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# HCVAction

Bringing you the latest hepatitis C news and events

October 2018

## HCV Action holds hepatitis C action week in Sheffield



[HCV Action](#) held its latest hepatitis C action week in Sheffield in October, featuring a good practice roadshow event, along with awareness-raising events hosted by [The Hepatitis C Trust](#)'s Peer Support team.

The centrepiece of the action week was the hepatitis C good practice roadshow, held in partnership with [Public Health England](#), which brought together around 80 attendees, including clinicians, nurses, drug service workers, prison healthcare professionals, commissioners and patients.

The morning's presentations focused on local epidemiology, treatments for hepatitis C and possibilities for elimination, commissioning for hepatitis C and examples of best practice in hepatitis C care in the South Yorkshire area. In the afternoon, attendees took part in workshops on identifying solutions to challenges faced by the ODN, hepatitis C in drug services and hepatitis C in prisons. The event's summary report is now available in the [HCV Action resource library here](#), with presentation slides due to be added shortly, following sign-off.

In addition to the roadshow event, awareness-raising events were also held by [The Hepatitis C Trust](#)'s Peer Support team in services across Sheffield, including the Norfolk Park Probation Hostel, the Phoenix Futures Residential Rehab Service, the Victoria Court Housing Project and the Salvation Army Hostel.

## **HCV Action announces new Ambassadors**

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[HCV Action](#) this month announced two new additions to its '[Ambassador Network](#)', following the [HCV Action](#) action weeks in Maidstone and Sheffield, with Janet Catt, Nurse Consultant at [King's College Hospital NHS Foundation Trust](#), and Mark Cassell, Hepatology Clinical Nurse Specialist at [Barnsley Hospital NHS Foundation Trust](#), joining as Ambassadors.

The [HCV Action](#) Ambassador Network is a locally-driven network of individuals working in the hepatitis C community who are committed to working to improve hepatitis C care in their region. [HCV Action](#) Ambassadors continue the discussions that take place at our roadshow events and inform [HCV Action](#) of relevant developments, challenges and successes in their area.

Mark Cassell said: "The recent [HCV Action](#) roadshow in Sheffield was a welcome opportunity to bring together those working with hepatitis C from across the South Yorkshire area. I look forward to continuing to work with colleagues from across the region to share best practice and further improve hepatitis C services."

## **Drink and Drugs News features hepatitis C in October issue**

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# HEPATITIS C

## BREAKING THE SILENCE FINDING THOSE IN NEED OF HELP

*Although recent medical advances have made hepatitis C treatment much more effective – and far less unpleasant – the condition still represents a major public health challenge, with around half of the UK’s injecting drug users thought to be infected*

**Known as the ‘silent killer’** because a person can live with it for years without developing symptoms, Hepatitis C is a blood borne virus that predominantly affects the liver. According to Public Health England (PHE) most recent update, around 200,000 people in the UK are chronically infected with the hepatitis C virus (HCV). The majority of whom are from marginalised and underserved groups in society. It is also estimated that around half of the people living with the virus are unaware that they have it.

According to the World Health Organization (WHO), virus hepatitis is now a major public health problem, with the number of people living with hepatitis C worldwide rising 7.5m. The most common route of infection is through small quantities of blood, which can happen in unsafe medical practices, transfusion of unsterilised blood, sharing items such as razors or toothbrushes, or sharing needles or other drug injecting equipment. There is also a risk of infection via sexual or baby-toe contact with infected people, such as cocaine, MDMA or amphetamines.

PHE states that injecting drug use continues to be the biggest risk factor for HCV infection, and in the UK around half of people who inject, or who have previously injected, drugs will be infected with the virus – a figure that has remained steady unchanged over the past ten years.

Again, approximately half of these people will not know they are infected and according to the latest National Institute for Drug and Crime (NIADC) annual drug report, more than half of the estimated 30,000 injecting drug users globally are now living with the virus.

Hepatitis C causes inflammation and damage to the liver and, if left untreated, can lead to cirrhosis (scarring) and life-threatening complications like liver cancer. However, as hepatitis C often doesn’t have any noticeable symptoms and the liver has been significantly damaged, in many cases people can be living with the infection without realising it.

### TYPES OF HEPATITIS C

Like the common cold, flu and measles, hepatitis C is an RNA virus which acts as opposed to a DNA virus, which means that it has a much harder time to replicate and destroy

There are six major variations of HCV known as genotypes, with different genotypes being more predominant in certain parts of the world and each having minor variations known as ‘subtypes’. Genotypes 1, 2 and 3 are found worldwide, with 1a and 1b predominating in Europe and North America.

Although it is not known if the genotype affects the progression of the disease, it can have an influence on how someone responds to treatment.

### STAGES AND SYMPTOMS OF HEPATITIS C

Hepatitis C often displays no noticeable symptoms until the damage to the liver is significant, and the symptoms that people do experience can often be mistaken for something else. These include ‘flu like symptoms’ such as muscle aches and high temperatures, as well as fatigue, nausea, slight fever, loss of appetite and abdominal pain.

The first stage of HCV infection is the acute stage, which refers to the first six months after initial infection. During this stage, the virus will not necessarily manifest any symptoms and in around 20 per cent of cases the body will naturally clear the virus itself without sustaining any long term damage. The remaining 80 per cent of people, however, will go on to the second stage, which is

### WHO Regional Office for Europe Interim 2020 targets

- 50% of people living with chronic HCV infections diagnosed and aware of their condition
- 75% treatment coverage of people diagnosed with HCV infections who are eligible for treatment
- 75% of those at late stage of viral hepatitis-related liver disease (cirrhosis or liver cancer) diagnosed

...the most significant development in recent years is NHS England’s strategy to eliminate the virus by 2025

increasing year-on-year and this is already thought to have led to an 11 per cent fall in the number of deaths.

Operational delivery networks (ODNs) have also been established across England to drive improvements in treatment and measure access, and a National Hepatitis C patient registry has been established to record and monitor diagnosis rates, treatment uptake and outcomes. PHE has also set up a National Strategic Centre on Viral Hepatitis (NSCVH), and its hepatitis C in England 2024 report serves as a useful overview of the situation, setting out recommendations for improving prevention and harm reduction, testing and diagnosis rates, and increasing access to treatment.

The challenge remains substantial, however. A 2018 report from the All Party Parliamentary Group (APG) on liver health concluded that ‘significantly greater numbers of people will need to be tested, diagnosed and treated in order to eliminate the virus’. Awareness levels among the public remain low, it found, while budget pressures are also having a negative impact on local testing and prevention initiatives.

The APG report is calling for treatment to be made ‘universally accessible’ and available in community settings. It also wants to see the widespread introduction of ‘opt-out’ testing in drug treatment services. Contributions to the report ‘overwhelmingly agreed’ that, as things stand, England is not on track to achieve either the WHO or WHO elimination targets, and it calls for urgent agreement on a national elimination strategy for the virus.

### A TOXIC MIX: HOW ALCOHOL AND DRUGS INTERACT WITH HCV

**ALCOHOL – along with recreational drugs – is processed by, and is toxic to, the liver, and in line with NHS information, The Hepatitis C Trust advises that ‘without drink, the most effective measure anyone infected with hepatitis C can take to slow down disease progression is to avoid drinking alcohol.’**

The severity of liver disease in people with HCV is much greater among those who drink – this has been seen in rates of fibrosis, the development of cirrhosis, the incidence of liver cancer and finally in survival rates, says the Trust, and most doctors caring for people with HCV will urge them to stop drinking completely. While heavy drinking can clearly do its own, independent damage to the liver – as well as exacerbating the damage caused by the virus – it is also thought that alcohol consumption can increase the viral load of someone with HCV and contribute to a poorer response to antiviral treatment.

As well as putting stress on the liver themselves, many illicit drugs will contain impurities that can also be toxic, and drugs that are injected are likely to put a greater strain on the liver as they will not have been filtered via the stomach.

**Those infected are also advised to exercise and eat a healthy diet.**

### Trend in anti-HCV prevalence among people injecting psychoactive drugs in England: 2005 to 2016.

Year	Prevalence (%)
2005	48
2006	49
2007	47
2008	48
2009	49
2010	48
2011	49
2012	48
2013	49
2014	48
2015	49
2016	48

[Drink and Drugs News](#), the magazine for the substance misuse field, featured an eight-page supplement on hepatitis C in its October issue, covering many key aspects of hepatitis C care.

The first section contained a summary of the current national landscape around hepatitis C, highlighting that there have been significant developments recently, most notably [NHS England's](#) commitment to eliminate hepatitis C by 2025, and the observed fall in deaths from hepatitis C-related end stage liver disease. It also sets out the stages and symptoms of hepatitis C and the impact of alcohol on those infected.

The second section discusses barriers to testing and treatment and possible strategies to increasing engagement with treatment, emphasising the need for more outreach in the community and mentioning a successful project piloting hepatitis C testing in pharmacies run by the [London Joint Working Group on Substance Use and Hepatitis C](#). Sub-sections aimed at health professionals list key harm reduction messages to prevent reinfection, and discuss how to avoid stigmatising clients.

Other topics covered include misconceptions about treatment, the need to re-engage those previously diagnosed but never treated, and a series of good practice case studies. A list of useful contacts and further resources includes [HCV Action](#) and [The Hepatitis C Trust](#).

The DDN hepatitis C feature is available to view as an e-magazine [here](#) or as a PDF [here](#). Organisations can also request additional print copies for free through the DDN website [here](#).

## HCV Action to host Twitter #HCVchat on 2nd November

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# HCVAction

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John Fox, Peer Support Lead at [The Hepatitis C Trust](#), will be taking over the [HCV Action](#) Twitter account at 2pm on Friday 2nd November to discuss the peer support model in hepatitis C care.

The #HCVchats are regular opportunities for those working around hepatitis C to engage with experts and share best practice online. John will be covering topics such as:

- What is the peer support model and how does it work?
- The value of partnership working between services to support hepatitis C patients and those at risk
- Achievements of [The Hepatitis C Trust](#)'s peer support programme
- How to expand the peer support model

Anyone can participate in the conversation by tweeting questions and comments on the hashtag #HCVchat or by tagging the account [@HCVAction](#) from 2pm on Friday.

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## News & Reports

\* A [national patient conference](#) for those affected by hepatitis C in Scotland will take place on 8th November in Glasgow. The conference has been organised by [Hepatitis Scotland](#), with input from others including [The Hepatitis C Trust](#), and is free to attend. The event will feature workshops, talks, and a presentation of research on barriers to case-finding. Register for the conference [here](#).

\* The [Scottish Government](#) has confirmed it will accept the recommendations of an independent clinical review assessing the impacts of chronic hepatitis C infection on the health and wellbeing of individuals affected by contaminated blood and blood products. The review recommends that Scottish Infected Blood Support Scheme beneficiaries should be able to self-assess regarding the effect hepatitis C has had on their life, and which level of payment they are entitled to as a result. The report is now available in the [HCV Action](#) resource library [here](#).

\* The [British HIV Association \(BHIVA\)](#) has called for accelerated efforts to cure hepatitis C in all

those living with HIV. BHIVA has promised that it will be working closely with local services over the coming year to ensure all patients co-infected with HIV and hepatitis C are linked to care and treatment. BHIVA also calls for ambitious targets, including curing all those co-infected with HIV of hepatitis C by 2021. Read a press release with further details [here](#).

\* On 2nd October, [The Hepatitis C Trust](#) and [AbbVie](#) co-chaired an event in Edinburgh bringing together health experts, MSPs and charities to discuss innovative procurement models for hepatitis C treatment. The discussion focused on the limitations of current treatment targets and procurement approaches, with many attendees emphasising that investment in a national strategic approach to elimination would lead to significant cost savings and enormous public health benefits in the medium-term. Politicians from across the political spectrum agreed that hepatitis C was a unique public health issue, with the possibility of elimination providing a clear rationale for ambitious investment and increased treatment targets to encourage outreach and case-finding. Read a summary of the event from the charity [Waverley Care here](#), and an article in The Times covering the event [here](#).

\* Two new international resources have been added to the [HCV Action](#) resource library this month. The first is a report from the [European Centre for Disease Prevention and Control](#), available [here](#), which outlines the key at-risk groups for hepatitis B and C in EU and EEA countries, based on existing guidelines and data. The second is a United Nations Common Position Paper, available [here](#), detailing agreed shared principles and key actionable areas within and beyond the health sector to address HIV, tuberculosis and viral hepatitis in Europe and Central Asia.

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## 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](mailto:hcvaction@hepctrust.org.uk).



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

Please encourage colleagues to join HCV Action for free hepatitis C related updates and tools by emailing their full contact details to [hcvaction@hepctrust.org.uk](mailto:hcvaction@hepctrust.org.uk).

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