

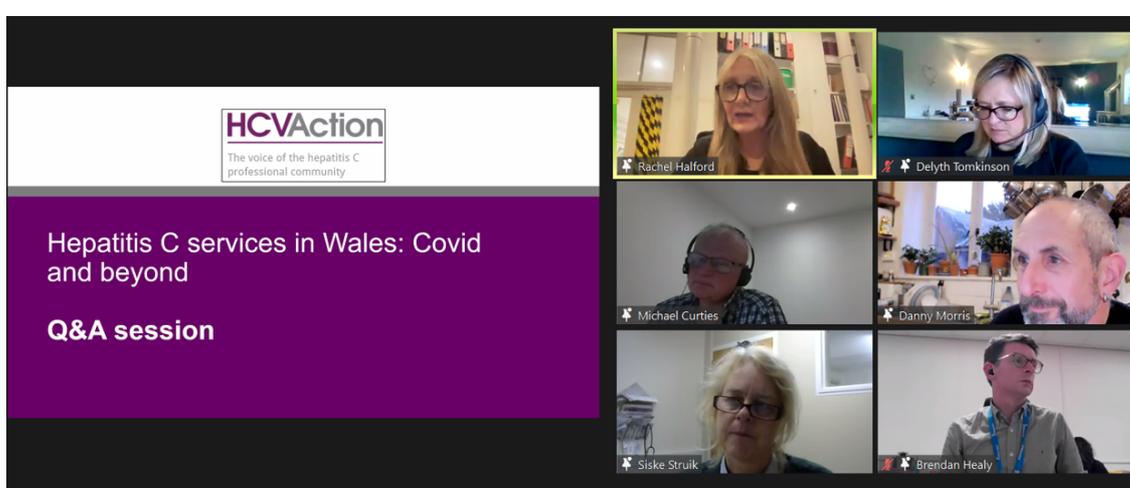
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HCVAction

Bringing you the latest hepatitis C news and events

January 2022

HCV Action holds webinar on hepatitis C services in Wales



Our first webinar of 2022 explored progress towards the goal of hepatitis C elimination in Wales and featured talks on blood-borne virus (BBV) services, peer-to-peer support, drug services, and treatment for children and young people. It included presentations from experts including Dr Brendan Healy ([University Hospital of Wales](#)); Delyth Tomkinson, Dr Siske Struik & Emily Blake ([Cardiff and Vale University Health Board](#)); Danny Morris ([The Hepatitis C Trust](#)); and Michael Curties ([the Welsh Government](#)), followed by a Q&A session with speakers. Rachel Halford, chief executive of The Hepatitis C Trust, chaired.

Brendan Healy talked about successes so far in Wales, such as micro-elimination at HMP Swansea and the availability of free medications, but also noted the country lags on data, lacks an English-style central fund for elimination and is on track to miss elimination for 2030 due to these factors. Delyth Tomkinson explored the impact of COVID on hepatitis C support and then current work to reinvigorate services, including workforce & capacity planning and a push on harm reduction in public health. Like Dr Healey, Tomkinson suggested better data collection and sharing was needed, as well as faster testing and population-based screening of high-risk populations.

Danny Morris explored the role of peers in supporting people into testing and treatment, particularly when services were limited by COVID, and provided details of The Hepatitis C Trust's re-launched peer programme in Wales. Michael Curties outlined the need for a flexible system for people with difficult circumstances and routine blood-borne virus testing, particularly following a sharp drop in BBV testing due to COVID, but highlighted a recent 24% increase in funding for substance use services. Finally, Dr Siske Struik and Emily Blake talked about paediatric services and engaging parents of children with hepatitis C, how these cases come about, and how to increase uptake of services. You can watch a [recording here](#) or read our [Twitter summary](#).

New report: the case for a peer-based needle exchange service in London



Funded by [Hackney Council](#) as part of the [ADDER Accelerator](#) (addiction, diversion, disruption, enforcement and recovery) project, the [London Joint Working Group on Substance Use and Hepatitis C \(LJWG\)](#) have [released a report](#) exploring the feasibility, acceptability, and practical considerations of developing a peer-based needle exchange service. It draws on focus groups with people who use needle exchange services and peer support workers, interviews with experts from services and commissioning bodies, and international evidence. With 43% of people who inject drugs reporting sharing needles or works and the overall level of hepatitis C transmission changing little in recent years, there is clearly a need for renewed investment, innovation and prioritisation of harm reduction services.

The report finds that there is strong support among people who inject drugs, peers, commissioners and health specialists for a peer-based needle exchange

service in London. It suggests this should be a welcoming service where people could access all the equipment they need, and be signposted to other support where appropriate.

Further, it suggests peer leadership should be embedded in the development and design of the service, alongside other stakeholders, in a steering committee. Peers - including people who currently are injecting drugs - should deliver the service in a range of clearly-defined roles with training and supervision, including both paid and volunteer roles. Monitoring and evaluation mechanisms could be clearly embedded in the service to enable service improvements and to allow learnings for other peer-based services, and the report suggests that an initial 3-5 year funding commitment and a pan-London approach could provide stability and enable access across borough lines.

Upcoming events: exploring hepatitis C case finding in primary care



At **6.30pm** on **Monday February 21st**, [the Addiction Professionals](#) network are holding an evening meeting with [NHS England](#) on hepatitis C elimination and how to improve case-finding in primary care. The virtual meeting will cover the current hepatitis C pathway in England; the important role of GPs in finding, testing and treating at-risk patients; and a practical Patient Search Identification (PSI) tool, which will enable primary care professionals to support the elimination of hepatitis C. The event will also invite guests to share "views and expertise on how we can eliminate hepatitis C as a major public health issue in England ahead of the World Health Organisation (WHO) goal of 2030." You can [register here](#) and the panel will include:

- Chair: Dr Steve Brinksman, Addiction Professionals Clinical Director
- Professor Graham Foster, Professor of Hepatology, [Queen Mary University London](#) and Clinical Lead, HCV Elimination Programme, NHS

- England
- Mark Gillyon-Powell, Head of Programme for HCV Elimination, NHS England
 - Kuldip Sembhi, HCV Elimination Programme Lead, [MSD](#)
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News and reports

* The [Infected Blood Inquiry](#) has announced that the Inquiry will be hosting virtual meetings after each week of hearings in January and February for people who would like to talk to other people infected and affected about their experiences of watching the hearings. The meetings are an opportunity for people to discuss and reflect on the evidence heard over recent hearing sessions and put questions to the Inquiry team as they could if they were attending a hearing in person. The next meetings are on February 7th and 14th, and The Hepatitis C Trust has [more on it here](#).

* We are saddened to learn of the untimely death of David Stuart. David did invaluable work in raising awareness of the risks of BBV transmission among people engaging in chemsex. Read a [tribute from The Hepatitis C Trust here](#).

* [The Lancet has featured an international trial](#) delivering hepatitis C treatment with minimal monitoring, which found the approach to be safe and achieved cure rates comparable to standard monitoring. The authors conclude the strategy "could be crucial to the global HCV elimination agenda".

* Another piece of [new research in The Lancet](#) has looked at the contribution of unstable housing to HIV and hepatitis C virus transmission among injecting drug users, with England and Wales among the countries where unstable housing-linked infections are highest.

* A [new US study](#) has found that adults on probation are disproportionately impacted by hepatitis C. This has been recognised in this country by [NHS England](#), with hepatitis C testing projects being rolled out in probation services.

* [University of York researchers](#) have proposed a novel antiviral strategy which repurposes and misdirects how a virus assembles - the new approach utilises our microscopic understanding of how viruses assemble around their genomes, misdirecting viruses into assembling innocuous versions of the virus that are 'empty' of the pathogenic nucleic acid inside (known as therapeutic interfering particles, or TIPs). The modelling work was done as part of research for methods to control hepatitis C virus infections.

* Researchers at MedUni Vienna's Department of Medicine have developed a new [tool to determine patients' cancer risk](#) after hepatitis C, which "only requires a single, one-off examination."

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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