

October 2017

HCV Action brings together hepatitis C health professionals from across the patient pathway with the pharmaceutical industry and patient representatives to share expertise and good practice.

News & reports...

* [HCV Action](#) hosted its fourth ODN workshop of the year with the Lancashire & South Cumbria ODN in Preston on 11th October. The workshop brought together clinical staff from the region for a focused discussion on how to address local challenges in hepatitis C care alongside the ODN's regular meeting. A report of the workshop will be available in the [HCV Action resource library](#) shortly.

* A study published in [Clinical Infectious Diseases](#) has found that women who inject drugs may be at greater risk of HCV infection than men. The study was based on observation of almost 2000 people who inject drugs, and found that the female to male hazard ratio for infection was 1.39 after adjusting for behavioural and demographic risk factors. This differential may be due to multiple related factors, including access to prevention services, social networks, and biological differences. Read the study [here](#).

* A recent NHS England [publication](#) summarising the current policy landscape for specialised services highlights NHSE's commitment to investment and delivery of DAA treatments for hepatitis C. The briefing reiterates points made by NHS England Chief Executive Simon Stevens in his [speech](#) at the Expo conference last month.

HCV Action and Public Health Wales to host hepatitis C good practice roadshow in Cardiff



HCV Action and Public Health Wales will host a Hepatitis C Good Practice Roadshow in Cardiff on Friday 8th December 2017. This the third and final roadshow HCV Action has co-hosted this year.

The roadshow will bring together health professionals, drug service workers, public health specialists and others from across Wales for a day of talks and workshops. The day will highlight local good practice and act as a forum for discussion about local challenges and solutions surrounding hepatitis C.

It will feature a range of talks and workshops on topics such as local epidemiology, treatments and possibilities for elimination, and primary care case-finding. The event will also include patient perspectives and good practice case studies from the local area.

The event is free to attend, and registration information along with full agenda can be found [here](#). Those interested in attending are urged to register as soon as possible as there are a limited number of places available.

Summary report of Leeds hepatitis C good practice roadshow now available



HCV Action has published a summary report of its Leeds hepatitis C good practice roadshow, which took place on 6th September 2017.

The roadshow brought together around 70 people working around hepatitis C in West Yorkshire. The roadshow's morning sessions included overviews of current opportunities and challenges surrounding hepatitis C and updates on the latest treatment options and data from experts. Examples of local good practice in prisons and community outreach were presented, and a patient shared his experience of diagnosis and treatment.

The afternoon workshops allowed participants to choose a focused area of interest to discuss local challenges in smaller groups. These topics included the work of the West Yorkshire Operational Delivery Network, awareness and testing in drug services, and hepatitis C in South Asian communities.

* A US meta-analysis of four previous studies, published in the [Journal of Viral Hepatitis](#), has found that people co-infected with HIV and hepatitis C are between a quarter and a third more likely to develop cardiovascular disease (CVD), compared to people with HIV alone. The link between HIV and CVD is well-established, with previous studies suggesting the risk of CVD is increased by as much as 61% for people infected with HIV. This is the first study to investigate the link between HIV/HCV co-infection and CVD. Read a summary of the study [here](#) and the full study [here](#).

* A large meta-analysis of 28 international studies on the effects of needle and syringe programmes (NSP) and opioid substitution therapy (OST) on HCV prevention found that OST reduces the risk of hepatitis C infection. The preventative effect of OST is strengthened when used in combination with NSP. There is weaker evidence that NSP alone reduces infection. However, NSP programmes with high coverage in Europe were associated with reduced risk of HCV. The study was published in the journal [Addiction](#) and can be read [here](#).

* New cases of hepatitis C in the US are at a 15-year high due to increased injecting drug use, part of a national opioid epidemic, the Washington Post [reports](#).

* A first-of-its-kind legislative measure in New York, requiring primary care providers to test all baby-boomers for hepatitis C, has led to a 50% increase in testing in the year following the law's implementation. The data also shows that about 40% more patients diagnosed received follow-up care that year. Baby boomers are five times more likely than any other generation to have hepatitis C, according to the US [Center for Disease Control](#). Read a news story about the New York law [here](#).

Share your good practice...

The summary report is available on the HCV Action resource library [here](#).

London Joint Working Group publishes report on understanding barriers to HCV care for PWID



The London Joint Working Group on Substance Use and Hepatitis C has published a report on the barriers to effective hepatitis C care pathways for people who inject drugs (PWIDs).

The report found that there are still significant barriers to accessing hepatitis C treatment for PWIDs. It highlights that effective care pathways for PWIDs are often overly dependent on committed individuals within a drug service, with progress towards treatment halting when a key individual leaves post. This suggests a lack of institutional commitment and resource.

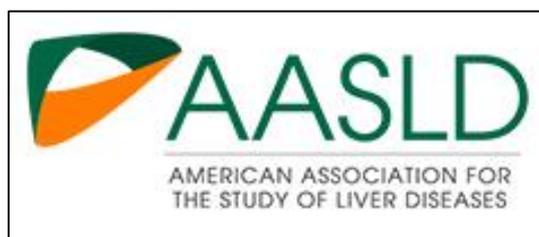
The report argues that due to drug and alcohol services being significantly under-resourced, hepatology services are well placed to take more responsibility for the HCV treatment pathway and lead in the promotion of direct-acting antiviral (DAA) treatment, with support from drug services.

To implement improved HCV care pathways for PWIDs, the report additionally recommends that all boroughs should have a strategy in place to address liver disease, that joint commissioning arrangements should be developed between Clinical Commissioning Groups (CCGs) and Public Health, and that an integrated service of HCV treatment in drug treatment services should be commissioned.

The report concludes there is still significant progress needed to deliver accessible and effective hepatitis C treatment for this risk group.

Read the full report [here](#).

US study shows being cured of hepatitis C leads to better overall quality of life



Study results presented at the 2017 AASLD Liver Meeting in Washington DC this month showed that people who were cured of hepatitis C with direct-acting antiviral treatments also experienced sustained

improvements in their overall physical and mental health.

Participants in the study saw significant improvements in all domains of health-related quality of life, including on measures like anxiety and fatigue. The greatest improvements were seen in vitality and general health. The benefits remained apparent throughout 3 years of follow-up with the 3500 clinical trial participants.

Presenters argued that their findings contribute empirical validity to the claim

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We want to keep HCV Action's membership updated on news and events from across the country.

If you have any news you would like to share with colleagues or would like to publicise an event please email details to hcvaction@hepctrust.org.uk.

that curing people of hepatitis C has not only clinical benefits but broader public health benefits with comprehensive and sustainable effect.

Read a summary of the study [here](#), and coverage of other research presented at the Liver Meeting [here](#).

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