

HCVAction

Bringing you the latest hepatitis C news and events

March 2019



Public Health Wales launches drive to trace hepatitis C patients

[Public Health Wales](#) is looking to find thousands of people who were previously diagnosed with hepatitis C.

Over the coming months [Public Health Wales](#), with support from local health boards and GPs, will write to people in Wales who have previously been diagnosed with hepatitis C, but have not been successfully treated, to invite them to receive new treatments. The initiative follows a similar drive launched by [Public Health England](#) in late 2018.

In total, an estimated 12,000 people in Wales are currently living with hepatitis C, with around half undiagnosed. Many patients who acquired their infection a long time ago may have been disinclined to access the old, interferon-based treatment, and be unaware of the new direct acting antiviral (DAA) treatments, with high cure rates and minimal side effects.

You can read the full press release [here](#).

Imperial College London

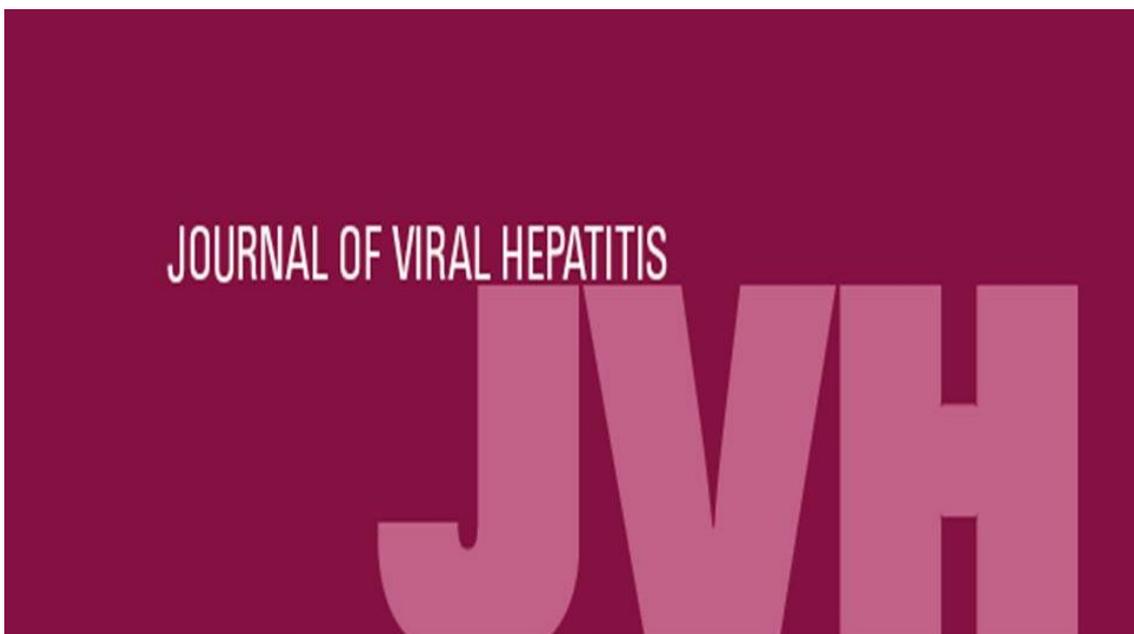
New hepatitis C cases down by almost 70 per cent in HIV positive men in London

Analysis of data from three clinics in London found that new cases of hepatitis C amongst HIV positive men in London have fallen by nearly 70% in recent years.

The researchers behind the study believe that regular screening and improved access to new treatments have contributed to greatly reducing the transmission of the infection. They also believe that if this progress can be maintained, London will be on track to achieve the targets set out by [the British HIV Association](#) to eliminate hepatitis C in HIV patients by 2021.

The researchers noted that this progress could be reversed if patients were not re-treated if they became infected again. Under current guidelines if a patient is reinfected with hepatitis C they are not eligible for a second course of DAA treatment.

Read more about the report [here](#).



HCV reinfection in people who inject drugs a sign of a successful

treatment programme, says researcher

High rates of reinfection in people who inject drugs are a positive sign, Australian hepatitis researcher Greg Dore says in the [Journal of Viral Hepatitis](#).

Instead of being a sign of failure, they show access to treatment is improving and should prompt retreatment, not stigmatisation, Dore argues.

He was commenting on the Eradicate Study designed to evaluate engagement in treatment, cure rates and reinfection rates among active injectors attending needle and syringe programmes in Dundee, Scotland. It focused on those who had injected in the previous week, whereas most other studies involving people who inject drugs (PWID) have required periods of abstinence or for participants to be receiving opioid substitution treatment (OST).

Using modelling of treatment in Australia, Dore notes that a 10% treatment rate per year would mean the number of reinfection cases continuing to rise through 2023 until a decline in cases as the “overall reservoir of HCV infection among PWID shrinks and the full benefits of treatment as prevention emerge.” He notes that whilst slower treatment rates would produce lower reinfection rates, the number of reinfections would increase for “decades”.

Crucially, this means “an episode of HCV reinfection should not be characterized as an individual “treatment failure,” but as the inevitable consequence of large-scale treatment programs for highly marginalized PWID populations.” He also says that a non-judgemental approach to these cases is key because of the “potential to enhance stigma and discrimination”.

You can read Dore’s full article [here](#).

News & Reports

* Steve Brine, Parliamentary Under Secretary of State for Public Health and Primary Care, whose role covered hepatitis C policy, [resigned](#) this month over his support for an amendment to give MPs 'indicative' votes on Brexit. During his tenure, Brine [visited](#) a pharmacy offering hepatitis C testing and expressed his enthusiasm for such projects to be adopted elsewhere. His successor in the ministerial post has yet to be announced.

* The United States is set to eliminate hepatitis C among veterans within two months. The Department for Veteran's Affairs has said are currently fewer than 27,000 veterans in VA care that remain to be treated. Previously, the rate of treated and cured veterans was 12,000 of the 180,000 in their care who have been diagnosed with HCV. However, they have increased their efforts with a goal to treat nearly 2,000 veterans each week. As of the beginning of March, approximately 116,000 veterans had initiated all-oral HCV medications through

the VA and 96,654 veterans completed treatment with sustained virologic response. You can read more [here](#).

* The UK Government is being urged to devolve powers to create drug consumption rooms (DCRs). The campaign comes after the Home Office blocked the establishment of a DCR in Glasgow. Campaigners submitted evidence to the House of Commons Health and Social Care Committee arguing that “DCRs are cost effective, reduce public injecting, do not increase injecting frequency, drug use or drug-related crime and increase the uptake of social work and addiction services”. DCRs are already present in seven European countries and the Labour Party [pledged](#) to support DCR trials at the beginning of the month. Read more about the campaign in favour of DCRs [here](#).

* Writing for [Inside Time](#), Professor Ashley Brown, ODN Clinical Lead for West London and Vice Chair of the Hepatitis C Coalition, says there's still a degree of stigma and misinformation around hepatitis C in prison. He argues in favour of BBV testing becoming part of routine health checks to help tackle the stigma which might otherwise hamper screening efforts. Read the article [here](#).

* The House of Commons [Scottish Affairs Committee](#) has opened an inquiry into drug use and misuse. The committee will consider the drivers of drug misuse and examine whether further devolution could enable the Scottish Government to address the issue more effectively. The deadline for submissions is the 12th April. You can read more about the inquiry [here](#).

* [Edinburgh Napier University](#) has been awarded a £200,000 grant to develop GP-led treatment for hepatitis C. Researchers believe moving treatment away from specialist centres and clinicians and into primary care could help increase treatment uptake and the study aims to develop a practicable pathway for GP-led treatment in Scotland. Read more about the project [here](#).

* The [Infected Blood Inquiry](#) is set to begin its first public witness hearings in London on April 30th. Chaired by Sir Brian Langstaff, the hearings are set to take place in locations across the UK in the following months. Many of those who received infected blood were infected with hepatitis C, as well as HIV. You can read about how to register to attend the hearings [here](#).

* A [Scottish Drugs Forum](#) and [Hepatitis Scotland](#) evaluation of injecting equipment providing services in [NHS Tayside](#) has been added to the [HCV Action](#) resource library. The report includes information on the provision of hepatitis C testing at injecting equipment providing services and 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, 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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