

House of Representatives Standing Committee on Health

ANSWERS TO QUESTIONS ON NOTICE – HEPATITIS C INQUIRY

**Hepatitis C in Australia
22 January 2015**

QoN No: 1

Topic: National Blood Borne Viruses and Sexually Transmissible Infections Surveillance Data

Type of Question: Hansard Page 3 [22 January 2015]

Chair: Mr Irons

Question:

CHAIR: Thank you. I will just kick off some questions before I let my colleagues get in—I will take privilege! In your opening statement you talked about the figure of 230,000 people in Australia with hepatitis C, and then you spoke about 97,000 who were not infected. One of the things we heard in evidence yesterday was that there is no national dataset. So, how do we ascertain those figures? How do we arrive at those figures?

Prof. Baggoley: We get the figures through surveillance and research and particularly through research provided by the Kirby Institute on behalf of the department. But perhaps Mr Barden has a comment.

Mr Barden: The National Notifiable Diseases Surveillance System records statistics on a range of notifiable diseases. That system, informed by work done by institutions such as Kirby and others that are funded by the Commonwealth, provides these data, they go into the system, and that system allows a degree of analysis that informs trends in notifications of such diseases.

CHAIR: Would it be possible for copies of those to be given to the committee?

Mr Barden: Yes.

Ms Gorondi: The definitive dataset for blood-borne viruses and STIs is the Kirby Institute *Annual surveillance report*, and it has all of the NNDSS data analysed, which estimates the incidence in Australia. It is publicly available, but we are happy to provide you with a copy of it.

Answer:

Cases of blood-borne viruses and sexually transmitted infections are notified to state and territory health departments by health professionals and/or laboratories. These are then transferred at least daily to the National Diseases Surveillance System Database at the Commonwealth Department of Health for monitoring and analysis at a national level.

The Department of Health publishes an annual report of all nationally notifiable diseases, including chapters on blood-borne viruses and sexually transmitted infections in the *Communicable Diseases Intelligence*. (2012 and 2013 Annual Reports submitted for publication). <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-pubs-annlrpt-nndssar.htm>

The Kirby Institute, University of New South Wales, receives an annual ‘snapshot’ of selected data fields, extracted from NNDSS, for BBV & STI notifications. The Kirby Institute combines data on notifications with other surveillance data, collected from various sources, to produce an Annual Surveillance Report on HIV, Viral Hepatitis and Sexually Transmissible Infections in Australia. The 2014 Annual Surveillance Report is publicly available on the Kirby Institute website: <http://kirby.unsw.edu.au/surveillance/2014-annual->

surveillance-report-hiv-viral-hepatitis-stis

The Kirby Institute also produce an Annual Surveillance Report on Bloodborne Viral and sexually transmitted infections in Aboriginal and Torres Strait Islander People and is publicly available on the Kirby Institute website:

<https://kirby.unsw.edu.au/surveillance/2014-aboriginal-surveillance-report-hiv-viral-hepatitis-stis>

House of Representatives Standing Committee on Health

ANSWERS TO QUESTIONS ON NOTICE – HEPATITIS C INQUIRY

Hepatitis C in Australia
22 January 2015

QoN No: 2

Topic: Pharmaceutical Benefits Scheme

Type of Question: Hansard Pages 3, 4 and 24 [22 January 2015]

Chair: Mr Irons

Question:

Passage 1

CHAIR: In regard to the PBS expenditure of \$87 million, what particular medicines does that relate to?

Mr Barden: Chair, I am sorry, but I do not have a definitive list of each particular medicine. It covers the range of treatment options that are available. However, that can be provided to the committee.

CHAIR: Professor Baggoley, you also covered in your opening statement the details about new medicines that are coming online. If they were found to be more effective than the ones currently listed on the PBS, would those ones be taken off the PBS and be replaced by the more effective ones if it were found that they were far more effective?

Prof. Baggoley: Thank you for those questions. Perhaps I could indicate that the current medications that are provided for the treatment of hepatitis C obviously include interferon, ribavirin, telaprevir, boceprevir, as well as another one. But with regard to the question of what comes on and off the PBS, we will probably need access to all drugs for a period and those that are found to be less effective by clinicians will in fact just not be used. So I would have thought that would determine expenditure.

Answer:

The PBS expenditure relates to boceprevir, peginterferon, ribavirin and telaprevir.

Simeprevir (brand name Olysio[®]) is the medicine that the CMO was referring to – simeprevir was PBS listed on 1 December 2014.

Question:

Passage 2

Mr STEPHEN JONES: Professor Baggoley, you mentioned in your opening statement a total MBS figure that could be associated with the treatment of hepatitis C. Could you provide that figure for us again?

Prof. Baggoley: I will provide the two figures. One was the money spent on the MBS for testing and the other figure of more than \$87 million was on the Pharmaceutical Benefits Scheme for the medication.

Mr STEPHEN JONES: So for the PBS it was \$87 million and \$7.6 million on testing, I think.

Mr Barden: Just to be absolutely clear, the \$7.6 million relates to hepatitis C specifically.

Mr STEPHEN JONES: And the PBS was for, I assume, interferon related treatments. Is there anything else that goes into that line item, the \$87 million?

Mr Barden: The information that we indicated to the chair we would provide will answer that question.

Answer:

In 2013-14, the Australian Government Pharmaceutical Benefits Scheme expenditure specifically for the treatment of hepatitis C was \$87.5m. The treatments included boceprevir, telaprevir, peginterferon and ribavirin.

Question:

Passage 3

Mr Barden: In respect of the comparison between current and possible future treatment numbers, I am advised that at a February 2014 stakeholder meeting the department provided the following treatment estimates, which companies could use to cost against. The current estimate of people on treatment is 4,400 per year across all genotypes. Assuming a 50 per cent increase each year, as per the targets, that would be a treatment level of 15,000 people by 2017. The record from this meeting is publicly available and we can make a copy available to the committee if required.

Answer:

The following statement made by Mr Barden is correct.

The meeting record for the February 2014 HCV stakeholder meeting is publicly available on the PBS website: <http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/stakeholder-meetings>

Around 4,400 patients are currently treated with a PBS subsidised antiviral. For those companies who attended the February 2014 stakeholder meeting, advice from the Australian Liver Association was provided to them with this patient estimate.

The Fourth National Hepatitis C Strategy for 2014-17 includes a target to increase treatment rates annually by 50% up to 2017. This is referred to by Mr Barden.

Using 4,400 as a base estimate and applying a 50% increase per year does give an estimate of around 15,000 treated patients by 2017. Page 4 of the February stakeholder meeting record (refer to website above) discusses a potential treated population of up to 15,000 in 3-4 years' time. This is consistent with Mr Barden's statement.

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ANSWERS TO QUESTIONS ON NOTICE – HEPATITIS C INQUIRY

Hepatitis C in Australia 22 January 2015

QoN No: 3

Topic: Medical Benefits Schedule - Hepatitis C Testing

Type of Question: Hansard Page 4 [22 January 2015]

Chair: Mr Irons

Question:

CHAIR: I have one more question before I pass on to colleagues. You also mentioned a figure of, I think, \$7.8 million spent in testing. How many tests does that represent?

Prof. Baggoley: I am not sure. Mr Barden, do you know? I am not sure that we have that figure. We will just check. The figure is surprising, because a previous figure for vitamin D testing was \$130 million. You would think there would be a lot more testing done for hep C than there would be for vitamin D and that it would be a priority. If you could come back to us on that, that would be great.

CHAIR: We certainly will.

Mr Barden: At this stage, I can only advise that it covers across 17 of the MBS items. We will provide the detail.

Answer:

- The Medical Benefits Schedule lists a total of 17 items (see table 1 below) for the detection of Hepatitis C infection or quantitation of the Hepatitis C virus.
- These items are listed under Category 6 – Pathology, Group P3 – Microbiology.
- Five items (69405-69415) are for microbiological serology during a pregnancy, which may include detection of antibodies to the Hepatitis C virus. The five items are for testing for one to five of the diseases listed in the item descriptor. Because these items may also be used to detect the HIV virus, ordering practitioners must ensure the patient has given informed consent.
- Combined expenditure for these items for the 2013-14 financial year was \$13.2 million.
- Six items (69445 and 69451, 69488 and 69489, and 69499 and 69500) are for detecting Hepatitis C viral RNA in a patient, including where a patient is undertaking antiviral therapy for chronic HCV hepatitis, or being evaluated prior to treatment.
- Items 69475 and 69478 are to determine immune status or viral carriage following exposure or vaccination to Hepatitis types A-D.
- Item 69481 is for the investigation of infectious causes of acute or chronic hepatitis, with item 69484 allowing for supplementary testing.
- Items 69491 and 69492 are for nucleic acid amplification and determination of hepatitis C virus genotype for patients who are HCV RNA positive, and being evaluated for antiviral therapy of chronic Hepatitis C.
- Expenditure for those items where testing is for multiple types of hepatitis, including Hepatitis C, for the 2013-14 financial year was \$34.3 million.
- Expenditure for Hepatitis C testing alone (various types of testing) was \$7.6 million.

Table 1: Item numbers and descriptors for Hepatitis C testing (Category 6 – Pathology, Group 3 – Microbiology).

69405	<p>Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including:</p> <p>(a) the determination of 1 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and</p> <p>(b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481 (See para P16.7 of explanatory notes to this Category)</p> <p>Fee: \$15.65 Benefit: 75% = \$11.75 85% = \$13.35</p>
69408	<p>Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including:</p> <p>(a) the determination of 2 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and</p> <p>(b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481 (See para P16.7 of explanatory notes to this Category)</p> <p>Fee: \$29.00 Benefit: 75% = \$21.75 85% = \$24.65</p>
69411	<p>Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including:</p> <p>(a) the determination of 3 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and</p> <p>(b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481 (See para P16.7 of explanatory notes to this Category)</p> <p>Fee: \$42.35 Benefit: 75% = \$31.80 85% = \$36.00</p>
69413	<p>Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including:</p> <p>(a) the determination of 4 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and</p> <p>(b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481 (See para P16.7 of explanatory notes to this Category)</p> <p>Fee: \$55.70 Benefit: 75% = \$41.80 85% = \$47.35</p>
69415	<p>Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including:</p> <p>(a) the determination of all 5 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and</p> <p>(b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481 (See para P16.7 of explanatory notes to this Category)</p> <p>Fee: \$69.10 Benefit: 75% = \$51.85 85% = \$58.75</p>
69445	<p>Detection of Hepatitis C viral RNA in a patient undertaking antiviral therapy for chronic HCV hepatitis (including a service described in item 69499) - 1 test. To a maximum of 4 of this item in a 12 month period (Item is subject to rule 25)</p> <p>Fee: \$92.20 Benefit: 75% = \$69.15 85% = \$78.40</p>
69451	<p>A test described in item 69445 if rendered by a receiving APP - 1 test. (Item is subject to rule 18 and 25)</p> <p>Fee: \$92.20 Benefit: 75% = \$69.15 85% = \$78.40</p>
69475	<p>One test for hepatitis antigen or antibodies to determine immune status or viral carriage following exposure or vaccination to Hepatitis A, Hepatitis B, Hepatitis C or Hepatitis D (Item subject to rule 11)</p> <p>Fee: \$15.65 Benefit: 75% = \$11.75 85% = \$13.35</p>
69478	<p>2 tests described in 69475 (Item subject to rule 11)</p>

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	Fee: \$29.25	Benefit: 75% = \$21.95	85% = \$24.90
69481	Investigation of infectious causes of acute or chronic hepatitis - 3 tests for hepatitis antibodies or antigens, (Item subject to rule 11) <i>(See para P16.8 of explanatory notes to this Category)</i> Fee: \$40.55	Benefit: 75% = \$30.45	85% = \$34.50
69484	Supplementary testing for Hepatitis B surface antigen or Hepatitis C antibody using a different assay on the specimen which yielded a reactive result on initial testing (Item is subject to rule 18) Fee: \$17.10	Benefit: 75% = \$12.85	85% = \$14.55
69488	Quantitation of HCV RNA load in plasma or serum in the pretreatment evaluation or the assessment of efficacy of antiviral therapy of a patient with chronic HCV hepatitis - where any request for the test is made by or on the advice of the specialist or consultant physician who manages the treatment of the patient with chronic HCV hepatitis (including a service in item 69499 or 69445) (Item is subject to rule 18 and 25) Fee: \$180.25	Benefit: 75% = \$135.20	85% = \$153.25
69489	A test described in item 69488 if rendered by a receiving APP (Item is subject to rule 18 and 25) Fee: \$180.25	Benefit: 75% = \$135.20	85% = \$153.25
69491	Nucleic acid amplification and determination of Hepatitis C virus (HCV) genotype if: (a) the patient is HCV RNA positive and is being evaluated for antiviral therapy of chronic HCV hepatitis; and (b) the request for the test is made by, or on the advice of, the specialist or consultant physician managing the treatment of the patient; To a maximum of 1 of this item in a 12 month period Fee: \$204.80	Benefit: 75% = \$153.60	85% = \$174.10
69492	A test described in item 69491 if rendered by a receiving APP - 1 test (Item is subject to rule 18 and 25) Fee: \$204.80	Benefit: 75% = \$153.60	85% = \$174.10
69499	Detection of Hepatitis C viral RNA if at least 1 of the following criteria is satisfied: (a) the patient is Hepatitis C seropositive; (b) the patient's serological status is uncertain after testing; (c) the test is performed for the purpose of: (i) determining the Hepatitis C status of an immunosuppressed or immunocompromised patient; or (ii) the detection of acute Hepatitis C prior to seroconversion where considered necessary for the clinical management of the patient; To a maximum of 1 of this item in a 12 month period (Item is subject to rule 19 and 25) Fee: \$92.20	Benefit: 75% = \$69.15	85% = \$78.40
69500	A test described in item 69499 if rendered by a receiving APP – 1 test (Item is subject to rule 18,19 and 25) Fee: \$92.20	Benefit: 75% = \$69.15	85% = \$78.40

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ANSWERS TO QUESTIONS ON NOTICE – HEPATITIS C INQUIRY

**Hepatitis C in Australia
22 January 2015**

QoN No: 4

Topic: Needle and Syringe Programs

Type of Question: Hansard Page 4 [22 January 2015]

Member: Mr Stephen Jones

Question:

Mr STEPHEN JONES: Thank you very much. You mentioned the most effective prevention mechanism is the Needle and Syringe Program. That is consistent with submissions we received in the Melbourne hearing on this matter. I think you said 97,000 new infections were avoided through the Needle and Syringe Program. Do I have that right?

Prof. Baggoley: Yes.

Mr STEPHEN JONES: How much in resources does the Commonwealth put into the Needle and Syringe Program?

Mr Barden: In the decade 2000 to 2009, Australian governments invested \$243 million for the needle and syringe programs. Historically, the average is around \$9½ million per annum.

Mr STEPHEN JONES: How much of that is spent on programs for high-risk populations? We have heard evidence that high-risk populations include prisoners and Aboriginal and Torres Strait Islander communities. How much is spent in those high-risk areas?

Mr Barden: I would have to take that on notice.

Answer:

- Funding of approximately \$9.5 million per annum for Needle and Syringe Programs was included in the new broad banded Healthcare Specific Purpose Payment under the National Healthcare Agreements (now the National Health Reform Agreements) from July 2009.
- Consistent with the Intergovernmental Agreement on Federal Financial Relations (IGA), the expenditure of these funds on healthcare programs is a matter for each State and Territory.