

HCVAction

Bringing you the latest hepatitis C news and events

May 2018

News & Reports

* New [Health Protection Scotland](#) figures released this month reveal that 2017 saw the lowest number of hepatitis C diagnoses in Scotland in a decade, with 1,511 new cases of hepatitis C antibody-positivity diagnosed, compared with 2,022, 1,814 and 1,591 for 2014, 2015 and 2016 respectively. The full surveillance report for 2017 can be found on the [Health Protection Scotland website here](#). Also in May, the [Scottish Parliament](#) held a debate on hepatitis C elimination which featured cross-party contributions on the importance of achieving elimination and confirmation from Minister for Public Health and Sport Aileen Campbell that the Scottish Government is considering the feasibility of a national hepatitis C awareness campaign. A full transcript of the debate can be read [here](#).

* A [Nursing Times](#) article published this month looks at the methods used at [Queen Elizabeth Hospital Birmingham](#) to re-engage with patients lost to follow-up and to engage with local drug users and prison inmates in order to increase hepatitis C treatment uptake. The article concludes that hospital departments need to work closely with drug services, public health teams, outreach clinics and general practices to identify newly diagnosed and undiagnosed patients. The article is available [here](#).

* [HCV Action](#) Co-Chair Dr Steve

HCV Action & PHE staging Oxford hepatitis C roadshow



Final preparations are underway for [HCV Action](#) and [Public Health England](#)'s hepatitis C good practice roadshow in Oxford, taking place on Thursday 7th June 2018. The roadshow is the first of 2018, with three such events having taken place last year in Cambridge, Leeds and Cardiff.

The roadshow will include talks on the hepatitis C landscape in the region, awareness and testing, 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.

Almost all places have been reserved for the event, with the very final couple available on a first-come-first-served basis on the event registration website [here](#). The full programme, including timings and speakers can also be viewed on the [event registration website](#).

In the same week as the roadshow event, [HCV Action](#) has arranged for Oxford East MP Anneliese Dodds to attend the [Turning Point](#) substance misuse service in Oxford to discuss hepatitis C. [The Hepatitis C Trust](#)'s testing van will also soon visit Oxford, with further details to follow.

LJWG releases hepatitis C pharmacy testing pilot results

The [London Joint Working Group on Hepatitis C and Substance Misuse \(LJWG\)](#) this month released the results of Phase 1 of its pilot project testing for hepatitis C in community pharmacies.

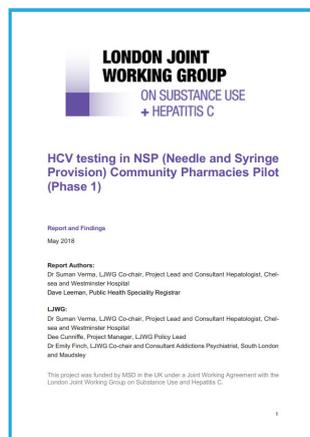
The project involved the provision of point of care testing for hepatitis C to people who inject drugs accessing needle and syringe programmes (NSP) in eight community pharmacies in London. Whilst substance misuse services have well-

Ryder was among the signatories to a letter to the [BMJ](#) rebutting the contents of an article published this month which cast doubt on the efficacy of DAA treatment for hepatitis C, repeating claims made in a 2017 [Cochrane Review](#). The letter, signed by an array of senior hepatitis C clinicians, highlighted the near-unanimous view among experts that DAA oral therapy for hepatitis C prevents end stage liver disease and death. The letter can be read [here](#). A further two responses from groups of experts disputing the article, and the [Cochrane Review](#) authors' defence of their research, can be seen [here](#).

* [Gay Times](#) this month published an article covering hepatitis C awareness, stigma, testing and treatment among men who have sex with men (MSM), including the author's personal experience of being treated. Among the article's recommendations are co-locating on-the-spot testing facilities, such as mobile testing vans and street testing teams, for HIV and hepatitis C, guaranteeing re-treatment for those reinfected with hepatitis C, and adopting a 'treatment as prevention' approach among hepatitis C-infected MSM. The article can be read [here](#).

* Dates and venues have been announced for the next two [Hepatitis C Voices](#) meetings in Scotland. The meetings offer an opportunity to meet with others who are or have been affected by hepatitis C, feed into local and national decision-making networks and help shape local services and information. The next meeting will take place at the Bowhouse Community Centre in Grangemouth from 12.30pm to 3.30pm on 12th June, with the second taking place at Raploch Campus, Room 5, Drip Road, Stirling from 12.30pm to 3.30pm on 17th July.

* A new paper in the journal [Viruses](#) outlines a new mathematical model developed by the [University of Surrey](#) that details how the hepatitis C virus infection



established testing and referral routes, PWID not accessing these services are less likely to be accessing testing and the project aimed to reach this cohort.

Results from the first six weeks of testing showed a 50% hepatitis C antibody positive rate among those tested, with 47% being told for the first time that they were antibody positive. Of

those engaging with further assessment in secondary care, 78% had chronic hepatitis C and were hepatitis C RNA positive. Fifty seven per cent of those tested were unaware that non-interferon treatment was available and 84% said that they would prefer to receive hepatitis C treatment in their NSP community pharmacy.

Phase 2 of the project will utilise point of care RNA testing using the Cepheid testing system in NSP pharmacies with integrated IT referral pathways and enhanced peer support as well as assessing the transferability of this model to other cities (Birmingham and Manchester) and exploring the potential to treat hepatitis C in a pharmacy setting.

The [LJWG](#) report can be accessed in the [HCV Action resource library here](#). A blog on the project by [LJWG](#) Co-Chair Dr Suman Verma can be read [here](#) and a [Pharmaceutical Journal](#) article [here](#). [Chemist and Druggist](#) covered the visit of Public Health Minister Steve Brine to one of the pharmacies involved in the project [here](#).

HCV Action publishes good practice case study on 'Homecare' treatment delivery in Nottingham



HCV Action this month published its latest good practice case study, focusing on [Nottingham University Hospital NHS Trust's](#) 'Homecare' treatment delivery project, which offered patients the option to receive treatment for hepatitis C in their own homes.

The project was launched in November 2016 and aimed to provide a treatment option for

patients who have difficulty accessing secondary care services, for reasons such as fear of stigma, geographical distance or cost of travel.

Patients who opt for Homecare are discussed at an MDT meeting to assess eligibility, which is based on three main factors:

1) Competence to adhere to therapy and blood testing without direct supervision

develops and behaves, which is believed to do so more accurately than previous models. The author outlined three main conclusions regarding hepatitis C treatment as a result of the new model: lower drug doses may be effective when the infection is diagnosed early; where the concentration of the virus in a patient's blood increases after treatment, continuing with a low level of drug treatment may keep the infection at a small and manageable level; and the drug dose could be reduced as treatment progresses, saving money and reducing any side-effects. The full paper can be accessed [here](#) and a summary report [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 to share with colleagues, please send an email to hcvaction@hepctrust.org.uk.

- 2) No current or documented evidence of decompensated liver disease
- 3) Contactable by telephone

The Trust's Homecare Technician informs the patient's GP and sends consent forms, blood forms and a schedule of testing to be performed at a convenient location. Medication is then delivered by courier on a monthly basis at times agreed with the patient.

The project pilot saw high levels of uptake, with 116 patients having started on treatment via Homecare since the project began in November 2016. As of April 2018, 89 had completed treatment, with 45 reaching 12 weeks post-treatment. Of these 45, 43 have achieved SVR (96%). Feedback questionnaires were sent to 89 Homecare patients, with 24 completed and returned (27%). All respondents stated that the service had lived up to or exceeded expectations and was particularly valued by patients living far from the hospital. The Homecare project has also had positive financial results, with the average cost of treating a patient via Homecare £218 less than treating a patient in secondary care.

The full good practice case study can be accessed in the [HCV Action resource library here](#).



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

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