

Chronic Hepatitis B and C Primary Care Pathway

Dr Anna Beswick, Public Health Medicine Registrar
Dr Donna Mak, Public Health Physician
Jude Bevan, Senior Policy and Planning Officer

Communicable Disease Control Directorate
Public Health and Clinical Services Division

Delivering a Healthy WA

Background

- WA notifications 2013:
 - hepatitis C - 1,113
 - hepatitis B - 616
- Outside of metro regions, nurse supported programs in only three regions
- Waiting lists at metro tertiary hospital treatment centres 3 - 18 months



Delivering a Healthy WA

Background

- Evaluation of the WA Regional Nurse-supported Hepatitis C Shared Care Program:
 - barriers to care included: lack of clear protocols for referring patients to tertiary liver clinics
- GP feedback:
 - need a clear and concise pathway for the care of patients with hepatitis B and hepatitis C

Delivering a Healthy WA

Development of pathway

- Initial scoping:
 - review of hepatitis B and C notification over previous 6 months
 - literature review
- Working group:
 - stakeholders experienced in management of patients living with hepatitis C and hepatitis B
 - developed scope and specification of project
 - input into content and format

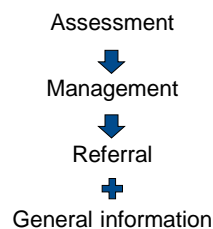
Delivering a Healthy WA

GP involvement in development of pathway

- GP discussion group
 - identified issues and requirements
- Reference group
 - GPs and hepatology nurses
 - provided feedback once drafted

Delivering a Healthy WA

Chronic Hepatitis B and C Primary Care Pathway



Delivering a Healthy WA

Government of Western Australia
Department of Health

Chronic Hepatitis B and C Primary Care Pathway

A quick guide to managing your patient with chronic hepatitis B or C in the community.

- what patients can do to optimise their own health
- how to manage their long term care
- which patients to refer
- how to refer
- where to go for more information

Delivering a Healthy WA health.wa.gov.au

Chronic Hepatitis B

HBsAg or HBe DNA (PCR) has been detected on two occasions at least 6 months apart.

Assessment - review your patient for:

- **clinical complications** (see table on page 2) of the clinical complications of chronic liver disease
- **psychosocial issues** (see table on page 2)
- **high risk** (see table on page 2)
- **alcohol**
- **anaemia**
- **osteoporosity**

High risk of progression:

- **Age**
- **Family history** (see table on page 2)
- **Family history of hepatocellular carcinoma (HCC)**

Initial investigations: (see table on page 2)

Management:

Referral:

Refer (over 11 weeks) if evidence of decompensated liver disease directly with Gastroenterology/General Physician at your local hospital and for a completed referral directly to the nearest hospital:

Notes:

- **Monkton Perth:** Via Central Referral Service to Gastroenterology/Hepatology Division (<http://health.wa.gov.au/CRS>)
- **Regional Western Australia:** Direct to your regional Physiotherapy/Hepatology Nurse Practitioner health unit.

Refer to your GP:

- **Alcohol:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **ALT:** ALT > 10x ULN
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection

Refer to your GP:

- **Alcohol:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **ALT:** ALT > 10x ULN
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection

Refer to your GP:

- **Alcohol:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **ALT:** ALT > 10x ULN
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection

Chronic Hepatitis C

HCV positive serology result obtained on two occasions at least 6 months apart and HCV RNA positive.

Assessment - review your patient for:

- **clinical complications** (see table on page 2) of the clinical complications of chronic liver disease
- **psychosocial issues** (see table on page 2)
- **high risk** (see table on page 2)
- **alcohol**
- **anaemia**
- **osteoporosity**

High risk of progression:

- **Age**
- **Family history** (see table on page 2)
- **Family history of hepatocellular carcinoma (HCC)**

Initial investigations: (see table on page 2)

Management:

Referral:

Refer (over 11 weeks) if evidence of decompensated liver disease directly with Gastroenterology/General Physician at your local hospital and for a completed referral directly to the nearest hospital:

Notes:

- **Monkton Perth:** Via Central Referral Service to Gastroenterology/Hepatology Division (<http://health.wa.gov.au/CRS>)
- **Regional Western Australia:** Direct to your regional Physiotherapy/Hepatology Nurse Practitioner health unit.

Refer to your GP:

- **Alcohol:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **ALT:** ALT > 10x ULN
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection

Refer to your GP:

- **Alcohol:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **ALT:** ALT > 10x ULN
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection

Refer to your GP:

- **Alcohol:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **ALT:** ALT > 10x ULN
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection

General

Informing your patient:

- Provide contact details of support services and relevant medical.
- Use a professional interpreter if required. Call Translating and Interpreting Service (TIS) 13 14 63.
- For details for patients see www.health.wa.gov.au

Reduce transmission:

- **Acute behaviour:** that risk of re-infection, infection and transmission to others
- **Acute behaviour:** that risk of re-infection, infection and transmission to others
- **Acute behaviour:** that risk of re-infection, infection and transmission to others

Immunisation:

- **Offer:** refer to those who are not immune and who are at risk of infection (eg. MSM, travellers to endemic countries)
- **Offer:** refer to those who are not immune and who are at risk of infection (eg. MSM, travellers to endemic countries)

Alcohol - a modifiable risk factor for disease progression:

- **Advise:** to limit alcohol consumption to reduce risk of disease progression
- **Advise:** to limit alcohol consumption to reduce risk of disease progression

Refer to your GP:

- **Alcohol:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **ALT:** ALT > 10x ULN
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection

Refer to your GP:

- **Alcohol:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection
- **ALT:** ALT > 10x ULN
- **HBV DNA:** HBsAg and HBeAg are not high risk of progression and/or co-infection

Distribution

- Hard copy
 - all GPs in WA (>2,500)
 - prison health services
 - Public Health Units
- Electronic copy will be available at
 - www.health.wa.gov.au
- Link on HBV and HCV positive laboratory test results

Pathway will be available:
 Online: www.health.wa.gov.au
 Email: SHBBVP.GVH@health.wa.gov.au

Thank you to all who participated in reference group, working group, and others who provided feedback.