

HCVAction

Bringing you the latest hepatitis C news and events

April 2018

News & Reports

* A pharmacy-based hepatitis C testing pilot project targeting injecting drug users, coordinated by the [London Joint Working Group on Substance Use and Hepatitis C](#), has announced early results. Around half of those tested in the first six weeks of the pilot tested positive for hepatitis C antibodies following a saliva test. The second phase of the project has now launched, conducting blood tests for hepatitis C in eight pharmacies (four of which did not take part in the first phase). Full results of the first phase of the pilot will be published in early May, with initial results shared in [this Chemist and Druggist article](#).

* A new study presented at April's [International Liver Congress 2018](#) found that hepatitis C-related liver transplantation and post-transplant survival rates in Europe have improved dramatically since the arrival of direct acting antiviral (DAA) treatments for hepatitis C. The percentage of liver transplants performed as a result of hepatitis C infection has more than halved since DAA drugs became available and post-transplant survival rates among those with hepatitis C are now similar to those reported in patients with hepatitis B. A write-up of the study's findings can be read [here](#).

* National surveillance data presented by Professor Sharon Hutchinson of [Glasgow Caledonian University](#) at the [International Liver Congress](#) showed that 4,800

HCV Action and PHE announce Oxford hepatitis C good practice roadshow



[HCV Action](#), in partnership with [Public Health England](#), has announced that the first hepatitis C good practice roadshow of 2018 will take place in Oxford on Thursday 7th June.

The event is free to attend and will be particularly useful for those who work in drug and

alcohol services, primary and secondary care, prison healthcare and local authority public health teams, as well as commissioners, civil servants and anyone with an interest in hepatitis C and blood borne viruses. The roadshow's key aims are to:

- Showcase and share good practice in the prevention, testing, diagnosis and treatment of hepatitis C.
- Identify specific issues and potential solutions for tackling hepatitis C in Oxford and the wider South East area.

The roadshow will include talks on the hepatitis C landscape in the region, awareness and testing, and the opportunity for the elimination of hepatitis C as a major public health concern. Afternoon workshops will focus on finding solutions to challenges faced by the Thames Valley ODN, awareness and testing in drug services and hepatitis C in the South Asian community.

The full programme and registration for the event is available [at the event website here](#). Limited places are available and registration is on a first-come, first-served basis so early registration is advised.

HCV Action publishes 'one-stop' hepatitis C service business case template

[HCV Action](#) has published a commissioning business case template for a 'one-stop' hepatitis C service, developed by

people have received treatment for hepatitis C in Scotland in the past three years, 83% with DAA treatments. Ninety-four per cent of all people treated achieved a sustained virological response (SVR). Between 2013 and 2016 cases of decompensation declined by 29%. Read a summary of the data [here](#).

* The [World Hepatitis Alliance](#) has produced a series of materials for this year's [World Hepatitis Day](#) (28th July 2018). The materials include customisable posters and social media graphics, a campaigning toolkit and information on the #FindtheMissingMillions campaign. The materials can be accessed [here](#).

* The [UK Focal Point on Drugs'](#) annual Drug Situation report is now available in the [HCV Action](#) resource library. The report contains details of hepatitis C prevention schemes, prevalence and incidence rates among injecting drug users, and levels of testing, diagnosis and treatment for hepatitis C among PWID. The report can be read [here](#).

* The [Northern Care Alliance](#) will be hosting a free talk on hepatitis at [North Manchester General Hospital](#) on Wednesday 9th May 2018 as part of the hospital's 'Medicine for Members' events. The talk will focus mainly on hepatitis B and C and will be hosted by Dr Javier Vilar, Infectious Diseases Consultant. The event is from 2pm-3pm and full details, including location and booking instructions, can be seen [here](#).

* The [Scottish Medicines Consortium](#) this month accepted sofosbuvir-velpatasvir-voxilaprevir (Vosevi) for the treatment of hepatitis C for adults where previous treatment has failed, becoming the first option for this patient group. The same drug was accepted for adults with hepatitis C genotype 3. Sofosbuvir-velpatasvir (Epclusa) was also accepted for the treatment of hepatitis C in patients with genotype 1-4

HCV Action
 HCV Action: Sharing good practice and case study: ITTREAT (Integrated community-based Test - stage - TREAT)
 Published April 2018

ITTREAT (Integrated community-based Test - stage - TREAT)
 An example of developing an integrated hepatitis C community service for people who inject drugs

Key points

- The Brighton Pilot was a 4-year integrated Test-stage and TREAT (ITTREAT) community HCV project evaluation, running from December 2013 - Dec 2017.
- The project appointed a specialist hepatitis nurse to lead a 'one-stop' holistic hepatitis C service - including testing, assessment of liver scarring, education and treatment - within a community-based substance misuse service.
- The project involved 350 participants of whom 250 (71%) were found to be HCV PCR positive. One hundred and seventy-one individuals were suitable for HCV treatment, of which 118 commenced treatment in the community, with a 98% compliance rate and treatment outcomes comparable to specialist care.
- The service demonstrated a clinically effective model for delivering accessible community-based test and treat HCV services, and contributed to a reduction in hepatitis C prevalence in the area. The service is now permanently funded by Brighton & Sussex University Hospital.

Overview

The ITTREAT project supported and monitored the development of an integrated nurse-led hepatitis C service within a substance misuse service in Brighton and Hove. The specialist nurse worked full time and was employed by Brighton & Sussex University Hospital.

The project aimed to investigate the effectiveness of delivering integrated hepatitis C care, from testing to treatment, in an accessible community setting aimed at people who inject drugs (PWID). PWID are a highly vulnerable and disenfranchised cohort with poor engagement with health services, and past research has shown that PWID who are referred to hospital for hepatitis C treatment have very high rates of disengagement from care.

By providing on-site treatment, the ITTREAT project aimed to access 'hard to reach' PWID and ensure continuity of care in a local setting, minimising treatment drop-out rates and providing high quality and effective service delivery. The project contributed to reducing hepatitis C prevalence amongst PWID in Brighton and proved to be a clinically effective

the ITTREAT (Integrated Test-stage and Treat) team, with support from [Brighton and Sussex University Hospital](#).

The business case is designed to support services to secure funding for a specialist hepatitis C nurse and develop an integrated community-based hepatitis C service to engage people who inject drugs (PWID).

The template provides background and evidence from the Brighton ITTREAT project and is designed to be amended based on local differences in epidemiology, or to fit alternative community-based settings. The template can be downloaded on the [HCV Action](#) website [here](#).

[HCV Action](#) also published an accompanying good practice case study on the Brighton ITTREAT project, a successful four-year pilot which involved a specialist hepatitis nurse leading a holistic hepatitis C service - providing testing, assessment of liver scarring, education and treatment - within a community-based substance misuse service.

The service demonstrated a clinically effective model for delivering accessible community-based test and treat hepatitis C services, and contributed to a reduction of hepatitis C in the Brighton area. The service is now permanently funded by [Brighton and Sussex University Hospital](#). The case study is available to read on the [HCV Action](#) website [here](#).

New hepatitis C prevalence review available in HCV Action resource library

BMC Infectious Diseases

RESEARCH ARTICLE Open Access

Hepatitis B/C in the countries of the EU/EEA: a systematic review of the prevalence among at-risk groups

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Abstract

Background: In 2015, the World Health Organization set a goal to eliminate viral hepatitis by 2030. Subsequent elimination strategies will aim to reduce prevalence and fully eliminate disease. However, prevalence estimates of hepatitis B and C in countries at risk remain scarce. Limited data are available on the prevalence of hepatitis B and C in prison, men who have sex with men (MSM), and people who inject drugs (PWID).

Methods: Estimates of the prevalence among EU/EEA at-risk groups included in our study were derived from multiple sources. A systematic search of literature published during 2005-2015 was conducted to identify hepatitis prevalence in prison, men who have sex with men, and people who inject drugs. Studies were assessed for risk of bias and high quality estimates were included in a meta-analysis. Data were extracted from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) reports.

Results: Data were available for 16 studies (n=16) including 104,000 participants. The highest prevalence of hepatitis B was 10.2% (95% CI 7.1-13.3%) in men who have sex with men (MSM) and 10.2% (95% CI 7.1-13.3%) in people who inject drugs (PWID). The highest prevalence of hepatitis C was 40.0% (95% CI 35.0-45.0%) in men who have sex with men (MSM) and 40.0% (95% CI 35.0-45.0%) in people who inject drugs (PWID). The highest prevalence of hepatitis B and C was 10.2% (95% CI 7.1-13.3%) in men who have sex with men (MSM) and 40.0% (95% CI 35.0-45.0%) in people who inject drugs (PWID).

Conclusions: The prevalence of hepatitis B and C among at-risk groups in the EU/EEA is high. The highest prevalence of hepatitis B and C was 10.2% (95% CI 7.1-13.3%) in men who have sex with men (MSM) and 40.0% (95% CI 35.0-45.0%) in people who inject drugs (PWID). The highest prevalence of hepatitis B and C was 10.2% (95% CI 7.1-13.3%) in men who have sex with men (MSM) and 40.0% (95% CI 35.0-45.0%) in people who inject drugs (PWID).

Keywords: Hepatitis B, Hepatitis C, Prevalence, Men who have sex with men, People who inject drugs, Prisons, High-risk groups, Systematic review, Publication bias

A new review examining hepatitis C prevalence among three key at-risk groups in European countries has been added to the [HCV Action](#) resource library. The review, originally published in the [BMC Infectious Diseases](#) journal, looks at hepatitis C and hepatitis B prevalence among people who inject drugs (PWID), the prison population and men who have sex with men (MSM) in European Union/European Economic Area member states.

The research was conducted by Rotterdam Public Health Service and Erasmus University, Rotterdam, and looked at 68 prevalence estimates from 23 countries, all published between 2005 and 2015. The researchers found highest prevalence of hepatitis C among people in prison and PWID and recommend concerted effort to target these groups to

infection. Access the [Scottish Medicines Consortium medicines advice list here](#) and read a [Nursing Times](#) news report on the new approvals [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, or if you have any news or events to share with colleagues, please send an email to hcvaction@hepctrust.org.uk.

ensure hepatitis C elimination is achieved by 2030.

Estimates of hepatitis C antibody prevalence in MSM in England ranged from 1.6% to 2.1%. Pooled estimates of multiple studies showed hepatitis C antibody prevalence of 17.4% among people in prison in the United Kingdom and 49% among PWID in the UK.

The authors identify four key public health implications from their research, recommending systematic screening and linkage to care for people in prison, 'treatment as prevention' for high-burden populations, and community outreach for hepatitis C screening and treatment, as well as adequate resourcing for hepatitis B vaccination.

The full review can be accessed in the [HCV Action](#) resource library [here](#).



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