

# COMMUNICARE USER MANUAL VIRAL HEPATITIS







# COMMUNICARE

**Communicare acknowledgement:** Communicare acknowledges the business intelligence and product development shared through respectful partnerships spanning more than 20+ years in the Aboriginal Community Controlled Health and medical services sector and looks forward to evolving Communicare as the state of the art primary health care system in the national effort to reduce health inequality and close the gap in a generation

www.communicaresystems.com.au.

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#### **ABOUT THE ARTWORK**

"WARRIAPPENDI" ( Look Seek Find ) Warriappendi is a Kaurna word meaning to "Look Seek or Find".

**Artwork description:** The artwork "Warriappendi" tells the story of how blood borne viruses such as hepatitis B and C can travel through the blood, and the importance of testing so appropriate care can be provided.

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# VIRAL HEPATITIS Screening





# WHO TO TEST AND WHEN

#### **Hepatitis A**

All Aboriginal people should be tested at least once in adulthood to determine their hepatitis A status. If not immune, consider vaccination if risk factors are present:

- For those who inject drugs
- For those living in conditions with poor sanitation
- For those who are a household contact or sexual partner of someone with acute hepatitis A infection
- For those travelling to areas of high endemicity without being immunised

#### **Hepatitis B**

All Aboriginal people should be tested at least once in adulthood to determine their hepatitis B status. If not immune and not infected, offer vaccination as per The Australian Immunisation Handbook, 10th ed. p. 221.

## Hepatitis C

The following at risk groups should be offered testing:

- For those with otherwise unexplained elevated liver enzymes ALT/AST
- For those who are current or former injecting drug users
- For those who are a sexual partner of someone with a hepatitis C infection
- Children born to hepatitis C positive mothers
- For those who have an STI
- For those who have received a blood transfusion or blood products before 1990 in Australia
- For those who have had unsterile tattooing and body piercing
- For those who have had unsterile medical and dental procedures and blood transfusions in high prevalence countries
- Anyone who has been imprisoned (check the prison's results if available)

Consider opportunistic screening in the following situations (check health record first to identify if client has previously had viral hepatitis testing and results recorded):

- At adult health checks
- During antenatal care screening
- During STI screening (offer at the same time as urine testing)
- When doing routine blood tests for other reasons



To determine whether a client has already been screened for hepatitis check the following in the client's clinical record:

- Active Problem/Significant History
- Investigation (Ix) Results
- History when viewing Clinical Items by Class from the Detail button

#### Active Problem/Significant History;

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History when viewing Clinical Items by Class from the Detail button;

#### **Conduct pre-test discussion**

Obtain informed consent prior to testing (with the assistance of Aboriginal Health Workers/Practitioners and/or interpreters as required) and include the following points:

- The purpose and implications of the test should be explained
- The results of testing remain confidential



#### **Request tests**

First check the **To Do** list for any recalls re screening, e.g. **Investigation; request** with *Hepatitis screening* in the **Comment** box. If there is a recall ensure you complete it by following steps 1-3



Investigation;reque	st			
This item is used to record re	calls for future investigations. The con	nment should speci	y the test(s) to be requested.	2
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Once the recall has been completed, (or if there was no recall) locate the clinical item **Hepatitis Screen;investigation request** following steps 1-7 as below. It is recommended this be done after the blood is taken by selecting the **Hepatitis Screen;investigation request** clinical item from the **Hepatitis** quick button. This will automatically request the following screening tests for hepatitis B as well as hepatitis A and C:

- hepatitis B surface antibody (Anti-HBs)
- hepatitis B surface antigen (HBsAg)
- hepatitis B core antibody (Anti-HBc)
- hepatitis A antibody (Anti-HAV)
- hepatitis C antibody (Anti HCV)

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# 4. Choose the Investigation Provider

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		7.	Click <b>Save</b>



Ensure you document the provision of the pre-test discussion and obtaining of informed consent using a clinical item e.g. **Advice/education** 



2. Click on Keyword and search for clinical item

eyword	Clinical Item Type		Class	Definition
DVICE	Advice/educat;breast self exam		Procedure	
DVACE	Advice/educatincontinence pad		Procedure	
DVICE	Advice/education		Procedure	
DVICE	Advice/educationalconol		Procedure	
DVICE	Advice/education;asthma		Procedure	
DVICE	Advice/education;blood		Procedure	
DVICE	Advice/education;body		Procedure	
DVICE	Advice/education;breastfeeding		Procedure	
DVICE	Advice/education;cardiovascul		Procedure	
DVICE	Advice/education;compensation		Procedure	
DVICE	Advice/education;contracept;F		Procedure	
DVICE	Advice/education;contracept;M		Procedure	
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DVICE	Advice/education;endo/meta		Procedure	
DVICE	Advice/education;environment		Procedure	
DVICE	Advice/education;exercise		Procedure	
DVICE	Advice/education;eye		Procedure	
DVICE	Advice/education;family plan;F		Procedure	
DVICE	Advice/education;family plan;M		Procedure	
DVICE	Advice/education;fathering		Procedure	
DVICE	Advice/education;first aid		Procedure	
DVICE	Advice/education;fluid intake	↓	Procedure	

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				4. Click

View of Progress Notes (if there was no recall);



#### **Interpretation of results**

Interpret results in consultation with a GP - see Appendix 1, p. 56.



#### **Documenting immunity**

Clients immune to hepatitis A and/or hepatitis B due to either exposure or immunisation should have this recorded. Do this using the clinical items accessible from the **Hepatitis** quick button;



#### 2. Select for example, clinical item Hepatitis A immune

- 3. Document if immunity has been from *Exposure* or *Immunisation* (if this information is to appear on the Main Summary, document in the Comment also).
- **4.** Tick to **Display on Main Summary** and if client is female and of child bearing age tick to **Display on Obstetric Summary** also

Add Clinical Item - A'KAY, BRIAN VER	EK 3yrs Current Patient Male		
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Date	18/05/2015	×	
Hepatitis A immune		<b>(</b> 04/03/2015 )	Exposure )
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Repeat steps 1-4 using the clinical item **Hepatitis B immune** to document immunity to hepatitis B.



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Viewing the <b>Main</b> and <b>Hepatitis B in</b>	<b>Summary</b> , you will see the clinical items of <b>Hepatitis A</b> nmune on the client's <b>Active Problem/Significant Histo</b>	. immune
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Displaying these clinical items on the Main Summary makes it obvious to clinicians upon opening a clinical record that the client does not require any further screening for hepatitis A and/or B.

# Vaccination for clients susceptible (not immune and not infected) to hepatitis A and/or B

The procedure for vaccination will differ slightly for those in whom there is evidence for or who were likely to have received hepatitis B vaccination previously - see Appendix 3, p. 58.

If according to Appendix 3, a client requires vaccination; document this by following steps 1 - 8 below using the recall **Immunisation** and identifying the immunisation required in the Comment box. This will enable these clients to be easily identified via reports available from within Communicare to enable appropriate follow-up.

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3. If Browse all item types has been chosen, click Keyword

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MMUNISATI	Immunisation,Engerix B adult		Immunisation	
MUNISATI	Immunisation, Fluarix		Immunisation	
MMUNISATI	Immunisation/Fluvinin		Immunisation	
MMUNISATI	Immunisation;Gardasil		Immunisation	
MMUNISATI	Immunisation/Havrix Junior		Immunisation	
MMUNISATI	Immunisation,HBVax II (adult)		Immunisation	
MMUNISATI	Immunisation;HBVax II (paediatric)		Immunisation	
MUNISATI	Immunisation,HBVax II (thiomersal free)		Immunisation	
MUNISATI	Immunisation;Hepatitis B Immunoglobulin		Immunisation	
MUNISATI	Immunisation;Hiberix		Immunisation	
MUNISATI	Immunisation;HibTITER		Immunisation	
MMUNISATI	Immunisation/HPV		Immunisation	

↑ 6. Click Select

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8. Select the date the immunisation is due and Save.







# HEPATITIS B (HBsAg) **Positive**





# **Follow up**

## Post-screening test discussion

#### Initial post-test discussion

- Give positive test result (ensure result documented as per p. 27)
- Information/education (likely mode of transmission in most cases is either peri-natal or during early childhood)
  - A client is at high risk of progressing from acute to chronic hepatitis B if the virus was contracted early in life (childhood) and less at risk if contracted as an adult.
- Avoid information overload
- Discuss immediate implications
  - If chronic (HBsAg positive >6 months), needs lifelong monitoring so regular blood tests are needed even if you feel well.
- Contact tracing see p. 37

Document post-test discussions and subsequent consultations using clinical items (in addition to free text) e.g. **Advice/education;health, Results;procedures, Smoking;tobacco**, accessible following steps 1-5 as below;

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DVICE	Advice/education;alcohol		Procedure	
DVICE	Advice/education;asthma		Procedure	
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		5. Click Save

#### Subsequent consultations

- Treatment options for those who meet criteria decision will be based on discussion with the client/GP/Specialist
- Healthy lifestyle advice to reduce progression of liver disease including minimising alcohol intake, stopping smoking, maintaining a healthy body weight and screening for and management of other liver diseases
- Effect of diagnosis on relationships and information about prevention, including testing and vaccination for household and sexual contacts
- Need for ongoing monitoring

#### **Request tests**

#### Initial clinical review

Blood tests should be **scheduled** using the **Investigation;request** recall;





When tests are to be done, order and generate the pathology request form by using the **Hepatitis B;clinical review tests** clinical item (steps 1-11, p. 23-25) from the **Hepatitis** quick button. This will pre-select the following tests:

- HBeAg and Anti-HBe
- HBV DNA viral load <sup>1</sup>
- Liver function tests (include AST separately if laboratories in your jurisdiction don't routinely test for this with LFTs)
- Full blood examination
- International normalised ratio (INR)
- Alpha fetoprotein, serum (AFP)

If hepatitis A,C,D &/or HIV status unknown, then Anti-HAV, Anti-HCV, Anti-HDV and HIV antibodies 1/2 should be added to the pathology request form.

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<sup>1</sup> If someone is persistently Hepatitis B DNA negative consider HBsAg/Anti-HBs testing every year or two to monitor for seroconversion (resolution of Chronic Hepatitis B).



Add Clinical Item - ADAMS, BERT	HA KATHRYN 35yrs Current Patient Fe	:male	
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Documentation of **Hepatitis B;clinical review tests** will trigger an automated recall for an **Investigation;request** recall in 1 year;



The client should also ideally have a baseline upper abdominal ultrasound. To document this, use the **Investigation;request** recall with *upper abdominal ultrasound* documented in the **Comment** box. (This of course is dependent on access to these services and will be challenging for people living in rural and remote locations).

If available, a fibroscan should also be part of the baseline assessment of all patients newly diagnosed with chronic HBV or HCV.

Fibroscan (or transient elastography) is an ultrasound based machine which can estimate the degree of scarring (fibrosis) in a person's liver. It is a very useful test to help make decisions about commencing treatment in people with HBV and HCV. However, it is generally only available at large teaching hospitals. Some hospital outreach clinics bring portable fibroscans to remote communities. If fibroscan is available in your community, document this as per the example below scheduling an upper abdominal ultrasound.

Follow steps 1-3 as below

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View of **To Do** (recall) list from Main Summary screen with **Investigation;request** recall for *upper abdominal ultrasound*.

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#### **Interpretation of results**

See Appendix 1, p. 56 for interpretation of hepatitis serology results. Classification of hepatitis B status should be undertaken in conjunction with a GP and/or specialist.



#### **Documenting diagnosis**

Document the hepatitis B (HBsAg) positive result using the clinical item **Hepatitis B** available from the **Hepatitis** quick button and **Display on Main Summary** and **Display on Obstetric Summary** (if client female and of child bearing age).







## **Clinical review**

#### Scheduling a review

To schedule a **Review;chronic hepatits B** on the client's Communicare record (allowing for sufficient time after bloods collected to have received results) set a recall;

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This is now visible on the **To Do** list

#### Completing the review

Use the clinical item **Review;chronic hepatitis B** to record details of the hepatitis B review including results of blood tests. If the client has a recall in the **To Do** list, complete the recall from here;

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If there is no recall for the review then skip step 1-2 and go to step 3. Select the clinical item from the **Hepatitis** quick button.

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Following completion of the review, the next review should be scheduled. This review should be offered to the client at least annually. To schedule the next review, follow steps 1-3 on p.25-26 substituting Investigation; request for Review;chronic hepatitis B.

#### **GP** Management Plan

Anyone with chronic hepatitis B should be offered a GP management plan (GPMP) or hepatitis B management should be included in existing GPMPs. The GPMP should be updated at the time of the annual hepatitis B review. This needs to be completed by the GP and a Care Plan; GP management plan recall should be set.







## **Specialist referral**

The following people should be referred for review with a hepatitis specialist – either face to face or via telehealth/ teleconference/email. This should be in collaboration with the client and GP:

- If evidence for active disease
  - ~ Raised ALT (>30 U/L men, >19 U/L women) AND detectable HBV DNA level >2,000 IU/ml
- Proven or suspected cirrhosis
- All HBsAg positive and Anti-HBc positive patients irrespective of ALT and HBV DNA levels, who are undergoing chemotherapy or significant immunosuppressive therapy
- Pregnant women
- Anyone you are not sure about

#### Scheduling / documenting specialist consultations

There are numerous ways on Communicare of scheduling and documenting specialist consultations.

Follow your health service procedure for referring to specialists.

If your health service doesn't have a procedure for making and managing referrals on Communicare the following is a suggestion;

(Note. It may be the referral is to an Infectious Diseases Physician / Viral Hepatitis Specialist)

Use the **Referral; infection specialist** clinical item.

# 1.Click Clinical Item

Follow steps 1 – 4 as above or access the referral from the **Hepatitis** quick button





To generate a referral letter, continue on from step 6;





If you haven't entered details of the organisation the client has been referred to, you will now be taken to the **Address Book**. The details of the specialist may or may not have been entered into the **Address Book**. You are able to search by any of the fields below.

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9. Alternatively, click to Cancel Search of the Address Book.





Millennium Health Service Unit 1, 103 Garling Street O'Connor WA 6163 Phone: (08) 6212 6900 Fax: (08) 6212 6960

# **10.** Edit the letter as required and **Print & Save**

Mr Ben Brown Millenium Hospital 10 White Street Adelaide SA 5000 Phone: 08 1233 1231 Fax: 08 1232 1231

18 May 2015

Dear Ben Brown

RE:	BERTHA KATHRYN A	DAMS	
Date of Birth:	12/01/1980	Gender:	Female
Address:	444 Anne Street Ferndale WA 6148		
Contact No:			
Medicare No:	5038 67944 8		
Appointment Date & Time			

Thank you for seeing Bertha for your opinion and management.

#### **Clinical summary**

Date	Description
18/05/2015	hepatitis B "Infection needing surveillance"
18/05/2015	smoking (tobacco)

#### Investigation Results:

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#### Adverse Reactions (Drug)

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#### Adverse Reactions (Non-Drug)

#### Current/Regular Medication

Date	Until	Current/Regular Medication	Dosage

Please feel free to contact me for clarification.

Thank you for your care and assistance. I look forward to hearing the outcome of Bertha's attendance.

Yours sincerely,

Dr Christine Ellison MB Provider No: 2121731A



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11. The referral will be in the To Do list until it is documented it is complete

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2. Select the date the client attended the appointment and Save. This will complete the referral and it will no longer appear on the To Do list



## **Contact tracing**

The aims of contact tracing are to identify people at risk due to their contact with the client. This then provides the opportunity to;

- Prevent the further spread of infection
- Provide immunisation to contacts who are not immune and not infected
- Provide education around prevention to at risk individuals
- Identify people with an infection who would benefit from treatment/monitoring

Identify the following contacts: sexual, needle sharing, babies of infected mothers, household (those who live in the same house both regularly and sometimes/occasionally)

- 'Occasional' household contacts may live in other communities and so the health service in their usual community should be notified and assessment of immune/infection status performed by them
- ➤ For each contact check the Communicare and hard copy records to see if the client has ever had hepatitis B vaccination and/or hepatitis B serology for immunity
- ~ Document in the contact's Communicare clinical record the clinical item Contact tracing:F or Contact tracing;M.

For example;

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- If documented immunity make sure **Hepatitis B immune** appears on their Communicare record under patient summary (as per p.15)
- If immune status unclear offer serology. Schedule this following steps 1-4 as per p. 38, using the **Investigation; request** recall. In the **Comment** box type e.g. *Hepatitis screening*.
  - Perform hepatitis screening as per p. 10-12
  - Interpret serology as per Appendix 1, p. 56
  - If not immune and not infected follow vaccination procedure as per Appendix 3, p. 58
    - ~ Schedule vaccination using the Immunisation recall as per p. 16-17, steps 1-8
    - ~ Schedule investigations using Investigation; request recall as per p. 22, steps 1-4







# Treatment

A decision to commence treatment will be determined by:

- Eligibility based on status classification
- Discussion with the client, GP and specialist



# Monitoring

Monitoring should occur at least annually for all clients with chronic hepatitis B, however the specific monitoring requirements and frequency should be negotiated between the client, GP, and specialist and consider the client's individual circumstances (disease stage, lifestyle, etc.).

The specific monitoring requirements and frequency should be documented in the client's GP management plan.

#### **Request tests**

Blood tests should have been scheduled using the **Investigation; request** recall with *Hepatitis B clinical review tests* documented in the **Comment** box, as per p. 22-25.

To generate the pathology request form pre-selecting the required tests, use the **Hepatitis B clinical review tests** clinical item accessible from the **Hepatitis** quick button, as per p. 23 (if the client is determined to already be HBeAg negative, the Anti-HBe and HBeAg tests should be removed).

#### **Clinical review**

As per p. 28-30

#### Hepatocellular carcinoma (HCC) surveillance

The following clients should undergo 6 monthly monitoring with ultrasound and AFP

- Aboriginal people aged ≥50 years
- Those with evidence of cirrhosis
- Those with a family history of HCC

Schedule this monitoring using the **Investigation; request** recall (as per p. 22) documenting *HCC screening – ultrasound* in the **Comment** box.

If the client already has a recall for an **Investigation; request**, it may be appropriate to modify it and add to what monitoring is required rather than create another recall.

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#### Interpretation of results

See Appendix 1, p. 56 for interpretation of hepatitis serology results. Classification of hepatitis B status should be undertaken in conjunction with GP and specialist.

#### **Documenting results**

If the classification status has changed, ensure the **Hepatitis B** clinical item is recorded again documenting the new status in the **Comment** box.





# HEPATITIS C





# Follow-up

#### Post-screening test discussion

Explain to the client that the presence of hepatitis C antibodies is evidence of either *current or previous infection*; a further test is required to confirm a current infection.

A hepatitis C RNA viral load & genotype test is required as approximately 25% of clients will have cleared the virus without intervention yet will retain hepatitis C antibodies. Hepatitis C antibodies are **not** protective against re-infection. If liver tests remain abnormal or if re-exposure is possible, two hepatitis C RNA viral load results 6 months apart should be negative before assurance is given that the infection has cleared.

#### **Request tests**

- Hepatitis C RNA viral load & genotype
- Liver function tests (include AST separately if laboratories in your jurisdiction don't routinely test for this with LFTs)
- HIV antibodies 1/2 (If Hepatitis A and B status unknown, then Hepatitis A IgG, anti-HBc, anti-HBs and HBsAg should also be requested)

If these tests need to be scheduled, set an **Investigation; request** recall with *Hepatitis C; further tests* in the **Comment** box (as per p. 22).

To document you have completed the **Hepatitis C;further tests**, first check the **To Do** list for the recall **Investigation;request** with *Hepatitis C;further tests* in the **Comment** box. If there is a recall double click on it to complete.

Locate the clinical item **Hepatitis C;further tests** from the **Hepatitis** quick button. This will generate a pathology request form with the required pre-selected tests;

Follow steps 1 - 8 on next page.



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If there is no recall, skip step 1 & 2 and go straight to step 3;

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View of Investigation Request generated with tests selected;

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The client should also ideally have a baseline upper abdominal ultrasound. To document this, use the **Investigation;request** recall with *upper abdominal ultrasound* documented in the **Comment** box. (This of course is dependent on access to these services and will be challenging for people living in rural and remote locations).

If available, a fibroscan should also be part of the baseline assessment of all patients newly diagnosed with chronic HBV or HCV.

Fibroscan (or transient elastography) is an ultrasound based machine which can estimate the degree of scarring (fibrosis) in a person's liver. It is a very useful test to help make decisions about commencing treatment in people with HBV and HCV. However, it is generally only available at large teaching hospitals. Some hospital outreach clinics bring portable fibroscans to remote communities. If fibroscan is available in your community, document this as per the example below scheduling an upper abdominal ultrasound.

#### Interpretation of results

If HCV PCR test result is **negative**;

- Advise client that a negative result does not mean they are immune
- Add clinical item Hepatitis C and in the Comment box document past infection cleared

If tests identify abnormal LFTs, check with viral hepatitis specialist to determine if further tests are required to exclude other causes of liver disease.

If a client's HCV PCR test result is **positive** then they have a current hepatitis C infection.

#### **Documenting diagnosis**

Document the hepatitis C positive result (documenting acute, chronic or cleared as per example below) using the clinical item **Hepatitis C** available from the **Hepatitis** quick button and **Display on Main Summary** (and **Obstetric Summary** if client female and of child bearing age).

For example;



Follow your health service procedure for the client to have a liver ultrasound. This may be scheduled using the **Investigation; request** recall, see p. 22 and document *liver ultrasound* in the **Comment** box.



#### Subsequent consultations if current hepatitis C infection

- Advise client that a negative result does not mean they are immune
- Provide information/education re modes of transmission
- Avoid information overload
- Discuss immediate implications
- Contact tracing as per p. 52
- Ensure client made aware that HCV is curable and new treatments are becoming available that have >90% success rates.
- Treatment options will be based on discussion with the client /GP/viral hepatitis specialist
- Healthy lifestyle advice to reduce progression of liver disease including minimising alcohol intake, stopping smoking and maintaining a healthy body weight
- Effect of diagnosis on relationships and information about prevention
- Need for ongoing monitoring

Document consultations using clinical items (in addition to free text) e.g. **Advice/education;health, Results;procedures, Smoking;tobacco**, accessible following steps 1 - 4 as below;

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3.Click Select



Add Clinical Item - A'KAY, BR	IAN DEREK 33yrs Current Patient Male			
Advice/education Christine Blison, Millennium Health	) Service (Aboriginal Health Service) 20/07/2015	03:09 pm		
Comment			-	Display on Main Symmary 🦵
Performed date	20/07/2015	×	_	
Viewing right: Common			Rint and Save	X Cancel 🛛 🕢 Help
			1	
			4 Click Save	2

#### **Clinical Review**

#### Scheduling a review

To schedule a **Review;chronic hepatits C** in the client's Communicare record (allowing for sufficient time after bloods collected to have received results) set a recall;

1.Click Recall								
🏂 Clinical Record								
A'KAY, BRIAN DEREK 33yrs Male (6/12/1981) Patient ID 16880		v						6
Cirical Item Prescription Dia Imaging Recall Letter Attachment		Change	🔒 Biographics 🔒	Charts	<ul> <li>Services</li> <li>Claims</li> </ul>	Open PCEHR		
C. Brouse all item types		Edt	10000000000000000000000000000000000000		9	eference		
Summary C Encounter; follow up; specialist		Progress N	oles	1		E Detail		
Main Summaty De Medication Sur O Immunisation	are Plan			100				
O Investigation;request	ory					Qualifier Summ	ary	
Date- Item Description-					Qualifier	Value	Date	
Ceview, dironic nepalatis c					Creatinine	250 unol/L	24/03/2003	
					Weight	80 kg	24/03/2003	
2. Click Review;chroi	nic hep	oatitis C						



3. Select Planned date and Save



The recall is now visible in the **To Do** list;

Sclinical Record				
A'KAY, BRIAN DEREK 33yrs Male (16/12/1981) Patient ID 16880				0
😑 🔤 🗄 Pathology 🥑 🧮 🗮 Scan	📝 Change 🚢 Biographics 👔 Ch	arts 🥡 Services	Open PCEHR	
Clinical Item Prescription 📋 Imaging Recall Letter Attachment	🔀 Cancel 🚊 Reports 🎡 AC	R 🥳 Claims	Transport	
Add New	Edit	R	eference	
Summary	Progress Notes	1	📒 Detail	
🚺 Main Summary 🔯 Medication Summary 🍳 Social & Family History 📝 Care Pl	an]			
Active Problem/Significant History			Qualifier Summary	
Date= Item Description=		Qualifier	Value Date	
		Creatinine	250 umol/L 24/03/2003	
		Weight	80 kg 24/03/2003	
		Elter To Da	slist To Do	
		Date	Item Description	_
		12/12/1996	<recal> Aboriginal &amp; TSI adult health chee</recal>	ck
		20 WILLING	<referred> referral to infectious disease up</referred>	-
At tisk if appointments are missed Alerts and Other Information		5.07/2016	(Recal) Review chionic Repairs C	
New Adverse Reaction Adverse Reaction Summary	☐ Ni Known			
Adverse Reaction Status Unknown <u>No Documents</u>	Outstanding Investigation(s) 20/07/2015	Noi	mnumsations recorded	
Check up Child health Enrolment Examination Group HACC Immunisation STI He	spatitis			
Click on an item to select it, double click to change it. 📝 Christine Ellison, M	fillennium Health Service (Aboriginal Health Se	rvice) 20/07/2015	03:09 pm	



## **Completing a review**

Use the clinical item **Review;chronic hepatitis C** to record details of the hepatitis C review including results of blood tests. If the client has a recall in the **To Do** list, complete the recall from here;

AWAV D												
A NAT, 0	RIAN DEREK	33yrs Male	(16/12/1981	] Patient ID 168	380							
	Pa #	Pathology	G	🗮 Scan		/ Change	🚢 Biographic	cs 🙀 Char	ts @ Services	Open F	PCEHR	
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		Ad	Id New	-		Edit				eference	10.000	
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Main St	unmary E Me	edication Summ	wy 30 Soc	cial & Family History	Care Plan							
	in the second second		Active F	Problem/Signific	ant History				[0	Qua	alifier Sum	mary
Date-	Hem Description	n-							Creatrine		250 unoli	L 24/03/20
									Weight		80 kg	24/03/20
					1. Doub	ole click	on <b>Rec</b>	:all				
							×				7.0.	
									P Filter To D	o List	To Do	
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									And which should be	1.00		
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-	appointments are	missed	Alect	s and Other Info	mation			2	22/07/2015	(Recal	b Review.co	hronic hepatite ion accused
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2 New Ad	appointments are	missed	Alext	and Other Info	unnary	r	Nil Known	~	22/07/2015	cRecal cRecal	<ul> <li>B. Review of the local state</li> <li>B. Investigation</li> </ul>	hronic hepatili ion secured
new Ad	appointments are	missed	Alext	a and Other Info	ummary	r	Ni Known	<u>`</u>	22/07/2015	CRecal (Recal	& Review.c	hronic hepatite
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Adverse Re Check up D	appointments are werse Reaction	Unknown Inent Examin	Alext Adv No Doc ation Group	s and Other Info	emation ummary tion STI Hepa	Dutstanding in	Ni Known	0/07/2015	22/07/2015 19/2/2014 19/2/2014	creation creation	to Review of	Promit Republic

If there is no recall for the review then skip step 1 & 2 and go to step 3 - select the clinical item from the **Hepatitis** quick button.

CHINCLE NO	econo						
ATKAY, B	BRIAN DEREK 33yrs Male (1	16/12/1981) Patient ID 16880					
Ξ	Pathology	🤹 📄 🗮 Scan	🖌 Change	🚢 Biographics 👔 C	haits 🧟 Services	Open PCENR	
inical Item	Prescription Imaging Re	ecal Letter 🥜 Attachment	X Cancel	, Reports 😩 A	OR 🗟 Claims	25 Transport	
	Add	1 New	Edit		R	eference	
	Summary		Progress No	kes	1	📒 Detail	
Main Su	ummary 🔯 Medication Summa	ay 🏩 Social & Family History 📝 Care Pl	lan				
		Active Problem/Significant History				Qualifier Summ	nary
ale	Item Description				Qualifier	Value	Date
					Creatnine	250 uniol/1	L 24/03/2003
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At isk i i New Ad	appointments are missed	3. Click Alerts and Other Information Adverse Reactive Summary	Browse all item typ     Contact tracing. <sup>6</sup> Contact tracing. <sup>6</sup> Contact tracing. <sup>6</sup> Hepatts A     Hepatts B     Hepatts B     Hepatts B     Hepatts B     Hepatts C.1.     Hepatts C.1.     Hepatts C.2.     Hepatts Sc     Hepatts Sc     Hepatts Sc     Hepatts Sc	es   review tests resignion request specialist patts 8	<ul> <li>✓ File To Dr</li> <li>Dae</li> <li>22007/2015</li> <li>15/07/2016</li> <li>4. Comm</li> <li>Revi</li> <li>clinic</li> </ul>	Item Description Rem Description Critically Aborginal Critically Reviewsch critically Reviewsch criticall	t TSI adult health check wonic hepatitis C oruequest <b>c hepatitis</b> ( e next page



Complete Recall - A'KAY, BRIAN DEREK 3	Oyrs Current Patient Male		
Review;chronic hepatitis	C C		
Christine Ellison, Millennium Health Service (Abo Comment	original Health Service) 20/07/2015 03:09 pm	1	District on Main Summer Co.
Lagners	1.000	2	Degray Of Hear Ogenerating
	1	<u></u>	
Planned date	22/07/2015		
Regponsibility			
Performed date	20/07/2015		
History			
Current alcohol consumption		<ul> <li>(No previous values )</li> </ul>	
Advice/education alcohol consumption		(No previous values )	
Smoking status		(No previous values )	
Advice/education;smoking cessation		(No previous values )	
Cannabis use	C Yes C No @ Blank	(No previous values )	
Advice/education;cannabis use		(No previous values )	
Physical Examination			
Spider nærvi	Г	(No previous values )	
Jaundice	C Yes C No 🕫 Blank	(No previous values )	
Encephalopathy	C Yes C No @ Blank	(No previous values )	
Palmar erythema	C Yes C No @ Blank	(No previous values )	
Ascites	C Yes C No @ Blank	( No previous values )	
Hepatomegaly	C Yes C No C Blank	(No previous values )	
Splenomegaly	C Yes C No @ Blank	(No previous values )	If values have
Oedema legs	C Yes C No @ Blank	(No previous values )	been recorded
Height	cm cm	(No previous values )	previously, they
Weight	kg kg	(24/03/2003 80 kg)	are displayed 🛛 🔬
Click in the BMI box to automatically calculate th	on last seconded weight and height.		here with the
BMI	kg/m2	(No previous values )	date they were
Previous Investigation Re	esults		recorded.
HAV status / date of test		(No previous values )	
Hepatitis B status		(No previous values )	
HM		(No previous values )	
Albumin is used to record both Serum and Plasm Albumin	na Albumin without differentiation. g/L.	(No previous values )	
ALT (Alanine Aminotransferase)	UN.	(No previous values )	
ALP (Alkaline Phosphatase)	UAL	(No previous values )	
Bārubin	umol/L.	(No previous values )	
GGT (Gamma Glutarryl Transferace)	UAL	(No previous values )	
AFP (Alpha fetoprotein)			
CII	, NUAL	(No previous values )	
Abdracked above advectable		(No previous values )	
Date of last Bearing	-	(No previous values )	
Elementaria de la constante		(Ne previous values )	
Contact Tracing			
If named contact can be located in Communicat	re system, please add a manual 'Contact tracing.M' or 'Cont	act tracing.F' recall to their record	
Contacts identified	C Yes C No C Blank	( No previous values )	
Provision of infection control advice	C Yes C No C Blank	(No previous values )	
		E	
Further health advice provided		(No previous values )	
Viewing right: Highly Sensitive Information		Ja, Pint and Save	Cancel Beb

3. Complete and click Save

Following completion of the review, the next review should be scheduled. This review should be offered to the client at least annually. To schedule the next **Review;chronic hepatitis C** see p. 48.



#### **GP Management Plan**

The client should be offered a GP management plan (GPMP) or hepatitis C management should be included in an existing GPMP. The GPMP should be updated at the time of the annual **Review;chronic hepatitis C**. This will need to be completed by the GP and **Care Plan;GP management plan** recall should be set. See p. 31 to schedule (set a recall) for a Care Plan.

#### **Specialist referral**

All people with hepatitis C (HCV RNA PCR positive) should be referred for a viral hepatitis specialist review if considering treatment now or in the future – either face to face or via teleconference/email and should be in collaboration with the GP. See p. 32 re **Scheduling/documenting specialist consultations.** 

## **Contact tracing**

The aims of contact tracing are to identify people at risk due to their contact with the client. This then provides the opportunity to;

- Prevent the further spread of infection
- Provide education around prevention to at risk individuals
- Identify people with an infection who would benefit from treatment/monitoring

Identify the following contacts; sexual (note sexual transmission is rare), needle sharing, and children born to hepatitis C positive mothers.

Document in the contact's Communicare file the clinical item **Contact tracing:F** or **Contact tracing;M**, accessible from the **Hepatitis** quick button.

Offer hepatitis C screening and hepatitis A & B screening (as per p. 10-12) if status unknown. See p. 8-9 to check clinical record re status.





# **Treatment**

Treatment options will be based on discussions with the client, GP and viral hepatitis specialist. Hepatitis C is curable and new treatments are becoming available that have >90% success rates.

# Monitoring

Those clients with a hepatitis C current infection not undergoing treatment, or those for whom treatment has been unsuccessful, will need to be reviewed at least annually. The specific monitoring requirements and frequency should be negotiated between the client, GP and specialist which will consider the clients individual circumstances (disease stage, lifestyle, etc.)

A client who has been treated and cured of hepatitis C and had cirrhosis at baseline also requires monitoring.

#### **Request tests**

Blood tests as determined by the client's GP and/or viral hepatitis specialist, should be scheduled using the Investigation; request recall, as per p. 22. Document the specific tests required (for both clients requiring monitoring and those undergoing treatment) as advised by the GP/viral hepatitis specialist in the **Comment** box (as per example on p. 22).

When the tests have been attended to, complete the recall and generate a pathology request form.

#### **Clinical Review**

See p. 50-51

#### Hepatocellular carcinoma (HCC) surveillance

The following clients should undergo 6 monthly monitoring with ultrasound and AFP;

- Those with evidence of cirrhosis
- Those with a family history of HCC

Schedule this screening using the Investigation; request recall (as per p. 22) documenting HCC screening – ultrasound and AFP in the **Comment** box.

#### Interpretation of results

Should be undertaken in consultation with GP and specialist.



# **REPORTS**

To generate reports inclusive of multiple recalls used in the management of clients with hepatitis, follow the pathway below;

L

• Report – Recalls – Recalls Due Multiselect – Advanced – complete parameters;

This report identifies those clients with; **Review;chronic hepatitis C, Referral;infection specialist, Investigation;request, Immunisation** and **Review;chronic hepatitis B** recalls;

Report Parameters	×
The report you have selected re	quires values for the following parameter(s)
Locality or group	<at localities="" separate=""></at>
Recall	IMMUNISATION
Additional Recall 1	REVIEW;CHRONIC HEPATITIS C
Additional Recall 2	REFERRAL;INFECTION SPECIALIS1
Additional Recall 3	INVESTIGATION;REQUEST
Additional Recall 4	REVIEW;CHRONIC HEPATITIS B
Days ahead to include	700
Patient status	<any deceased="" except="" fictitious="" or=""></any>
Group Membership	
Recall Responsibility	<all recalls=""></all>
Clinical Item Group	<all clinical="" groups="" item=""></all>
Min Age	0
Max Age	100
Include unknown age	Yes
Patient Sex	
Provider	<all providers=""></all>
Encounter Place	<all encounter="" places=""></all>
Click	⊘ OK X Cancel Q Help



To generate separate lists of the recalls used for managing hepatitis, follow the pathway below running the report for each of the following individual recalls;

- Investigation;request
- Immunisation
- Review;chronic hepatitis B
- Review;chronic hepatitis C

#### Report - Recalls - Recalls Due - Advanced - complete parameters;

This report identifies those clients with an **Investigation; request** recall;

Report Parameters	x
The report you have selec	ted requires values for the following parameter(s)
Locality or group	<all localities="" separate=""></all>
Recall	
Days ahead to include	30
Patient status	Any except fictitious or deceased>
Patient Group	<al></al>
Recall Responsibility	<all recalls=""></all>
Min Age	0
Max Age	100
Include unknown age	No
Patient Sex	
Provider	<all providers=""></all>
Encounter Place	<pre></pre> <all encounter="" places=""></all>
Click ——	OK X Cancel O Help

To generate a report of the outstanding referrals for the infection specialist;

• Report – Referrals – Incomplete and Awaiting – Advanced, complete parameters;

Referral Reason	Referral infection specialist	-
Patient status	(Any except fistilious or deceased)	-
First date to report	1/1/90	(Mon 01-Jan-1990)
Last date to report	today	(Mon 18-May-2015
Critical Status	<alb< td=""><td>-</td></alb<>	-
Organisation	<all organisations=""></all>	-
Provider	<all providers=""></all>	
Patient Locality	<all groups="" locality=""></all>	•
Patient Group	CAID	-



# **Appendix 1. Interpretation of hepatitis serology results**

## **HEPATITIS A**

Hepatitis A IgG	Positive	Immune due to resolved infection or vaccination
Anti-HAV	Negative (or undetectable level)	Susceptible to infection (recommend vaccination)

#### **HEPATITIS B**

HBSAg Anti-HBc Anti-HBs	Positive Positive Negative	Chronic HBV infection
HBSAg Anti-HBc IgM Anti-HBc * Anti-HBs	Positive Positive Positive Negative	Acute HBV infection *(high titre) If acute HBV is suspected (through recent risk, presentation, or both) IgM Hepatitis B core Ab is ordered to support clinical suspicion.
HBSAg Anti-HBc Anti-HBs	Negative Negative Negative	<b>Susceptible to infection (not immune and not infected)</b> May be very low undetectable levels of antibodies. (recommend vaccination or booster if previously vaccinated)
HBSAg Anti-HBc Anti-HBs	Negative Positive Positive	Immune due to resolved infection
HBSAg Anti-HBc Anti-HBs	Negative Negative Positive	Immune due to vaccination
HBSAg Anti-HBc Anti-HBs	Negative Positive Negative	<ul> <li>Various possibilities:</li> <li>Waning immunity from past infection OR</li> <li>Window period before anti-HBs response in acute infection OR</li> <li>False positive anti-HBc OR</li> <li>Occult hepatitis B.</li> <li>Consider: <ul> <li>HBV DNA testing</li> <li>Repeat serology if possibility of recent infection</li> <li>Single dose vaccination and retest for anti-HBs in 1 month.</li> </ul> </li> </ul>

## **HEPATITIS C**

Anti-HCV	Positive	<b>Current or previous infection</b> Order 'hepatitis C further tests' to determine if current infection		
Anti-HCV	Negative	<b>No infection detected</b> If risk factors present during window period, repeat screening after 3 months.		



# **Appendix 2. Decision Making in HBV**

# **DECISION-MAKING IN HBV**

HBV DNA

Minimal inflammation,

advanced disease.

low risk of progression to

>20,000 IU/ml

#### Natural History of Chronic HBV: The 4 Phases and Relevance to Treatment Decisions

HB	V DNA						
Anti-HBe							
IMMUNE TOLERANCE IMMUNE CLEARANCE		IMMUNE CONTROL		IMMUNE ESCAPE			
HBeAg	Positive	HBeAg	Positive	HBeAg	Negative	HBeAg	Negative
Anti-HBe	Negative	Anti-HBe	Negative/Positive	Anti-HBe	Positive	Anti-HBe	Positive
ALT	Normal	ALT	Elevated	ALT	Normal	ALT	Elevated

HBV DNA <2000 IU/ml

Minimal inflammation.

Low risk of progression

to advanced liver disease.

HBV DNA

>2000IU/ml

Inflammation, significant

to cirrhosis and HCC

therefore should be

fibrosis. At risk of progression

considered for treatment.

Appendix 2 is adapted from the ASHM Decision Making in Hepatitis B Resource available at www.ashm.org.au/resources

(fluctuating)

(fluctuating)

HBV DNA >20,000 IU/ml

Variable inflammation.

Associated with hepatic

flares. At risk of progression to cirrhosis and HCC **therefore** 

should be considered for

treatment.



# Appendix 3. Vaccination for clients not immune and not infected following hepatitis B screening









