

April 2017

*HCV Action brings together hepatitis C health professionals from across the patient pathway with the pharmaceutical industry and patient representatives to share expertise and good practice.*

### News & reports...

\* [NICE](#) has launched a consultation on its draft quality standard on 'Physical health of people in prison'. The quality standard includes measures on hepatitis C testing. Consultation responses must be submitted by 5pm on Tuesday 9<sup>th</sup> May, with full details available [here](#).

\* [HCV Action](#) is hosting an ODN workshop in Newcastle on Wednesday 3<sup>rd</sup> May 2017, in partnership with the North East & Cumbria ODN. The session will focus on the challenges associated with engaging more people in the hepatitis C care pathway, with attendees proposing and discussing solutions to some of these challenges. If you are interested in attending, please email [hcvaction@hepctrust.org.uk](mailto:hcvaction@hepctrust.org.uk).

\* The East of England Viral Hepatitis Group has produced Guidance for Blood Borne Virus services within Community Drug & Alcohol Services in the East of England. The document forms part of a wider toolkit for community drug and alcohol services in the East of England, and aims to a) enable compliance with Public Health Law and b) agree a clear care pathway with Community Drug and Alcohol Services in the region. The guidance is available in the HCV Action Resource Library [here](#).

\* Higher than expected hepatitis C prevalence was found among HIV-negative men who have sex with

## HCV Action & PHE staging Cambridge hepatitis C roadshow



Final preparations are underway for HCV Action and Public Health England's

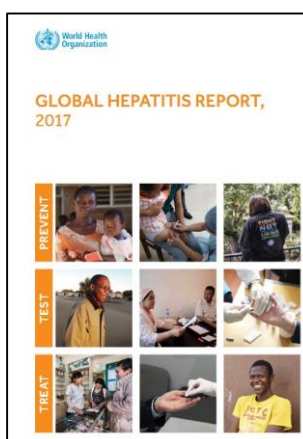
hepatitis C good practice roadshow in Cambridge, which is being held on Tuesday 9<sup>th</sup> May 2017. The roadshow is the first of 2017, with three such events having taken place last year in Newcastle, Bristol and Manchester.

The roadshow will seek to bring together individuals working across hepatitis C services and strategy in Cambridge and the surrounding area, with the aim of highlighting and promoting good practice, as well as acting as a forum for discussions about how to address specific local issues in relation to hepatitis C.

The event will feature a range of talks and workshops, covering issues such as treatment for hepatitis C, the commissioning landscape, hepatitis C in prisons and hepatitis C in the South Asian community.

The event is free to attend and the last few remaining places are still available. You can view full details of the event and book your place to attend [here](#).

## WHO releases first Global Hepatitis Report



The World Health Organisation (WHO) has released its first Global Hepatitis Report, providing an update on progress in tackling hepatitis across the world.

The report focuses on hepatitis B and C, and follows the endorsement by World Health Assembly member states of the [Global Health Sector Strategy on Viral Hepatitis](#) in May 2016, which set a target of eliminating hepatitis C as a public health concern by 2030.

The report lays out the global and regional estimates on viral hepatitis in 2015, providing a baseline for tracking progress in reaching elimination. According to WHO figures, viral hepatitis caused 1.34 million deaths in 2015 and 71 million people are living with chronic hepatitis C across the world. 7.4% of those diagnosed with hepatitis C (or 1.1 million people) had started treatment, with more new infections than patients who were started on treatment in 2015.

The Global Hepatitis Report is available to read in full [here](#), with an executive summary available [here](#).

men (MSM) taking pre-exposure prophylaxis (PrEP) in Amsterdam, according to a study presented at the [Conference on Retroviruses and Opportunistic Infections](#) in Seattle. The study's authors recommended routine hepatitis C testing for MSM at high risk for HIV, especially those enrolling in PrEP programmes. A report on the study is available [here](#).

\* A new study in the [Journal of Hepatology](#) has found no decline in rates of hepatitis C among HIV-positive men who have sex with men (MSM) between 1990 and 2014. While hepatitis C incidence was found to have stabilised in Western Europe and remained stable in Southern Europe, a recent increase in hepatitis C incidence was observed in Northern Europe. The study can be accessed [here](#).

\* The latest issue of [Drink and Drugs News](#) magazine features a report on a talk given by Charles Gore, Chief Executive of [The Hepatitis C Trust](#), to the Drugs, Alcohol and Justice Cross Party Parliamentary Group. The talk focused on the opportunity presented by new hepatitis C treatments for all-round health gains, with hepatitis C often being linked with other health/wellbeing issues, such as drug and alcohol misuse, mental health problems and homelessness. The article can be found on p.20 [here](#).

\* The final evaluation report of [Addaction](#) and [The Hepatitis C Trust's](#) Hepatitis C Partnership Project is available in the [HCV Action](#) resource library. The report evaluates the success of the project, which involved the two charities piloting three interventions aimed at supporting people with a history of injecting drug use who were engaged with [Addaction](#) services in the South West of England into hepatitis C treatment. The report can be read [here](#).

\* Also available in the [HCV Action](#) resource library is the revised edition of the [HCV Action](#) Commissioning Toolkit, an updated version of the original toolkit

## Hepatitis C research presented at International Liver Congress



New and significant research on hepatitis C was presented at the [International Liver Congress 2017](#), which took place from 19<sup>th</sup> - 23<sup>rd</sup> April in Amsterdam.

Data presented at the Congress included a study showing considerable restrictions in the provision of direct-acting antiviral (DAA) therapy across European countries.

The study examined treatment provision in 35 EU/EEA countries. For treatment naïve patients, 38% of countries required evidence of at least moderate fibrosis before DAAs were prescribed, and almost one-fifth had a drug or alcohol use limitation (for example, the requirement of abstinence for treatment with DAAs). A write-up of the presentation is available [here](#).

Professor Francesco Negro of [University Hospital of Geneva](#), delivered a presentation outlining the importance of dealing with hepatitis C as a systemic disease. With studies showing a range of extrahepatic manifestations of the infection, curing people of hepatitis C will prevent people dying of non-liver related causes. A full report of Prof Negro's presentation is available [here](#).

Evidence of the systemic nature of the virus was provided by Patrice Cacoub of Hôpital Pitié-Salpêtrière, Paris, who presented the findings of a study which showed that curing hepatitis C reduces the risk of cardiovascular events in people with compensated cirrhosis. A write-up of the presentation is available [here](#).

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published in September 2013. The toolkit identifies key commissioning responsibilities to support the commissioning of cost-effective services which are most effective for people with hepatitis C. The toolkit can be accessed [here](#).

Share your good practice...

*If you would like your service to be featured as a good practice case study on the HCV Action website, please send an email to [hcvaction@hepctrust.org.uk](mailto:hcvaction@hepctrust.org.uk).*

We want to keep HCV Action's membership updated on news and events from across the country.

If you have any news you would like to share with colleagues or would like to publicise an event please email details to [hcvaction@hepctrust.org.uk](mailto:hcvaction@hepctrust.org.uk).