Justice Health and
Forensic Mental Health Network

Justice Health NSW Policy

Management, Assessment and Treatment of Patients with Hepatitis C (HCV) Infection in the NSW Custodial Setting

Issue Date: 02 January 2025

Together for
Healthier Tomorrows

Management, Assessment and Treatment of Patients with Hepatitis C (HCV) Infection in the NSW Custodial Setting

Policy Number 1.247

Policy Function Continuum of Care

Issue Date 02 January 2025

Next Review Date 02 January 2029

Risk Rating Medium

Summary This policy provides guidance for the screening, assessment and treatment of patients who are at risk or who are living with hepatitis C virus, and acute hepatitis infections.

Responsible Officer General Manager, Population and Preventative Health

Applies to
☐ Administration Centres
☐ Community Sites and programs
☒ Health Centres - Adult Correctional Centres or Police Cells
☒ Health Centres - Youth Justice Centres
☒ Long Bay Hospital
☒ Forensic Hospital

CM Reference POLJH/1247

Change summary
- Minor update

Authorised by Chair, Policy Steering Committee

Revision History

#	Issue Date	Number and Name	Change Summary
3	Jan 2025	1.247 Management, Assessment and Treatment of Patients with Hepatitis C (HCV) Infection in the NSW Custodial Setting	• Minor update
2	Dec 2021	1.247 Management, Assessment and Treatment of Patients with Hepatitis C (HCV) Infection in the NSW Custodial Setting	• Adjunct procedures for management of HCV and acute Hepatitis have been updated.

1	Apr 2021	1.247 Management, Assessment and Treatment of Patients with Hepatitis C (HCV) Infection in the NSW Custodial Setting	• Divide current policy 1.241 (Dec 2017; Dec 2013; Policy 2.023 Aug 2010) into 2 separate policies. • Ensure document reflects current best practice and evidence-based medicine. • Update links to current policies. • New direct-acting antiviral treatments are available for all patients with hepatitis C infection and subsequent change in service delivery. • Provide guidance for clinicians receiving patients into custody on hepatitis treatment and discharging patients on treatment into the community

PRINT WARNING

Printed copies of this document, or parts thereof, must not be relied on as a current reference document.

Always refer to the electronic copy for the latest version.

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1. Preface

Hepatitis C (HCV) is a curable blood borne virus that affects the liver and causes progressive inflammation and damage to the liver cells and tissue. HCV is disproportionately present within the custodial environment due to the prevalence of injecting drug use prior to, and during incarceration. Evidence shows that blood-to-blood contact through non-sterile tattooing and physical conflict also poses a significant risk of transmission in custody. It is recognised that Aboriginal and Torres Strait Islander people (hereafter, respectfully referred to as Aboriginal people) are disproportionately overrepresented in custody and carry a disproportionate burden of HCV compared to non-Indigenous Australians.

Australia has a large and growing burden of disease attributable to chronic HCV infection. Direct-acting antiviral (DAA) therapies became freely available to all Medicare-eligible Australians with chronic hepatitis C infection in March 2016, however prior to this there were a growing number of people living with HCV with a rising burden of liver disease. This also led to an increased risk of progressive liver fibrosis leading to cirrhosis, liver failure and/or hepatocellular carcinoma (HCC), and premature deaths, attributable to long-term HCV infection.

Direct-acting antiviral (DAA) therapies are simple oral medications that are well tolerated and highly curative. Their introduction as an HCV treatment therapy was a major medical advance and underpins Australia's efforts to achieve the World Health Organisation (WHO) goal of elimination of HCV as a public health threat by 2030. Given the over-representation of Aboriginal people in custody, and the disproportionate numbers with HCV infection within Aboriginal people who are incarcerated, initiatives to increase access to treatment for all who are living with HCV will also lead to improvements in Aboriginal health, which is a key focus in "Closing the Gap" for NSW Health.

The NSW Ministry of Health is committed to eliminating HCV in NSW as a public health concern by 2028, by ensuring people with HCV receive access to care including regular testing, treatment, and harm minimisation education. The goals and the supporting targets and priorities for NSW are articulated in the NSW Hepatitis C Strategy 2022-2025.

2. Policy Content

2.1 Roles and Responsibilities

- It is the responsibility of all clinical staff within Justice Health and Forensic Mental Health Network (JHNSW) to provide care and treatment to patients at risk of or affected by HCV.
- It is the responsibility of the Primary Care Nurses (PCNs) to offer and conduct Early Detection Program (EDP) testing to all patients.
- It is the responsibility of the Public Sexual Health Nurses (PSHNs) to provide ongoing clinical care to patients with HCV, including education, treatment workup and antiviral therapy, if appropriate. The PSHN is to provide ongoing follow up to ensure continuation of treatment and sustained virological response (SVR) testing post treatment.
- It is the role of the Population Health HepCare Team to support and facilitate the provision of clinical care for patients affected by HCV.

2.2 EDP Screening for BBV/STI

Patients who are identified as being at risk of having acquired a blood borne virus (BBV) or sexually transmissible infection (STI) must be offered testing as per Justice Health NSW Procedure 6.120 *Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections*.

2.3 Results of HCV Testing

All results of HCV testing must be interpreted and managed by the centre PSHN per Justice Health NSW Policy 1.445 *Screening and Diagnostics Management: Pathology, Radiology and Electrocardiogram*. There is a PSHN linked to all health centres. Any patients found to be co-infected with HIV/HCV or HBV/HCV are to be referred to the HepCare Team on i.PM/PAS.

For further information refer to Justice Health NSW Procedure 6.120 *Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections*.

2.4 Acute Hepatitis

Acute hepatitis is diffuse inflammation of the liver which can be caused by viral infections (Hepatitis A, B, C and others). In most people, the inflammation begins suddenly and lasts only a few weeks. Symptoms can range from none to very severe, and may include fatigue, nausea, anorexia, headache, fever, vomiting, diarrhoea, abdominal (RUQ) pain, pale stools, dark urine, jaundice (a yellow tinge to the sclera or skin), and malaise. Acute hepatitis commonly resolves within a few weeks to six months and would be regarded as chronic if it lasts longer than six months.

In cases where acute hepatitis is suspected, nursing staff must discuss patients with the HepCare Team or ROAMS if after hours. Please note: all patients with acute hepatitis should be isolated until hepatitis A infection is excluded.

Refer to the Justice Health NSW Procedure 6.055 *Adult Standing Orders* for management of patients with suspected acute hepatitis.

2.5 Clinical Assessment for HCV

- When pathology results indicate that HCV RNA is detected, and the patient has been identified as having either chronic or acute HCV infection, the PSHN will arrange for additional workup pathology to be collected. The pathology collected will be determined by the patient's age, cirrhosis status, comorbidities and past treatment experience as per the PSHN HCV Treatment Workflow Process or Protocol-Management of Acute Hepatitis. If indicated, a transient elastography scan (FibroScan®) should be attended.
- The JHeHS *NLMC Hepatitis C Clinical Assessment eForm* must be completed by the PSHN with the patient to ascertain the patient's clinical history and suitability for HCV treatment. This includes obtaining the patients Medicare number and expiry. All patients requiring a highly specialised drug (HSD) S100 medication must have a valid Medicare number. Patients who are Medicare ineligible will not be denied treatment on this basis and funding will be sought through compassionate access or other means.
- The PSHN will recommend a treatment course and duration. The PSHN will provide education to the patient surrounding the medication.
- All patients who have acute hepatitis, cirrhosis AND/OR are co-infected MUST be referred to HepCare team via i.PM/PAS. If the patient's clinical presentation represents a retreatment, they must also be referred to the HepCare team.

- Upon completion of the *NLMC Hepatitis C Clinical Assessment eForm*, a remote specialist consultation for scripting should be undertaken with the prescribing Liver Specialist or Nurse Practitioner (NP) Hepatology.
- Patients should be educated as to the importance of preventing transmission of infection to others, and harm minimisation strategies, as appropriate. These measures should be reinforced at each subsequent consultation.

2.6 Treatment Initiation for HCV

- Once the treatment is received in the health centre, approval from the PSHN must be obtained before treatment commences to ensure that education regarding dosing requirements is given to the patient.
- The clinician initiating treatment must confirm the patient's release date and whether any new medications have commenced since completion of the *NLMC Hepatitis C Clinical Assessment Form*. If new medications have been commenced, discussion must occur with the PSHN and/or HepCare Team for a repeat drug-to-drug interaction check (refer to https://www.hep-druginteractions.org/).
- If a patient is due to be released or released unexpectedly whilst on HCV treatment, a Release Summary and Transfer of Care e-form should be updated on JHeHS by the PSHN or PCN to reflect their current treatment and the date follow up HCV pathology testing is required. This summary should be given to the patient on release as well as the remaining supply of HCV medications.

2.7 Monitoring

2.7.1 Monitoring for HCV (on Treatment)

- Monitoring of patients on HCV treatment is generally not required, given the established safety and efficacy of the DAA medications. However, in cases where patients have cirrhosis, co-infection, or other co-morbidities that necessitate closer monitoring, the frequency and nature of the monitoring will be determined by the HepCare Team. See Policy 1.248 *Management, Assessment and Treatment of Patients with hepatitis B (HBV) Infection* and Policy 1.175 *Management of Cirrhosis, Advanced Liver Disease and Hepatocellular Carcinoma Screening*.
- If any MOs/NPs are planning to commence new medications whilst the patient is on HCV treatment, a drug interaction check must be completed (refer to https://www.hep-druginteractions.org/).
- For further information on treatment monitoring refer to GESA - Clinical guidance for treating hepatitis C virus infection: a summary and GESA - The Australian recommendations for the management of hepatitis C virus infection: a consensus statement-updated June 2022.

2.7.2 Monitoring for HCV (Post Treatment)

- All patients require post treatment follow-up testing for confirmation of viral clearance. Sustained Virological Response (SVR) testing is to be done 4 weeks post HCV treatment completion, which includes the completion of a hepatitis C nucleic acid test.
- Patients who have achieved viral clearance, but who are engaging in ongoing risk behaviour, notably injecting drug use, should be retested for HCV viremia. This is via

a hepatitis C nucleic acid test, on a three - six monthly basis, as appropriate. HCV antibodies will remain positive for life after cure of chronic HCV infection.

2.8 Continuity of Care

2.8.1 New Patients Entering Custody on Treatment

- New patients entering custody or an inpatient unit whilst on HCV treatment must continue their treatment without interruption due to the clinical risks associated with missed doses. The HepCare Team and the JHNSW Pharmacy Department must be contacted at the earliest possible opportunity so that the process of facilitating continuity of treatment can occur, and replacement medication can be couriered to the Health Centre/inpatient unit if required.
- The receiving Health Centre/inpatient unit or police cells clinical staff must verify with the patient any relevant information to enable continuity of their current HCV treatment. The information may include where treatment was scripted, when treatment was commenced, when a dose was last taken, and whether the remaining medication can be accessed by the PSHN.
- For patients who can access their medication from the community, and the medication meets the requirements contained in 6.049 *Medication Guidelines* per section 5.8.2 - the Use of Patient's-Own Medication, then this medication may be used. Any opened containers of medication must be sent to the JHNSW Pharmacy Department for quality assurance.
- The receiving Health Centre/inpatient unit or Police Cells clinical staff must obtain a signed JUS020.083 *Consent to Obtain Health Information for Continuation of Care form* from the patient, to be sent to their community healthcare providers through the Health Information and Records Service (HIRS).
- Once a patient's HCV treatment details have been confirmed, staff must liaise with the Hepatology NP or Population Health Clinical Director or ID VMO at the Hepatitis clinic to facilitate an ongoing JHeHS eMeds order and a new Authority S100 script.

2.8.2 Patients Transferred Between Health Centre/Inpatient Units or Released From Custody on Treatment

- It is imperative that all patients on HCV treatment who are transferred between correctional centres or released from custody be accompanied by their medication. If this does not occur, then every effort must be made to locate the patient's medication, and the incident reported through the Incident Management System (IMS+).
- To provide continuity of care, patients that have been commenced on HCV treatment and transfer within custody to settings where the health care is provided by a non-Network healthcare provider, the PSHN must ensure that there are follow up waitlist entries on i.PM/PAS for treatment monitoring or post treatment follow-up e.g. SVR due date.
- For patients who will be released from custody, and who are on HCV treatment, arrangements must be made to ensure the patient is provided with their HCV treatment. The PSHN is responsible for ensuring that a JHeHS *Release Summary and Transfer of Care* e-form, or when required, a written referral to an external health

provider (provided by the HepCare team) is completed and a printed copy is given to the patient prior to release.

- PSHNs or PCNs are responsible for connecting the patient with a GP or specialist medical officer (MO) of the patient's choice if required. The Hepatitis NSW Directory provides a listing of available services by postcode. Staff must obtain contact details in the community for the patient and record this information in the patient's health record.

3. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

4. Related Documents

Legislations	
Justice Health NSW Policies, Guidelines and Procedures	1.175 *Management of Advanced Liver Disease and Hepatocellular Carcinoma* 1.248 *Management and Treatment of Hepatitis B Virus (HBV)* 6.049 *Medication Guidelines* 6.055 *Adult Standing Orders* 6.120 *Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections* 6.105 *FibroScan Competency Document 2019* PSHN HCV Treatment Workflow Process Nurse Led Model of Care for the Treatment of Chronic Hepatitis C – Practice Standard
Justice Health NSW Forms	JHeHS eform: – NLMC Hep-C Clinical Assessment JHeHS eform: Release Summary and Transfer of Care JUS020.035 Consent to Liaise JUS020.083 Consent to Obtain Health Information for Continuation of Care JUS100.300 FibroScan Report

NSW Health Policy Directives and Guidelines	NSW Hepatitis C Strategy 2022-2025 The Australian Immunisation Handbook
Other documents and resources	GESA - Australian recommendations for the management of hepatitis C virus infection: a consensus statement (2022) Hepatitis NSW Directory HEP Drug Interactions Website ASHM – Decision Making in Hepatitis C Gastroenterological Society of Australia: Clinical Practice Resources American Association for The Study of Liver Diseases: Practice Guidelines European Association for the Study of The Liver: Clinical Practice Guidelines Australasian Hepatology Association Consensus- Based Nursing Guidelines