



Consultation Document

HBV DNA Request from Outpatients and the Community

(09) 574 7399





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1. BACKGROUND

HBV DNA is an expensive test, and its ordering has been audited by LabPLUS and Labtests. In 2014 there were 3606 HBV DNA tests requested via Labtests from the Auckland and Northland communities. Requesters were as follows:

Requester	Number	% of total
Auckland DHB outpatients	2040	57
GPs	1043	29
Private gastroenterologists	329	9
Northland DHB	148	4
Immigration / commercial	18	<1
Maternity services	10	<1
Hepatitis foundation	9	<1
Sexual health	2	<1

2. RECOMMENDATIONS TO REDUCE TESTING VOLUMES WITHOUT COMPROMISING CLINICAL CARE

- 2.1. Allow HBV DNA ordering from specialists-only (including specialist nurses) / hepatitis foundation / reflex testing from community laboratory (eAg + pregnant women). HBV DNA ordering by GPs restricted to 'only following consultation with hepatitis foundation or specialist', or where ALT is elevated for longer than six months
- 2.2. Adjust testing frequency in the patients who are taking entecavir or tenofovir by reducing the frequency of testing for those who are compliant, and have demonstrated full viral suppression
- 2.3. Testing annually or if ALT becomes elevated
- 2.4. No change to commercial testing (mainly immigration requests)

3. RATIONALE FOR CHANGE

- 3.1. Ideally all patients with chronic hepatitis B in our community should be referred to the Hepatitis Foundation. The Hepatitis Foundation follow up patients, and help the patient's GP with recognising when the patient fulfils criteria for specialist referral.
- 3.2. HBV DNA testing is seldom indicated in patient without elevated ALT for more than six months. At this time HBV DNA testing is appropriate as a one-off prior to clinic referral and could be done with clinical details indicating elevated ALT.
- 3.3. Entecavir and tenofovir have proven to be highly efficacious in achieving viral suppression in chronic HBV infection. Where there is no history of antiviral resistance, the patient is compliant with therapy and viral suppression has been achieved, breakthrough is very rare. Development of resistance among patients who are antiviral naïve prior to entecavir or tenofovir is very rare and occurs in patients in whom viral load is never fully suppressed.

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4. CONSULTATION PROCESS

4.1. What are we consulting on?

We are consulting on a proposal to restrict HBV DNA testing from primary care. Tertiary services (public and private hepatology and infectious diseases clinics) will also be encouraged to review their HBV DNA test ordering.

4.2. Who Is being consulted?

Stakeholder consultation will be with the following groups:

- Primary care referrers
- ° PHO
- Public and private gastroenterology and hepatology specialists
- The Hepatitis Foundation
- DHB chief medical officers
- ° Specialist hepatitis nurses

5. CONSULTATION TIMELINE

Consultation document Friday 18th March 2016

Feedback Until 5pm Friday 8th April 2016

Decision and announcement Friday 15th April 2016

6. HOW TO GIVE FEEDBACK

Please give feedback by 5pm Friday 18th March 2016 to:

Dr Arlo Upton

Clinical Microbiologist and Medical Director, Labtests and Northland Pathology Laboratory <u>Arlo.upton@labtests.co.nz</u>

Dr Kitty Croxson

Clinical Virologist, ADHB kittyc@adhb.govt.nz

7. DECISION

The decision will be made available on the Labtests and LabPLUS websites, and those giving feedback will also be informed of the decision by email.

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