


## A descriptive analysis of routine HCV testing data from four Aboriginal Community Controlled Health services: testing, positivity & follow up



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## Overview of presentation

- Acknowledgements
- HCV Overview
- REACCH Collaboration
- Methods
- Results
- Discussion/Conclusions

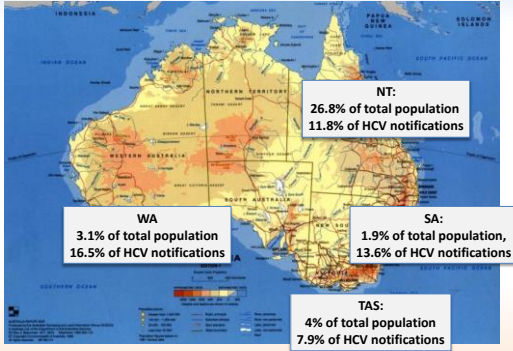



## Hepatitis C epidemiology

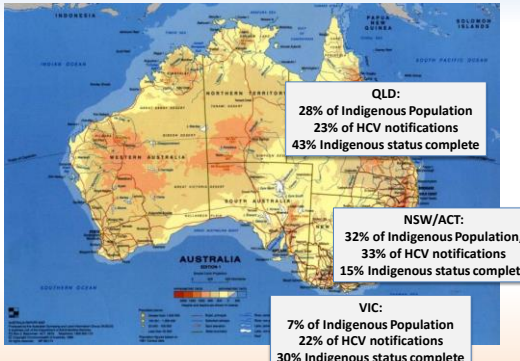
- Primary sources of information the National Notifiable Disease Surveillance System & periodic surveys
- Gaps in NNDSS – Aboriginal & Torres Strait Islander status not available for majority of notifications (~60%), only positives reported, not number of tests
- Periodic surveys – Needle and Syringe Program Survey and the National Prison Entrants Blood Borne Virus Survey focus on specific populations
- Aboriginal & Torres Strait Islander people more at risk – over-represented in at-risk population, 6 x more likely to have newly-acquired hepatitis C




## What we know: hepatitis C notification data (2012)




## Gaps in hepatitis C notification data (2012)




## National Strategy



- Reduce the incidence of BBV in Aboriginal and Torres Strait Islander people and communities
  - Achieve high levels of hepatitis B vaccination
  - Reduce the risk behaviours associated with transmission
  - Decrease the number of people with undiagnosed BBV
- Increase the number of Aboriginal and Torres Strait Islander people with BBV receiving appropriate management, care and support for BBV



**REACH**  
Research Excellence in Aboriginal Community Controlled Health

### Research Excellence in Aboriginal Community Controlled Health

- Centre for Research Excellence in Aboriginal Health: Sexually transmitted and blood borne viral infections
- 5-year NHMRC CRE funding (2010-2014)
- Collaboration: Kirby, NACCHO + 4 ACCHS
- Investigators from state-based peak bodies: AHCSA, AHMRC, QAIHC, VACCHO
- Investigators from Baker IDI, AMSWS, James Cook University, University of Sydney

**REACH**  
REACCH Participating Services

Aboriginal Medical Service Western Sydney

Victorian Aboriginal Health Service

Nunukwarrin Yunti of South Australia Inc.

Goondir Health Services (QLD)

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### Methods

- Retrospective analysis of routine clinical data from Patient Information Management Systems of participating services
- Jan 2009 – July 2014
- Patients aged 15-54
- Extraction of Patient Information System data via GRHANITETM
  - De-identified and encrypted
  - Attendance
  - Antenatal information
  - Testing
  - Results (coded at KI)
- Aboriginal and Torres Strait Islander patients only in this analysis

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### Ethics and data governance:

- Based on NACCHO data protocols
- Services own data – new analyses presented after service approval
- Services able to withdraw permission for extraction/use of data
- Approved by Service Boards
- AH&MRC, AHCSA & UNSW Ethics approvals

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### Results – Testing for HCV

Total of 2,625 patients tested  
16.2% of total clinic population

21% of women aged 15-29

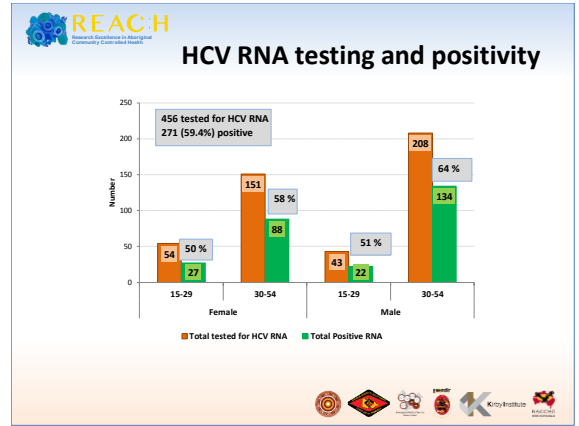
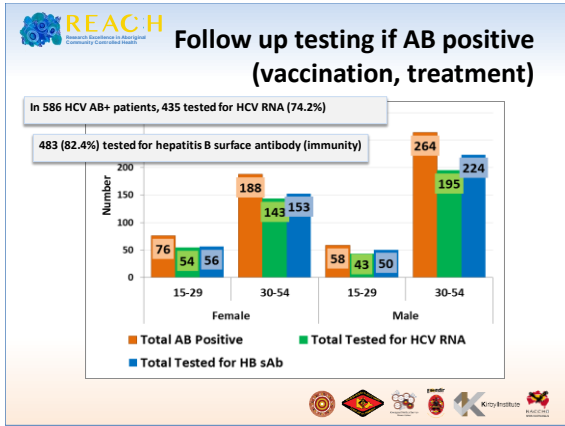
Age Group	Total patients attending	Total tested for HCV Ab
15-29 (Female)	4,157	871
30-54 (Female)	3,202	373
15-29 (Male)	4,824	727
30-54 (Male)	4,059	654

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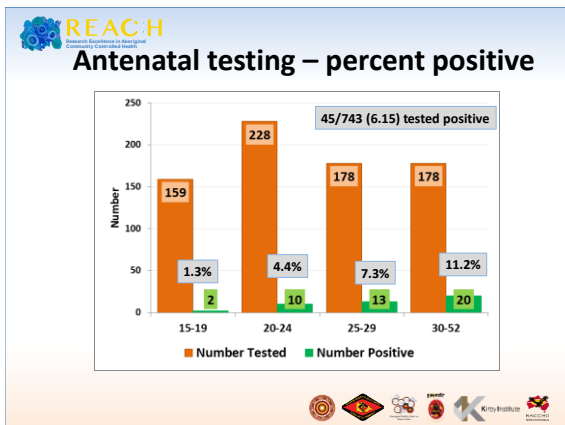
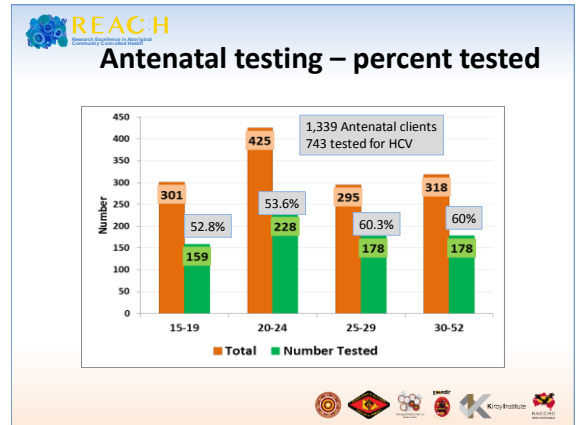
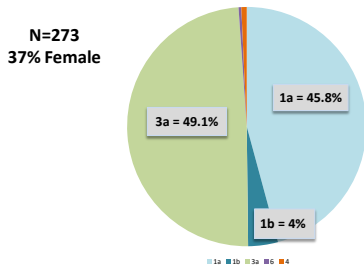
### Hepatitis C antibody positivity

Total tested – 2,625  
Total positive – 586 (22.3%)

Age Group	Total tested for HCV Ab	Total Positive Ab	Positivity Rate
15-29 (Female)	871	76	8.7%
30-54 (Female)	373	56	15.0%
15-29 (Male)	727	188	25.9%
30-54 (Male)	654	266	40.7%



### REACH HCV genotype distribution (treatment)



### REACH Discussion

- Testing context unknown but likely to be based on risk –not representative of broader community
- High level of HCV AB exposure in patients tested
- High level of screening in antenatal women (50%)
- High positivity in antenatal women tested for HCV – 6.1 % overall with 11.2% of women over 30



## Conclusions

- These data are an important source of epidemiological information to inform the aims of National Strategies
- Sense of burden of disease in women (high percentage of antenatal clients screened)
- Rates of follow up very good in participating clinics - follow up of exposed and infected patients is important to maximise the benefit of upcoming treatments for Aboriginal people



## Acknowledgements

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