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## Hepatitis B and C care in the opiate substitution setting- An integrated nursing model of care

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Hepatitis B and C are major global public health concerns with some 500 and 200 million worldwide cases respectively. Despite the availability of effective curative therapies for *hepatitis C virus* (HCV) and viral suppressive therapies for *hepatitis B virus* (HBV), to date only a minority of infected patients receive treatment throughout the world. In the general population, morbidity and mortality associated with chronic HCV and HBV infection is on the rise. Increased notifications of advanced liver disease and hepatocellular carcinoma are also rising at an alarming rate. This situation is more pronounced in the Opioid Substitution Therapy (OST) setting where people living with hepatitis B or C historically have been reluctant to access liver services. In Australia, an estimated 41% to 68% of people who inject drugs (PWID) are HCV-positive and between 28% and 59% of users are estimated to have been exposed to HBV. Although current treatment guidelines suggest that active drug use should not preclude people from HCV treatment, uptake of therapy thus far has been low to say the least. Patient, physician, social, and logistical-related barriers contribute to the low uptake of HCV/HBV treatment among PWID. Traditional means of managing HCV/HBV infection, that is, referral to a secondary or tertiary health centre, to date has proven to be an ineffective model for providing assessment and treatment options for this patient population. Approximately 50,000 Australians receive OST through a range of services, including public and private clinics, thus this setting is an ideal target for identifying and treating people at risk for and already infected with HBV and HCV. This is of particular relevance with the emergence of all-oral direct antiviral agents (DAA) that are more tolerable and efficacious than conventional interferon subcutaneous injection based treatment. This paper will describe the creation and functioning of a multidisciplinary, nurse-led model of care initiated by a teaching hospital in Sydney, Australia, that integrates viral hepatitis screening, assessment and treatment into the OST setting. In the world of escalating burden of liver disease and healthcare costs, this nursing model of care has been effective in enhancing access to HBV/HCV services among the marginalized injecting drug use population.

### Biography

Vince Fragomeli is currently working as a Clinical Nurse Consultant at Nepean Hospital, Australia. He has published numerous research papers and articles in reputed journals and has various other achievements in the related studies. He has extended his valuable service towards the scientific community with his extensive research work.

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