



## **Submission to the Australian Living Evidence Collaboration: Draft Australian Pregnancy Care & Postnatal Care Guidelines**

**29 April 2025**

**Submitted by: Hepatitis Australia Inc.**

Hepatitis Australia, incorporated in 1997, is the peak community organisation progressing national action on issues of importance to people affected by hepatitis B and hepatitis C. Our mission is to provide leadership and engagement on viral hepatitis and support partnerships for action to ensure the needs of Australians affected by, or at risk of viral hepatitis, are met. Our members are the eight state and territory community hepatitis organisations. Our vision is to see an end to viral hepatitis in Australia. For more information, please visit our website <https://www.hepatitisaustralia.com/>.

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## **Introduction**

Hepatitis Australia welcomes these developments and thanks the Australian Living Evidence Collaboration (Living Evidence for Australian Pregnancy and Postnatal Care consortium) for the opportunity to make a submission on the *Draft Australian Pregnancy Care Guidelines* and the *Draft Australian Postnatal Care Guidelines*.

Hepatitis Australia's core-business interests in hepatitis B and hepatitis C intersect with the Objectives of the *Guidelines* with respect to people (and their babies) living with or at risk of hepatitis B and hepatitis C during pregnancy and postnatal care.

## **Comments**

Attachment A contains a table in which comments are provided alongside relevant sections of the draft *Guidelines*. Our comments include suggestions for minor editorial amendments, clarification of more-substantial matters, and proposed additional information to strengthen key sections.

Hepatitis Australia would be pleased to assist if clarification or further information is required about our feedback.

## **Attachments**

Attachment A: Pregnancy and Postnatal Care Guidelines\_Hepatitis Australia comments.

Attachment A:

Hepatitis Australia comments on the Draft Australian Pregnancy and Postnatal Care Guidelines

Draft Australian Pregnancy Care Guidelines	
Original text	Hepatitis Australia comments
<p><b>4.3 Pregnancy care for Aboriginal and Torres Strait Islander Women</b></p> <p><b>Background to culturally safe antenatal care</b> History and politics have shaped and continue to shape the lives and health of Aboriginal and Torres Strait Islander peoples.</p>	<p>“History and politics” seems unnecessarily vague. Later (see ‘Cultural safety’ info box) the Guidelines say “historical injustices, colonisation, removal from and dispossession of land, and continuing racism”. Whilst noting “historical injustices” is also somewhat vague (perhaps implying ‘invasion, genocide, and removal of children’), this more detailed framing is preferred to “history and politics” and we suggest should be used instead.</p>
<p><b>5.1 Providing pregnancy care services</b></p> <p><b>Providing antenatal care for women with complex social needs</b></p> <p>For women with complex social needs, maternity care may be provided in partnership with other agencies including children’s services, domestic violence teams, illegal substance use services, drug and alcohol teams, youth and adolescent pregnancy support services, learning disability services and mental health services</p>	<p>The term “illegal substance use services” seems jarring and we cannot recall another guideline or similar in which this phrase is used. Further, it is unclear how the intended meaning is different from “drug and alcohol teams”.</p> <p>Consider instead: “specialist alcohol and other drug treatment and support services”. This suggested framing acknowledges that alcohol is a drug and also recognises the specialist nature of all alcohol and other drug treatment and support services, including peer-based community services.</p>
<p><b>5.2 Antenatal visits</b></p> <p><b>Background</b></p>	<p>We suggest in all instances “Aboriginal and Torres Strait Islander” is preferred terminology, rather than “Indigenous”. At the same time, “non-Indigenous” is acceptable.</p>

<p>Indigenous women were less likely to attend either an antenatal visit in the first trimester (53% compared with ...</p>	
<p><b>5.2 Antenatal visits</b></p> <p><b>Table B1 Content of first antenatal visit</b></p> <p><b>Woman-centred care</b></p>	<p>According to the Australian Commission on Safety and Quality in Health Care “Ensuring informed consent is properly obtained is a legal, ethical and professional requirement on the part of all treating health professionals and supports person-centred care.”</p> <p>We recommend consideration be given to where (including, for example, in this section of Table B1 and potentially also in the 4.1 Principles of care section) ‘informed consent’ or ‘establishing informed consent’ can be made explicit. We note the requirement for informed consent is acknowledged (section 8.1) in relation to screening for depression/anxiety and psychosocial assessment however suggest the requirement applies more broadly.</p>
<p><b>5.2 Antenatal visits</b></p> <p><b>Table B1 Content of first antenatal visit</b></p> <p><b>Maternal health testing</b> Recommend testing for HIV, hepatitis B, hepatitis C, rubella non-immunity, syphilis, and asymptomatic bacteriuria</p>	<p>Recommend this be reframed as “Recommend <u>routine</u> testing for HIV, hepatitis B, hepatitis C ...”</p>
<p><b>5.4 Preparing for breastfeeding</b></p> <p><b>Maternal conditions and breastfeeding</b></p> <p>The Infant Feeding Guidelines [131] advise that:</p>	<p>According to the (US) <a href="#">Centers for Disease Control</a>:</p> <ul style="list-style-type: none"> <li>• The risk of HBV transmission through breastfeeding is negligible if infants born to HBV-positive mothers are vaccinated. However, there is no need to delay breastfeeding until the infant is fully immunized.</li> <li>• It is safe for a mother with hepatitis C to breastfeed her infant. There is no documented evidence that breastfeeding spreads HCV.</li> </ul>

<ul style="list-style-type: none"> <li>• women with HIV should avoid breastfeeding if replacement feeding is acceptable, feasible, affordable, sustainable and safe</li> <li>• women with hepatitis B or hepatitis C can breastfeed without risk of transmission to the baby.</li> </ul>	<ul style="list-style-type: none"> <li>• There is not enough data to conclude whether women with hepatitis B or hepatitis C can continue to breastfeed if their nipples are cracked or bleeding. However, both types of hepatitis can be spread by infected blood. Therefore, if the infected mother's nipples and/or surrounding areola are cracked and bleeding, she should stop breastfeeding temporarily.</li> <li>• To maintain her milk supply, mothers can express and discard breast milk until her nipples are healed. Once her nipples are no longer cracked or bleeding, she may fully resume breastfeeding.</li> </ul>
<p><b>10 Communicable diseases</b></p> <p>Communicable diseases cover a range of conditions that can be spread from person to person in various ways.</p>	<p>Hepatitis Australia uses and recommends “transmitted” in preference to “spread”, with the latter seeming more stigmatising and alarmist terminology.</p>
<p><b>10.1 Sexual history assessment</b></p> <p>Assess sexual history for all pregnant women with a non-judgemental, culturally safe, trauma-informed approach.</p>	<p>It is unclear why sexual history assessment is recommended for all pregnant women when testing/screening is the default recommendation or when symptomatic.</p>
<p><b>10.3 Hepatitis B</b></p> <p>Offer and recommend hepatitis B testing (HBsAg) at the first antenatal visit to all pregnant women as there are effective interventions for treatment, as well as antenatal and postnatal interventions to reduce vertical transmission and adverse outcomes.</p> <p>For those with detected hepatitis B surface antigen (HBsAg), promptly initiate additional testing, consult and arrange urgent</p>	<p>The Gastroenterological Society of Australia (GESA) <a href="#"><i>Australian consensus recommendations for the management of hepatitis B infection</i></a> recommendations include:</p> <ul style="list-style-type: none"> <li>• Infants born to HBsAg-positive mothers should receive HBIG and hepatitis B vaccination as soon as possible after birth (optimally within 4 hours). Infants should receive routine HBV vaccination at 2, 4 and 6 months of age.</li> <li>• Children born to HBsAg-positive women should be tested for HBsAg and anti-HBs 3 months after the last vaccine dose to determine vaccine response and to exclude MTCT.</li> </ul>

referral to appropriate specialist teams for management and treatment, and plan for testing and treatment of the baby at birth.

In order to reduce vertical transmission risk, for women who are having a planned invasive procedure (e.g. chorionic villus sampling), seek confirmation that hepatitis B testing has occurred before the procedure and recommend testing if not.

In addition, the GESA consensus recommendations state that:

- Everyone with CHB infection who is not receiving treatment requires monitoring
- Regular monitoring of people not receiving treatment is recommended to comprise at least an annual check of HBV DNA level and 6-monthly liver function tests, with or without 6-monthly ultrasound and AFP testing for HCC surveillance.

Hepatitis Australia understands that around 1 in 20 women diagnosed with hepatitis B are not receiving appropriate hepatitis B antenatal care. Accordingly, consideration could be given to including more detailed advice (e.g., the GESA recommendations cited above).

The GESA consensus recommendations also state that “Regular monitoring of people not receiving treatment is recommended to comprise at least an annual check of HBV DNA level and 6-monthly liver function tests, with or without 6-monthly ultrasound and AFP testing for HCC surveillance”. Given that only 24.5% of people with hepatitis B in 2023 were engaged in care for hepatitis B (i.e., receiving either antiviral treatment or guideline-based monitoring while not on treatment), consider acknowledging the need for monitoring for all people living with hepatitis B who are not receiving antiviral treatment (e.g., “Offer and recommend hepatitis B testing (HBsAg) at the first antenatal visit to all pregnant women as:

- there are effective interventions for treatment

- all people with chronic hepatitis B not receiving treatment require regular monitoring including for liver cancer surveillance, and
- there are antenatal and postnatal interventions to reduce vertical transmission and adverse outcomes.”)

Hepatitis D is a satellite virus only transmitted in the context of hepatitis B (that is, contracted at the same time as hepatitis B or contracted subsequent to hepatitis B infection). Hepatitis D significantly increases the risk of and rate of progression to serious liver disease and liver cancer. Hepatitis D affects between [4%](#) and [10%](#) of people with chronic hepatitis B but testing is low.

- Where section 10.3 recommends “For those with detected hepatitis B surface antigen (HBsAg), promptly initiate additional testing” Hepatitis Australia recommends listing what additional testing should be initiated and in accordance with the GESA consensus recommendations that this should include testing for hepatitis D (serum anti-HDV IgG, followed by HDV-RNA polymerase chain reaction (PCR) if confirmed), and hepatitis C and HIV coinfection if status is unclear.

In addition to consulting with and arranging urgent referral (of those with detected hepatitis B surface antigen (HBsAg)) to appropriate specialist teams, community-based free and localised support services are available to people affected by hepatitis B. Consider including information about [HepLink Australia](#):

- HepLink Australia provides confidential, free and localised viral hepatitis information and support services.

	<ul style="list-style-type: none"> <li>• HepLink Australia is available to anyone, anywhere in Australia.</li> <li>• Helink Australia provides information, supportive brief interventions, peer support, referral and linkage, individual advocacy, and workforce support.</li> <li>• Call 1800 437 222 (1800 HEP ABC).</li> </ul>
<p><b>10.3 Hepatitis B</b></p> <p><b>Additional information</b></p> <p><b>Info box</b></p> <p>Hepatitis B is a viral infection that affects the liver and can cause cirrhosis and liver cancer [2022]. In 2022 there were an estimated 205,549 people in Australia living with hepatitis B [2020]. In 2024 there were 81 notifications of newly acquired hepatitis B with 14 of these in women aged 15–44 years</p>	<p>According to the Kirby Institute <a href="#"><i>HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2024</i></a> in 2023 there were an estimated 219,800 people in Australia living with hepatitis B. Of these, 68,639 are undiagnosed.</p> <p>According to the National Notifiable Disease Surveillance System <a href="#"><i>National Communicable Disease Surveillance System</i></a> in 2024 there were:</p> <ul style="list-style-type: none"> <li>• 80 newly acquired cases of hepatitis B notified</li> <li>• 5,535 unspecified cases of hepatitis B notified</li> </ul> <p>We suggest there is merit in citing:</p> <ul style="list-style-type: none"> <li>• the number (~68,639) and/or proportion (31%) of people living with hepatitis B who are undiagnosed</li> <li>• Both the number of newly acquired cases and unspecified cases, and</li> <li>• The number of notifications, newly acquired and unspecified in 2024, amongst women aged 15-44 years).</li> </ul> <p>Consider also amending the first sentence to read “Hepatitis B is a blood-borne viral infection ...”</p>

**10.4 Hepatitis C**

Offer and recommend hepatitis C testing at the first antenatal visit to all pregnant women as there are effective interventions for treatment and to reduce vertical transmission and adverse outcomes.

For those with detected hepatitis C antibodies, promptly initiate additional testing, consult and arrange urgent referral to appropriate specialist teams for management and treatment, and plan to appropriate testing and treatment of the baby at birth.

In order to reduce vertical transmission risk, for women who are having a planned invasive procedure (e.g. chorionic villus sampling), seek confirmation that hepatitis C testing has occurred before the procedure and recommend testing if not.

According to the National Hepatitis C Testing Policy 2025 (due for imminent release):

- “reflex testing is the preferred mode of testing”
- “When ordering an HCV antibody test, a request for HCV RNA testing (reflex testing) should be made if the sample is HCV antibody positive or discordant results are obtained from 2 serology tests. This request must be documented on the initial pathology form (‘HCV RNA if indicated’)”

The draft National Hepatitis C Testing Policy aligns with the draft [National Hepatitis C Strategy 2025-2030](#) (also due for imminent release) which includes a key priority action to “Improve the utilisation of recommended testing procedures for hepatitis C by clinicians, including routine use of reflex testing ...”.

Accordingly, consider further nuance in the consensus recommendation and the good practice statement to

- elevate and specify routine HCV reflex testing. As currently drafted (e.g., “Upon receiving positive hepatitis C antibodies test results, further testing is warranted”; and “Initial screening should be conducted through hepatitis C antibodies ... with HCV RNA testing for those with reactive anti-HCV”), the draft Guidelines reinforce two separate testing events and reflexive testing appears as an afterthought.
- list what additional testing should be initiated following detection of hepatitis C, including testing for coinfection with hepatitis B and HIV.

	<p>In addition, we note there may be a typo in the sentence “... and plan to appropriate testing and treatment of the baby at birth”.</p> <p>In addition to consulting with and arranging urgent referral (of those with detected hepatitis C) to appropriate specialist teams, community-based free and localised support services are available to people affected by hepatitis C. Consider including information (e.g., Additional information info box) about <a href="#">HepLink Australia</a>:</p> <ul style="list-style-type: none"> <li>• HepLink Australia provides confidential, free and localised viral hepatitis information and support services.</li> <li>• HepLink Australia is available to anyone, anywhere in Australia.</li> <li>• Helink Australia provides information, supportive brief interventions, peer support, referral and linkage, individual advocacy, and workforce support.</li> <li>• Call 1800 437 222 (1800 HEP ABC).</li> </ul>
<p><b>10.4 Hepatitis C</b></p> <p><b>Additional information</b></p> <p>In 2022 there were an estimated 74,400 people in Australia living with hepatitis C. In 2024 there were 840 notifications of newly acquired hepatitis C cases with 111 of these in women aged 15–44 years.</p> <p>Testing of hepatitis C antibodies (HCV antibodies) should be conducted at the first antenatal visit. Initial screening should be conducted through hepatitis C antibodies (anti-HCV) enzyme</p>	<p>According to the Kirby Institute <a href="#">HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2024</a> in 2023 there were an estimated 68,890 people in Australia living with hepatitis C. Of these, 10,990 were undiagnosed and a further 5,790 were uncertain having not received confirmatory RNA testing.</p> <p>According to the National Notifiable Disease Surveillance System <a href="#">National Communicable Disease Surveillance System</a> in 2024 there were:</p> <ul style="list-style-type: none"> <li>• 825 newly acquired cases of hepatitis C notified</li> <li>• 6,618 unspecified cases of hepatitis B notified</li> </ul>

<p>immunoassay (EIA) with HCV RNA testing for those with reactive anti-HCV. Liver function tests may also be requested.</p> <p>Upon receiving positive hepatitis C antibodies test results, further testing is warranted (such as hepatitis C RNA testing). This may be requested as reflex testing on the initial pathology form if the HCV serology is positive</p>	<p>We suggest there is merit in citing:</p> <ul style="list-style-type: none"> <li>• the number (~10,990) and/or proportion (16%) of people living with hepatitis C who are undiagnosed</li> <li>• the number (~5,790) and/or proportion (8%) of people living with hepatitis C who are partially diagnosed</li> <li>• Both the number of newly acquired cases and unspecified cases, and</li> <li>• The number of notifications, newly acquired and unspecified in 2024, amongst women aged 15-44 years).</li> </ul> <p>Consider also amending the first sentence in the Info Box to read “Hepatitis C is a blood-borne virus ...”</p>
<p>Draft Australian Postnatal Care Guidelines</p>	
<p><b>5.2.1 Considerations before screening and assessment</b></p> <p><b>Additional information</b></p> <p>Informed consent should be gained before screening for depression/anxiety and psychosocial assessment, including clarification on the limits to confidentiality in the context of risks to the woman or baby.</p>	<p>According to the Australian Commission on Safety and Quality in Health Care “Ensuring informed consent is properly obtained is a legal, ethical and professional requirement on the part of all treating health professionals and supports person-centred care.”</p> <p>We recommend consideration be given to where the requirement for ‘informed consent’ or ‘establishing informed consent’ can be made explicit in a broader context. We note the requirement for informed consent is acknowledged (section 5.2.1) in relation to screening for depression/anxiety and psychosocial assessment however suggest the requirement applies more broadly.</p>
<p><b>6.1 Breastfeeding</b></p>	<p>According to the (US) <a href="#">Centers for Disease Control</a>:</p> <ul style="list-style-type: none"> <li>• The risk of HBV transmission through breastfeeding is negligible if infants born to HBV-positive mothers are</li> </ul>

<p>Topics related to breastfeeding will be added to this section as the Postnatal Care Guidelines are developed.</p>	<p>vaccinated. However, there is no need to delay breastfeeding until the infant is fully immunized.</p> <ul style="list-style-type: none"> <li>• It is safe for a mother with hepatitis C to breastfeed her infant. There is no documented evidence that breastfeeding spreads HCV.</li> <li>• There is not enough data to conclude whether women with hepatitis B or hepatitis C can continue to breastfeed if their nipples are cracked or bleeding. However, both types of hepatitis can be spread by infected blood. Therefore, if the infected mother's nipples and/or surrounding areola are cracked and bleeding, she should stop breastfeeding temporarily.</li> <li>• To maintain her milk supply, mothers can express and discard breast milk until her nipples are healed. Once her nipples are no longer cracked or bleeding, she may fully resume breastfeeding.</li> </ul>
<p><b>8 Communicable diseases</b></p> <p>Communicable diseases cover a range of conditions that can be spread from person to person in various ways.</p>	<p>Hepatitis Australia uses and recommends “transmitted” in preference to “spread”, with the latter seeming more stigmatising and alarmist terminology.</p>
<p><b>8.1 Sexual history assessment</b></p> <p>Assess sexual history for all postnatal women with a non-judgemental, culturally safe, trauma-informed approach.</p>	<p>It is unclear why sexual history assessment is recommended for all postnatal women when testing/screening is the default recommendation or when symptomatic.</p> <p>Further, it is unclear why sexual history assessment is recommended for all postnatal women when sexual history assessment is recommended for all pregnant women.</p>
<p><b>8.3 Hepatitis B</b></p> <p><b>Good practice statement</b></p>	<p>According to the Kirby Institute <a href="#"><i>HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report</i></a></p>

For those with detected hepatitis B surface antigen (HBsAg), promptly initiate additional testing and also consultation and referral to appropriate specialist teams for management and treatment for the woman and baby.

### **Additional information**

Hepatitis B is a viral infection that affects the liver and can cause cirrhosis and liver cancer. In 2022 there were an estimated 205,549 people in Australia living with hepatitis B. In 2024 there were 81 notifications of newly acquired hepatitis B with 14 of these in women aged 15–44 years.

[2024](#) in 2023 there were an estimated 219,800 people in Australia living with hepatitis B. Of these, 68,639 are undiagnosed.

According to the National Notifiable Disease Surveillance System [National Communicable Disease Surveillance System](#) in 2024 there were:

- 80 newly acquired cases of hepatitis B notified
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We suggest there is merit in citing:

- the number (~68,639) and/or proportion (31%) of people living with hepatitis B who are undiagnosed
- Both the number of newly acquired cases and unspecified cases, and
- The number of notifications, newly acquired and unspecified in 2024, amongst women aged 15-44 years).

The Gastroenterological Society of Australia (GESA) [Australian consensus recommendations for the management of hepatitis B infection](#) state that:

- Everyone with CHB infection who is not receiving treatment requires monitoring
- Regular monitoring of people not receiving treatment is recommended to comprise at least an annual check of HBV DNA level and 6-monthly liver function tests, with or without 6-monthly ultrasound and AFP testing for HCC surveillance.

Hepatitis Australia understands that around 1 in 20 women diagnosed with hepatitis B are not receiving appropriate hepatitis

	<p>B antenatal care. Accordingly, consideration could be given to including more detailed advice (e.g., the GESA recommendations cited above).</p> <p>The GESA consensus recommendations also state that “Regular monitoring of people not receiving treatment is recommended to comprise at least an annual check of HBV DNA level and 6-monthly liver function tests, with or without 6-monthly ultrasound and AFP testing for HCC surveillance”. Given that only 24.5% of people with hepatitis B in 2023 were engaged in care for hepatitis B (i.e., receiving either antiviral treatment or guideline-based monitoring while not on treatment), consider acknowledging the need for monitoring for all people living with hepatitis B who are not receiving antiviral treatment (e.g., “For those with detected hepatitis B surface antigen (HBsAg), promptly initiate additional testing and also consultation and referral to appropriate specialist teams for management, treatment and ongoing regular care for the woman and baby.</p> <p>Hepatitis D is a satellite virus only transmitted in the context of hepatitis B (that is, contracted at the same time as hepatitis B or contracted subsequent to hepatitis B infection). Hepatitis D significantly increases the risk of and rate of progression to serious liver disease and liver cancer. Hepatitis D affects between 4% and 10% of people with chronic hepatitis B but testing is low.</p> <ul style="list-style-type: none"><li>• Where section 8.3 recommends “For those with detected hepatitis B surface antigen (HBsAg), promptly initiate additional testing” Hepatitis Australia recommends listing what additional testing should be initiated and in accordance with the GESA consensus recommendations</li></ul>
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	<p>that this should include testing for hepatitis D (serum anti-HDV IgG, followed by HDV-RNA polymerase chain reaction (PCR) if confirmed), and hepatitis C and HIV coinfection if status is uncertain.</p> <p>In addition to consulting with and arranging urgent referral (of those with detected hepatitis B surface antigen (HBsAg)) to appropriate specialist teams, community-based free and localised support services are available to people affected by hepatitis B. Consider including information about HepLink Australia:</p> <ul style="list-style-type: none"> <li>• HepLink Australia provides confidential, free and localised viral hepatitis information and support services.</li> <li>• HepLink Australia is available to anyone, anywhere in Australia.</li> <li>• Helink Australia provides information, supportive brief interventions, peer support, referral and linkage, individual advocacy, and workforce support.</li> <li>• Call 1800 437 222 (1800 HEP ABC).</li> </ul> <p>Consider amending the first sentence in the Additional information Info Box to read “Hepatitis B is a blood-borne viral infection ...”</p>
<p>8.4 Hepatitis C</p> <p>In 2022 there were an estimated 74,400 people in Australia living with hepatitis C. In 2024 there were 840 notifications of newly</p>	<p>According to the Kirby Institute <a href="#">HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2024</a> in 2023 there were an estimated 68,890 people in Australia living with hepatitis C. Of these, 10,990 were undiagnosed and a</p>

acquired hepatitis C cases with 111 of these in women aged 15–44 years.

Initial screening should be conducted through hepatitis C antibodies (anti-HCV) enzyme immunoassay (EIA) with HCV RNA testing for those with reactive anti-HCV. Liver function tests may also be requested.

Upon receiving positive hepatitis C antibodies test results, further testing is warranted (such as hepatitis C RNA testing). This may be requested as reflex testing on the initial pathology form if the HCV serology is positive.

further 5,790 were uncertain having not received confirmatory RNA testing.

According to the National Notifiable Disease Surveillance System [National Communicable Disease Surveillance System](#) in 2024 there were:

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We suggest there is merit in citing:

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According to the National Hepatitis C Testing Policy 2025 (due for imminent release):

- “reflex testing is the preferred mode of testing”
- “When ordering an HCV antibody test, a request for HCV RNA testing (reflex testing) should be made if the sample is HCV antibody positive or discordant results are obtained from 2 serology tests. This request must be documented on the initial pathology form (“HCV RNA if indicated”)

The draft National Hepatitis C Testing Policy aligns with the draft [National Hepatitis C Strategy 2025-2030](#) (also due for imminent

	<p>release) which includes a key priority action to “Improve the utilisation of recommended testing procedures for hepatitis C by clinicians, including routine use of reflex testing ...”.</p> <p>Accordingly, consider amendments in the relevant sentences cited to the left (from section 8.4) to elevate and specify routine HCV reflex testing. As currently drafted (e.g., “Upon receiving positive hepatitis C antibodies test results, further testing is warranted”; and “Initial screening should be conducted through hepatitis C antibodies ... with HCV RNA testing for those with reactive anti-HCV”), the draft Guidelines reinforce two separate testing events and reflexive testing appears as an afterthought.</p> <p>Further, with regard to “further testing is warranted”, consider listing what additional testing should be initiated including testing for coinfection with hepatitis B and HIV if status is uncertain.</p> <p>Consider also amending the first sentence in the Additional information Info Box to read “Hepatitis C is a blood-borne virus ...”</p>
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