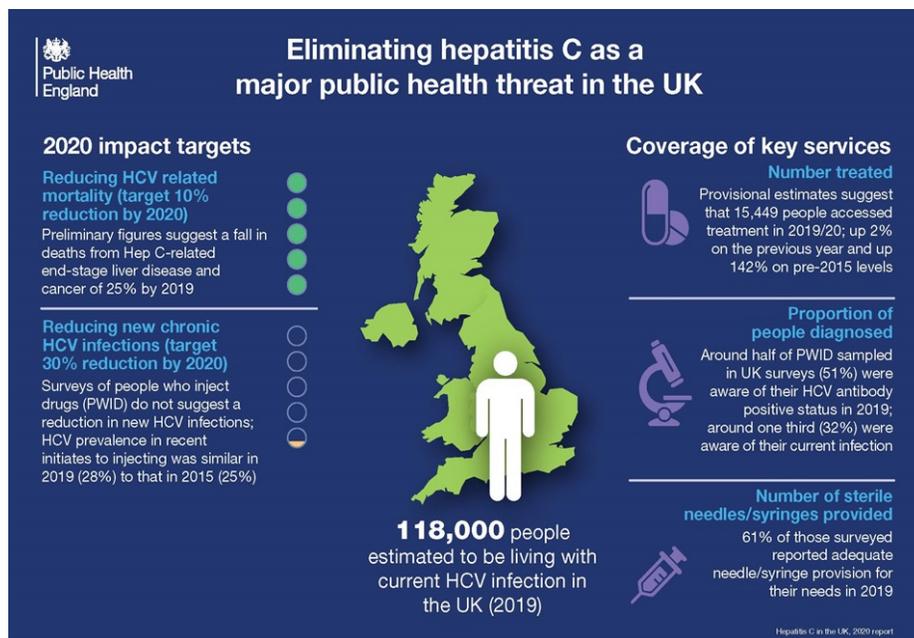


HCVAction

Bringing you the latest hepatitis C news and events

December 2020

Public Health England publishes new report on hepatitis C in the UK



On 14th December, [Public Health England](#) published their annual '[Hepatitis C in the UK](#)' report. This analyses the UK's progress towards the [World Health Organization](#)'s target of eliminating hepatitis C by 2030 at the latest, which the Government signed up to in 2016.

The latest report uses 2019 data to assess progress towards elimination, but also includes a section on the impact of Covid-19 on hepatitis C services, noting that "the Covid-19 pandemic poses a serious threat to our ability to meet WHO HCV elimination goals".

Even before taking into account the disruption of services this year, data from 2019 paints a mixed picture. Huge successes were seen in the fall of hepatitis C prevalence by around a third (currently 118,000 people are estimated to have a chronic hepatitis C infection in the UK) and the fall of hepatitis C-related deaths by 25% compared to the 2015 baseline. On the other hand, there has

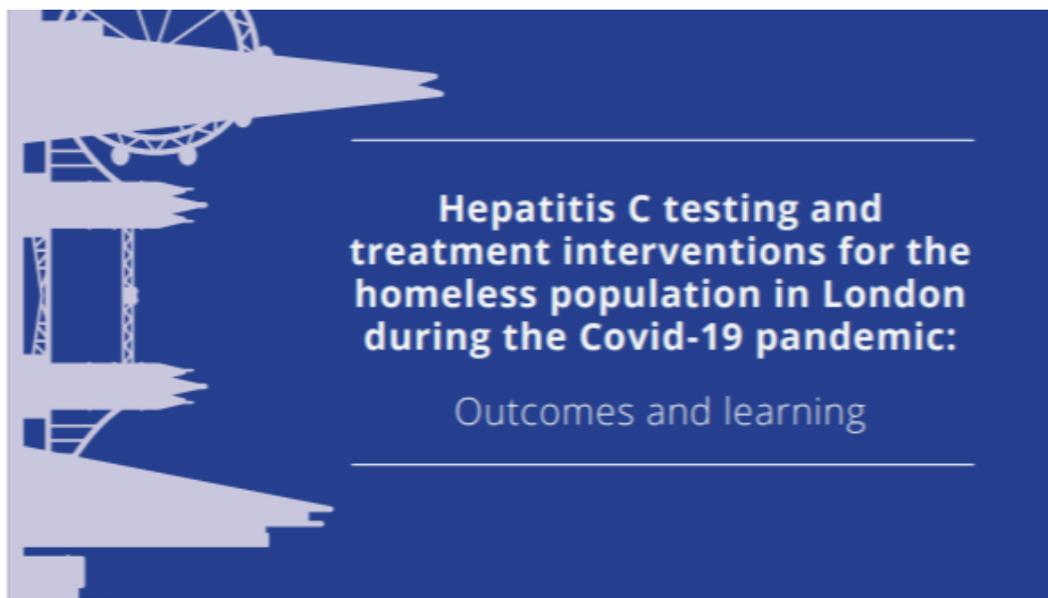
been no reduction of new hepatitis C infections: HCV prevalence in recent initiates to injecting was similar in 2019 to that in 2015 (around 28%), where the WHO targets call for a 30% reduction of new infections.

However, the report does show significant progress has been made. In 2019/20, there were over 15,000 treatment initiations, more than double pre-2015 levels. In addition, the UK has hit the 2020 target of 50% of people ever infected knowing their status, though the report notes that more must be done if it is to reach the 90% target by 2030.

The report finds that while the impact of Covid-19 initially led to restricted availability and accessibility of testing, treatment and needle and syringe provision, services quickly adapted and developed innovative models of delivery. Ensuring these changes are evaluated to assess their impact on clinical and public health outcomes and inequalities will be important as services continue to adapt in the New Year.

You can read the report in full [here](#).

New report on hepatitis C interventions targeting homeless populations in London



The [London Joint Working Group on Substance Use and Hepatitis C](#) (LJWG) launched a [report](#), supported by the [Mayor of London](#), to spotlight the partnerships that came together to offer hepatitis C testing and treatment interventions for homeless populations in London during the Covid-19 pandemic.

The report, '[Hepatitis C testing and treatment interventions for the homeless population in London during the Covid-19 pandemic: Outcomes and](#)

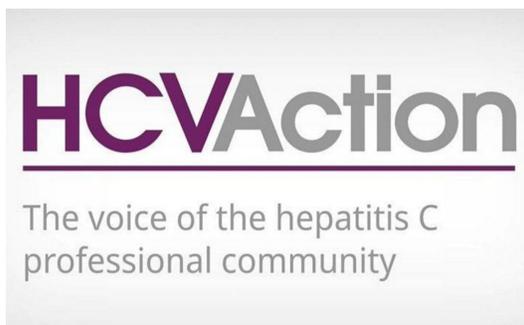
[learning](#)', uses analysis from a pan-London data schedule alongside interviews with people involved in the planning and delivery of the initiatives to draw learnings and explore how the collaborations initiated during this process can be carried forward into 2021.

The report finds that over 1,000 people were tested for blood-borne viruses over the course of 98 testing events held in London between May and August 2020, including for hepatitis C, HIV and hepatitis B. More than one in ten people (11%) of those who were tested for hepatitis C were found to have antibodies for the virus, indicating a past or active infection, and 7% of all those tested for hepatitis C were identified as having an active infection.

By November 2020, 43 people had commenced hepatitis C treatment, demonstrating the importance of continued hepatitis C testing outreach for the homeless population if London is to eliminate this disease by 2025, as NHS England has aimed to do.

You can read the report in full [here](#).

The impact of lockdown on hepatitis C services in England: December update



In December, [HCV Action](#) ran a further iteration of the survey developed in the spring alongside [Public Health England](#) to understand the impact of the Covid-19 pandemic on hepatitis C services. The survey was sent out to [The Hepatitis C Trust](#)'s peers, who cover 20 of the 22 ODN areas, and describes the activities that peers have reported are occurring in their ODN area regarding outreach, testing, treatment, follow-up, and harm reduction initiatives.

Below is a report of our findings for December. Our [April](#), [May](#) and [July](#) newsletters report previous findings from the survey.

Testing and outreach

All areas that responded to the survey (n=14) reported outreach testing was

happening in a range of settings. All areas bar one said they were conducting testing in temporary accommodation for people sleeping rough, such as hostels and hotels, and most also reported testing in drug services (64%) and street outreach (50%). Other settings included vans (21%), sexual health services (7%), rehabilitation centres (14%) and home visits (14%).

Population groups identified for testing included those traditionally targeted for testing, such as people who inject drugs (both current and past) and people who are homeless, as well as people from Eastern Europe (36% of areas) and South Asia (21%), migrants (21%) and men who have sex with men (21%).

Treatment and outcomes

All areas which responded to the survey said that patients were being started on treatment, though there was some variation as to how it was distributed: half reported their area consistently provided a full course of medication, while 14% said treatment was given incrementally, and the rest said this depended on the local area.

Most peers (79%) reported that there had been changes to the way treatment was being delivered to patients. 71% of areas said treatment was now delivered by a peer, while around a third also said treatment could be delivered by a nurse, pharmacist or be collected by the patient from a new location. 14% also said treatment could be delivered by a courier. A few people noted the use of telemedicine, which allows peers to meet with patients and link them up with nurses safely and quickly using video messaging apps.

All areas responding to the survey said SVR12 was being taken to record successful completion of treatment, up from 85% in August.

Harm reduction

Most peers (86%) reported being directly involved in work on harm reduction, such as providing information to prevent reinfection and signposting to other services. One fifth of peers (21%) also said they were offering needles and syringes.

News and reports

* [HCV Action](#) has published a new [good practice case study](#) looking at a pilot of prison to community peer support in North East England which took place earlier this year and is now active across England. The scheme was designed to support people who left prison during treatment and facilitate effective follow-up and assertive outreach in the community with people once they have been

released. The case study is accompanied by the [referral form](#) for [The Hepatitis C Trust](#)'s 'Follow Me' programme which should be sent to The Trust's secure mailbox so they can follow up with the patient where necessary.

* [Public Health England](#) published a [report](#) analysing the impact of the Covid-19 pandemic response on sexually transmitted infection, HIV and viral hepatitis service provision and epidemiology. Despite a resurgence in hepatitis C testing and treatment initiations from June 2020, testing and treatment initiations in the summer of 2020 were considerably lower than in corresponding months in 2019. The report notes that "HCV testing through traditional venues may not have reached those in greatest need", describing this as being "of particular concern".

* The [Pfizer/BioNTech](#) Covid-19 vaccination has been monitored in subjects with a stable hepatitis C, hepatitis B or HIV infection, and there were no meaningful clinical differences in vaccine efficacy reported in people with comorbidities.

* [Gastrointestinal Nursing](#) published an [article](#) exploring hepatitis C risk factors and test uptake in an English prison by surveying residents. It found that 71% of 109 respondents had not been tested in their current prison, though 35% reported ever injecting drugs, 76% reported sharing prison hair clippers and 44% reported fighting in prison.

* [Gastrointestinal Nursing](#) published an [article](#) by [HCV Action](#) discussing the progress that has been made towards hepatitis C elimination in the UK during the Covid-19 pandemic.

* Hepatitis C treatment outcomes are not affected by cigarette smoking, according to a [study](#) from the US. However, researchers recommended that clinicians treating hepatitis C also target smoking with tailored interventions due to the detrimental effects of cigarettes on the patient's health.

* [New research](#) published in [Value in Health](#) has found that testing for hepatitis C and hepatitis B in A&E departments in the UK is highly likely to be cost effective due to high rates of hepatitis among people who attend A&E. Based on a study of two London hospitals, the paper argues that, just as NICE guidelines recommend testing people attending A&E for HIV, hepatitis C and hepatitis B testing should also occur.

* In an [article](#) published in [Specialised Medicine](#), clinicians describe what is happening in Greater Manchester to drive forward hepatitis C elimination by 2025. Greater Manchester has around 17,000 people living with hepatitis C and has developed a cross-agency, devolved approach - including a memorandum

of understanding across stakeholders and data modelling - and utilises its right as the first local authority in England to take full control of a multi-billion pound health and social care budget.

* A [study](#) looking at hepatitis C reinfection rates among men who have sex with men found that those who spontaneously cleared the virus were twice as likely to be reinfected compared to those who achieved SVR. Problematic alcohol use, injection drug use and HIV coinfection were also associated with increase risk of hepatitis C reinfection. Mental health counselling history was associated with reduced HCV reinfection risk.

* The reversal of liver inflammation and fibrosis was achieved in a significant number of patients who received direct-acting antiviral medication, according to a [study](#) published this month.

* A [study](#) based in Canada looked at whether older patients experienced different clinical outcomes from direct-acting antiviral hepatitis C medication. It found that DAAs are safe to be prescribed to older people and result in SVR rates comparable to those described in the general population.

* Researchers from Sweden published an [analysis](#) of the country's policy history of needle exchanges, arguing that other countries could learn from Sweden's recent dramatic upscaling of harm reduction initiatives.

* A [study](#) published in Seminars in Liver Disease has argued that the beneficial effects of vitamin D are likely to be vital for people with hepatitis C, who are at a higher risk of low bone mineral density.

* [Research](#) exploring attitudes to hepatitis C treatment uptake in US prisons found that patient-centred approaches using peers for knowledge dissemination was more likely to ensure engagement. The importance of tailored discharge-from-prison plans were also highlighted.

* [Change Grow Live's](#) service in St Helens, Merseyside, has [announced](#) it has micro-eliminated hepatitis C according to the following metrics set out by NHS England: 100% of people using the service offered a hepatitis C test; at least 90% of these people being tested; at least 75% of people diagnosed with hepatitis C starting on treatment. St Helens is now the third CGL service to micro-eliminate hepatitis C, following Halton and Richmond services.

* Leicestershire Hepatitis C Network has [announced](#) micro-elimination of hepatitis C in HMP Stocken and HMP Gartree, which has been confirmed by NHS England.

* NHS Tayside was given the award for 'Innovations in prescribing, quality and efficiency in Scotland' at the Scottish Pharmacy Awards 2020, in recognition of the service's micro-elimination of hepatitis C which it announced in July 2020. You can read more about the work [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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