

Blood Borne Viruses (BBVs) Improving hepatitis B & C care - challenges but no judgement.

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Blood borne virus screening & counselling

- HIV nPEP & PrEP
- HCV testing and treatment
- HBV testing, monitoring and treatment
- Contact tracing
- Vaccination (liver protection)
- Access to clean equipment



BBVs Transmission

Injecting drug use

Tattoos and piercings

Trauma

Mother to baby

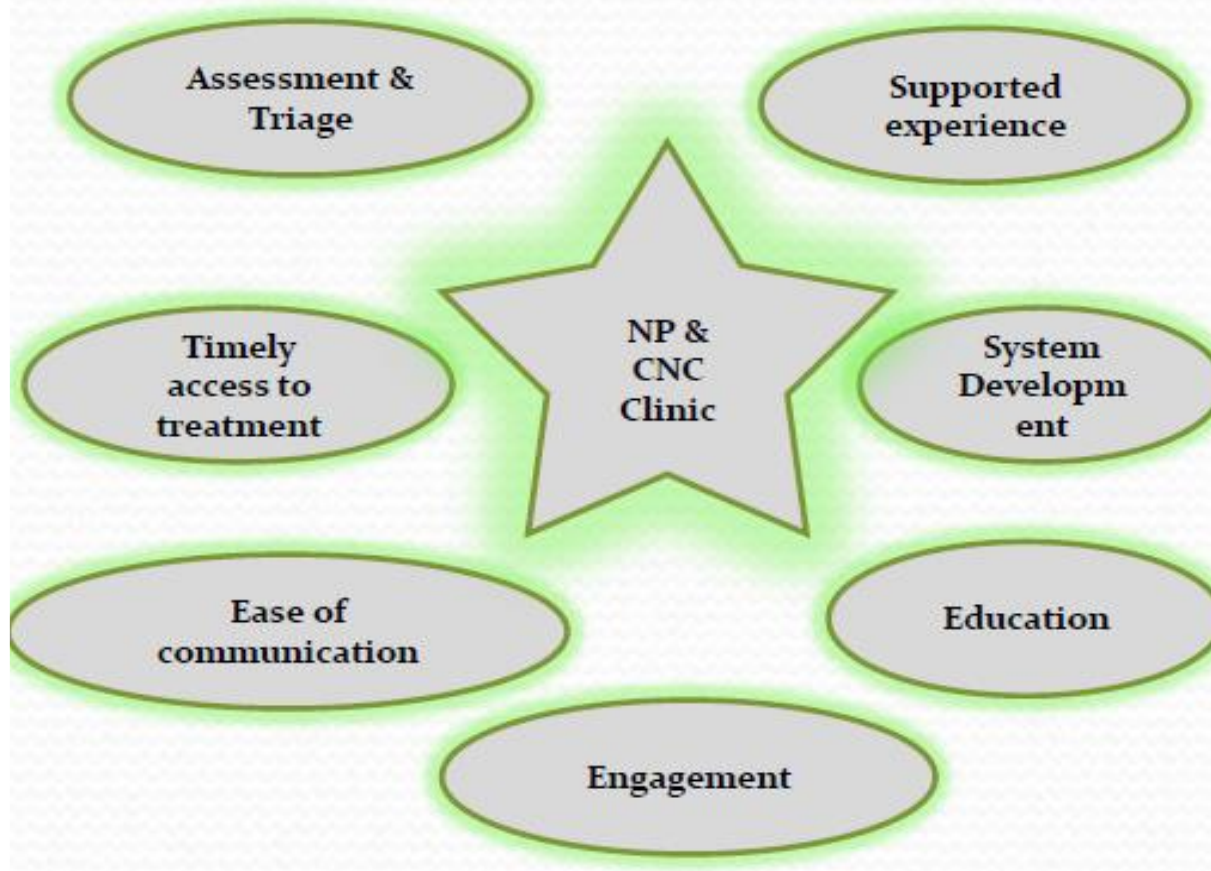
Sexual activity

Blood transfusion / blood products

Increased incidence in the prison population



Nurse – Client Benefit Considerations:



Background:

Since November 2016 GPs have been able to prescribe treatment for non-cirrhotic patients (HCV) infection but in this rural location few have chosen to take advantage of this opportunity to treat.

Patients with HCV were being treated by the visiting Gastroenterologists to Goulburn Valley Health (GVH), with patients waiting 6-12 months to be seen to receive treatment with in excess of 100 patients on the wait list.

From June 1st 2017 the Victorian government approved authorised Nurse Practitioners (NPs) to be able to prescribe under the PBS General Schedule (s85) medications for the treatment of HCV.



Elimination (HCV):

Universal testing

Positives

- **Diagnosis**
- Monitoring / surveillance
- Education
- Contact tracing– immunisation & testing of contacts
- Opportunity for referral for specialist care, if required
- **Treatment**
- Increase personal health & well being
- Decrease incidence of hepatocellular carcinoma
- Decrease requirement for liver transplant
- Decrease cost of care of HCV positive clients to the health system

Negatives

- Personal guilt
- Risk of discrimination
- Increase burden of testing in primary care



BARRIER:

Lack of confidence by practitioners in primary care with regard to interpreting HCV serology results and HCV treatment.



Background:

From 1 April 2020, authorised Nurse Practitioners are able to prescribe Hepatitis B treatments under the Highly Specialised Drugs (s100) Program.

Patients with HBV were being treated by the visiting Gastroenterologists to Goulburn Valley Health (GVH), with patients waiting 6-12 months to be seen to receive management review and potential treatment.

Monitoring and Hepatitis B surveillance was under the care of the referring GP.

Elimination:

Universal testing in pregnancy Family business



Why do we vaccinate newborns against Hepatitis B?

Hep B is the most common liver disease in the world

Babies can be infected during delivery from an infected mother, breastfeeding, toothbrushes, nail clippers or child to child through open sores or wounds



The virus can live in a single drop of blood, outside of the body for over a week

In developed countries, approximately half of people with Hep B don't know they have it

Infants infected with Hep B have a 90% chance of the disease becoming chronic

The Hep B vaccine is included on the childhood vaccination schedule as a long term prevention strategy to reduce the illness and death from complications due to the disease and to eventually eliminate HepB altogether

Prior to the development of the vaccine, approximately half of babies with Hep B, were infected through casual contact with people other than their mother



www.facebook.com/PCCVGN

www.hepatitisaustralia.com.au

Elimination (HBV):

Universal testing

Positives

- Diagnosis
- Monitoring / surveillance
- Education
- Family business – immunisation & testing of contacts
- Opportunity for referral for specialist care
- Treatment
- Increase personal health & well being
- Decrease incidence of hepatocellular carcinoma
- Decrease requirement for liver transplant
- Decrease cost of care of HBV positive clients to the health system

Negatives

- Personal guilt
- Risk of discrimination
- Increase burden of testing in primary care



BARRIER:

Lack of confidence by practitioners in primary care with regard to interpreting HBV serology results and HBV management.

Immunization

Education

Monitoring

Identification

Chronic disease



Antenatal support

Family business

Primary health care nurse & HBV.

Referral for support

CALD community

Peer contacts

Contact tracing

ATSI community



Hopes:

- The medical staff are able to concentrate on the patients who will benefit from an earlier appointment and who are more unwell.
- Creation of further HBV and HCV management / treatment networks outside the immediate organisation.
- Increase in the profile of HBV and HCV treatment in the Goulburn Valley.
- Permits a timely response and short time to review and potential treatment for new client referrals.
- Access to nurse expert's knowledge, support and education with regard to HBV and HCV.

Resources

www.hepatitisaustralia.com

<https://www.ashm.org.au/HBV/strategies-hepb/>

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-hepatitis-b-strategy-2016-2020>

<https://ashm.org.au/programs/Viral-Hepatitis-Mapping-Project/>

QUESTIONS?
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Thank you.

