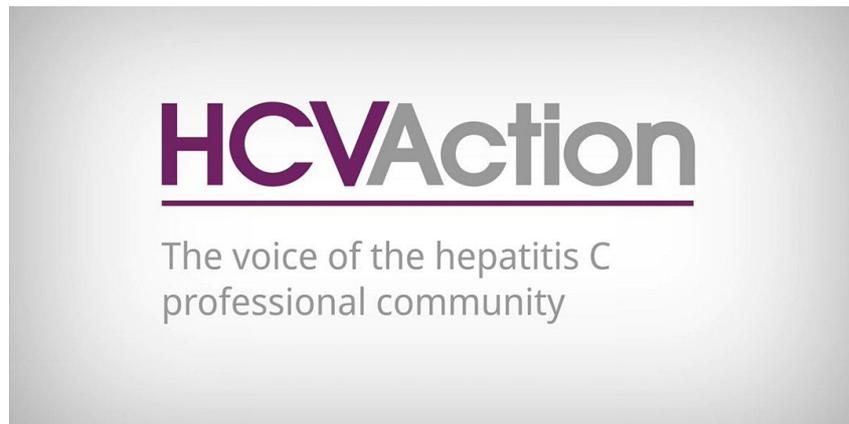


HCVAction

Bringing you the latest hepatitis C news and events

August 2020

Four new HCV Action webinars announced



In early October, a series of webinars hosted by [HCV Action](#) will look at a range of topics relevant to hepatitis C services.

Engaging primary care in hepatitis C case-finding - 1:30pm, 5th October

This webinar will look at how GP clinics can best be engaged to support hepatitis C case-finding. Presentations will look at the lessons learnt from previous projects as well as the perspective of colleagues in primary care. More details are available on the registration page [here](#).

Workshop webinar: Mitigating the impact of Covid-19 and social distancing measures on hepatitis C testing - 2pm, 8th October

With presentations from drug treatment services and teams involved in testing people accommodated under the 'Everyone In' policy, this webinar will look at how testing has changed due to Covid-19 and how services can adapt to deliver testing despite Covid-19. After a series of presentations looking at different types of testing, attendees will go into virtual breakout groups to discuss each of these testing types and the possible solutions to any problems identified. The full agenda is available on the registration page [here](#).

Hepatitis C in the criminal justice system: going beyond prisons - time & date to be confirmed

This webinar will give an overview on some of the past and ongoing work with people in contact with probation services, as well as schemes looking at

support for people leaving prison. Attendees will then discuss a series of focus questions in smaller breakout groups. More details will be available on the [registration page](#) soon.

Hepatitis C case-finding in under-served groups - time & date to be confirmed

Despite the progress made in examining how we can make hepatitis C services accessible to people who inject drugs, there remain many other groups who could be considered under-served by these services. This webinar will look at the barriers to healthcare that different groups of people face as well as exploring projects which have attempted to help these groups overcome these barriers. The groups we hope to cover are: sex workers; Gypsy, Roma and Traveller people; Black, Asian and minority ethnic people; and migrants. More details will be available on the registration page [here](#) soon.

These webinars accompany the [National ODN Stakeholder Event](#) half-day webinar taking place on the 6th October. Attendees do not have to be registered for this webinar to register for these smaller sessions or vice-versa. All webinars will take place via Zoom.

New pharmacy service for hepatitis C launches



A new community pharmacy testing service for hepatitis C, delayed by Covid-19, will launch in England on September 1st.

The service will provide incentives to pharmacies to offer people who inject drugs "who are not engaged in community drug and alcohol treatment services" a point of care antibody test for hepatitis C.

The scheme is open to all pharmacies that meet the service specifications, which includes having a private consultation room and pharmacy staff having

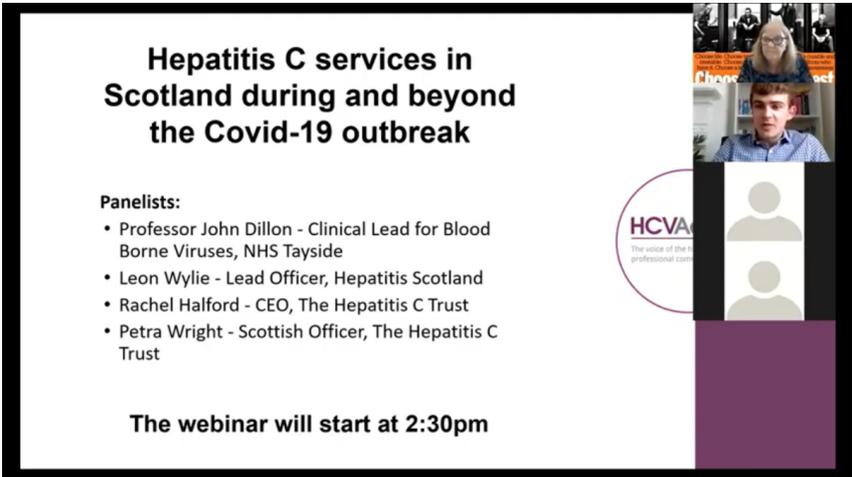
an understanding of the hazards of clinical waste. In return for the test, pharmacies will receive a payment of £36 for every test performed on an eligible patient in addition to compensation for the cost of the test, training and disposal of waste.

Pilots showing the effectiveness of pharmacy testing have taken place on the [Isle of Wight](#) and in [London](#). Last year £4 million was pledged to support hepatitis C testing in community pharmacies.

Read more in Chemist and Druggist [here](#) or on the Pharmaceutical Services Negotiating Committee website [here](#).

Read the service specification [here](#).

HCV Action hosts webinar on hepatitis C services in Scotland



The image shows a webinar title slide. On the left, the title is 'Hepatitis C services in Scotland during and beyond the Covid-19 outbreak'. Below the title, it lists the panelists: Professor John Dillon (Clinical Lead for Blood Borne Viruses, NHS Tayside), Leon Wylie (Lead Officer, Hepatitis Scotland), Rachel Halford (CEO, The Hepatitis C Trust), and Petra Wright (Scottish Officer, The Hepatitis C Trust). At the bottom, it states 'The webinar will start at 2:30pm'. On the right side of the slide, there is a video feed showing three participants in a grid. Below the video feed is the HCV Action logo, which includes the text 'HCV Action' and 'The voice of the professional community'.

At the beginning of August, HCV Action hosted a webinar looking at hepatitis C services in Scotland and how they had been affected by Covid-19.

Prof John Dillon, Clinical Lead for Blood Borne Viruses, [NHS Tayside](#) described and explained the range of pathways for testing and treatment in Tayside which had enabled them to achieve micro-elimination in the area.

Leon Wylie, Lead Officer, [Hepatitis Scotland](#), presented on how Covid-19 had affected drug services and new ways of working, including remote consultations and new methods of needle and syringe distribution.

Rachel Halford, Chief Executive of [The Hepatitis C Trust](#) outlined work which took place across the UK to test people temporarily accommodated in hotels and the charity's own response to the pandemic.

Petra Wright, Senior Scottish Officer at [The Hepatitis C Trust](#), spoke about the different degrees to which health boards had been able to keep services running during the initial outbreak and lockdown and highlighted the need to

test and treat people who were not engaged with drug services.

Watch the full video of the webinar [here](#). Read a summary report of the webinar [here](#).

New good practice case studies published looking at testing people staying in 'Everyone In' accommodation



A new good practice case study has been published in the HCV Action resource library detailing how a team from [Royal Surrey County Hospital](#) and [The Hepatitis C Trust](#) tested nearly 200 people accommodated under the 'Everyone In' policy for hepatitis C.

Ways that the team encouraged engagement and testing included:

- Informing people about hepatitis C, the testing, and the team offering the tests days in advance with leaflets being given out in food parcels.
- Having peers going door-to-door to encourage people to be tested.
- Nurses made an effort to provide as welcoming an environment as possible for testing.
- Vouchers were offered as incentives to encourage testing but also engagement with treatment.

Read the full Surrey case study [here](#).

Another case study from [Turning Point](#), looking at the testing of people covered by the 'Everyone In' policy, has also been added to the HCV Action resource library. Read this case study [here](#).

This month, ITV News reported on a project in Liverpool which resulted in nearly 50 people starting treatment for blood borne viruses. Read the full article [here](#).

News and reports

* In response to the announcement that [Public Health England](#) (PHE) would be replaced by a National Institute for Health Protection, [The Hepatitis C Trust](#) published a statement calling for more investment in public health services and a commitment from the new organisation to tackle health inequalities. Read the full statement [here](#). Click [here](#) to read a joint statement from five sexual health and HIV charities who stated that the announcement left more questions than answers. The HSJ reported [here](#) that there would be no changes in PHE staff job terms and conditions until March.

* The [European Society for the Study of the Liver](#) (EASL) published a policy paper on drug use and global hepatitis C elimination. The paper notes that the "major barrier to appropriate access to hepatitis C care is political resistance to harm reduction services, as well as laws and policies which criminalize drug use, drug possession and drug users themselves." EASL therefore recommends a change in "policies and discrimination" which hinder access "including the criminalisation of minor, non-violent drug offences and to adopt an approach based on public health promotion, respect for human rights and evidence." Read the full policy paper [here](#).

* [Care UK](#)'s Health in Justice team has been shortlisted for the 'Team of the Year' award by the [Royal College of Nursing](#) for their work to eliminate hepatitis C in prisons. Read more [here](#).

* A one-year delay to hepatitis C elimination efforts due to Covid-19 could cause 72,000 excess deaths globally. Whilst most missed treatments would be concentrated in poorer countries, excess deaths and cases of liver cancer would be highest in high income countries like the UK. Read the full study [here](#) in the [Journal of Hepatology](#).

* A study based on two prisons in Milan, Italy, shows "how a targeted and well-implemented HCV test-and-treat intervention in prison was feasible and effective in achieving micro-elimination." The paper, published in the [Journal of Viral Hepatitis](#), highlights how a significant decrease in the viremic pool occurred over time. Eighty-nine per cent of prison residents were tested for hepatitis C and over half of people with the virus achieved SVR over two years. Read the full study [here](#).

* New findings could help individualise screening for liver cancer in people who have been treated for hepatitis C, according to researchers. Patients who have been treated for hepatitis C continue to have a residual risk of liver cancer if the virus has caused damage to the liver. Data from two separate studies conducted in France and Egypt were presented at [EASL](#)'s International Liver Congress showing factors increased which increased the risk that someone who had had hepatitis C might develop liver cancer. Dr Jordi Bruix, EASL

Governing Board member, said that the studies showed the importance of liver cancer screening and that the proposed risk scores could be a useful tool to inform patients of their level of risk. Read more [here](#).

* Patients treated for hepatitis C with direct acting antiviral report improved patient reported outcomes after treatment according to a study published in [PLOS ONE](#). The finding was based on 105 patients in Brazil who achieved SVR completing three questionnaires before, during and after treatment. The three questionnaires used were the Short Form 36 (SF-36), the Chronic Liver Diseases Questionnaire (CLDQ), and the Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F). Read more [here](#).

* Integrating hepatitis C treatment with harm reduction services decreases the time from diagnosis to receipt of medication, with implications for the rates of patients initiating treatment and dropping out. The findings come from a Georgia study published in the [International Journal of Drug Policy](#). Responses given by patients at harm reduction sites and at specialised clinics indicated that offering treatment at harm reduction sites did not decrease the quality of provision. Read more [here](#).

* Elderly hepatitis C patients were underrepresented in initial trials of direct acting antiviral treatments. A new review published in [Current Treatment Options in Infectious Diseases](#) says that real-world data implies that "DAA treatment regimens remain highly effective and safe in elderly patients when compared to the general population." Read the review [here](#).

* A study in the [Journal of Hepatology](#), notes the radical fall in admissions to hospital with HCV-related cirrhosis since the introduction of DAAs and predicts that by 2025, hepatitis C will be a "marginal" cause of hospital admissions. Read more [here](#).

* An article, based on two French cohort studies, concludes that after DAA treatment HIV/HCV co-infected patients have a higher mortality rate than monoinfected HCV patients, despite a similar SVR rate. Co-infected patients had a higher risk of non-liver related deaths and non-liver cancers. Read more [here](#) in the [Journal of Hepatology](#).

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.



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The Hepatitis C Trust provides secretariat support to HCV Action.*

Please encourage colleagues to join HCV Action for free hepatitis C related updates and tools by emailing their full contact details to [**hcvaction@hepctrust.org.uk**](mailto:hcvaction@hepctrust.org.uk).

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