

Pharmacy Support Toolkit



Eliminate
Hepatitis C
Australia



We proudly acknowledge the Boon Wurrung people of the Kulin Nations as the Traditional Owners of the land on which our office is located and recognise their continuing connection to land, waters and community. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and acknowledge that sovereignty was never ceded. We pay our respect to Elders past and present, and extend that respect to all First Nations people.

Eliminate Hepatitis C (EC) Australia supports and facilitates a national coordinated response to ensure Australia meets its hepatitis C elimination target by 2030.

This toolkit was originally developed by the Eliminate Hepatitis C (EC) Partnership with assistance from clinical providers, peak bodies and community organisations. It has been adapted for use by EC Australia.

All materials provided in the Toolkit are used with permission from those who produced the materials.

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Curing hepatitis C has never been easier.

We can easily cure people living with hepatitis C.

The direct-acting antiviral treatments:

- Can cure hepatitis C for more than 95% of individuals
- Are very well tolerated, with only mild and uncommon side effects
- Take just 8-12 weeks for most people
- Are taken orally - no injections!

In Australia, direct-acting antiviral treatments were listed on the Pharmaceutical Benefits Scheme (PBS) on 1 March 2016, enabling universal access to highly effective treatments for everyone living with hepatitis C.

This means that everyone with hepatitis C (including those in prison) can get treated and cured. There are no restrictions on:

- Stage of liver disease
 - Current or previous alcohol or drug use
 - Number of times a person can be treated
-

Curing someone of hepatitis C improves their current health and well-being and reduces the risk of them developing severe liver disease and hepatocellular carcinoma (HCC) down the track.

How can pharmacists help eliminate hepatitis C?



Talk to your clients about hepatitis C



Know where to refer clients for testing and more information



Support clients through their treatment journey

Table of Contents

Curing hepatitis C has never been easier.	3
How can pharmacists help eliminate hepatitis C?	3
Elimination is the goal	5
This toolkit.	5
Hepatitis C care in pharmacy settings	6
Hepatitis C – the basics	6
Starting the conversation.	7
How does testing work?	7
Hepatitis C test result interpretation.	8
Prior to starting treatment	9
GP vs specialist care.	9
What if my patient asks...?	10
Patient Support Resources	11
Barriers to getting hepatitis C care	11
Creating a friendly space	12
Making testing easy	12
Supporting your patients to start hepatitis C treatment.	13
Health promotion, education and support resources	13
Patient and provider support organisations.	14
Acknowledgements.	17
References.	17

Elimination is the goal

We have the chance to eliminate hepatitis C from Australia.

Australia is leading the world in reaching the goal of eliminating hepatitis C as a public health threat by 2030 because we have unrestricted access to direct-acting antivirals and specialists, general practitioners and nurse practitioners can all prescribe hepatitis C treatment.

A total of 99,735 Australians have initiated treatment for hepatitis C with direct-acting antivirals^[1]. To reach international targets, we need to treat over 80% of people living with hepatitis C virus, reduce hepatitis C related deaths by 65%, and reduce new infections by 90%^[2].

To make this happen, multiple avenues for testing and treating patients are available including through specialist clinics, general practitioners, prison services and outreach nurses.

This toolkit

This Toolkit was developed for pharmacists, pharmacy assistants and other health professionals working in pharmacy settings. It aims to support health professionals to achieve elimination of hepatitis C by:

- Increasing uptake of hepatitis C testing and treatment
- Increasing the quality and coordination of hepatitis C care
- Reducing liver disease and deaths
- Reducing ongoing hepatitis C transmission

This Toolkit contains the resources needed to promote hepatitis C testing and treatment and to ensure people remain engaged in good quality hepatitis C care to prevent further liver damage and reduce the likelihood of transmission to others.

We include information on:

1. Discussing hepatitis C
2. Hepatitis C testing and treatment
3. Support resources for patients and providers

People who inject drugs are the group of people at greatest risk of hepatitis C infection in Australia, yet many remain undiagnosed and poorly engaged in healthcare^[3, 4]. In order to achieve elimination of hepatitis C, we need to work with people who are at risk of transmitting and acquiring hepatitis C and those with severe liver disease. This means people who inject drugs and those with cirrhosis.

Throughout this Toolkit, we focus specifically on engaging people with hepatitis C care who may not have accessed care elsewhere, particularly those who have not been tested, treated, and cured.

Hepatitis C care in pharmacy settings

There are a broad range of ways that pharmacists, pharmacy assistants and pharmacies can contribute to hepatitis C elimination. These can range from talking to people who may be at risk and encouraging them to speak to their GP, to having testing completed and medications prescribed on site through outreach teams. In the future, some pharmacists with a special interest in this area may play a larger role in testing and initiating medications.

Hepatitis C – the basics

Here you'll find all the information you need about the diagnosis and treatment of patients with hepatitis C, including:

- Who should be tested?
- How does testing work?
- What needs to happen prior to starting treatment?
- What is the difference between GP and specialist treatment?
- Background information about hepatitis C

Who Should be tested?^[5]

- ✓ People who currently or have ever injected drugs
- ✓ People in custodial settings (i.e. people who have ever been in prison)
- ✓ People with tattoos or body piercings (especially if received outside of Australia or outside of regulated settings)
- ✓ People who received a blood transfusion or organ transplant before 1990
- ✓ People with coagulation disorders who received blood products or plasma-derived clotting factor treatment products before 1993
- ✓ Children born to mothers with chronic hepatitis C infection
- ✓ People infected with human immunodeficiency virus (HIV) or hepatitis B virus (HBV)
- ✓ Sexual partners of a person infected with hepatitis C (people at a higher risk of sexual transmission include men who have sex with men, and people with HCV–HIV coinfection)
- ✓ People with evidence of liver disease
- ✓ Migrants from high-prevalence regions (including Egypt, Pakistan, the Mediterranean, Eastern Europe, Africa and Asia)
- ✓ We know that starting the conversation about hepatitis C testing can be tricky, so we've included some tips below.

Starting the conversation

It can be difficult to broach the topic of hepatitis C testing. One of the easiest ways to get the conversation started is to mention that your pharmacy has a focus on liver health:

1. “We have a focus on liver health at the moment and are encouraging all of our patients to be tested for hepatitis if they could be at risk”
2. “Common ways that people can get hepatitis C include receiving blood products or organ transplants before 1990, having an unsterile piercing or tattoo, having a needle stick injury, by sharing injecting equipment (even accidentally), spending time in prison, or being born overseas. Do you think you might be at risk, and would you like a test to find out?”

It can also be useful at this time to provide written information from the patient resources below and encourage patients to discuss testing with their GP if point of care testing is not available in your pharmacy.

If you work at a site that offers Opioid Agonist Therapy (OAT) or is a part of the Needle Syringe Program (NSP), and have strong relationships with your clients, then they may be more open to direct discussions about sharing injecting equipment than other clients.

How does testing work?

Although testing for hepatitis C is not routinely ordered or delivered in the pharmacy setting, information on the testing process is included here for context and to help you answer any questions clients might have on the topic. In the future, point of care testing (see below) may become more widely available in community settings such as in pharmacies.

Two tests are required to diagnose infection with hepatitis C virus:

- Antibody test to screen for past exposure to hepatitis C
- RNA/PCR test to confirm current hepatitis C infection.

Chronic hepatitis C is a positive result for both HCV antibody and/or HCV RNA tests for longer than six months. Past exposure to hepatitis C and current HCV antibody and RNA detection is also consistent with chronic hepatitis C infection. Documented chronic hepatitis C is a PBS eligibility criterion for accessing treatment.



Hepatitis C test result interpretation^[6]

Rapid point of care testing

Some modern methodologies for testing for hepatitis C can be completed outside of the laboratory at the location where care is being given (for example in a pharmacy or needle and syringe program). These provide rapid results within 60 minutes and have been shown in studies in Australia and overseas to increase the uptake of testing and referral to care^[7-9].

LEGEND:

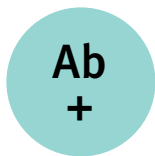


Anti-HCV Antibody test
Indicates if a patient has been exposed to HCV



RNA/PCR test
Indicates if a patient has been infected with HCV

HEPATITIS C TEST RESULTS INTERPRETATION

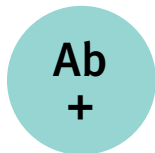


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Prior exposure to HCV and current HCV infection

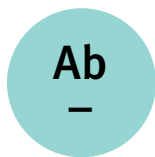


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Prior exposure to HCV and not infected with HCV (due to spontaneous clearance of HCV or prior treatment)



=

Never exposed to HCV and not infected with HCV

Prior to starting treatment

Once a patient is diagnosed with chronic hepatitis C the treating doctor or nurse practitioner will work through a few simple steps to prepare them for treatment. This information is included to provide insight into the treatment process in case clients have questions about this.

Pre-treatment assessment includes:

- A medical and social history
- A medication review
- A physical examination
- Blood tests and liver fibrosis assessment (APRI +/- FibroScan®).

Diagnostic tests and pre-treatment assessments can all be done with just one pathology request, using a single blood draw with a request for reflex/reflexive testing. The treating team will also run a comprehensive bloodborne virus screen by ordering hepatitis A, hepatitis B and HIV tests.

Prior to commencing hepatitis C treatment, patients will also have their level of liver fibrosis assessed to determine the extent of any liver damage. This helps the treating team decide on the best treatment regimen and whether specialist care is required or not. Liver fibrosis is assessed using APRI (AST to platelet ratio index) initially and/or using a FibroScan® if required.

GP vs specialist care

If a client asks you whether they need to see a specialist for investigation and treatment of hepatitis C, the answer is usually “no”. Most patients can be diagnosed and treated through primary care or outreach services. There are a small number of clients, however, that may need to see a specialist. These include people who have failed previous treatment regimens, people with advanced liver disease, and people with other infectious diseases such as HIV or hepatitis B. In these instances, their GP will refer them to see a specialist.



What if my patient asks...?

What's the point of treatment?

- Patients that undergo treatment enjoy an improved quality of life.
- If left untreated hepatitis C can lead to liver cirrhosis (permanent damage) or cancer.
- Treating hepatitis C stops the progression of liver disease and avoids further damage to your liver from the hepatitis C virus.
- Treatment also stops you from passing on the virus to anyone else.

Who can prescribe the treatment?

- General practitioners
- Specialist physicians
- Nurse Practitioners

How long do I need to take treatment for?

- Treatment for most patients takes 12 weeks to complete.

What are the side effects and what can I do about them?

Side effects from direct-acting antiviral treatments are uncommon, usually mild, and get better with time. If they do occur, the more common side effects include nausea, insomnia, and headaches.

- Nausea: taking the tablet with food could help this
- Insomnia and fatigue: being aware of this ahead of time helps patients to make appropriate plans
- Headache: it's important to stay well hydrated and use pain relief medications as needed

Reinfection can happen

Reinfection is possible, but you can be treated for hepatitis C again. People particularly at risk of re-infection, are those that inject drugs. It's important to treat people who are currently injecting drugs to stop opportunities for ongoing transmission of hepatitis C.

If your patient engages in activities that put them at risk of hepatitis C - here are three things to discuss:

- Staying safe by using sterile injecting equipment
- Encouraging injecting partners to be tested and treated
- Remind them they can get treated again if re-infected

The Department of Health and Human Services website hosts a list and map of needle and syringe exchange programs (NSPs) across Victoria (including hundreds of pharmacies), which can be accessed here: www.health.vic.gov.au/aod-treatment-services/needle-and-syringe-program

Patient Support Resources

There are many ways to support clients with hepatitis C. This section contains information on the barriers to accessing care that people living with hepatitis C face, strategies to overcome these barriers, and other ideas for how you can support clients through their treatment process.

Barriers to getting hepatitis C care

People who inject drugs and people living with hepatitis C often face stigma and discrimination within the healthcare system, and also in society more broadly. The patients you see might have been discriminated against in the past. This could make them reluctant to get healthcare, and either put off seeing a doctor as long as they can or avoid it altogether.

These experiences may make them quick to react to perceived and actual discrimination, so it is important to consider how your patients might interpret your interactions.

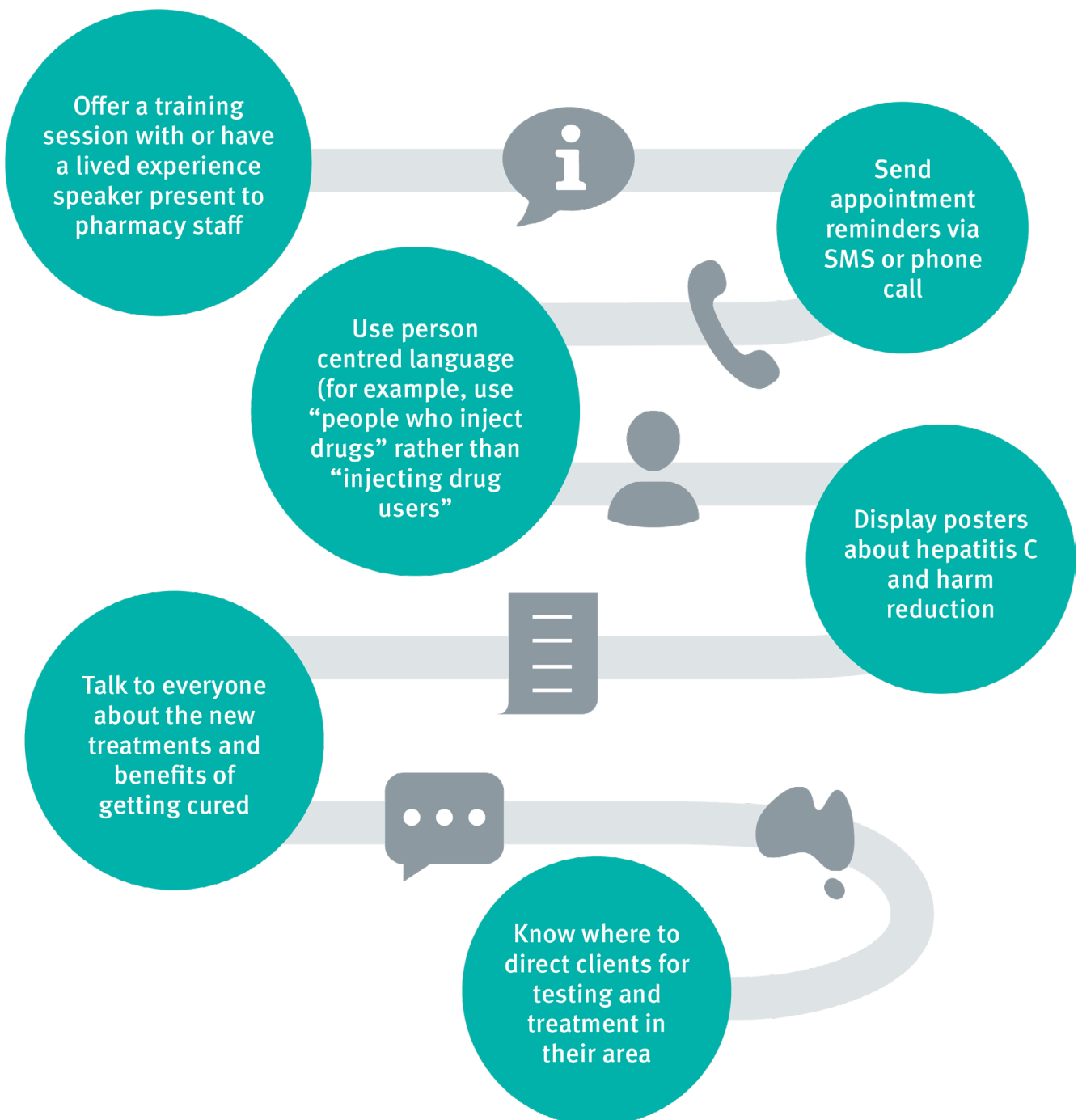
The types of discrimination your patients might have experienced before include^[10, 11]:

- Being made to wait to receive services – e.g. until the end of a waiting list or to the end of day's surgeries
- Refusing medical care
- Unwillingness to provide pain relief medication
- Breaching their right to confidentiality
- Verbal/non-verbal cues such as being abrupt, unsympathetic, silence/uncomfortable pauses after disclosure, avoiding eye contact
- Asking personal questions about drug use or other behaviours without explaining why it is medically relevant
- Expecting patients to comply with requirements that are more difficult in their condition or with their social circumstances – e.g. expecting a person who is homeless and without a phone or watch to always keep appointment times.



Creating a friendly space

You can give your patients a much better experience and help keep them engaged in care by creating a hepatitis C friendly space. Here's some ideas of how to do this:



Making testing easy

Many people who inject drugs have veins that are difficult to access. This can make blood tests a traumatic experience, but there are lots of ways now to make this as easy as possible. This includes getting all requested samples in a single draw and using very experienced blood takers.

Supporting your patients to start hepatitis C treatment

Hepatitis C treatment is only one aspect of a person's life. A number of factors – like unstable housing or financial hardship – could be a barrier to your patient starting or following the treatment through to completion.

You can help your patient start and stick with their treatment by providing additional support.

Here are some ways you can offer additional support:



Staying Engaged

- For people on Opioid Agonist Therapy (OAT), provide hepatitis C medication at the same time as OAT dosing.
- Collect multiple contact details from your patient, plus an alternative contact person and their details.



Sticking to Treatment

- Discuss logistics, storage of medications and transport.
- Ask your patient what they think would help them finish treatment.
 - › Using a dosette box
 - › Setting phone reminders
 - › Taking tablets with other daily routine



Extra Support

- Encourage patients to take their medications.
- Ask about adherence at each dispensing.

Health promotion, education and support resources

There are plenty of useful health promotion, education, and support resources available online at www.ecpartnership.org.au/resources. In addition, many of the patient support organisations below produce a range of resources for education and health promotion.

Patient and provider support organisations

The following organisations provide resources, education and support for people who are living with hepatitis C or at risk of hepatitis C.

National

Hepatitis Australia (including the National Hepatitis Information Line)

The National Hepatitis Infoline provides confidential, free and localised viral hepatitis information and support services.

1800 437 222 (1800 HEP ABC)

Australian Injecting and Illicit Drug Users League (AIVL)

The Australian national peak organisation focused on advancing the health and human rights of people with living or lived experience of drug use

aivl.org.au/

(02) 5110 3018

Australian Capital Territory

Hepatitis ACT

ACT's community hepatitis organisation working to prevent hepatitis transmission and reduce the impacts for affected people.

hepatitisact.com.au/

(02) 6230 6344

CAHMA and The Connection

Provider of services and programs to support the health and human rights of people who use drugs and drug treatment services.

www.cahma.org.au/

(02) 6253 3643

New South Wales

Hepatitis NSW

Hepatitis NSW is the peak not-for-profit community organisation working across the state for people affected by or at risk of viral hepatitis.

www.hep.org.au/

1800 803 990

NUAA

NUAA is NSW's peak community organisation for people who use drugs, and provides education, practical support, information, and advocacy to people who currently use and have in the past used illicit drugs, their friends and allies.

nuaa.org.au/

1800 644 413

Northern Territory

Northern Territory AIDS and Hepatitis Council (NTAHC)

NTAHC delivers a range of programs aimed at preventing the transmission of blood borne viruses (BBVs) and provides support for people living with a BBV.

www.ntahc.org.au/

08 8944 7777

Alcohol and Drug Information Services (ADIS)

ADIS offers telephone counselling, information, referral and support, 24 hours a day, for anyone seeking help for their own or another person's alcohol or drug use.

1800 131 350

Queensland

Hepatitis Queensland

Hepatitis Queensland is a community based, non-government organisation representing the interests of people affected by, or at risk of viral hepatitis.

www.hepqld.asn.au

1800 437 222 (National Hepatitis Infoline)

Queensland Injectors Health Network

QuiHN is a state-wide, not for profit, and non-government health service committed to providing health and human services for people who are affected by illicit drugs and/or mental health concerns in Queensland.

www.quihn.org/

1800 172 076

South Australia

Hepatitis SA

Hepatitis SA is the peak not-for-profit, community organisation that provides information, education and support services to South Australians affected by hepatitis B or hepatitis C.

<https://hepatitissa.asn.au/>

(08) 8362 8443

Relationships Australia – MOSAIC Blood Borne Viruses Support Services

MOSAIC provide free and confidential counselling, case management support, advocacy and problem-solving support, as well as information and referrals to relevant community or health services, to people affected by HIV and/or Viral Hepatitis.

www.rasa.org.au/services/adult-health-wellbeing/mosaic-blood-borne-viruses-support-services/

1300 364 277

Tasmania

Tasmanian Council on AIDS, Hepatitis & Related Diseases (TasCAHRD)

TasCAHRD support people living with or at risk of viral hepatitis, providing links to clinical care and a variety of community services.

tascahrd.org.au/

(03) 6234 1242

Drug Education Network (DEN) Tasmania

DEN provides community members with the resources, information and connections they need to keep themselves and their community safer in relation to their individual circumstances.

<https://den.org.au/>

1300 369 319

Victoria

LiverWELL

LiverWELL offers education, training, personal health management and support services to promote understanding about viral hepatitis and liver disease and the various means of prevention, management and treatment.

liverwell.org.au

(03) 9274 9796

Harm Reduction Victoria

Harm Reduction Victoria is Victoria's peak community organisation for people who use drugs.

www.hrvic.org.au/

(03) 9329 1500

WA

HepatitisWA (Inc)

HepatitisWA (Inc) is a non-profit community-based organisation providing free services to the community.

www.hepatitiswa.com.au/

(08) 9227 9800

Peer Based Harm Reduction WA

Peer Based Harm Reduction WA provides non-judgmental, friendly peer-based support, information and education, advocacy and harm reduction services and services aimed at reducing the transmission of blood-borne viruses and sexually transmitted infections associated with drug use amongst the community in WA.

harmreductionwa.org/

(08) 9325 8387

Acknowledgements

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Doctor Joshua Ginnane

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