Who will be prioritised for treatment?

February 18, 2016 By David Pieper

There has been much discussion in Australia and elsewhere about treatment prioritisation or triage. Many people are fearful that all the years of taking care of their liver will mean that they will not be eligible for treatment with the newly approved Direct Acting Antivirals. Some people are so concerned they have sought access to treatment via other channels including the hep C buyers club.

Thankfully access to hep C treatment is available to all Australians from 1st March regardless of disease progression, substance use history or treatment history. Obviously individual liver clinics will be very busy throughout 2016 and it may be difficult to get an appointment before the end of the year, but for people without cirrhosis a General Practitioner can initiate and manage their treatment in consultation with a liver specialist.

That said, people in certain categories have been noted as priorities for treatment because they are at the greatest risk of onward transmission or progression to serious liver disease. Community and peer organisations need to encourage those people to visit their doctor as soon as possible.

The presence or absence of cirrhosis is critical in managing and treating hepatitis C. All people with decompensated liver disease must be assessed and managed in specialist centres where clinicians can monitor them closely.

Treating people who inject drugs (PWID) is a high priority because treatment may reduce HCV transmission using the principle of “treatment as prevention”. This concept has been tested and advocated for widely in HIV.

People with Hep C-HBV co-infection have a greater risk for significant liver fibrosis and should be prioritised for treatment.

Simultaneous infection with HIV and HCV is associated with an increased rate of progression to liver cirrhosis, increased risk of hepatocellular carcinoma and increased mortality, even in those achieving full HIV virological suppression with antiretroviral treatment for HIV. Eradication of HCV can prevent these complications and people with HCV-HIV coinfection should be prioritized for treatment of HCV.

For people that don’t have an urgent need for treatment, there is no need to panic. The drugs will

not run out and the money will not run out. The best thing to do right now is to see your doctor.

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