

HCVAction

Bringing you the latest hepatitis C news and events

August 2019

This e-update...

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HCV Action hosting West London hepatitis C good practice roadshow



[HCV Action](#) and [Public Health England](#) will host a [hepatitis C good practice roadshow](#) with the West London ODN on Friday, 27th September 2019.

The [event](#) aims to bring together people working across the hepatitis C care pathway in West London - from healthcare professionals to substance misuse workers, peer mentors to public health directors - in order to enhance local service provision and share best practice.

Seizing the opportunity provided by the recently announced [NHS England](#) elimination deal, we will be showcasing good practice in hepatitis C care and identifying specific issues and potential solutions for tackling the virus in the West London ODN area.

The roadshow event will include talks on the hepatitis C epidemiology landscape in the region, examples of best practice, and opportunities for the elimination of hepatitis C as a major public health concern. Afternoon workshops will be held on identifying solutions to challenges faced by the ODN, awareness and testing in drug services and hepatitis C in prisons. A full agenda can be found [here](#).

The event is free to attend and still has some tickets left. You can register your attendance [here](#).

Updates will also be provided on the day via the [HCV Action Twitter](#) account and via the hashtag #hepCwestlondon. A summary report will be produced following the event, which will be available in the HCV Action [resource library](#).

Scottish Government publishes hepatitis C action plan



Proposal for Consideration by the Scottish Government

Scotland's Hepatitis C Action Plan: Achievements of the First Decade and Proposals for a Scottish Government Strategy (2019) for the Elimination of both Infection and Disease

Taking Advantage of Outstanding New Therapies

Prepared by:

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On Behalf of Scotland's Hepatitis C Stakeholders (See Acknowledgements)

January 2019
Revised July 2019

Shortly after its [announcement](#) of an ambitious new target to eliminate hepatitis C by 2024, six years before the World Health Organisation's goal, the Scottish Government published its long-awaited hepatitis C [strategy](#).

The report, titled 'Scotland's Hepatitis C Action Plan: Achievements of the First Decade and Proposals for a Scottish Government Strategy (2019) for the Elimination of both Infection and Disease', was written in partnership with [Health Protection Scotland](#).

Although it mostly reflects on the achievements of previous strategies and policy developments, the report does very briefly outline how Scotland should progress to achieve its elimination targets in the next few years:

- As has been previously [announced](#), Scotland should treat a minimum of 2,500 people during 2019/20, and 3,000 people in each year following.
- Scotland should intensify efforts to find people living with an undiagnosed infection of hepatitis C, guided by the [recommendations](#) made by the Short Life Working Group on Hepatitis C Virus Case Finding and Access to Care.
- Scotland should ensure that people who inject drugs have access to and take up optimal harm reduction services and treatment.

The action plan is available in HCV Action's resource library and is available to view [here](#).

LJWG report calls on services providing hepatitis C care to review and improve their data sharing processes

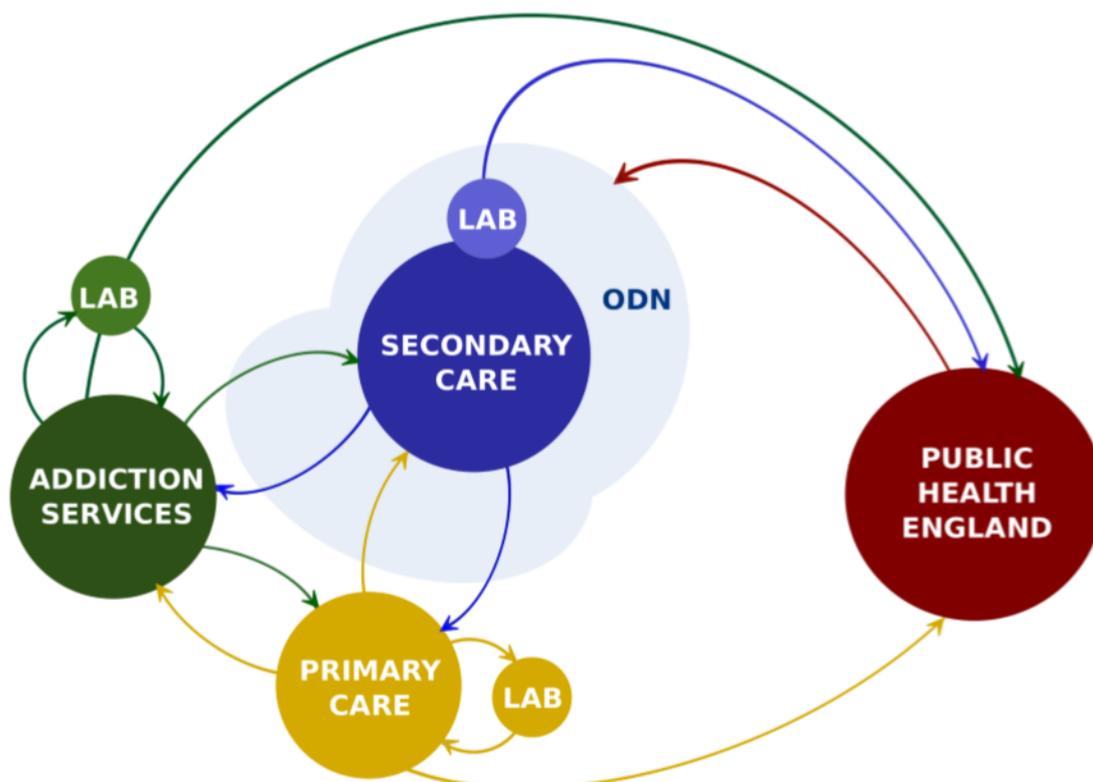


Figure 3.1 Information sharing pathways between care providers involved in hepatitis C testing and treatment. The arrows indicate the flow of information to and from the different care providers that is needed to ensure successful testing and completion of treatment.

On 27th August the [London Joint Working Group on Substance Use and Hepatitis C](#) (LJWG) published a [report](#) exploring how a more coordinated and joined-up approach to data sharing can lead to better hepatitis C care.

The report, titled 'Joining up the dots: Linking pathways to hepatitis C diagnosis and treatment', was informed by interviews with various stakeholders including [Caldicott Guardians](#), Information Governance specialists, and clinicians. It found that many people delivering clinical care do not understand which data can be shared, with whom, and when explicit consent from the patient is necessary for data sharing - confusions which have been further compounded by the General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA18).

People are being diagnosed with hepatitis C at various different locations and may be engaged with a plethora of services such as drug services, outreach services, GP practices, pharmacies and prison healthcare. It is key that these organisations have systems that can process and share patient information efficiently so that people who are diagnosed with hepatitis C can progress quickly and easily to treatment. The report clarifies the legal basis for data sharing and sets out that neither GDPR nor DPA18 alters the requirements of the Health and Social Care (Safety and Quality) Act 2015 for health and social care organisations to share data that facilitates patient care.

This means that patient data may be shared for direct care purposes without explicit patient consent, a fact that the report finds not enough care providers know about. It calls for the development of clear guidance and training on the matter, with particular support provided for hepatology outreach teams, and encourages services to review their processes for data sharing to ensure they facilitate easy pathways into treatment. In addition, the report argues that this should be supported by the development of informatics solutions that help care providers to share data on a system that bridges sectors.

The report is available to read in the [HCV Action resource library](#) and the LJWG's press release can be found [here](#).

Public Health England publishes report on UAM survey of HIV and viral hepatitis among people who inject drugs



[Public Health England](#) published a [report](#) of findings from the Unlinked Anonymous Monitoring (UAM) Survey of HIV and viral hepatitis among people who inject drugs

this month.

The aim of the annual survey, which collects data from Wales and Northern Ireland as well as England, is to monitor the prevalence and incidence of HIV, hepatitis B and hepatitis C infection, and associated injecting risk behaviours and uptake of harm reduction services in people who inject drugs.

The UAM survey recruited over 2,800 people who inject drugs through specialist agencies providing a range of services to this group, from medical treatment to needle and syringe programmes (NSPs). Those happy to participate were then tested for infection and completed an anonymous questionnaire, unlinked to their test.

Along with the fact that hepatitis C remains the most common infection for people who inject drugs, the main findings for 2018 are:

- **Hepatitis C prevalence (antibodies).** The prevalence of HCV antibodies among survey participants was 54%, representing a 26% increase since 2008 (55% in England; 56% in Wales; 22% in Northern Ireland).
- **Hepatitis C prevalence (chronic).** Of those with HCV antibodies, 49% had HCV RNA, indicating a chronic HCV infection. This is the same proportion as 2017 and represents a decrease since 2011.
- **Hepatitis C testing.** The proportion of people ever tested for HCV increased from 78% in 2008 to 85% in 2018, with 47% of participants tested within the course of 2018, the highest rate in a decade.
- **Hepatitis C treatment.** 39% of those HCV antibody positive had seen a hepatologist for their hepatitis C and been offered and accepted treatment. This represents a 20% increase since 2011.
- **Hepatitis C awareness.** The proportion of participants with chronic HCV who were aware of their injection was 50%.
- **Injecting risk behaviour.** 39% of respondents reported sharing needles, syringes and other injecting paraphernalia both directly and indirectly during the preceding four weeks, with 18% of participants directly sharing needles and syringes. Notably, sharing was significantly higher in women than in men (25% of female participants compared to 16% of male participants). Direct sharing has also increased significantly in the 25-34 age-group.
- **Needle exchange services.** Consistent with previous years, 91% of participants had ever accessed a needle exchange, with 77% reporting current engagement with treatment for their drug use.
- **Risk factors (prison).** 67% of participants reported ever being in prison, a similar statistic to previous years.
- **Risk factors (homelessness).** 47% reported being homeless or having been homeless in the last year, a 38% increase since 2008.

The [full report](#) and [data tables](#) relating to the report are available to read in the HCV Action resource library.

"There is a need to improve awareness of hepatitis C in this high-risk group, as ignorance of their diagnosis was observed in half the surveyed cohort. Expansion of HCV testing and referral to care, and uptake of treatment are required to reach the WHO goal of elimination of viral hepatitis by 2030. Services should aim to make testing for blood-borne viruses available for patients at first assessment and during follow up. An HCV RNA test is required for anti-HCV positive individuals who inject drugs and reflex testing of anti-HCV positive samples for the presence of HCV RNA should be recommended in line with current NICE guidelines, where laboratories automatically test samples positive for anti-HCV for the presence of HCV RNA, or refer the sample to a laboratory which can perform this test. When the risk is assessed as high, repeat testing is required up to twice a year."

News and reports

* The Welsh Government has responded to the Welsh Assembly Health, Social Care and Sport Committee's June 2019 report '[Hepatitis C: Progress towards achieving elimination in Wales](#)'. The report followed a January 2019 inquiry, which heard oral evidence from [The Hepatitis C Trust](#), the [Royal College of General Practitioners](#) and [Royal College of Nursing](#), [Public Health Wales](#) and senior clinicians. As well as a targeted hepatitis C awareness-raising campaign and additional funding for testing in Welsh prisons, the report recommended that the Welsh Government produce a comprehensive national elimination strategy with clear targets, sustainable funding, and workforce planning. However, the only recommendation the Welsh Government accepted in full was to write to Local Health Board Finance Directors and Chief Executives to emphasise that national treatment targets for hepatitis C must be considered as minimum targets, to be exceeded wherever possible. Read the full Welsh Government response [here](#).

* Micro-elimination campaigns in cities across the UK have been growing this month. In Southampton, Mayor Peter Baillie [lent his support to Southampton City Council's hepatitis C campaign](#), run in partnership with [University Hospitals Southampton NHS Foundation Trust](#), [Solent NHS Trust](#) and the [University of Southampton](#). In Leeds, [St James's University Hospital](#), [Forward Leeds](#) and [Leeds City Council](#) have collaborated to launch a new [campaign for hepatitis C](#). And in London, efforts to micro-eliminate led by the [London Joint Working Group on Hepatitis C and Substance Use](#) and the [Greater London Authority](#) continue following the [Mayor's visit to The Hepatitis C Trust's](#) mobile testing van last month. The Mayor has [given his support](#) to a South London-led clinical trial aimed at testing and treating HCV.

* [The Infected Blood Inquiry](#) has published its fifth newsletter which also provides instructions on how to register for the next set of hearings in London in October and November this year. Read the newsletter [here](#).

* [The Hepatitis C Trust's](#) Chief Executive Rachel Halford will be joining NHS England colleagues at this year's [Health and Care Innovation Expo](#) for a session titled 'Reaching the unreachable - Eliminating hepatitis C'. The Expo is the biggest NHS-

led event of the year and 2019's event focuses on the NHS Long Term Plan. The session is a 'pop-up university' workshop and will take place at 11.15am on Thursday 5th September discussing plans to eliminate hepatitis C by 2030. You can see details of the session [here](#) and register to attend the event [here](#).

* In its systematic review of interventions to increase testing, linkage to care and treatment of HCV among people in prisons, the [International Journal of Drug Policy](#) found that more research is needed to improve hepatitis C care for people in prisons. While all studies found interventions - such as education, opt-in screening clinics, and systematic DBS testing - increased testing, the risk of study bias was high. Additionally, researchers identified only one study from the DAA era, and only two randomised controlled trials. Read the paper [here](#).

* The [American Gastroenterological Association](#) published research showing that DAAs can reduce liver disease-related deaths by approximately half. Read the paper [here](#).

* A study published in [Clinical Infectious Diseases](#) has found that alcohol and drug use for people with chronic hepatitis C remained unchanged or decreased slightly during and after DAA treatment. They also found that needle sharing decreased significantly after treatment. The researchers used their findings to argue that DAA treatment should be expanded to all people who inject drugs infected with the virus, irrespective of ongoing injection drug use. Read the study [here](#).

* The [Office for National Statistics](#) released figures showing the highest ever annual increase in drug-related deaths in England and Wales since records began, highlighting the need for harm reduction interventions. Access the data [here](#).

Share good practice

If you would like your service to be featured as a good practice case study on the HCV Action website, have any news to share with colleagues, or would be interested in being an [HCV Action Ambassador](#), please send an email to hcvaction@hepctrust.org.uk.



*HCV Action is co-funded by AbbVie, Gilead, and MSD.
The Hepatitis C Trust provides secretariat support to HCV Action.*

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