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HCVAction

Bringing you the latest hepatitis C news and events

October 2019

HCV Action to hold best practice roadshow for prisons in South East England



[HCV Action](#) will hold the next of its hepatitis C good practice roadshows on Thursday 28th November in Woking focusing on prisons in South East England. The event, held in partnership with [NHS England](#) Health and Justice, follows another successful prison roadshow in [Glasgow](#) last year and will feature presentations on the current situation in England and plans for the next few years in the region as well as presentations on good practice from within and outside the region.

Good practice case studies will look how to improve rates of opt-out testing, whole prison testing and delivering treatment. Members of [The Hepatitis C](#)

[Trust](#) prison team will discuss their work and the role of peer support in treatment. During the afternoon, attendees will be able to choose one of two workshops to attend, one focusing on linkage to care in the community and the other on working with substance misuse services to tackle hepatitis C run by [Forward Trust](#). Notes from the day's discussion will be written into a summary report made public shortly afterwards.

Full details of the event, and registration to attend, can be accessed on the event page [here](#).

HCV Action West London good practice roadshow summary report and slides published



The summary report of [HCV Action](#)'s good practice roadshow held in West London last month in partnership with [Public Health England](#) is now available in the [HCV Action resource library](#).

The [report](#) summarises the discussions in each of the three workshops. The first looked at identifying solutions to problems faced by the ODN. Attendees noted the potential benefits of a centralised database of all diagnosed patients to help with patient re-engagement and to support patients who may move between London ODNs.

The second workshop examined the barriers to hepatitis C care (real and perceived) drug treatment services face, highlighting issues around funding and resources and coming up with potential ways to support patients accessing treatment in secondary care settings.

The third looked at the model of testing and treatment used in a West London prison, noting the importance of a public health approach to hepatitis C in prisons where there is an obvious risk of transmission. Attendees noted the value of peer support as a way to build trust and support treatment upon release.

Read the summary report [here](#). You can access slides from the good practice roadshow [here](#).

MPs call for 'radical change' in UK drugs policy



House of Commons Health and Social Care Committee

Drugs policy

First Report of Session 2019–20

The [Health and Social Care Select Committee](#) of the House of Commons has published a report following its inquiry into UK drug policy.

As part of the inquiry, MPs were told that "fewer needle and syringe exchanges are now offering testing for infections that can be spread through injecting drugs, including HIV and hepatitis C."

The report recommends:

- Moving the responsibility for drugs policy from the Home Office to the Department of Health and Social Care;
- Significant direct investment into drug treatment services which have seen budget cuts of 27% in the last three years in the face of rising costs;
- The introduction of drug consumption rooms on a pilot basis, which would allow people to use illicit drugs obtained themselves under medical supervision;
- A review into the commissioning of drug treatment services looking at whether improvements should be made to the current localised model or whether a national agency should be established to oversee commissioning;
- The re-establishment of a central drugs policy agency to fund and direct drug treatment services and coordinate the multiple strands to drugs policy;
- A consultation on decriminalising drug possession for personal use by changing it from a criminal offence to a civil matter.

Read the full report [here](#).

PHE responds to Infected Blood Inquiry Chair after concerns about lack of attention to infected blood patients



[Public Health England](#) responded to concerns raised by Sir Brian Langstaff, Chair of the Infected Blood Inquiry who wrote to PHE, outlining his concerns that this year's [Hepatitis C in England](#) report had not focused on those infected with the virus through infected blood.

The letter from Duncan Selbie, Chief Executive of [Public Health England](#), states that PHE is "committed to finding individuals who may have been infected with HCV via infected blood transfusions and other routes". However, Selbie wrote that the Hepatitis C in England/Hepatitis C in the UK reports were written to match the framework of the [World Health Assembly Global Health Sector Strategy](#) (GHSS) on viral hepatitis for the period 2016-2021 and, with injecting

drug use currently the main route of transmission of hepatitis C in the UK, there is therefore a focus on harm reduction in these groups.

The letter also highlighted ways PHE is supporting efforts to find patients infected with hepatitis C via routes other than injecting drug use, including "through a number of different resources and evidence reviews for healthcare workers and commissioners, including providing guidance to GPs and patients regarding the Inquiry." Selbie also refers to the ongoing PHE and [NHS England](#) patient re-engagement exercise, which aims to "identify patients who were diagnosed with hepatitis C in the past – acquired through infected blood transfusions, drug use, or other routes – to ensure they can access the new, curative treatments that have become available in the last few years."

Read more [here](#).

News and reports

* [PRIME](#) have published a new 'Practical Toolkit for Building a Successful Partnership with High-Risk Hepatitis C Patients'. This contains resources on talking to patients about HCV, notes on the importance of patient-centred communication, key information sheets for all healthcare professionals and resources for patients on talking to doctors or nurses. It partners in producing the toolkit include the [World Hepatitis Alliance](#), [British Association for the Study of the Liver](#), [British Viral Hepatitis Group](#). Access the toolkit [here](#).

* An investigational vaccine regime for hepatitis C failed to prevent chronic hepatitis C infection in at-risk adults in a study lead by researchers at [John Hopkins University](#). Whilst the trial found lower rates of hepatitis C infection in the background population of the three study sites, this was put down to "aggressive counselling and referral to drug treatment and needle exchange programmes" during the trial. There was no difference in the development of chronic infection between vaccine and placebo arms. However the vaccine did blunt the peak HCV RNA level in recipients one month after vaccination. Read more [here](#).

* A study of testing Needle and Syringe programme users appears to be an effective strategy for identifying individuals infected with HCV, but due to patient's concerns about passing on identifying information it was difficult to track their progress through the treatment process. The study was reported by the [Gastroenterology and Endoscopy News](#) reporting on a study in Georgia on work by the [Georgian Harm Reduction Network](#). Read more [here](#).

* A new article for [Gastroenterology and Endoscopy News](#) examines how a "hepatitis C cascade of care" can be achieved. The article notes that whilst uptake of treatment can be low, even when screening programmes are successful, integrating care with prevention and other treatment services can be effective. For example, in a randomized controlled trial examining the efficacy of a model of hepatitis care coordination (including motivational interviewing, enhanced patient navigation, and case management services) in the opioid substitution therapy setting, participants receiving the intervention were four times more likely to undergo assessment for HCV infection." Read more [here](#).

* A paper published as part of a series by [The Lancet](#) found that every ten per cent increase in people injecting stimulants could account for an additional 5-10 per cent of new HIV infections and 3-7 per cent of new hepatitis C infections per year. Hepatitis C prevalence is also higher in people who take drugs through other methods excluding injecting. The authors say there is an "urgent need to scale up needle and syringe programmes for people who inject stimulants and to develop effective novel interventions to reduce risk in this group". In a linked comment The Lancet editors Dr Pam Das, Senior Executive Editor, and Dr Richard Horton, Editor-in-Chief, say that "the medical community must stand up for the rights of people with drug use disorders to receive evidence-based care that respects their rights, minimises harm, and provides a stable, non-judgemental basis from which they can effect positive change in their lives." Read the full series [here](#).

* [Infectious Disease Advisor](#) has published a new article on a path towards global control of blood-borne viruses including HIV, HBV and HCV. The article notes that "although current nonvaccine strategies are very promising, implementing a vaccine that is at least moderately effective [...] has the potential to achieve a more rapid and sustained elimination of HIV or HCV, especially in settings where the risk for infection is high." Read more [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.



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