Micro Elimination criteria for Drug Treatment Services (DTS)

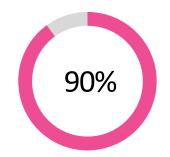
Micro Elimination is the achievement of Hep C elimination within a specific location or small population.¹
It is the benchmark against an individual DTS's Hep C elimination efforts.



100% of clients in structured treatment are offered a Hep C test



100% of those with a history of injecting have been tested ever



90% of current and previous injectors (at risk) have a Hep C test date within the last 12 months[§]



90% of HCV+ patients have commenced treatment[†]



















Micro Elimination criteria for DTS agreed by the Hep C Drug Treatment Services Provider Forum, June 2022. Applies to active clients in structured treatment. Reviewed every 6 months to maintain elimination status.

*2% tolerance is permissible. § Excluding assessed as not appropriate to offer. † Accountability for patient starts and reporting patient starts sits with the Operational Delivery Network. The service will commit to ensuring a robust referral mechanism and support stakeholders in seeking and implementing a local and/or national mechanism for obtaining and reporting accurate patient start data based on a patient start date defined as date of prescription

1. Lazarus, JV. Semin Liver Dis 2018; 38(3):181–92.

Hep C Micro Elimination for DTS Cycle

Micro Elimination (ME) status reviewed every 6 months against the ME for DTS criteria

Review

Monitor, report testing and treatment referral figures; establish what's needed to achieve Micro Elimination (ME) at your site

Ensure that no patients are left behind – continue to identify new patients, test clients, and refer those with active infection for treatment

Maintain

Assess

Review and assess current data & figures against established criteria for achieving ME in DTS

Share your ME story with other DTS providers – let them know what you did to achieve or maintain ME at your site

Broadcast

Declare

Once data has been checked and verified against ME criteria by a data analyst, declare ME at your site When you start a new cycle there will be fewer patients in your service with active HCV infection. To maintain Micro Elimination status and support ongoing efforts towards global elimination of Hep C in the next cycle, it will be important to focus on identifying the undiagnosed, connecting with those who are not actively engaged with DTS, continuing to test, and offering harm reduction and reinfection advice

















