

Enhanced surveillance for newly acquired hepatitis C: Information for the General Practitioner

What is enhanced hepatitis C surveillance?

By law, all new diagnoses of hepatitis C infection must be reported to the local State or Territory Health Department. Enhanced hepatitis C surveillance involves the collection of additional information in cases of recently acquired infection, primarily related to how hepatitis C infection was acquired and why the person underwent testing. It can also be used to obtain information that should have been provided under routine surveillance but is sometimes incomplete, such as Aboriginal/Torres Strait Islander status.

What do GPs need to do to assist with enhanced surveillance?

The GP is often the primary point of contact with the health care system and has the expertise to obtain sensitive information through careful history taking. Any patient diagnosed as having become hepatitis C antibody positive within the past two years is considered to have newly acquired infection, and is therefore a candidate to be reported under enhanced surveillance. Each State and Territory Health Department has slightly different procedures, but all have a standard notification form that can be used to report the necessary information about cases of recently acquired hepatitis C infection.

Why is enhanced hepatitis C surveillance important?

Enhanced surveillance can provide valuable information to public health authorities about the causes of hepatitis C infection in the community. It can also provide a basis for monitoring trends in new infection and identifying patterns of transmission, so that public health authorities are better able to develop and implement prevention strategies.

Facts about hepatitis C

Transmission: Nearly 90% of newly acquired cases of hepatitis C in Australia can be attributed to sharing of equipment used for injecting drug use. Other means of transmission include skin penetration procedures such as piercing, acupuncture or tattoos, if they are not carried out under sterile conditions. Over two-thirds of people who become hepatitis C antibody positive develop chronic infection, with detectable viraemia. Hepatitis C can be transmitted to newborns if the mother is viraemic, but is not generally regarded as sexually transmissible. Before 1990, blood transfusion and blood products were an important source of transmission, but comprehensive screening has virtually eliminated this risk.

Disease progression: The majority of cases of newly acquired hepatitis C are asymptomatic. Around 30% of people with newly acquired infection are believed to clear the virus spontaneously within 2-6 months, and 70% will develop chronic infection. Advanced disease complications such as liver failure or hepatocellular carcinoma occur after several decades in 5% - 10% of people with chronic hepatitis C infection.

Treatment: For people with chronic hepatitis C infection, six months treatment with the combination of pegylated interferon and ribavirin can eliminate the virus in about 50% of cases.

Further reading

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