

HCVAction

Bringing you the latest hepatitis C news and events

October 2020

ODNs and services praised for maintaining hepatitis C treatment rates during first wave of COVID-19

HCV in the COVID era



Well done!

- Treatment in England was maintained to some extent, the highest in Europe

Speaking at [HCV Action](#)'s National ODN Stakeholder Event, Mark Gillyon-Powell, Head of Programme for HCV Elimination, and Prof Graham Foster, National Clinical Lead for ODNs, praised the resilience of HCV services in the face of the challenges posed by COVID-19. Prof Foster said ODNs had done "extraordinarily well" to maintain treatment rates in the way they had done, and that this was a tribute to these teams' hard work. During the worst of the initial outbreak of COVID, England maintained a treatment rate of around "30% of where we were last year", and this compares favourably to most of the rest of Europe where treatment rates had decreased to "almost zero". He thanked the teams who had "gone the extra mile" to deliver this relative success.

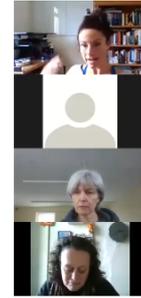
However, Prof Foster also noted that there were major challenges ahead, including the consequences of a major drop in testing in addiction services. He also outlined a new testing pathway for the COVID-19 era. Watch both of their talks [here](#).

The rest of the event featured talks from Dr Ruth Simmons, [Public Health England](#), on the hepatitis C dashboard; Dr Fiona Gordon, ODN Lead for Bristol, who gave an ODN perspective on events of the last year. Representatives from [Gilead](#), [MSD](#) and [AbbVie](#) presented on the initiatives they are supporting as part of the elimination deal. A written summary report of the full event is available [here](#).

HCV Action webinars examine testing in the COVID-era; primary care case-finding; under-served groups; and HCV in the justice system beyond prison

Interpersonal Skills & Integrity

- Authority Figures
- Assertiveness & Transparency
- Establishing Roles and Limitations
- Opportunistic Inter Agency Working (MECC)
- Jargon
- Authenticity
- Active Listening



[HCV Action](#) also held four other webinars this month as part of the National Hepatitis C ODN Stakeholder Event series, each looking at a specific topic in more depth.

Primary care case-finding was the focus of the first webinar. Dr Kirsty Robert, from the [Health Protection Research Unit, University of Bristol](#), outlined some of the lessons learnt from the HepCATT trial, which found an intervention to improve case-finding in GP practices was cost-effective. Helen Treacher from [MSD](#) outlined the new primary search identification tool and how it could be used and Sonia Nosheen, Beth Kirk and Dušan Jovović outlined some of the work [King's College Hospital](#) has done in this area with local GP clinics. The written report will be published shortly.

Another webinar focused specifically on how services could **mitigate the impact of COVID-19 on hepatitis C testing**. Opening the webinar, Helen Hampton outlined how [We Are With You's](#) testing services had been impacted by COVID-19 and efforts being made to restore testing where possible. Julian Surey, from London's [Find & Treat](#) Team, spoke about efforts to offer support, including hepatitis C testing, to former rough sleepers in the city during the pandemic. Tracey Kemp from [Change, Grow, Live](#), spoke about the organisation's new [Blood-borne Virus toolkit](#) and the new self-test option the organisation is piloting. Attendees then went into breakout sessions to discuss experiences of and perspectives on different types of testing. Watch the recording of this webinar [here](#). Read a written summary report [here](#).

Acknowledging there are many **groups which have been under-served by health services**, and by extension hepatitis C services, the third webinar sought to look at the specific barriers faced by Gypsy, Roma and Traveller people, sex workers, migrants, and South Asian people. Talks by Beth Davies

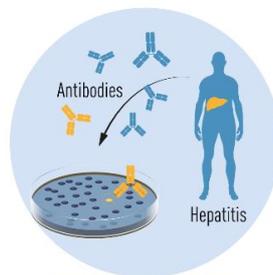
from [EDP Drug and Alcohol Service](#), Amber Wilson from [Basis Yorkshire](#), Dr Ines Campos Matos from [Public Health England](#) and Shabana Begum from [The Hepatitis C Trust](#) looked at each of these four groups of people respectively. You can watch this webinar [here](#). A written report is also available [here](#).

Finally, the webinar '**hepatitis C in the justice system - going beyond prisons**' mainly focused on work in probation, those leaving prison or 'revolving door' prison residents. Georgia Threadgold from [NHS England](#) outlined plans to carry out more work in probation. Then, Carrie Richardson and Colin Lawton from [The Hepatitis C Trust](#) outlined their new prison-to-community peer support scheme, designed to help follow-up with people who left prison during treatment, as well as the results of a pilot scheme. Finally, Mary Kelly, interim head of the East Lancashire Cluster for the [National Probation Service/HMPPS](#), described some of the work her service had been involved with as well as the general priorities for probation services. Attendees then went into breakout groups to discuss this work and these discussions were then summarised. You can watch a recording of this webinar [here](#). A written report will be available soon.

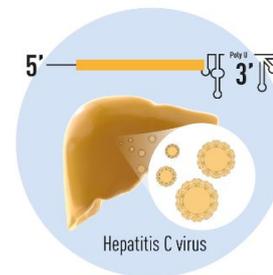
Nobel prize awarded to three scientists who helped discover hepatitis C



Harvey J. Alter



Michael Houghton



Charles M. Rice

Three scientists who played key roles in the identification of hepatitis C were this month awarded the Nobel Prize in Medicine.

Before their work, hepatitis A and B had been identified but the majority of hepatitis cases were unexplained. All three worked separately and on different aspects of the identification but collectively their work has been credited with saving millions of lives for the discoveries it led to.

Harvey J. Alter was given the award for the work he and his team did to show that this new form of hepatitis was transmissible through blood transfusions. This mysterious disease was then known as "non-A, non-B" hepatitis.

However, the virus was not isolated for over a decade. It was Michael Houghton and his co-workers who developed a technique which identified a novel RNA

virus in blood from hepatitis patients, named hepatitis C.

However, it was not known whether it was this virus alone which was causing hepatitis. It was Charles M. Rice who proved it was through injecting chimpanzees with a genetically engineered version of the virus.

Read a statement from The Hepatitis C Trust [here](#). Read the press release from the Nobel Assembly [here](#).

News and reports

* [Public Health Wales](#) and all health boards in Wales have won the [BMJ Award](#) for Clinical Leadership Team of the Year for the Hepatitis C Elimination Wales project. The project was noted by the BMJ to have delivered two UK firsts: hepatitis C has been eliminated from a remand prison as a result of an accelerated treatment pathway allowing individuals to be diagnosed and started on treatment the same day; and hepatitis C-infected organs have been successfully transplanted to non-infected individuals with excellent results. The judges "were unanimous and strongly felt that the breadth of collaboration shown was phenomenal and what they have achieved is breath-taking." Read more [here](#).

* The work of [The Hepatitis C Trust](#) and Philippe Bonnet, the West Midlands Peer Support Lead, was covered by [The Independent](#). The article described efforts to eliminate hepatitis C, as well as the challenges remaining. It also describe's Bonnet's role saying, "equipped with a portable machine and accompanied by a nurse, Bonnet pursues a Heineken strategy: he goes to the places that others don't reach." Read the article [here](#).

* Researchers in Australia have published research on how information about hepatitis C treatment spreads through peer networks. Their findings are based on interviews with 20 people who had reported a history of drug use, were hepatitis C positive, and were about to start treatment when recruited for interviews. The study notes that these participants became treatment advocates themselves and that "by promoting treatment, participants hoped their peers and the broader population could share in the benefits of treatment." The study concludes that "non-technical messaging, built upon trusted treatment anecdotes resonates strongly". The authors recommend that interventions to improve treatment uptake should "expand upon the self-initiated supportive behaviours that exist within peer networks and consider messaging that reflects what is shared and valued within social and injecting networks." Read the full study [here](#) in the [International Journal of Drug Policy](#).

* An article on the outcomes of COVID-19 patients with chronic liver disease has been published in the [Journal of Hepatology](#). The article is based on the

outcomes of 756 people with chronic liver disease who contracted COVID-19. The data published show that patients with advanced cirrhosis had increased risk of mortality compared to propensity-score-matched patients without liver disease. Read more [here](#).

* An article documenting case studies of integrated approaches to hepatitis C care is available as a pre-proof article from the [International Journal of Infectious Diseases](#). It details care adopted at four different sites in Europe and concludes that these models were affordable and could be scaled up.

In London, Bucharest, Seville, Dublin, people who inject drugs were targeted for HCV screenings, linked to care and supported through peer support. In London, more community sites were reached due to the use of a mobile health unit but some key populations such as the Roma, traveller communities and sex workers were hard to reach with existing peers. Read the pre-proof [here](#).

* An article on progress towards the micro-elimination of HCV and HIV co-infection in NHS Tayside has been published in [Health Science Reports](#). The article says that an integrated model of care, alongside testing and DAA treatment that occurs close to the patient in community settings, are key to advancing micro-elimination. Finally, "co-locating BBV services as part of a multi-stakeholder strategy", including testing in a variety of settings, should be considered elsewhere. Read more [here](#).

* Social capital (generally defined as the links and relationships between people which have productive effects) can play an important role in hepatitis C treatment-as-prevention efforts in a male-prison setting, according to research from three correctional facilities in Australia. The study notes that social capital alleviated concerns about side-effects, built trust in staff and supported prison-wide uptake. The full article was published in [Addiction](#) [here](#).

* A study in Spain, published in the [Journal of Drug and Alcohol Research](#) concludes that excessive alcohol consumption does not lead to lower hepatitis C treatment effectiveness and that lower rates of curation for people who inject drugs are due to issues with adherence rather than any impact of drug use on treatment efficiency. Multi-disciplinary management of medical, social and psychiatric needs is suggested as a way to reduce the number of people lost to follow-up for hepatitis C treatment. Read more [here](#).

* Liver disease is a leading cause of death in HIV/HCV co-infected people and excessive alcohol consumption can contribute to this. Research published in [AIDS and Behavior](#), based on interviews with 14 people who said they had previously undertaken problematic drinking, looks at the factors these people identify as key to sobriety. It noted that "participants often described their drinking in the context of polysubstance use and their decision to become sober as a singular response to a transcendent moment or a traumatic event." It was also found that "the perceived effect of the HIV or HCV diagnosis on sobriety

was inconsistent, and medical care as an influence on sobriety was rarely mentioned." Read more [here](#).

* [The International Journal of Drug Policy](#) is accepting submissions for a special issue on 'progress and remaining challenges to address hepatitis C, other infectious diseases, and drug-related harms to improve the health of people who use drugs'. The deadline for submission of outline abstracts is 15 November 2020. The special issue will be published coinciding with the 9th International Conference on Hepatitis C in Substance Users (October 2021). 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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The Hepatitis C Trust provides secretariat support to HCV Action.*

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