

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

## Submission on the sector review of the Draft National Hepatitis C Action Plan for Aotearoa New Zealand

**To:** Population Health and Prevention, Ministry of Health

**Submitter:** Canterbury District Health Board

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**Proposal:** This draft National Hepatitis C Action Plan is New Zealand's response to the WHO's call to action and is our first step in developing an overall viral hepatitis strategy. New Zealand does not have a national hepatitis C strategy in place, so the action plan takes an aspirational and strategic approach as well as including WHO targets and proposing activities in key focus areas.

## **SUBMISSION ON DRAFT NATIONAL HEPATITIS C ACTION PLAN**

### **Details of submitter**

1. Canterbury District Health Board (CDHB).
2. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

### **Details of submission**

3. We welcome the opportunity to comment on the draft National Hepatitis C Action Plan. The future health of our populations is not just reliant on hospitals, but on a responsive environment where all parts of the health system and other sectors work collaboratively.

### **General Comments**

4. While health care services are an important determinant of health, health is influenced by a wide range of factors beyond the health sector. These influences can be described as the conditions in which people are born, grow, live, work and age, and are impacted by environmental, social and behavioural factors. They are often referred to as the 'social determinants of health'<sup>1</sup>.
5. Determinants of health often lie outside the direct control of the health sector, with the social and economic environment playing a crucial role in the distribution of infectious diseases within communities. Infectious diseases, including hepatitis C, disproportionately affect the poorest, most marginalised and vulnerable groups in our society. Addressing infectious disease problems therefore requires action from many sectors. The CDHB supports the development of a national viral hepatitis strategy and implementing an action plan to work toward eliminating hepatitis C in New Zealand that uses an inter-sectoral approach in a co-ordinated way.
6. The CDHB supports the draft action plan but notes that no funding has been attached to the implementation of the action plan at this stage. Without adequate

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<sup>1</sup> Public Health Advisory Committee. 2004. The Health of People and Communities. A Way Forward: Public Policy and the Economic Determinants of Health. Public Health Advisory Committee: Wellington.

funding in place to support the proposed actions the plan will remain aspirational given the current constraints on resources in the healthcare setting.

7. The CDHB supports the focus on improving prevention and harm reduction activities for people who are increased risk of hepatitis C, not only to prevent transmission, enable diagnosis and linkage to care but from an overall healthcare perspective. This will require additional direct funding.

## **Specific comments**

### **Content of draft action plan**

8. The CDHB recommends that health education on the risks of transmission also be directed at non-licensed venues or situations where unregulated piercing and tattooing take place, as people who undertake unregulated piercing and tattooing are another group at increased risk of contracting hepatitis C.
9. The CDHB recommends reviewing the model of the Christchurch Hepatitis C Community Clinic and how this model might be applied in other locations in New Zealand. They provide a 'one-stop shop' testing, diagnosis, treatment, support, outreach, fibroscans and hepatitis B vaccination. They are also able to take the service to methadone clinics and drug and alcohol support services. This setting has been especially successful in reaching and treating patients who do not regularly engage with other health services, especially secondary care services. This could help address reducing barriers to access hepatitis C treatments in the community under Focus Area 5.

### **Key objectives and activities**

10. The CDHB recommends Objective 1.3 be prioritised, especially the re-development of Ministry of Health resources about hepatitis C. There is only one current Ministry produced pamphlet available about hepatitis B and C that is very out of date. Some of the pharmaceutical companies offering new direct acting antiviral treatment for hepatitis C have produced good resources but healthcare providers can be cautious about distributing these to avoid the perception of promoting or a link to a pharmaceutical company.
11. The CDHB recommends that Activity 4.1 to 'Amend the surveillance definition for hepatitis C so data are collected on both acute and chronic cases' also be

prioritised. As acknowledged, laboratory notification through the National Surveillance data base (Episurv) notifies only acute hepatitis C. If a newly diagnosed hepatitis C is confirmed in Canterbury, but does not fit the criteria for acute (i.e., no documented seroconversion in last 12 months) then the public health nurses are not notified. If chronic cases were also diagnosed, the public health nurses would be able to follow-up with a letter with health information and contact details for the free Christchurch Hepatitis C Clinic as they do with the acute cases. This increases exposure to health information and choices of health provider for treating hepatitis C.

12. The lack of accurate prevalence data has long been an issue to gain support for action on hepatitis C. To better understand prevalence and be able to make informed decisions on treatment models, the CDHB supports actions under Activity 3.1.1 such as a one-off cross sectional seroprevalence survey for the general population.

## **Equity**

13. The CDHB supports having the Treaty of Waitangi and equity explicitly named as principles of the action plan. It also supports including Māori as a priority group based on increased need and historical reduced access to health services. It notes, however, that only two proposed activities (2.3.4 and 3.4.4) name actions specifically involving Māori.
14. The CDHB supports the goals of taking a consumer-friendly, destigmatised and culturally-appropriate approach to any national awareness campaigns and healthcare worker education campaign.
15. The CDHB supports exploring further ways of reducing barriers to access hepatitis C treatments in the community, such as free community clinics and pharmacies registered to provide hepatitis C treatments. While a general practice might be a more accessible setting than tertiary care, even the reduced fees available for Community Service Card holders might be a barrier to accessing treatment through a general practice due to the frequency of appointments needed.

## **Conclusion**

16. Thank you for the opportunity to submit on draft National Hepatitis C Action Plan.

**Person making the submission**



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Date: 16/08/2018

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