

DOMAIN 1

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

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 piercings
- 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.

» 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 is 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.

» ASSESS

Identify and document the following, to inform the nursing management plan:

- Individual's history - diagnosis date, monitoring and treatment history
- Risk of re-infection
- Physical assessment for liver disease including fibrosis assessment
- Risk of co-infection with HIV and/or hepatitis A and/or B and recommend vaccination if indicated
- Concurrent medications and contraception.

» 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.

» TREATMENT-RELATED CARE ¹

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).

» 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).

» POST-CURE RELATED MONITORING AND HEPATOCELLULAR CARCINOMA (HCC) SURVEILLANCE ^{1,8,9}

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, and enrol 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.

» 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.

Please consider this document along with the 'Australian recommendations for the management of hepatitis C virus infection: a consensus statement (September 2018)' ¹

ADDITIONAL RESOURCES

Australasian Hepatology Association (AHA)
www.hepatologyassociation.com.au

Australian Injecting and Illicit Drug Users League (AIVL) www.aivl.org.au

Commonwealth of Australia. Fifth National Hepatitis C Strategy 2018-2022. 2018. Canberra: Commonwealth of Australia.

Hepatitis Australia
www.hepatitisaustralia.com

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
www.ashm.org.au

St. Vincent's Hospital Melbourne (SVHM). Hepatitis C – Good News About Treatment. 2018. Melbourne: SVHM. Available at: <https://www.svhm.org.au/health-professionals/specialist-clinics/g/gastroenterology/resources>

* If your patient has another cause of liver disease please refer to the HCC Guidelines to determine surveillance criteria.^{8,9}

REFERENCES

- 1 Hepatitis C Virus Infection Consensus Statement Working Group. Australian Recommendations for the Management of Hepatitis C Virus Infection: A Consensus Statement (September 2018). 2018. Melbourne: Gastroenterological Society of Australia.
- 2 The Department of Health, Australian Government. Hepatitis C Prevention, Treatment and Care: Guidelines for Australian Custodial Settings. 2014. Canberra: Australian Government. Available at: www.health.gov.au/internet/main/publishing.nsf/content/phd-hepc-guidelines-custodial-h Accessed November 2018.
- 3 Harm Reduction Australia. What is Harm Reduction? Available at: www.harmreductionaustralia.org.au/what-is-harm-reduction Accessed December 2018.
- 4 Commonwealth of Australia. National Hepatitis C Testing Policy v1.2. 2018. Canberra: Commonwealth of Australia. Available from: www.testingportal.ashm.org.au/hcv
- 5 Polaris Observatory HCV Collaborators. Global prevalence and genotype distribution of hepatitis C virus infection in 2015: a modelling study. The Lancet Gastroenterology and Hepatology 2017;2(3):161-176.
- 6 The Burnet Institute. Eliminate Hepatitis C Practice Support Toolkit - Starting the Conversation. 2018. Melbourne: The Burnet Institute. Available at: ecpartnership.org.au/toolkit Accessed December 2018.
- 7 Richmond JA, Sheppard-Law S, Mason S, Warner SW. The Australasian Hepatology Association consensus guidelines for the provision of adherence support to patients with hepatitis C on direct acting antivirals. Patient Preference and Adherence 2016;10: 2479-2489
- 8 Heimbach JK, Kulik LM, Finn RS, et al. AASLD guidelines for the treatment of hepatocellular carcinoma. Hepatology 2018; 67(1):358-380.
- 9 European Association for the Study of the Liver (EASL). EASL clinical practice guidelines: management of hepatocellular carcinoma. Journal of Hepatology 2018; 69:182-236.

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