

Board Background Briefing Document - ASHM's Role in Viral Hepatitis

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<p>The Society has worked significantly in the area of viral hepatitis since 1999</p>	<p>Gross breakdown of income(=expenditure) on HIV and viral hepatitis over the past 7 years</p> <table border="1" data-bbox="636 453 1124 1318"> <thead> <tr> <th>Yr</th> <th>Funding Body</th> <th></th> <th>Amount</th> <th>Totals</th> </tr> </thead> <tbody> <tr> <td rowspan="4">05/06</td> <td>Comm</td> <td>HCV</td> <td>272,000</td> <td></td> </tr> <tr> <td>NSW</td> <td>HCV</td> <td>180,700</td> <td>452,700</td> </tr> <tr> <td>Comm</td> <td>HIV</td> <td>560,875</td> <td></td> </tr> <tr> <td>NSW</td> <td>HIV</td> <td>376,780</td> <td>937,655</td> </tr> <tr> <td rowspan="4">04/05</td> <td>Comm</td> <td>HCV</td> <td>350,000</td> <td></td> </tr> <tr> <td>NSW</td> <td>HCV</td> <td>180,700</td> <td>530,700</td> </tr> <tr> <td>Comm</td> <td>HIV</td> <td>548,560</td> <td></td> </tr> <tr> <td>NSW</td> <td>HIV</td> <td>443,580</td> <td>992,140</td> </tr> <tr> <td rowspan="4">03/04</td> <td>Comm</td> <td>HCV</td> <td>283,977</td> <td></td> </tr> <tr> <td>NSW</td> <td>HCV</td> <td>155,700</td> <td>439,677</td> </tr> <tr> <td>Comm</td> <td>HIV</td> <td>386,048</td> <td></td> </tr> <tr> <td>NSW</td> <td>HIV</td> <td>187,927</td> <td>573,975</td> </tr> <tr> <td rowspan="4">02/03</td> <td>Comm</td> <td>HCV</td> <td>250,000</td> <td></td> </tr> <tr> <td>NSW</td> <td>HCV</td> <td>87,000</td> <td>337,000</td> </tr> <tr> <td>Comm</td> <td>HIV</td> <td>380,000</td> <td></td> </tr> <tr> <td>NSW</td> <td>HIV</td> <td>134,900</td> <td>514,900</td> </tr> <tr> <td rowspan="4">01/02</td> <td>Comm</td> <td>HCV</td> <td>200,000</td> <td></td> </tr> <tr> <td>NSW</td> <td>HCV</td> <td>104,000</td> <td>304,000</td> </tr> <tr> <td>Comm</td> <td>HIV</td> <td>364,733</td> <td></td> </tr> <tr> <td>NSW</td> <td>HIV</td> <td>187,400</td> <td>552,133</td> </tr> <tr> <td rowspan="4">00/01</td> <td>Comm</td> <td>HCV</td> <td>275,000</td> <td></td> </tr> <tr> <td>NSW</td> <td>HCV</td> <td>216,000</td> <td>491,000</td> </tr> <tr> <td>Comm</td> <td>HIV</td> <td>354,700</td> <td></td> </tr> <tr> <td>NSW</td> <td>HIV</td> <td>126,500</td> <td>481,200</td> </tr> <tr> <td rowspan="4">99/00</td> <td>Comm</td> <td>HCV</td> <td>125,000</td> <td></td> </tr> <tr> <td>NSW</td> <td>HCV</td> <td></td> <td>125,000</td> </tr> <tr> <td>Comm</td> <td>HIV</td> <td>239,769</td> <td></td> </tr> <tr> <td>NSW</td> <td>HIV</td> <td>-</td> <td>239,769</td> </tr> </tbody> </table>	Yr	Funding Body		Amount	Totals	05/06	Comm	HCV	272,000		NSW	HCV	180,700	452,700	Comm	HIV	560,875		NSW	HIV	376,780	937,655	04/05	Comm	HCV	350,000		NSW	HCV	180,700	530,700	Comm	HIV	548,560		NSW	HIV	443,580	992,140	03/04	Comm	HCV	283,977		NSW	HCV	155,700	439,677	Comm	HIV	386,048		NSW	HIV	187,927	573,975	02/03	Comm	HCV	250,000		NSW	HCV	87,000	337,000	Comm	HIV	380,000		NSW	HIV	134,900	514,900	01/02	Comm	HCV	200,000		NSW	HCV	104,000	304,000	Comm	HIV	364,733		NSW	HIV	187,400	552,133	00/01	Comm	HCV	275,000		NSW	HCV	216,000	491,000	Comm	HIV	354,700		NSW	HIV	126,500	481,200	99/00	Comm	HCV	125,000		NSW	HCV		125,000	Comm	HIV	239,769		NSW	HIV	-	239,769
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The Society membership has a significant interest in viral hepatitis	Of the current 955 members of the society 521 have a stated interest in viral hepatitis and are receiving information via e-mail alerts and the like relating to viral hepatitis
Recipients of the Society's training and resources have a significant interest in viral hepatitis and importantly expresses a desire for the provision of HIV and viral hepatitis information together	<p>Feedback from Monograph Evaluation HIV/viral hepatitis: a guide for primary care was first published in 2001 and updated in 2004. An independent evaluation was conducted in early 2005. Nearly 90% of GP's randomly surveyed stated that such a publication is useful. Of the total sample 79% are interested in receiving information on HIV and viral hepatitis.</p> <p>Respondents to an online survey were asked should HIV and viral hepatitis be combined in a guide for primary care. Just under 76% thought they should be.</p> <p>Additional requests for HCV Training At the HIV case discussion evenings in February and in May, HIV/Hepatitis co-infection was requested as a future topic for discussion</p>
The Society has not lost focus on its HIV program at the expense of its involvement in viral hepatitis. Rather this joint approach has been mutually beneficial	<p>Expansion of the HIV Program Prior to the HCV community prescribing pilot's inception in 2003, the Short Course in HIV Medicine included a Day in HCV Medicine. With its own program, we have been able to concentrate on delivering more HIV short courses: 3 specifically for training and updating HIV s100 prescribers in 2005 versus 2 in 2000, 5 for training community workers and pharmaceutical industry personnel versus 2 in 2000, and have also expanded other deliverables including the HIV case discussion evenings and interactive on-line conference report-backs.</p> <p>Expansions of HCV program In 2002/2003, ASHM was funded to train medical practitioners in NSW and ACT and administer the Hepatitis C Community Prescribing Pilot. 88 medical practitioners have been accredited in NSW and ACT. 18 community prescribers were accredited in Victoria when DH&S approved the pilot, This pilot is due to conclude in May 2007 after which a full evaluation of the findings will be completed and recommendations made to cease, continue or vary the model of community prescribing. In addition to the initial training, pilot updates have been conducted regularly and the ASHM HCV education program in general has been increased</p>

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	<p>due to demand from medical practitioners and the health care sector. Increased NSW Health and Commonwealth funding has allowed ASHM to respond to the needs of the sector in providing HCV education courses and training where it is needed. Training has subsequently been delivered in a variety of options, from a 2 day prescribing course to one day introductory courses, one day advanced courses, 2 hr and 3 hr introductory updates and a 3 hr advanced update, Courses have been specifically tailored to meet the needs of the participants, eg drug and alcohol workers, Aboriginal health care workers, Attendance at HCV courses has also increased significantly over the past 2 years, often between 40 and 48, consisting primarily of GPs.</p> <p>Number of joint programs 2005- Alice Springs and Darwin combined HIV and HCV programs 2006-Joint programs include the BBV and STI courses that were held in Port Macquarie in April and in Wollongong in June, as well as one for Aboriginal health workers in Adelaide in April. HIV and Viral Hepatitis courses in Alice Springs, Darwin, Perth and Carnarvon in 2006.</p>
<p>Service delivery in the HIV and viral hepatitis sectors and sexual health sectors is often provided by the same providers and overseen by the same programs. This has resulted in name changes in a number of areas to appropriately reflect the work undertaken. It is appropriate therefore that Society also followed this lead</p>	<p>Agencies & program which have changed names ANCAHRD and MACASHH (Australian Council on AIDS, Hepatitis C and Related Diseases and Ministerial Advisory Committee i=on HIV, Hepatitis and Sexual Health)) TasCAHRD (Tasmanian Council on AIDS, Hepatitis and Related Diseases) NTAHC (Northern Territory AIDS and Hepatitis Council) MHAHS (Multicultural HIV/AIDS and Hepatitis C Service) ACH2 (Australian Centre for HIV and Hepatitis Research</p> <p>Collaborations with other agencies in the provision of the Viral Hepatitis Conference and other agencies which co-aspice + support the aims of the conference GESA, Australian Hepatitis C Council, AHA, AIVL, Hepatitis C Council of NSW, Australian Dept of Health and Ageing, ACH², NSW Health, New Zealand Health Dept, Hepatitis C Resource Centre Otago, The Royal Australasian College of Physicians, ASID,</p> <p>Requests from other agencies for name change The Hep C Council of NSW, The Australian Hepatitis Council</p>

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	<p>The Commonwealth Department of Health and Ageing The Review panel of the review of the National Hepatitis Strategy</p>
<p>Many of the mechanisms developed to support one area are applicable and transferable to the other, such as accreditation programs, curriculum development and delivery strategies</p>	<p>Transfer of procedures from s100 HIV to s100 HCV Systems for accreditation are similar: both have Short Courses followed by case-based assessments with standard marking guides setting minimum pass criteria. Both have curricula endorsed by clinical sub-committees and both training courses encourage small group learning and earn 30 category 1 RACCP points.</p>
<p>The Society has demonstrated that it can produce sound education programs, resources and policy in relation to viral hepatitis</p>	<p>Resources in Vral Hepatitis Ambulance Officers and Hepatitis C Dental Health and Hepatitis C GPs and Hepatitis C Nurses and Hepatitis C Hepatitis C in Brief (patient factsheet)</p> <p>HIV & HCV HIV/viral hepatitis: a guide for primary care Coinfection – HIV & Viral Hepatitis HIV and hepatitis C: policy, discrimination, legal and ethical issues Contact Tracing Manual Talking Together HIV, viral hep, STI's Contemporary issues in ATSI health ASHM Directory of HIV, hepatitis and related services (previously ASHM Directory of HIV medical services – expanded in 2001)</p> <p>Hepatitis Training May 2001, Australia wide satellite broadcast- Hepatitis C update June 2001, Gold Coast- Hepatitis C module</p>

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	<p>November 2001, Sydney- Day program in Hepatitis</p> <p>February 2002, Bathurst- HCV day</p> <p>April 2002, Lismore- HCV update</p> <p>November 2002, Coolangatta - HCV update</p> <p>1,2 February 2003, Sydney- HCV pilot Intro and Advanced training</p> <p>8,9 February 2003 Sydney- HCV pilot Intro and Advanced training</p> <p>8,9 February 2003 Hunter- HCV pilot Intro and Advanced training</p> <p>1,2 March 2003 ACT- HCV pilot Intro and Advanced training</p> <p>15,16 March 2003 Western Sydney- HCV pilot Intro and Advanced training</p> <p>17,18 May 2003 Northern Rivers- HCV pilot Intro and Advanced training</p> <p>May 2003, Penrith- HCV introductory update</p> <p>August 2003, Sydney- HCV pilot update</p> <p>September 2003, Penrith- HCV intro update</p> <p>September 2003, Melbourne- HCV day</p> <p>October 2003, Cairns- HCV day course</p> <p>November 2003, ACT- Introductory HCV day</p> <p>November 2003, ACT- HCV pilot update</p> <p>November 2003, Newcastle- HCV pilot update</p> <p>November 2003, Sydney- HCV conference report back</p> <p>November 2003, Newcastle- HCV introductory day</p> <p>February 2004, Richmond- HCV introductory evening</p> <p>May 2004, Liverpool- HCV introductory evening</p> <p>June 2004, Blacktown- Advanced HCV update</p> <p>August 2004, Canberra- HCV day course</p> <p>September 2004, Sydney- HCV conference report back</p> <p>October 2004, Sydney- HCV conference report back</p> <p>November 2004, Sydney- HCV pilot update</p> <p>November 2004, ACT- HCV pilot update</p> <p>December 2004, Newcastle- HCV pilot update</p> <p>1 December 2004, Sydney- Practice nurse training</p>

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	<p>9 December 2004, Sydney- Practice nurse training February 2005, Western Sydney- HCV pilot update April 2005, Sydney- Justice Health and HCV May 2005, South Sydney- HCV update May 2005, Homebush GPCE- GP launch of Hepatitis C Treatment Awareness Week June 2005, Wodonga- HCV update June 2005, Lismore- Day course in Hepatitis C July 2005, Bondi- HCV update September 2005, Liverpool- HCV update October 2005, Sydney- HCV Advanced Day November 2005, Canberra- HCV update November 2005, Bankstown- HCV update (Multicultural) February 2006, Erina- HCV update February 2006, Sydney- HCV day course May 2006, Bankstown- HCV update (Multicultural) May 2006, Canberra- HCV pilot update July 2006, Bourke- HCV and STI update July 2006, Broken Hill- HCV and STI update July 2006, Mildura- HCV and STI update</p> <p>HIV/HCV combined training October 2000, Melbourne- HIV Short Course with HCV module May 2001, Sydney- HIV Short Course with HCV module August-September 2001, Sydney- HIV short course and HCV day February 2002, Sydney- HIV Short Course with HCV module May 2002, Nelson Bay- HCV/STI/HIV update June 2002, Byron Bay- Short Course in HIV and HCV Medicine October 2002, Sydney- HIV Short Course with HCV module March-June 2003, Melbourne/Albury/Warrnambool- Introductory HIV and HCV days June 2004, Sydney- Day in Aboriginal Sexual Health and half day in Hepatitis C</p>

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	<p>August 2004, Canberra- HIV and HCV course for Policy Planners March 2005, Alice Springs- Update on HIV/HCV/HBV/STIs March 2005, Mudgee- HIV and HCV introductory day April/May 2005, Darwin- Short Course in HIV Medicine with HCV, HBV and STIs June 2005, Coffs Harbour- Introductory HIV and HCV day April 2006, Mylor, SA - Update in HIV/HCV/HBV/STIs for Aboriginal health April 2006, Port Macquarie- Day course in HIV/HCV/HBV/STIs June 2006, Wollongong- Day course in HIV/HCV/HBV/STIs May 2006, Alice Springs- Update on HIV/HCV/HBV May 2006, Darwin- Introductory day on BBV and STI management May 2006, Darwin- Advanced day on BBV and STI management May 2006, Perth- HIV and Viral Hepatitis management</p> <p>List of policy contributions Strategic Approach to Hepatitis C Prevention and Care in Australian Custodial Settings, 2006 National Hepatitis C Strategy, 2005 National Hepatitis C Testing Policy, 2006 Hepatitis C Think Tank,2006 Hepatitis B strategy planning day NSW 2005</p>
<p>The Society collaborates with and supports other organisations and groups in the sector</p>	<p>Collaborations with other in the sector Representation at Heplink (HCC of NSW) (4x per year) and Heplink West (4x per year) Hepatitis C Treatment Awareness Week 2005- National Committee representation and NSW Committee representation 2005 National Hepatitis C Project Action Group 2005-2006 Australian Hepatitis Council National Resource Network 2005-2006 NSW Hepatitis C Project Advisory Group, Multicultural HIV/AIDS and Hepatitis C Service (NSW Hepatitis C Project) 2006 Hepatitis C Awareness Week National Committee representation</p> <p>Agencies using our meeting facilities:</p>

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	<p>Ministerial Advisory Committee on Hepatitis (4x per year) Hepatitis C Council of NSW (Annual General meeting)</p> <p>Collaborators and Supporters of the Viral Hepatitis Conference: ALA/GESA, AHC, AHA AIVL, Australian Dept of Health and Ageing, ACH², NSW Health, New Zealand Health Dept, Hepatitis C Resource Centre Otago, NZ Hepatitis Foundation, NCHRS,</p>
<p>The Society is inclusive and not exclusive</p>	<p>Support to other orgs. i.e. email alert topic, advertising jobs Advertise to members and prescribers other events in sector via mail outs, email alerts Jobs in sector (eg hospitals, research centres) advertised on website or sent as email alert</p> <p>Information exchange to support the sector Requests for information and where to access are frequent from employees in the sector Assist with National Centre for HIV Social Research projects 2004/2005 Participate in the Hepatitis National Resource Network Sharing of information through Hep link</p> <p>Assisting sector partners Australian Hepatology Associates have affiliated with ASHM</p>
<p>The Society's domestic and international programs benefit from the explicit inclusion of viral hepatitis in its public profile</p>	<p>Requests for help domestic 2005- Request from SESIAHS for HCV training in area 2005- Request from Albury to provide HCV training in area 2005- Request from D & A Directors to provide training for D & A workers 2005- Request from AHC for ASHM to be represented on Hepatitis C Treatment Awareness Week committee and other committees 2006- Request for HCV training in Broken Hill and Mildura from Greater Western Area Health Service 2006- Requests from NT and WA to run training</p> <p>Requests internationally 2005 -Regional participants to the ASHM International Short Course in HIV and Related Issues requested</p>

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	sessions on hepatitis C and HIV co infection Injecting drug use is a significant driver of HIV epidemics in Indonesia, Vietnam, areas of China, Thailand and other regional countries where ASHM's international program is active. Hepatitis C infection is emerging as a major issue for health practitioners in these countries with limited access to effective HIV and hepatitis C treatments.