

# Hepatitis C Action Plan 2009-2012

South Australian Department of Health



**Government  
of South Australia**

SA Health

## Foreword

The South Australian Government is committed to the continuing improvement of the health of South Australians. To this end, we are working with health professionals and agencies to increase community awareness of hepatitis C. Our shared goal is to provide access to the means of prevention, early testing, diagnosis and support and to assist people living with the infection to receive the best available treatment and care.

This first South Australian Hepatitis C Action Plan 2009–2012 reflects our commitment. This important document describes significant achievements to date, current activities and the challenges we face as a community. The plan sets out new and additional strategic actions for our government and community partnership over the next three years.

We commend the many participants in the consultation process for their generosity and dedication to people in need of support and to minimising the impact of hepatitis C in South Australia. We look forward to the contribution the SA Hepatitis C Action Plan 2009-2012 will make to the health of South Australians.

Minister for Health

Minister for Mental Health and Substance Abuse



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## Acronyms

ACSA	AIDS Council of South Australia
AHCSA	Aboriginal Health Council of South Australia
ACCHO	Aboriginal Community Controlled Health Organisation
AOD	Alcohol and Other Drugs
ASHM	Australasian Society for HIV Medicine
CALD	Culturally and Linguistically Diverse
CDCB	Communicable Disease Control Branch (SA Health)
CNC	Clinical Nurse Consultant
CNP	Clean Needle Program
DASSA	Drug and Alcohol Services South Australia (SA Health)
DECS	Department of Education and Children's Services
DoH	SA Department of Health
DoJ	SA Department of Justice
DCS	SA Department for Correctional Services
DSIS	Disease Surveillance and Investigation Section (SA Health)
FMC	Flinders Medical Centre
GP	General Practitioner
HCCSA	Hepatitis C Council of South Australia
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HHPP	HIV/HCV Policy and Programs (SA Health)
IDU	Injecting Drug User
MOU	Memorandum of Understanding
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCHSR	National Centre in HIV Social Research
NGO	Non-government Organisation
NSP	Needle and Syringe Program
OARS	Offenders Aid and Rehabilitation Services SA
PEACE	Personal Education and Community Empowerment (RASA)
POP	Partners of Prisoners (Offenders Aid and Rehabilitation Services of SA)
RAH	Royal Adelaide Hospital
RASA	Relationships Australia (South Australia)
RDNS	Royal District Nursing Service
SAHS	Southern Adelaide Health Service
SAHSCHAHC	South Australian Health Steering Committee on HIV/AIDS and Hepatitis C
SAPHS	South Australian Prison Health Service
SAVIVE	South Australian Voice for IV Education (ACSA)
VMO	Visiting Medical Officer

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## Executive Summary

Hepatitis C is a significant health issue for all Australians and affects approximately one percent of the population. Hepatitis C virus (HCV) is transmitted through infected blood and the main infection pathway is the sharing of contaminated injecting equipment.

Between 1995 and 2007, inclusive, 15,746 infections have been recorded in South Australia. These comprise 803 incident cases and 14,943 cases of unspecified duration, of which 3,227 were first diagnosed *before* 1995.

In South Australia, 60% of those infected are now over 40 years of age and have probably been infected for about 20 years.

Of all people chronically infected with HCV, at least 7%<sup>1</sup> develop cirrhosis after 20 years of infection. Rates of liver failure and hepatocellular carcinoma following cirrhosis are taken to be 4% and 2% per annum respectively. These rates lead to estimates that hundreds of people will present with cirrhosis and end stage liver disease now and in the near future, a number that will climb into the thousands over the next 20 years unless rates of treatment increase.

At least 50% of eligible people with chronic HCV infection can be cured with current treatments. However, the number of eligible patients who commence treatment annually is still relatively small. Increasing the number of people treated will improve the quality of life for people with hepatitis C, reduce the burden of disease and long-term health costs and reduce further transmission. Addressing the often debilitating symptoms of the disease and the effects of stigma and discrimination will also add to quality of life and social and economic participation.

The goal of this Action Plan is adopted from the *National Hepatitis C Strategy 2005 – 2008*:

*To reduce transmission and minimise the personal and social impacts of hepatitis C*

The priority populations targeted for this Action Plan are:

- > People who inject drugs
- > People in custodial settings
- > Aboriginal people who engage in risk behaviours
- > People from Culturally and Linguistically Diverse Backgrounds.

The key priorities are:

- > Expansion of access to effective treatments among the main populations affected by hepatitis C in South Australia
- > Expansion of targeted prevention programs.

These are represented by the following main strategies:

- > Increasing the nursing and medical capacity of 1.) specialist treatment centres and 2.) primary health care providers in relation to hepatitis C testing, diagnosis and treatment
- > Expansion of the Clean Needle Program to rural areas; 24 hour access; expanding the range of equipment available; and targeting of programs to particular communities at risk, such as CALD communities, Aboriginal people engaged in risk behaviours and young people new to injecting
- > Development of curriculum and professional learning resources for school-based educators and school staff, including information on skin penetration awareness
- > Development of resources in consultation with Aboriginal communities.

*Implementation will be overseen by the new South Australian Health Steering Committee on HIV/AIDS and Hepatitis C (SAHSCHAHC) and monitored through the HIV/HCV Policy and Programs section (HHPP) of the Communicable Disease Control Branch. A mid-term stocktake will be conducted in 2010/2011.*

<sup>1</sup> Prospective studies report this figure to be between 7% and 16%

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## Introduction

Hepatitis C is a significant health issue in Australia, affecting approximately one percent of the population.

In August 2006, the Commonwealth Department of Health and Ageing published the *Hepatitis C Virus Projections Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2006 (NCHSR)*. It describes the extent of the hepatitis C epidemic across all Australian jurisdictions utilising the best and most recent surveillance and projections data available to health service planners. It provides a clear picture of the extent and impact of HCV infection in Australia, and assists the targeting of local health programs to communities and priority populations who experience the primary impact of hepatitis C.

The *National Hepatitis C Strategy (2005 – 2008)* identifies seven Action Areas where efforts must be maintained and developed if the Australian response to hepatitis C is to be effective:

- > prevention and education
- > diagnosis, treatment and support
- > surveillance
- > research
- > health maintenance, care and support for people with hepatitis C
- > workforce development and
- > addressing discrimination and stigma.

For the South Australian context, these are combined into the following five Priority Action Areas:

1. Prevention and education
2. Diagnosis, treatment and support
3. Surveillance and research
4. Workforce development
5. An enabling environment.

The core activities for the life of this State Action Plan are:

- > Expansion of access to and improving the rate of treatment uptake among the populations most affected by hepatitis C in South Australia
- > Expansion of targeted prevention programs.

Advances in treatment mean that at least 50% of eligible people with chronic HCV infection can be cured and achieve a life free from the illness. Despite this, the number of eligible patients commencing treatment annually is still relatively small. Increasing the number of people treated will improve the quality of life for people with hepatitis C as well as reduce the burden of disease and long-term health costs. A sustained reduction in the overall number of people with chronic infection will also reduce the number of new infections occurring in the future.

This Action Plan has been developed with reference to the following strategic planning documents:

1. The *National Hepatitis C Strategy 2005 – 2008*
2. The *National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005 – 2008*.

These provide a national framework for service development.

3. *The South Australian Health Strategic Plan 2007 – 2009*
4. *South Australia's Health Care Plan 2007 – 2016*.

These describe how health services will be positioned and delivered in South Australia in the long term.

The strategic response in South Australia depends on the maintenance and support of the partnership between the government, non-government and community sectors in the development of a wide range of initiatives. The ongoing involvement of key community-based services and those most affected by hepatitis C will drive the development of the most appropriate range of strategies.

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In May 2005 representatives from all sectors of Government and a wide range of community-based and non-government organisations came together at a workshop conducted by the Hepatitis C Council of South Australia and the South Australian Department of Health to establish the first strategic planning document for hepatitis C in South Australia, the *South Australian Hepatitis C Priorities for Action*. This document sought a coordinated approach to hepatitis C prevention, treatment and care across the state.

The South Australian *Hepatitis C Action Plan 2009 – 2012* is the culmination of these efforts, documenting agreed priority strategies, activities and performance indicators.

## Goal

The goal of this Action Plan is adopted from the *National Hepatitis C Strategy 2005 – 2008*:

- > *To reduce transmission and minimise the personal and social impacts of hepatitis C.*

The goal is supported by key strategic objectives:

- > *Reduce transmission of the hepatitis C virus through education, community awareness of risk factors and harm reduction*
- > *Maximise the health and well-being of people with hepatitis C by providing equitable access to diagnosis, treatment and support services*
- > *Reduce discrimination and stigma experienced by people with hepatitis C through awareness-raising and the creation and support of an enabling environment*
- > *Promote evidence-based service development through the provision of support to appropriate clinical and social research*
- > *Undertake surveillance and monitoring to identify groups at risk of infection and evaluate the effectiveness of interventions*
- > *Develop and strengthen links between all sectors and engage the involvement of those living with hepatitis C.*

## Guiding Principles

The South Australian *Hepatitis C Action Plan 2009 – 2012* is guided by the principles of the *National Hepatitis C Strategy 2005 – 2008* and the *National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005 – 2008*. Both are underpinned by the 1986 *Ottawa Charter for Health Promotion* which defines health promotion as 'the process of enabling people to increase control over and to improve their health', via the following guiding principles:

- > *Building healthy public policy*
- > *Creating supportive environments*
- > *Strengthening community action*
- > *Developing personal skills*
- > *Reorienting health services.*

This Action Plan, in line with the National Hepatitis C Strategy, reaffirms the following additional principles:

- > provision of services in a government and community partnership model
- > involvement of people with or at risk of HCV infection as the essential enabler of an effective response
- > equitable access for all people to the means of prevention, education, diagnosis, treatment, and support
- > harm reduction, aiming to reduce harm associated with drug use for both individuals and communities
- > recognition that social factors such as poverty, housing, education, income, employment status and legal issues influence a person's ability to manage their own health
- > use of evidence-based strategies and actions.

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## Related State Strategic Documents

The SA Department of Health recently released two strategic documents critical to the provision of health care services: *The SA Health Strategic Plan 2007 – 2009* and *South Australia's Health Care Plan 2007 – 2016*.

### *SA Health Strategic Plan 2007 – 2009*

This plan outlines the four key strategic directions of the South Australian Department of Health. There are four goals within the Plan and it is intended that all health services be delivered within the context of these goals and priorities:

1. Strengthen primary health care
2. Enhance hospital care
3. Reform mental health care, and
4. Improve the health of Aboriginal people<sup>2</sup>.

Health services will need to be delivered within the context of these priorities which place an emphasis on early intervention and the provision of services informed by principles of health promotion and illness prevention.

These goals appear in the 'Tables' section of this plan under the five main headings derived from the Priority Action Areas of the *National Hepatitis C Strategy 2005-2008*.

### *South Australia's Health Care Plan 2007-2016*

This Plan outlines a primary health care approach that encompasses the social, economic, cultural, behavioural and biologic determinants of health for the entire population, from those who are well right through to people with chronic disease. The direction is to place stronger emphasis on the partnership between General Practice and the range of public health care services currently provided through hospitals and community health services. In practice this means the development of GP Plus Health Care Networks across the State, providing greater and more streamlined co-ordination between the hospitals and the localities and communities where the majority of people live, in both metropolitan and rural areas.

<sup>2</sup> In line with other South Australian strategic documents, this Action Plan will employ the term 'Aboriginal people' to mean both Aboriginal and Torres Strait Islander people residing in South Australia. This is in recognition of the fact that the State of South Australia does not include the traditional lands of the Torres Strait, but that Torres Strait Islander people and communities live here in South Australia.

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## The Nature of Hepatitis C

The hepatitis C virus was first identified in 1989 and tests for antibodies first became available in Australia in 1990. At the end of 2006 an estimated 271,000 people had been exposed to HCV across Australia. Of these, 68,500 people had cleared the infection, 157,000 people had chronic infection and early liver disease, 40,000 had moderate liver disease and 5,400 had hepatitis C-related cirrhosis<sup>3</sup>.

An estimated 9,700 new infections occur nationally each year<sup>4</sup>. The majority of HCV infections in Australia, approximately 80%, can be attributed to injecting drug use. HCV prevalence among injecting drug users (IDU) has ranged from 50% to 70% since the early 1970s<sup>5</sup>. Rates of infection continued to increase for some years, but there is some evidence of a decline in new HCV infections since 2004.

The number of people living with hepatitis C will produce an escalating burden of disease for at least the next two decades. Among people who develop HCV antibodies, around 75% develop chronic infection, remaining infectious and at risk of long term health consequences from their infection. A systematic review of published studies estimated that of all people chronically infected with HCV, at least 7%<sup>6</sup> develop cirrhosis after 20 years of infection. Rates of liver failure and hepatocellular carcinoma following cirrhosis are taken to be 4% and 2% per annum respectively<sup>7</sup>.

The *Estimates and Projections* study report in 2006 also estimated that there were 22,000 Indigenous Australians with HCV antibodies, of whom 16,000 were living with chronic infection<sup>8</sup>. Of all the people held in prison in Australia during 2005, between 9,000 and 14,000, almost half the inmate population, were HCV antibody positive, with between 7,000 and 11,000 living with chronic infection.

## Effects on Health

As outlined above, it is estimated that 25% of those who become infected with HCV will clear the virus naturally, usually within the first 12 months. The remaining 75% experience a range of disease outcomes from mild asymptomatic infection with few consequences to serious disease with major consequences. Decompensated cirrhosis due to hepatitis C is now the most common reason for liver transplantation in Australia.

In addition, chronic HCV infection has a range of sometimes debilitating symptoms. These, together with stigma and discrimination, have a considerable personal, social, economic, physical and psychological impact on quality of life.

Significant improvements have been made in the treatment of hepatitis C. With current treatment regimens, 60 per cent of people (ranging from 40% to 80% depending on genotype and stage of fibrosis) receiving combination therapy with pegylated interferon and ribavirin have a sustained virologic response and are effectively cured.

However, with only around 2,000 people receiving current combination antiviral treatments in Australia each year, numbers of people with either chronic infection and more advanced liver disease or cirrhosis are projected to increase by 38% by 2015. At least a tripling of the number of people receiving treatment will be required to reduce the number of people with liver disease or cirrhosis.

## Transmission

HCV is transmitted through infected blood and the main infection pathway is the sharing of contaminated injecting equipment. Poor infection control precautions in some tattooing and body piercing practices, needlestick injuries, vertical transmission and sexual practices where blood is present also account for a small number of new infections with HCV. Some infections in Australia resulted from either infected blood products prior to 1990, or poor infection control practices in medical settings in other parts of the world.

3 Surveillance Program, National Centre in HIV Epidemiology and Clinical Research, 2007

4 Hepatitis C Virus Projections Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2006, Pg 1

5 ibid Pg 7

6 Prospective studies report this figure to be between 7% and 16%

7 ibid

8 ibid

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The primary risk factors and environments for transmission are:

- > Unsterile injecting drug use
- > Unsterile skin penetration practices
- > Incarceration.

Other risk factors and environments include:

- > Unsterile medical procedures
- > Unscreened blood transfusions and blood products (in Australia only prior to 1990)
- > Occupational exposure
- > Mother-to-child (vertical) transmission
- > Sharing of personal grooming items such as razors or toothbrushes
- > Sexual contact with blood present.

### Injecting Drug Use: Sharing and Re-using Injecting Equipment

Unsafe drug injection practices, in particular the sharing and reusing of injecting equipment (including needles and syringes, mixing spoons and tourniquets), are the primary cause of high prevalence rates of hepatitis C among drug users, who constitute around 80% of prevalence cases in all Australian jurisdictions, and 90% of all new cases.

### Skin Penetration Practices

Skin penetration practices with unsterile equipment, in particular tattooing and body piercing, are potentially high risk. It is difficult to estimate the extent of infections that occur in this way, and the implementation of skin penetration and safe body art guidelines go some way to standardizing and regulating these industries. Safe procedures in the wide range of piercing and tattooing premises, including beauty and hairdressing salons need to be supported. Young people need access to information about the risks of piercing and tattooing procedures, especially amateur or 'backyard' procedures performed by unskilled practitioners without sterile equipment.

### Unsterile Medical Procedures

The risk of contracting HCV through unsterile medical and dental procedures is low in Australia. However a significant proportion of people living in Australia may have contracted HCV this way in countries where there is a high prevalence of hepatitis C such as in southern European countries, parts of the Middle East and Asia. There is some evidence of a lack of awareness of the possibility of HCV infection among people who may have been exposed before arriving in Australia.

### Unscreened Blood Transfusions and Blood Products

In 1990 an antibody test became available and screening for HCV was introduced for blood and blood products. Since the introduction of screening, the risk of contracting HCV in Australia by this means is considered minimal.

### Occupational Exposure

The statistical risk of health care or corrections personnel contracting HCV is very low, though there may be high levels of concern among staff of correctional facilities in particular. Standard infection control procedures will minimise the risk of contracting HCV through occupational exposure.

### Vertical Transmission

The risk of transmission from mother to unborn child is less than 5 per cent if the mother has chronic hepatitis C and detectable virus in the blood. Most infants born to HCV positive mothers will not go on to become infected. Breastfeeding is not considered to add to the risk of transmission.

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## Sharing of Personal Grooming Equipment

The risk of transmission through everyday personal contact such as kissing, hugging or sharing food and drinks is negligible. However, there is a risk of transmission when personal grooming equipment that may carry blood is shared. For example, sharing toothbrushes and razors can be a transmission risk, even if no blood is visible.

## Priority Populations at Risk of HCV Infection

### People Who Inject Drugs

People who inject drugs are at high risk of contracting HCV. Programs and services for this group must consider:

- > The illicit nature of drug use
- > The stigma and discrimination people who inject drugs experience or fear encountering, including within health care settings
- > Poor levels of general health among a high proportion of the client group, compounded by other problems such as poverty, unemployment and poor access to housing.

### People in Custodial Settings

Correctional facilities including Juvenile Justice facilities are high risk environments for the transmission of HCV and other blood borne infections:

- > A large proportion of the prison population has a history of injecting drug use
- > A significant proportion of inmates and detainees continue to inject drugs while incarcerated
- > Lack of availability of sterile injecting equipment and sterile tattooing equipment
- > Sharing needles and syringes and other injecting equipment, and using homemade tattoo guns without proper sterilisation
- > Frequent and large scale amateur haircutting and shaving by inmates using unclean equipment may also be a risk in such environments.

The introduction of clean needle programs in custodial settings has been trialled successfully in other countries, but still encounters strong opposition in Australia. An Australian pilot project remains on the national agenda for future consideration.

### Aboriginal People Who Engage in Risk Behaviours

A range of factors contribute to the particular risk for Aboriginal people:

- > A higher proportion of young people compared to the broader population
- > Risks arising from high levels of incarceration
- > Greater mobility compared to the broader population
- > Evidence that injecting drug use may be increasing in some Aboriginal communities<sup>9</sup>
- > Poorer access to health services, including the CNP.

### People from Culturally and Linguistically Diverse Backgrounds

Higher HCV prevalence in some culturally and linguistically diverse (CALD) population groups is associated with exposure to unsterile medical procedures in the country of origin. In some cultural groups, injecting drug use is also a significant risk factor. CALD access to hepatitis C services can be influenced by:

- > Concerns about confidentiality and privacy
- > Community attitudes towards drug use
- > Negative perception of harm reduction services.

<sup>9</sup> National Centre in HIV Epidemiology and Clinical Research, *Australian NSP Survey National Data Report 1999-2003, 2004*

## HCV Infection in South Australia

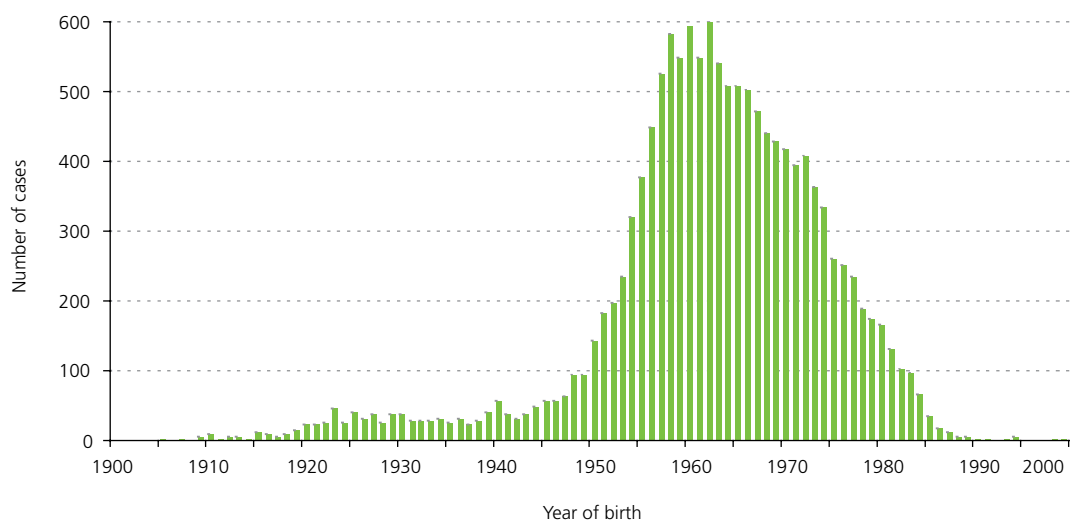
### Epidemiology

HCV infection is a notifiable infection in all Australian states and surveillance has been in place in South Australia since 1995. Data collected for routine surveillance include demographics, some clinical information and risk factor exposures.

Each year the number of *new diagnoses* is reported. These reports comprise either newly diagnosed infections (which could be of long standing duration)<sup>10</sup> as well as newly acquired infections (which are referred to as incident cases)<sup>11</sup>. However, cases diagnosed before notification commenced are also recorded.

Between 1995 and 2007, inclusive, 15,746 infections have been recorded. These comprise 803 incident cases and 14,943 cases of unspecified duration, of which 3,227 were first diagnosed *before* 1995 (many infected for more than 20 years).

**Figure 1. All notified cases of hepatitis C virus infection in South Australia, 1995 – 2007. Number of cases by year of birth.**



Among incident cases, females account for more cases aged less than 20 years at diagnosis, otherwise males predominate. Both Aboriginal and Asian people are over-represented in these data. The major risk factor for Aboriginal people acquiring hepatitis C is injecting drug use (IDU); whereas Asian people are likely to have acquired the infection in their country of origin through unsterile medical procedures. The major exposure category for acquiring HCV is recent injecting drug use (usually in the year preceding diagnosis). This accounts for 90% of cases. Other exposures include unsterile tattooing, occasional identification of mother-to-child transmission, occupational exposure and receipt of tissue from HCV infected donors.

<sup>10</sup> Newly diagnosed infections are infections of undetermined duration; in many instances, the risk for acquiring hepatitis C infection occurred many years ago.

<sup>11</sup> Newly acquired infections (Incident cases) were acquired in the previous 12 months, and are identified by seroconversion for hepatitis C antibodies or a positive test accompanied by acute clinical illness not ascribed to other causes.

Figure 2. Incident cases of hepatitis C virus infection in South Australia, 1995 – 2007. Number of cases by sex.

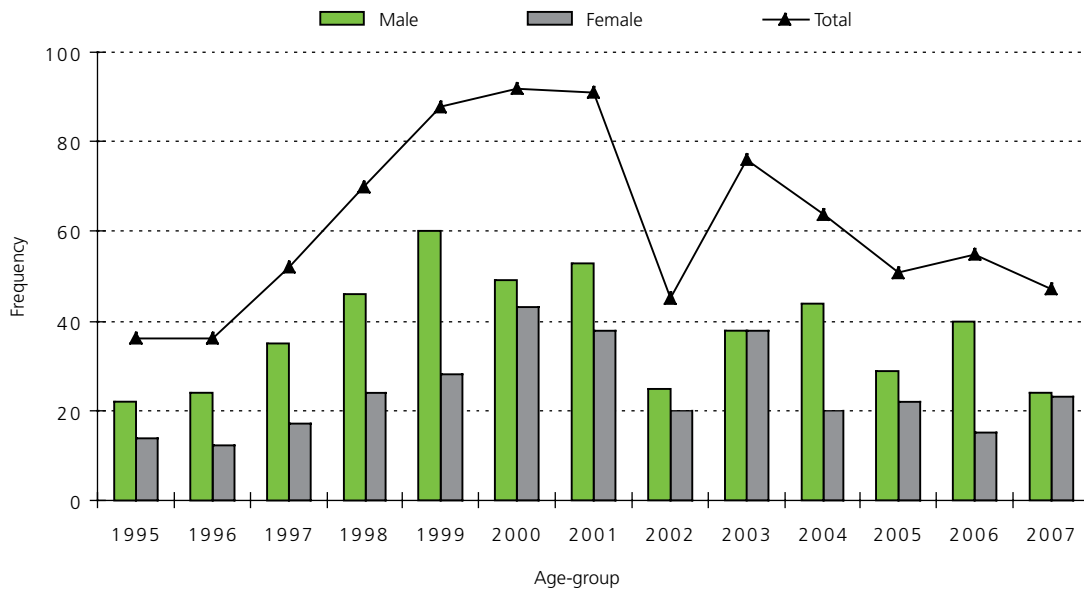
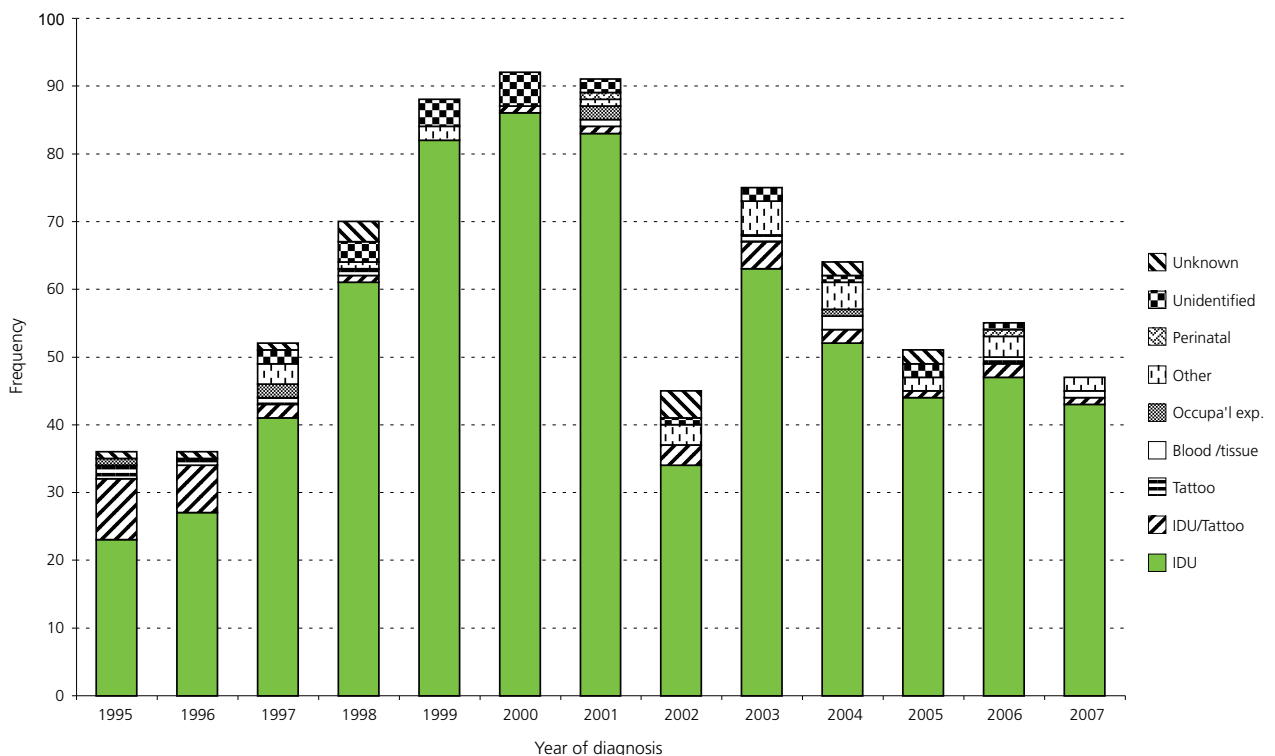


Figure 3. Incident cases of hepatitis C virus infection in South Australia, 1995 – 2007. Risk factor by year.



### Burden of Disease

Although much of the focus of hepatitis C policy has been on reducing transmission of HCV, the burden of disease is now pressing. In South Australia, 60% of those infected are now over 40 years of age, have probably been infected for about 20 years, and will show signs of HCV-induced chronic liver disease now and in the near future.

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## Services in South Australia

A range of hepatitis C services have been provided in South Australia within the framework of National Strategies since the mid-1990's. These services cover prevention and education, testing and diagnosis as well as treatment and care programs as part of the national response to hepatitis C.

### Hepatitis C Prevention

Basic hepatitis C information on risk, transmission, testing, diagnosis, treatment and support will continue to be available to the priority populations as well as the broader community through clean needle and health promotion programs. The following are areas of activity for which this plan identifies additional actions over the next three years:

#### **Clean Needle Program (CNP)/ Needle and Syringe Program (NSP)**

The priority target group for prevention initiatives is current injecting drug users with a special focus on new injectors and those who are more marginalised or have special needs. NSPs and their South Australian equivalent, CNPs, have been shown to be highly effective in the prevention of HIV transmission through injecting drug use. In order to be equally effective in the prevention of the much more infectious hepatitis C virus, these programs need to be further developed. This includes expansion to rural areas, 24 hour access, expanding the range of equipment available and the targeting of programs to particular communities at risk, such as CALD communities, Aboriginal people engaged in risk behaviours and young people new to injecting. This Action Plan includes the piloting of vending machines, expansion of the CNP to more rural and metropolitan sites, extending access to the range of equipment necessary to prevent HCV transmission and expansion of peer-based education.

#### **School Curriculum**

Young people, especially those considering a piercing or a tattoo need a basic level of education on blood-borne virus transmission and information on safe piercing and body art. This Action Plan includes the development of curriculum resources for school-based educators, including information on skin penetration awareness.

#### **Information Resources for Aboriginal People**

Culturally appropriate communication strategies are needed to ensure prevention and health promotion messages are accessible for Aboriginal people. This Action Plan includes the annual development of resources in consultation with Aboriginal communities.

### Testing and Diagnosis

HCV testing and diagnosis is available in primary health care services throughout South Australia. Best practice is governed by the National Hepatitis C Testing Policy (revised 2007)<sup>12</sup>. This Action Plan includes the improvement of access to testing in the context of access to treatment, in particular through increasing the engagement of the GP, Aboriginal Community Controlled, CALD Health, Alcohol and other Drug and Prison Health sectors as well as the expansion of the S100 prescriber workforce.

<sup>12</sup> Australian Government Department of Health and Ageing. National Hepatitis C Testing Policy. Hepatitis C Subcommittee of the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis; the Blood Borne Virus and Sexually Transmissible Infections Subcommittee of the Australian Population Health Development Committee. 2007. Available at [www.health.gov.au](http://www.health.gov.au)

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## Treatment and Care

### Specialist Treatment Centres

Treatment for HCV infection is currently available through hospital-based specialist services. These clinical services are usually provided by either gastroenterology or hepatology services and in some cases by a combined service partnership between gastroenterology and infectious diseases clinicians. These specialist treatment services are at or near capacity for the provision of treatment for hepatitis C to people within the metropolitan area.

While some treatment services are provided to high needs populations in settings such as Nunkuwarrin Yunti, Warinilla Clinic, and Yatala Prison, there has been little capacity to expand hepatology services into priority population settings and rural areas. This is mainly due to the lack of the nursing support necessary to manage side effects and support people on treatment.

This Action Plan includes the expansion and co-ordination of treatment services by increasing the capacity of specialist treatment centres as well as in primary health care and community settings through increased nursing capacity and GP participation.

### GP Involvement

General Practitioners are the main source of new diagnoses, provide primary care, make informed referrals to specialist care and participate in shared care arrangements with private and hospital-based specialists. This Action Plan includes opportunities for GPs who work with priority population groups in: Aboriginal Community Controlled Health Organisations, prison health services and rural areas of the state, to participate in more active shared care arrangements.

### Nursing

Nurses, in particular CNCs, contribute much of the care management of patients on treatment. They are the link between the patient, their specialist and other health care providers. A limited number are currently working from the tertiary treatment centres in a range of capacities that include care coordination to people with hepatitis C. Nurses are the key link to GPs sharing care for people with hepatitis C, during treatment and also to manage chronic liver disease. Current nursing capacity does not allow for a significant expansion of treatment services or for sufficient case management capacity for patients with end-stage liver disease. The Action Plan therefore includes the expansion of nursing capacity in metropolitan and rural areas.

### Section 100 Prescribers

If any impact is to be made to the future control of hepatitis C in South Australia, the numbers of people on antiviral treatment for hepatitis C needs to triple during the life of this Action Plan. In order to cater for large numbers of people on therapy, more treatment access points will require more providers than are currently available within the tertiary treatment setting alone. This Action Plan includes the gradual development of further shared care arrangements under the S100 prescriber scheme in which specialist treatment services will initiate treatment and patients are then managed in the primary health care setting. This system may be enhanced by utilisation of the Enhanced Primary Care Program Medicare item within the GP setting.

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## SA Hepatitis C Action Plan Strategies (Tables)

The following 'tables' section of this South Australian Action Plan for hepatitis C documents the strategies developed in response to the *Priorities for Action* document, the *National Hepatitis C Strategy 2005 – 2008* and the *SA Health Strategic Plan*, and based on broad consultations with the hepatitis C sector.

They are organised into the five key priority action areas of this Plan and have been associated with relevant key objectives from the *SA Health Strategic Plan*. They are then broken down further into concrete activities with detailed performance indicators. Indicative timelines as well as lead and partner agencies responsible for their implementation are also documented.

It is important to note that the purpose of the 'tables' section is to identify new, key priority actions to be accomplished during the life of this Action Plan to progress the agreed goals and objectives of the *National Hepatitis C Strategy 2005-2008*. It does not aim to present a comprehensive picture of all current and future activities of the South Australian response to hepatitis C described above. It therefore neither diminishes the importance of continuing existing strategies and actions nor does it preclude the implementation of further strategies identified during the course of this Action Plan.

It is intended as a 'live' working document to underpin implementation, monitoring and evaluation of the agreed priorities.

## Monitoring and Review

This Action Plan is endorsed by the Department of Health of South Australia. Its implementation will be overseen by the new South Australian Health Steering Committee on HIV/AIDS and Hepatitis C and monitored through the HIV/HCV Policy and Programs section of the Communicable Disease Control Branch. This ongoing evaluation process will include at least six-monthly reports on the implementation of the Action Plan's strategies, successes and difficulties to be overcome with the opportunity to request specific advice or assistance from the committee to ensure the strategies are further progressed.

A mid-term stocktake will be conducted in 2010/11. This process will have the following minimum Terms of Reference:

- > Document any major changes to the epidemiological, social, economic, clinical and political context through an environmental scan
- > Broadly describe the successes, difficulties and learning gained from the first part of the implementation process
- > Assess the degree of completion of each activity documented in the Action Plan
- > Recommend an updated set of priorities for the remainder of the life of the Action Plan
- > Describe an agreed process for the final evaluation of the Action Plan.

## SA Hepatitis C Action Plan Strategies (Tables)

The following tables are organised into the five key priority action areas of this Plan and have been associated with relevant key objectives from the *SA Health Strategic Plan*. They are then broken down further into concrete activities with detailed performance indicators. Indicative timelines as well as lead and partner agencies responsible for their implementation are also documented.

It is important to note that the purpose of the tables is to identify new, key priority actions. It does not aim to present a comprehensive picture of all current and future activities of the South Australian response to hepatitis C. It neither diminishes the importance of continuing existing strategies and actions nor does it preclude the implementation of further strategies identified during the course of this Action Plan.

### 1. Priority Action Area: Prevention and Education

Actions in this area contribute to the achievement of the SA Health Strategic Plan:

- > STRATEGIC DIRECTION: Strengthen primary health care
- > Key Objective: Provide effective avenues for prevention and early intervention.

Strategy	Activity	Performance indicators	Timeline	Lead agency	Partner agencies
1.1 Increase the number and diversity of secondary Clean Needle Program (CNP) sites in rural areas, including sites targeting priority populations	Negotiate and establish new CNP secondary sites in rural areas of the State in community health centres, GP Plus Health Care Centres and relevant NGOs targeting priority populations	Four additional CNP secondary sites provided in rural areas of identified need and within target population sites	2009	DASSA	ACSA AHCSA HCCSA Statewide Services Strategy Country Health SA
	Trial a program of 24 hour access to sterile injecting equipment through vending machines in metropolitan and rural areas	Three CNP vending machines operating in metropolitan areas	2009	DASSA	ACSA HCCSA
		One CNP vending machine in place in a rural area	2010		Statewide Services Strategy
	Increase the range of injecting equipment in the CNP to include sterile water, filters and spoons for CNPs servicing priority populations	Number of CNP secondary outlets providing sterile water, filters and spoons to young people, homeless people, sex workers and Aboriginal people who inject drugs	2010	DASSA	ACSA AHCSA HCCSA HHPP
1.2 Expand primary health care services for injecting drug users in the metropolitan area	Negotiate the expansion of CNP access including hepatitis C health promotion and clinical services in primary health care settings across the metropolitan area for people who inject drugs	Two new CNP sites embedded in primary health care services in metropolitan Adelaide	2011	DASSA	Statewide Services Strategy HCCSA ACSA SAPHS RASA

Strategy	Activity	Performance indicators	Timeline	Lead agency	Partner agencies
	Establish a hepatitis C peer education program among prisoners	Program developed and trialled in 3 prisons	2012	DCS	SAPHS OARS SA HCCSA AHCSA RASA
1.3 Increase hepatitis C awareness programs in school based curricula	Negotiate the development of curriculum resources and professional development on hepatitis C for school based educators and staff, including information on skin penetration awareness and universal precautions	Agreement reached with DECS for inclusion of school-based curriculum resources  High school curriculum resources developed and piloted in partnership with Department of Education and Children's Services	2009  2011	HHPP	HCCSA DASSA DECS
1.4 Increase access to viral hepatitis education and prevention resources for CALD populations	Conduct one specific viral hepatitis education/ awareness intervention targeted to CALD populations annually	Annual intervention conducted and evaluated  Number of resources produced and distributed	2012	HHPP	PEACE HCCSA SAPHS Country Health SA
1.5 Increase access to hepatitis A and/ or B vaccinations for people who inject drugs	Provide HAV and/or HBV vaccinations through drug treatment services and CNP outlets in metropolitan areas	Number of vaccinations provided. National NSP survey shows increased levels of clients who access HAV and/or HBV vaccinations in drug treatment services and CNP outlets in the metropolitan area	2010	CDCB	HHPP DASSA ACSA HCCSA

## 1. Priority Action Area: Prevention and Education

Actions in this area contribute to the achievement of the SA Health Strategic Plan:

- > STRATEGIC DIRECTION: Improve the health of Aboriginal people
- > Key Objective: Reduce Aboriginal ill-health.

Strategy	Activity	Performance indicators	Timeline	Lead agency	Partner agencies
1.6 Improve access to CNP and primary health care services for Aboriginal people at risk of hepatitis C	Establish secondary CNP sites incorporating outreach services in metropolitan areas targeting Aboriginal people who inject drugs	New secondary CNP sites provided through two metropolitan primary health care services in areas of easy access for Aboriginal people	2011	DASSA	Statewide Services Strategy ACSA HCCSA AHCSA Aboriginal Health Division Nunkuwarrin Yunti
	Establish primary health care and secondary CNP sites in rural/remote areas targeting Aboriginal people who inject drugs	New secondary CNP sites provided through two rural/remote primary health care services operating in areas of easy access by Aboriginal people	2012	DASSA	Statewide Services Strategy ACSA HCCSA AHCSA Aboriginal Health Division Nunkuwarrin Yunti
	Negotiate the establishment of Aboriginal-identified positions working in the CNP and primary health care services targeting Aboriginal people at risk of hepatitis C, including through increasing the capacity of CNPs already working in the metropolitan area to employ and train more Aboriginal staff.	Number of Aboriginal-identified CNP positions progressively established including at the Aboriginal Health Council of South Australia to promote development of rural primary health care and secondary CNP sites	2011	DASSA	AHCSA SAPHS HCCSA Aboriginal Health Division Nunkuwarrin Yunti
1.7 Increase the range of and access to viral hepatitis education and prevention resources targeting Aboriginal people in metropolitan and rural areas	Conduct community education/awareness interventions about viral hepatitis prevention programs and treatment services	One Aboriginal community hepatitis awareness campaign with culturally specific resources developed and implemented annually in consultation with Aboriginal communities	Ongoing	HHPP	HCCSA DASSA AHCSA SAPHS Nunkuwarrin Yunti DECS
	Produce/adapt and distribute specific hepatitis C prevention resources for men's business and women's business traditional ceremonies ('ceremonial kits') for remote communities in consultation with Community Elders and Aboriginal Health Workers	Number of resources produced or adapted. Number of communities supplied.	2011	HHPP	DASSA AHCSA SAPHS HCCSA Nunkuwarrin Yunti

## 2. Priority Action Area: Diagnosis, Treatment and Support

Actions in this area contribute to the achievement of the SA Health Strategic Plan:

- > STRATEGIC DIRECTION: Strengthen primary health care
- > Key Objective: Facilitate effective coordination and continuity of care.

Strategy	Activity	Performance indicators	Timeline	Lead agency	Partner agencies
2.1 Improve access to hepatitis C testing and treatment services in metropolitan and rural areas for all people with hepatitis C	<p>Establish hepatitis C Clinical Nurse Consultant positions attached to tertiary treatment services to support treatment provision</p> <p>Develop community-based treatment services for priority population groups, including through Aboriginal Health Worker accredited training</p>	<p>Eight Clinical Nurse Consultant positions established and distributed across metropolitan specialist treatment centres, with emphasis on outer metropolitan hospitals and incorporating outreach services to Warinilla, Nunkuwarrin Yunti, the O'Brien St Practice and at The Parks Medical Centre</p>	2012	Statewide Services Strategy	<p>HHPP</p> <p>HCCSA</p> <p>Specialist Treatment Centres</p> <p>Adelaide University</p> <p>Nunkuwarrin Yunti</p> <p>AHCSA</p>
	Co-ordinate hepatitis C treatment and care in specialist treatment centres and in priority population community treatment settings across the metropolitan area	Specialist hepatitis C treatment services provided in three metropolitan hospitals, at Nunkuwarrin Yunti, at Warinilla and two priority population specialist GP services	2011	Statewide Services Strategy	<p>HHPP</p> <p>Specialist Treatment Centres</p> <p>Health Regions</p> <p>HCCSA</p> <p>ACSA</p> <p>Nunkuwarrin Yunti</p> <p>DASSA</p>
	<p>Develop a specific testing and treatment pilot program that addresses the needs of people from CALD communities who are at risk of hepatitis C</p> <p>Provide CALD cultural awareness training for testing and treatment staff</p>	<p>One pilot program developed, implemented and evaluated</p> <p>Number of GPs and other primary care providers who work with priority CALD populations trained in hepatitis C testing, treatment and care</p> <p>Number of staff trained in cultural awareness</p>	2012	HHPP	<p>PEACE</p> <p>Adelaide University</p> <p>HCCSA</p> <p>Specialist Treatment Centres</p>
	Establish Rural hepatitis C Clinical Nurse Consultant position to develop clinical protocols, liaise with rural GPs and support treatment services in rural prisons	One Clinical Nurse Consultant position established and treatment services provided by tertiary treatment centres in Port Augusta and Murray Bridge Hospitals, and in rural prisons	2012	Statewide Services Strategy	<p>HHPP</p> <p>HCCSA</p> <p>ACSA</p> <p>Specialist Treatment Centres</p> <p>SAPHS</p> <p>DCS</p>

Strategy	Activity	Performance indicators	Timeline	Lead agency	Partner agencies
2.1 Improve access to hepatitis C treatment services in metropolitan and rural areas for all people with hepatitis C (continued)	Co-ordinate ongoing liaison and support between specialist hepatitis C clinicians and GP networks in priority population HCV services and in rural areas	Regular rural GP training in hepatitis C service provision provided  Consultant rural network maintained by hepatitis C Clinicians and rural Nurse Practitioner	Ongoing  2010 and ongoing	Statewide Services Strategy	HHPP Health regions Country Health SA Specialist Treatment Centres HCCSA ACSA Adelaide University
	Develop and evaluate a culturally sensitive model of care and health maintenance for CALD people on treatment	Shared care and referral protocols developed  Community support services identified and integrated  Number of CALD patients on treatment using culturally sensitive model of care	2012	HHPP	PEACE Specialist Treatment Centres MOSAIC
2.2 Increase capacity for transplant Hepatology in SA	Develop business case for expansion of transplant services	Agreed expansion established	2012	Statewide Services Strategy	SAHSCHAHC HHPP SAHS
2.3 Increase utilisation of the ASHM Viral Hepatitis Models of Care database by GPs and health care workers for people with hepatitis C in community settings	Incorporate South Australian services and providers within the ASHM Viral Hepatitis Models of Care database and include information from diagnosis to management of end stage liver disease	Viral Hepatitis Models of Care database access provided in key metropolitan and rural primary health care centres, including GP Plus Centres and priority population health services	2010	HHPP	Statewide Services Strategy Adelaide University Specialist Treatment Centres HCCSA ACSA PEACE
2.4 Enhance hepatitis C health maintenance and monitoring programs for people in correctional settings	Develop and conduct HCV screening, health promotion and prevention programs, hepatitis A and B vaccinations and access to hepatitis C and drug treatment programs for inmates	Implementation plan developed and trialed in prisons in the rural and metropolitan areas	2010	SAPHS	HHPP DASSA ACSA HCCSA OARS DCS

## 2. Priority Action Area: Diagnosis, Treatment and Support

Actions in this area contribute to the achievement of the SA Health Strategic Plan:

- > STRATEGIC DIRECTION: Improve the health of Aboriginal people
- > Key Objective: Reduce Aboriginal ill-health.

Strategy	Activity	Performance indicators	Timeline	Lead agency	Partner agencies
2.5 Improve access to hepatitis C treatment for Aboriginal people	Train GPs and Aboriginal Health Workers working in ACCHOs in hepatitis C health maintenance and monitoring	Advanced hepatitis C training provided for GPs and Aboriginal Health Workers working in nine ACCHOs	2011	HHPP	Adelaide University HCCSA Specialist Treatment Centres AHCSA Nunkuwarrin Yunti
	Establish S100 GP prescribers among medical practitioners working in Aboriginal Community Controlled Health Services	S100 GP Network established in nine metropolitan and rural Aboriginal Community Controlled Health Services supported by Clinical Nurse Consultants and specialist treatment services	2012	Statewide Services Strategy	HHPP HCCSA AHCSA Specialist Treatment Centres Nunkuwarrin Yunti

## 2. Priority Action Area: Diagnosis, Treatment and Support

Actions in this area contribute to the achievement of the SA Health Strategic Plan:

- > STRATEGIC DIRECTION: Improve the health of Aboriginal people
- > Key Objective: Promote Aboriginal community health and well-being.

Strategy	Activity	Performance indicators	Timeline	Lead agency	Partner agencies
2.5 Improve access to hepatitis C treatment for Aboriginal people (continued)	Provide information on hepatitis C treatment and health maintenance programs for Aboriginal community services.	Number of services provided with culturally specific Aboriginal health and hepatitis C awareness and information programs	2010	HHPP	HCCSA AHCSA Nunkuwarrin Yunti
	Provide targeted hepatitis C treatment programs for Aboriginal inmates in custodial settings	Hepatitis C treatment services provided in Adelaide Women's Prison and three rural prisons (Mobilong, Port Augusta and Mt Gambier) for all Aboriginal inmates	2012	SAPHS	DCS Statewide Services Strategy HHPP AHCSA HCCSA Specialist Treatment Centres Nunkuwarrin Yunti
	Establish strong post-release referral pathways for Aboriginal inmates between the custodial setting and community hepatitis C services	Referral pathways pilot implemented and evaluated in one metropolitan and one rural South Australian site, supported by GPs, hepatitis C Clinical Nurse Consultants and Aboriginal Health Workers  Referral procedures between specialist treatment settings, SAPHS and Aboriginal health services documented  Rural Clinical Nurse Consultant and Aboriginal Health Workers provide support in post-release service provision in rural areas	2009  2009  Ongoing	SAPHS	DCS Statewide Services Strategy HHPP AHCSA Nunkuwarrin Yunti HCCSA Health regions Country Health SA Specialist Treatment Centres

### 3. Priority Action Area: Surveillance and Research

Actions in this area contribute to the achievement of the SA Health Strategic Plan:

- > STRATEGIC DIRECTION: Strengthen primary health care
- > Key Objective: Provide effective avenues for prevention and early intervention.

Strategy	Activity	Performance indicators	Timeline	Lead agency	Partner agencies
3.1 Maintain and optimise the collection of surveillance information on hepatitis C diagnoses and treatment on a State and national basis	Participate in collaborative surveillance projects on hepatitis C related morbidity	Number of SA sites participating in the Australian Chronic Hepatitis C Observational Study (ACHOS), coordinated by the NCHECR	2009	HHPP	DSIS Specialist Treatment Centres
3.2 Increase social and clinical research conducted with priority populations in South Australia	Include representation of key priority population groups in all hepatitis C clinical and social research conducted in South Australia	Number of NCHSR and NCHECR research projects with participation from South Australia	2009 and ongoing	HHPP	HCCSA ACSA Specialist Treatment Centres DASSA PEACE AHCSA
3.3 Increase access to research on hepatitis C prevention and treatment and care for the hepatitis C sector workforce	Host regular forums on relevant research themes that assist building community and service capacity and improve interagency collaboration	One annual forum held, number of participants	ongoing	HHPP	RASA HCCSA ACSA Specialist Treatment Centres DASSA PEACE AHCSA DCS

#### 4. Priority Action Area: Workforce Development

Actions in this area contribute to the achievement of the SA Health Strategic Plan:

- > STRATEGIC DIRECTION: Strengthen primary health care
- > Key Objective: Provide effective avenues for prevention and early intervention.

Strategy	Activity	Performance indicators	Timeline	Lead agency	Partner agencies
4.1 Increase education, support and incentives for key GPs to develop knowledge and expertise in hepatitis C treatment and care	Train key GPs in hepatitis C awareness, treatment and care and referral procedures in metropolitan and rural areas	Number of training programs conducted, especially among high needs areas GP practices	2010	HHPP	Adelaide University HCCSA
4.2 Improve access by people with hepatitis C to allied health professionals with knowledge of hepatitis C	Train private allied health staff in the metropolitan and rural areas in hepatitis C	Targeted training program developed, implemented and evaluated for private and public sector psychiatry, psychology, counselling, nutrition and physiotherapy staff	2010	HHPP	HCCSA Specialist Treatment Centres
4.3 Increase the hepatitis C education, prevention, and care and support capacity of the alcohol and other drugs workforce	Train staff of all alcohol and other drug treatment and rehabilitation services in hepatitis C awareness and client assessment	Numbers of staff of alcohol and other drug services trained	2011	DASSA	HHPP HCCSA Specialist Treatment Centres
4.4 Increase hepatitis C knowledge and literacy among interpreters and refugee settlement workers	Train interpreters and refugee settlement workers in hepatitis C knowledge, terminology, referral information and anti-discrimination  Develop a register of trained interpreters	Number of interpreters and workers trained  Number of educational resources developed  Register established	2012	HHPP	PEACE RASA HCCSA

#### 4. Priority Action Area: Workforce Development

Actions in this area contribute to the achievement of the SA Health Strategic Plan:

- > STRATEGIC DIRECTION: Strengthen primary health care
- > Key Objective: Facilitate effective coordination and continuity of care.

Strategy	Activity	Performance indicators	Timeline	Lead agency	Partner agencies
4.5 Increase the adoption of standard precautions and safe work practices by skin penetration industry workers and service providers	Train workers who conduct skin penetration procedures in best practice infection control and first aid services	Number and proportion of skin penetration workers trained	2011	HHPP	HCCSA SAHS
	Produce health education resources for people who have piercings on safe practice, infection control and after-care	Number of resources developed and distributed through piercing practices, schools and youth health services	2011	HHPP	HCCSA SAHS

#### 4. Priority Action Area: Workforce Development

Actions in this area contribute to the achievement of the SA Health Strategic Plan:

- > STRATEGIC DIRECTION: Improve the health of Aboriginal people
- > Key Objective: Develop a culturally responsive health system.

Strategy	Activity	Performance indicators	Timeline	Lead agency	Partner agencies
4.6 Increase hepatitis C education among the Aboriginal health workforce	Educate Aboriginal Health Workers in hepatitis C awareness and prevention, treatment programs, health maintenance and monitoring and anti-discrimination issues	Number of Aboriginal health workers participating in a nationally accredited education program	2010	HHPP	AHCSA HCCSA RASA
4.7 Increase cultural awareness about hepatitis C and Aboriginal Communities among the mainstream workforce	Conduct cultural awareness training programs for health, welfare and custodial staff in Aboriginal health issues and hepatitis C	Number of programs developed and implemented, number of participants	2010	HHPP	AHCSA DCS SAPHS Specialist Treatment Centres HCCSA RASA DASSA

## 5. Priority Action Area: An Enabling Environment

Actions in this area contribute to the achievement of the SA Health Strategic Plan:

- > STRATEGIC DIRECTION: Strengthen primary health care
- > Key Objective: Facilitate effective coordination and continuity of care.

Strategy	Activity	Performance indicators	Timeline	Lead agency	Partner agencies
5.1 Improve planning and co-ordination of hepatitis C service provision across South Australia	Establish and support a partnership structure to co-ordinate and evaluate hepatitis C programs across government and NGO sectors	Hepatitis C co-ordination process established and supported by SA Department of Health	2009	HHPP	Statewide Services Strategy HCCSA DASSA SAVIVE Specialist Treatment Centres AHCSA
5.2 Reduce stigma and discrimination experienced by people with or at risk of hepatitis C	Participate in National social marketing campaigns to promote positive images of people with hepatitis C	Number of co-ordinated strategies implemented to participate in and promote National Hepatitis C Awareness campaigns	ongoing	HHPP	HCCSA DASSA SAVIVE Specialist Treatment Centres AHCSA
5.3 Maintain and increase community support for provision of CNP services	Promote understanding of the CNP and the health needs of people who inject drugs among communities and other Government Departments	Number of liaison processes with Police, Council and community in place at CNP sites	ongoing	DASSA	HHPP Statewide Services Strategy SAVIVE HCCSA



For more information

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