding “People living with HIV” as an additional Priority Population at the end of the list.

7. Priority areas for action

7.1. Prevent

- This should be “Prevention”
- After the tenth paragraph, add a paragraph with information about targeting prevention information to people also living with HIV. Suggested wording:
“People living with HIV should also be targeted for hepatitis C prevention education. In a recent national study of recent hepatitis C infections around 30% of those who had recently acquired hepatitis C were also HIV positive, and of those just over half were attributed to male-to-male sexual activity.”
 - Reference:
Matthews GV, Pham ST, Hellard M, Grebely J, Zhang L, Oon A, et al. Patterns and characteristics of hepatitis C transmission clusters among HIV-positive and HIV-negative individuals in the Australian trial in acute hepatitis C. *Clin Infect Dis*. 2011 Mar 15;52(6):803-11. PubMed PMID: 21282185. Pubmed Central PMCID: 3106259. Epub 2011/02/02. eng.

7.2. Test

- This should be “Testing”
- At the end of the 5th paragraph, add “and promoted” and “such as people who inject drugs and HIV-positive gay men and other men who have sex with men.”, so it reads:
“National guidance should be updated and promoted to include information on the frequency of hepatitis C testing for individuals who continue to have exposure risk,

such as people who inject drugs and HIV-positive gay men and other men who have sex with men.”

7.3. Management, Care, Support

- In the third last paragraph, the second sentence needs to change to:
“In a recent national study of recent hepatitis C infections around 30% of those who had recently acquired hepatitis C were also HIV positive, and of those just over half were attributed to male-to-male sexual activity.”
 - The correct reference for this is:
Matthews GV, Pham ST, Hellard M, Grebely J, Zhang L, Oon A, et al. Patterns and characteristics of hepatitis C transmission clusters among HIV-positive and HIV-negative individuals in the Australian trial in acute hepatitis C. Clin Infect Dis. 2011 Mar 15;52(6):803-11. PubMed PMID: 21282185. Pubmed Central PMCID: 3106259. Epub 2011/02/02. eng.

7.4. Removing barriers

- After the third paragraph, and information about additional stigma and discrimination issues encountered for those people living with both hepatitis C and HIV. Suggested wording:
“People living with hepatitis C and other comorbidities, such as HIV, can experience additional stigma and discrimination. This needs to be considered in efforts to reduce stigma and discrimination and the barriers to accessing services.”

Appendix – Priority Populations

- People with hepatitis C
 - Change to “People living with hepatitis C” for consistency with ‘6. Priority Populations’
 - Under ‘Factors Affecting Effective Response’, in the third bullet point add “(such as HIV)” so it reads
“For people with co-morbidities (such as HIV), one treatment regimen...”
 - Under ‘High Priority Subpopulation Groups’, in the third bullet point add “including HIV” so it reads “People with hepatitis C with co-morbidities, including HIV”
- People who inject drugs
 - Under ‘High Priority Subpopulation Groups’, add “Gay men and other men who have sex with men who inject drugs”
- People living with HIV
 - In line with this as an addition to the Priority Populations (above), suggested wording for the different headings to have this also added to the appendix is below:
 - Reason for Priority Status:
“Approximately 30% of people that recently acquired hepatitis C were also HIV positive”
 - Reference:
Matthews GV, Pham ST, Hellard M, Grebely J, Zhang L, Oon A, et al. Patterns and characteristics of hepatitis C transmission clusters among HIV-positive and HIV-negative individuals in the Australian trial in acute hepatitis C. Clin Infect Dis. 2011 Mar 15;52(6):803-11. PubMed PMID: 21282185. Pubmed Central PMCID: 3106259. Epub 2011/02/02. eng.
 - Factors Affecting Effective Response
“Potential lack of knowledge of risks and transmission of hepatitis C, including through sexual contact”

- High Priority Subpopulation Groups
“HIV-positive gay men and other men who have sex with men”