**HEPATITIS C IS A COMMON CAUSE OF LIVER DISEASE IN AUSTRALIA** and can progress to cirrhosis, liver failure and liver cancer. It is easily curable with a short course of highly effective oral medication. Australia aims to eliminate hepatitis C by 2030. All nurses have a key role in identifying people with, or at risk of, hepatitis C, and ensuring they can easily access testing, treatment and care.

**IDENTIFY PEOPLE AT RISK** 4,5

- Assess past or present risk factors for hepatitis C infection, including:
  - History of, or current, injecting drug use
  - History of incarceration
  - Being born in a high prevalence area, e.g. China, Pakistan, India, Egypt and Russia
  - Aboriginal and Torres Strait Islander populations
  - Unsterile tattooing and/or skin piercing
  - Unsterile medical and/or dental procedures
  - Recipient of organs, tissues, blood or blood products before February 1990 in Australia, or before mandatory screening in other countries
  - Sexual partners of people with hepatitis C
  - Children born to mothers with hepatitis C
  - Sex workers.

**POST-CURE RELATED MONITORING AND HEPATOCELLULAR CARCINOMA (HCC) SURVEILLANCE** 1,3,9

In the post-cure setting, patients with advanced fibrosis/cirrhosis and/or ongoing risk factors for re-infection should be supported to implement a long-term cirrhosis monitoring and management plan. Identify patients with hepatitis C-related cirrhosis (irrespective of age), at risk of HCC, anderral in surveillance:

- Support patients to understand and adhere to the HCC surveillance plan.
- Implement a recall system to support the patient to participate in regular HCC surveillance.

**PREVENT HEPATITIS C INFECTION** 2,3

Use all opportunities to promote and facilitate harm minimisation strategies aimed at preventing hepatitis C transmission and re-infection.

**TEST PEOPLE AT RISK** 4,6

Before test:

- Does the patient need an interpreter?
- Does the patient understand that hepatitis C is a notifiable disease?
- Refer to the testing policy regarding gaining informed consent.
- Does the patient understand the information that has been provided?

Increase opportunities for priority populations to access testing by:

- Engaging affected communities in designing and implementing testing strategies.
- Offering testing in community settings that are flexible and person-centred.

After test:

- Refer to the testing policy for guidance regarding conveying the test result.
- Discuss safe injecting practices and blood awareness to prevent hepatitis C transmission.
- If ongoing risk factors are present, recommend annual re-testing to assess for reinfection post cure.

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**TREATMENT-RELATED CARE** 3

The nurse has an important role in providing treatment-related care including:

- Establishing the individual’s preferred treatment pathway.
- Providing support to connect the individual with a treatment pathway.
- Identifying and addressing individual or system barriers preventing individuals from commencing treatment and facilitating flexible approaches to care delivery working with:
  - A case worker or social worker
  - A collaborative model between primary and tertiary care
  - Alternate models of care.
- Establishing the individual’s understanding of their treatment plan.
- Providing information about their treatment – administration, side effects, drug-drug interactions.
- Providing logistical support to ensure reliable access to medications (e.g. liaison with Pharmacist).
- Monitoring the individual’s progress through treatment.
- Providing reminders and support for post-treatment follow up (e.g. confirm treatment success and/or ongoing cirrhosis monitoring).

**SUPPORT ADHERENCE** 7

Explore competing priorities and establish systems to promote complete adherence to treatment by:

- Supporting the establishment of treatment plans that will optimise adherence, for example, supervised dosing arrangements and dosing reminders.
- Providing on-treatment support as documented in the individual plan for care and follow up.
- Providing support to prevent treatment interruptions.

**ADVOCATE**

- Assess individual’s ability to negotiate the health system and provide support.
- Educate about self-management strategies to empower the patient.

**REFERENCES**


**DOMAIN 1**

**THE NURSE’S ROLE IN CARING FOR PEOPLE WITH, OR AT RISK OF, HEPATITIS C**

**EDUCATE**

- Assess the individual’s knowledge of hepatitis C and its management and:
  - Consider their cultural understanding and experience of hepatitis C-related stigma
  - Assess support network
- Provide education about transmission and prevention, disease progression, treatment, and monitoring requirements
- Support identification of disease progression prevention strategies (e.g. alcohol reduction, weight loss).

**PREVENT HEPATITIS C INFECTION** 2,3

- Use all opportunities to promote and facilitate harm minimisation strategies aimed at preventing hepatitis C transmission and re-infection.
- **ADDITIONAL RESOURCES**

  - Australasian Hepatology Association (AHA) www.hepatologyassociation.com.au
  - Australian teaching and EDI Drug Users League (AUDL) www.audl.org.au
  - The Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) www.ashm.org.au

**ADVOCATE**

- Assess individual’s ability to negotiate the health system and provide support.
- Educate about self-management strategies to empower the patient.

**To view the AHA Consensus-based Guidelines for the Nursing Care of People with Liver Disease please go to: www.hepatologyassociation.com.au**