

# Health Consequences of Addiction: Liver health, alcohol and hepatitis C

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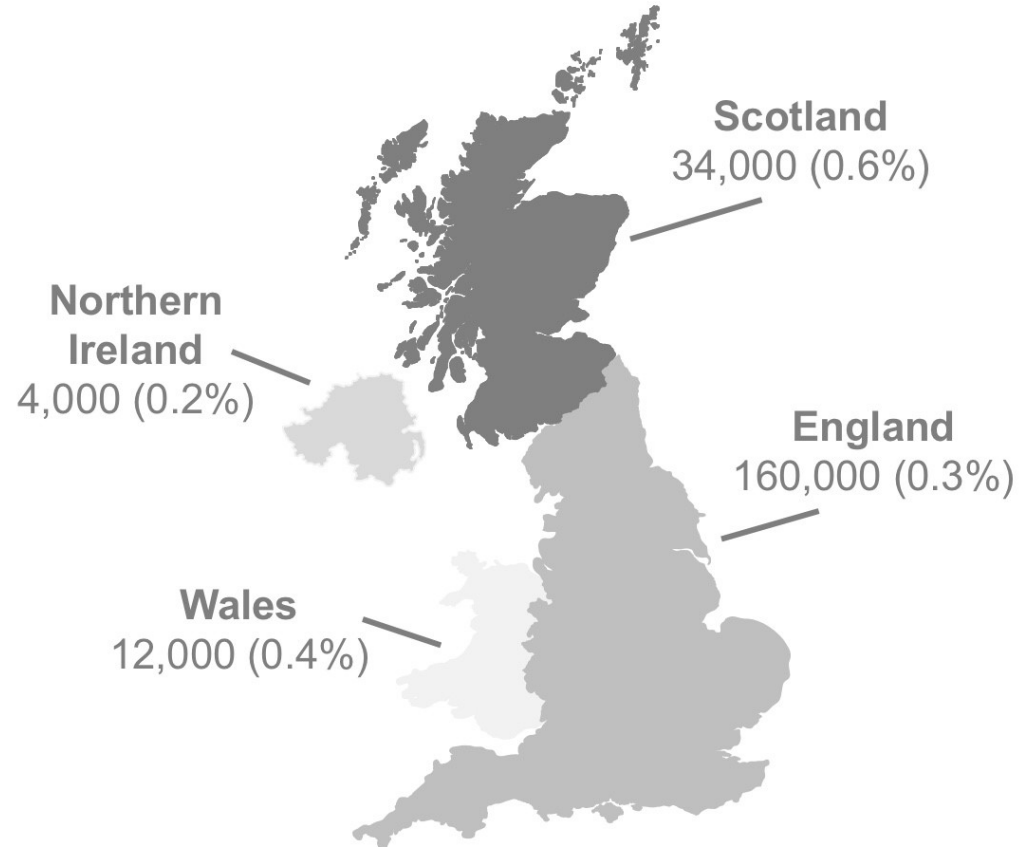


# Hepatitis C prevalence: UK 2017 estimates



**210,000**

People estimated to be living with chronic HCV in the UK (0.3% of the population)



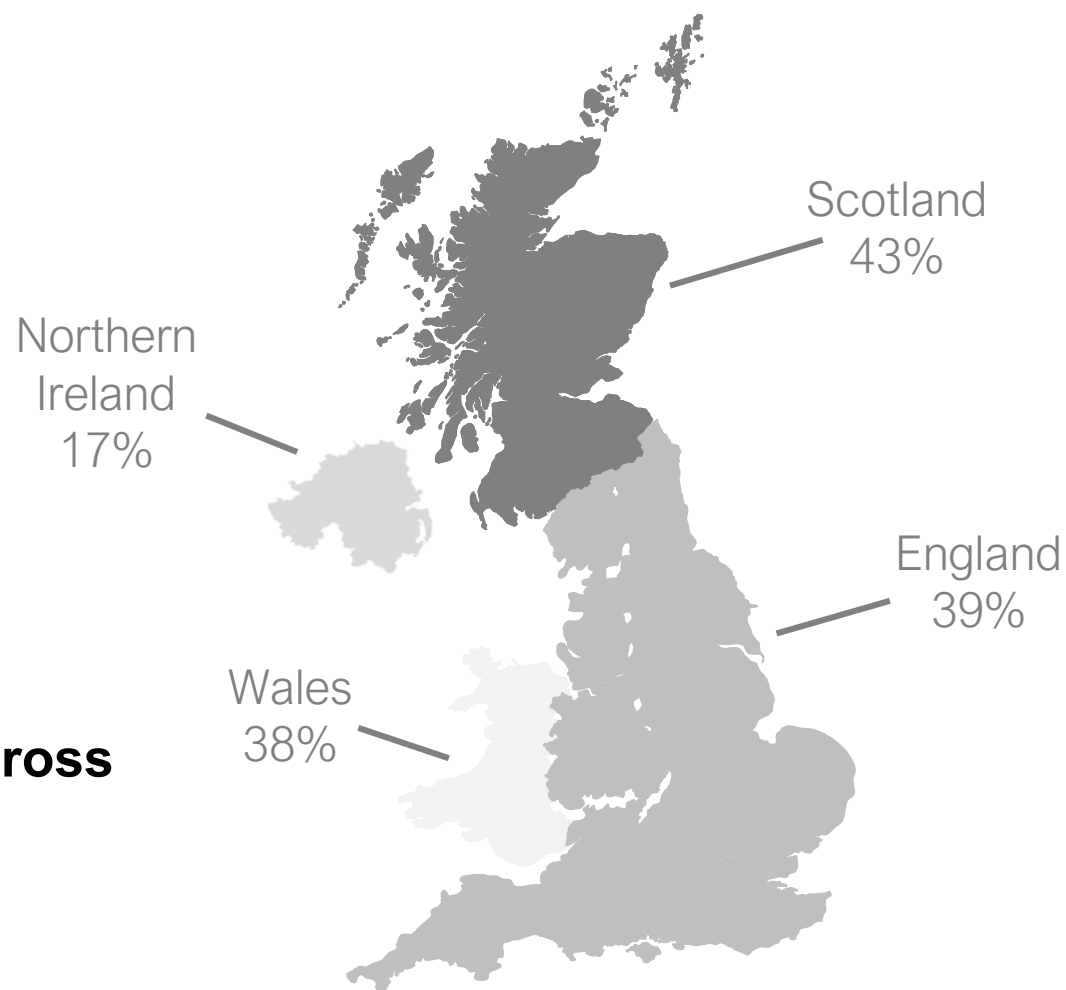
85-90% will have acquired hepatitis C through using contaminated injecting equipment

# Prevalence of infection among PWID: UK 2017 estimates

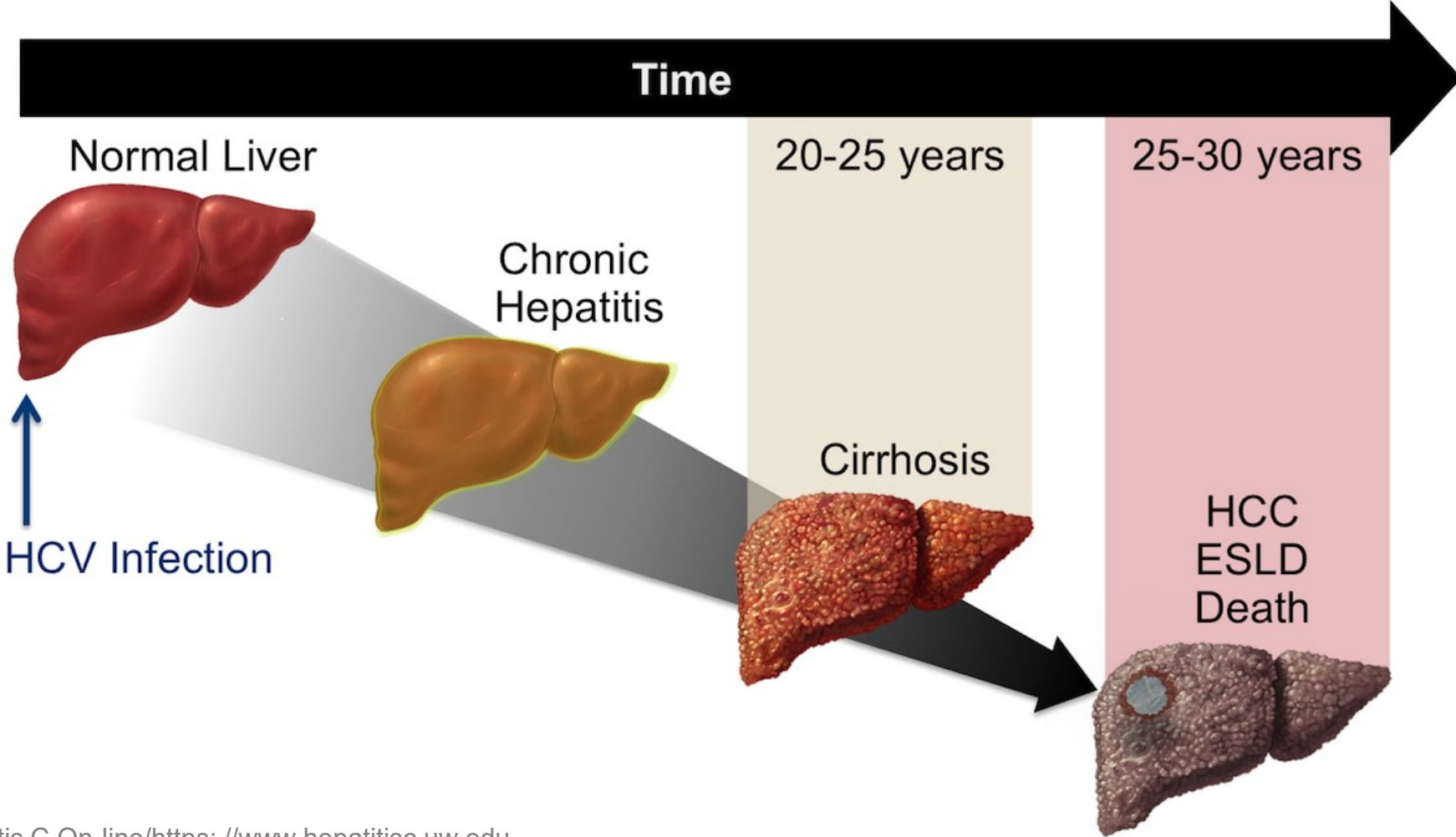
**40%**

Proportion of PWID estimated to be living with **chronic HCV** in the UK

**Significant regional variations across UK**

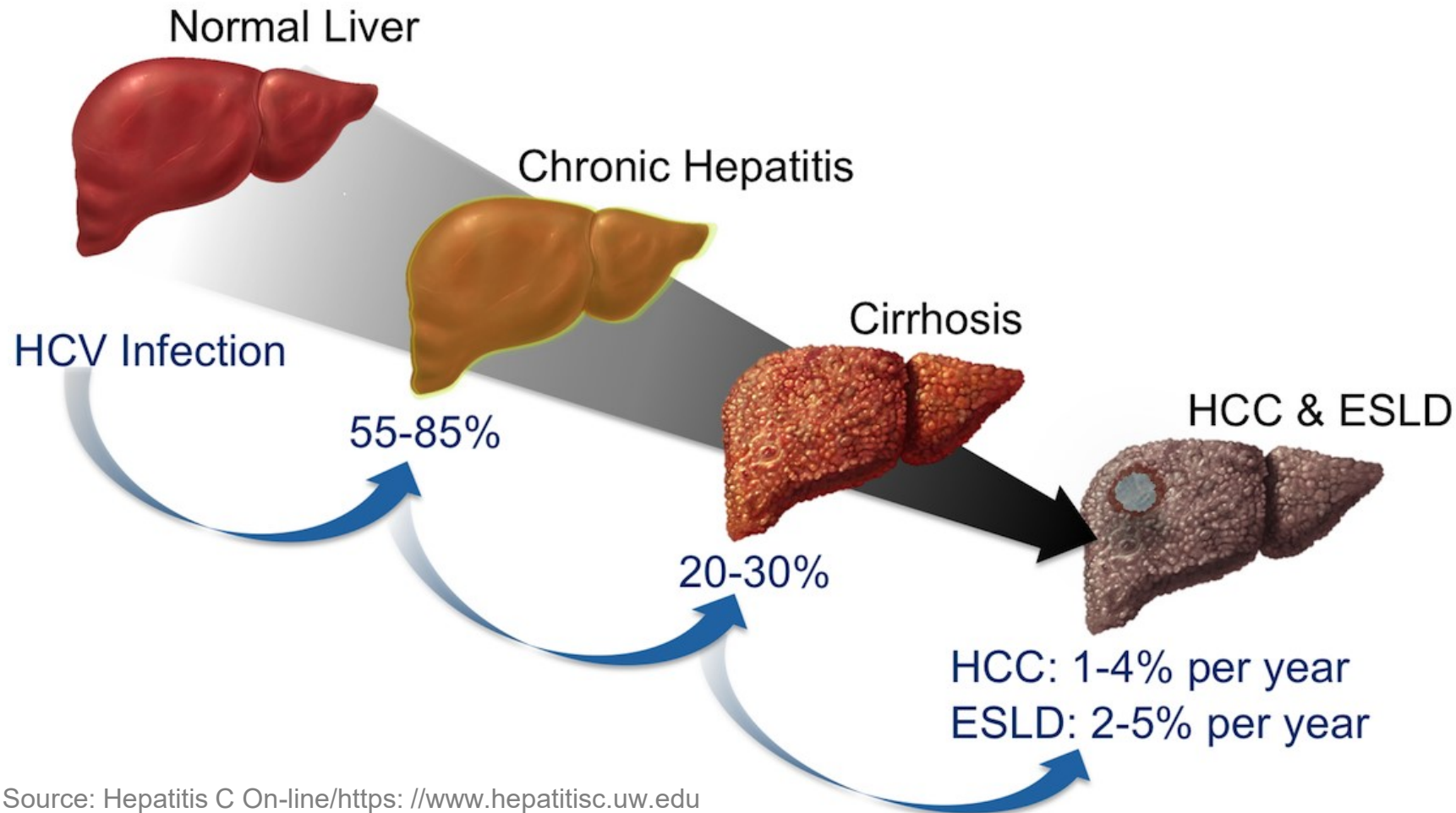


# Natural history of hep C disease



Source: Hepatitis C On-line/<https://www.hepatitisc.uw.edu>

# Hep C disease progression



Source: Hepatitis C On-line/<https://www.hepatitisc.uw.edu>

## Determinants of liver disease progression

### Modifiable

- Alcohol consumption
- Non-alcoholic fatty liver disease
- Obesity
- Insulin resistance

### Non-modifiable

- Fibrosis stage
- Inflammation grade
- Older age at time of infection
- Male sex

### Viral

- Genotype 3
- Co-infection with HBV or HIV

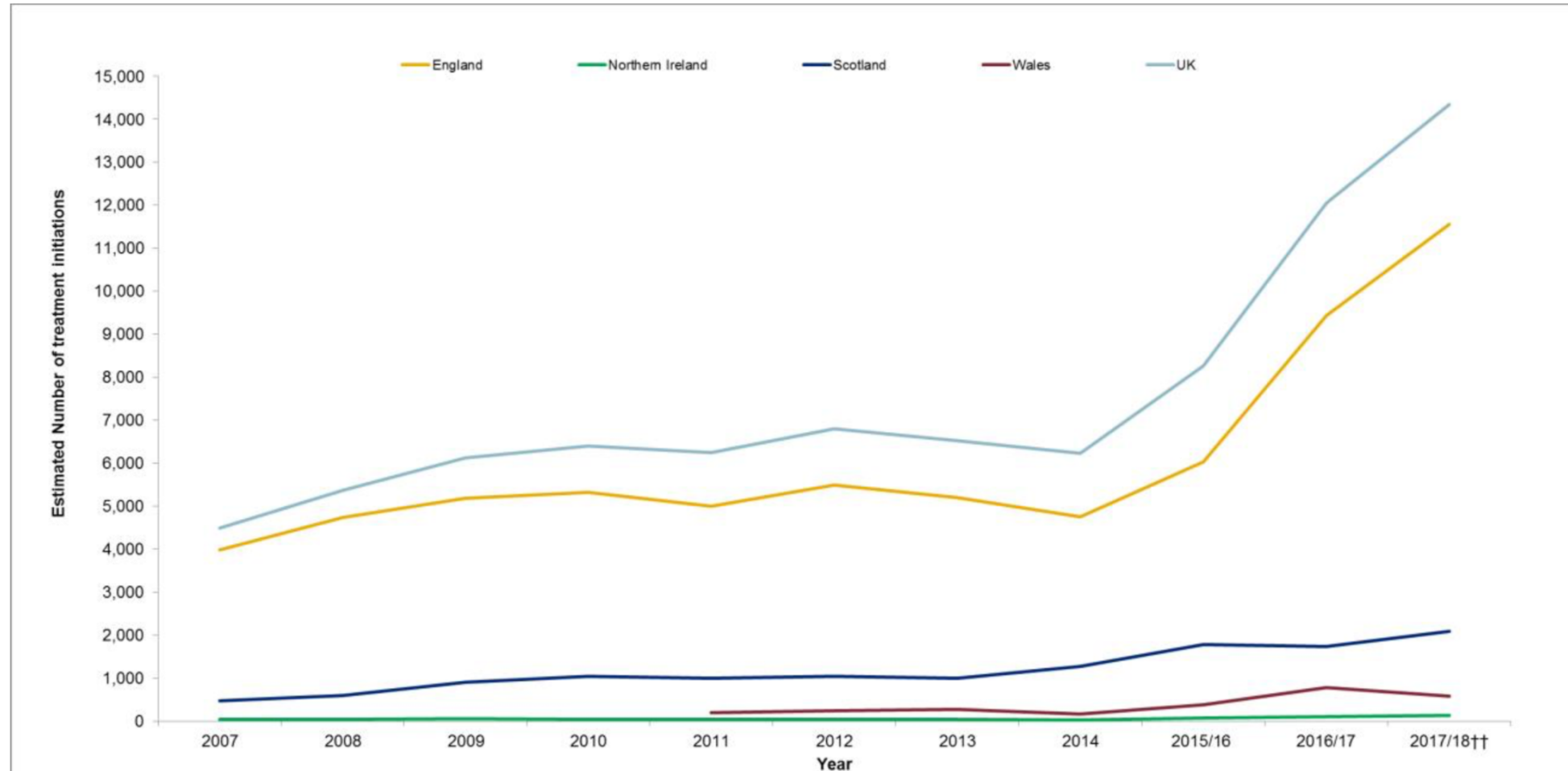
# Eliminate hepatitis C by 2030 – or even 2025?

- In May 2016, the UK signed up to the WHO Global Health Sector Strategy (GHSS) on Viral Hepatitis which commits participating countries to the elimination of HCV as a major public health threat by 2030.
- NHS England committed to eliminate hepatitis C by 2025.
- Is it possible?

# How do we eliminate hepatitis C?

- We need to reduce the numbers being infected with hepatitis C
- We need to test people at risk
- We need to treat those who are infected

**Figure 3. UK-wide estimates of numbers initiating HCV treatment, calendar years 2007 to 2014 and financial years 2015 to 2016 – 2017 to 2018<sup>\*,\*\*</sup>**



\* Data for Scotland are only available by financial year between 2007 and 2014 so these have been grouped with calendar years. For example, data for calendar year 2011 are grouped with data for the financial year 2011/12

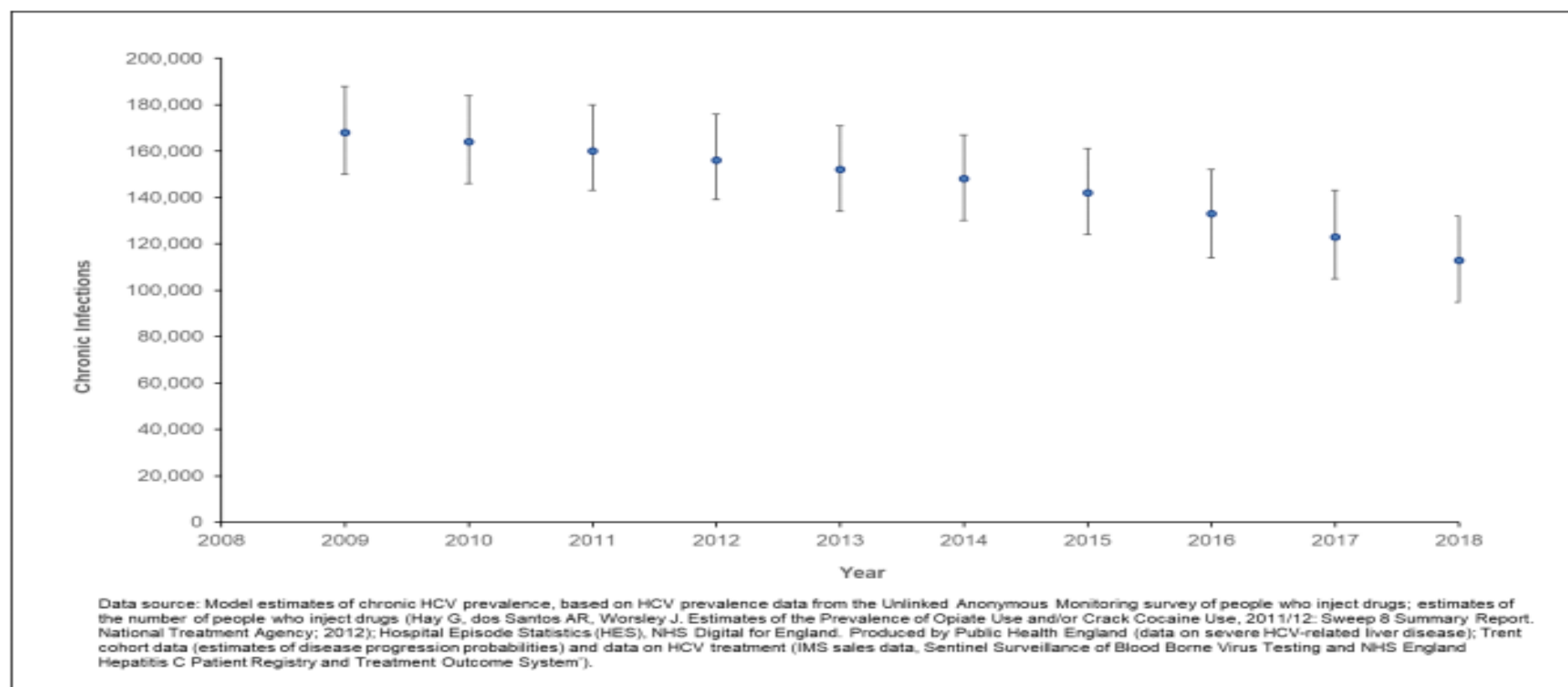
\*\* Data for Wales not available for 2007-2010; one Health Board is missing in 2014 and data, where available, are subject to data quality issues.

†† Data for 2017/18 are provisional for Scotland and Wales.

**Data Sources:** (i) Regional Hepatology Unit for Northern Ireland; (ii) Health Protection Scotland, using data supplied by hepatitis C treatment centres; (iii) Public Health Wales using data from treatment services in the Health Boards; (iv) NHS England for 2015/16, 2016/17 and 2017/18; provisional estimates for England based on new DDA drug treatments only, and on commissioning data which includes clinician intention to treat and invoicing, rather than patient level treatment registry data: these data are subject to data quality issues and contract adjustments. (v) Sentinel surveillance of hepatitis bloodborne virus testing for scaled estimates for 2012-2014 for England, (vi) Estimates from Roche sales, IMS supply chain manager, and Pharmex data for England for 2007-2011 (Harris et al. Journal of Hepatology 2014 vol. 61 | 530-53)



**Figure 1: Estimated chronic prevalence of HCV in England, 2009-2018.<sup>(1)</sup>**



Sentinel Surveillance of Bloodborne Virus Testing suggests that, in 2017, the majority of infections were either genotype 1 (46.0%) or genotype 3 (44.2%).<sup>(16)</sup> Injecting drug use continues to be the most important risk factor for HCV infection, being cited as the risk in 92.1% of all laboratory reports where risk factors have been disclosed.<sup>(5)</sup>

# New treatments: Direct Acting Antivirals

- Oral regimen, one or two tablets daily for 8-12 weeks
- Cure rates over **97%** for all genotypes
- If treatment fails, patients can now be re-treated
- Can now treat during acute infection (though only rarely identified)
- Drug costs are significantly reducing (probably on ave £6000 / course)
- **The new generation treatments are far more effective, easier to take and have fewer side-effects than the older medications**

Royal College of General Practitioners

# Guidance for the prevention, testing, treatment and management of hepatitis C in primary care

Includes appendices on: hepatitis A and B vaccination guidance, hepatitis B and HIV

RCGP Substance Misuse Unit  
RCGP Sex, Drugs & HIV Task Group  
Substance Misuse Management in General Practice  
Hepatitis C Trust  
UK Hepatitis C Resource Centre  
Release

1st Edition 2007



The Hepatitis C Trust



RELEASE

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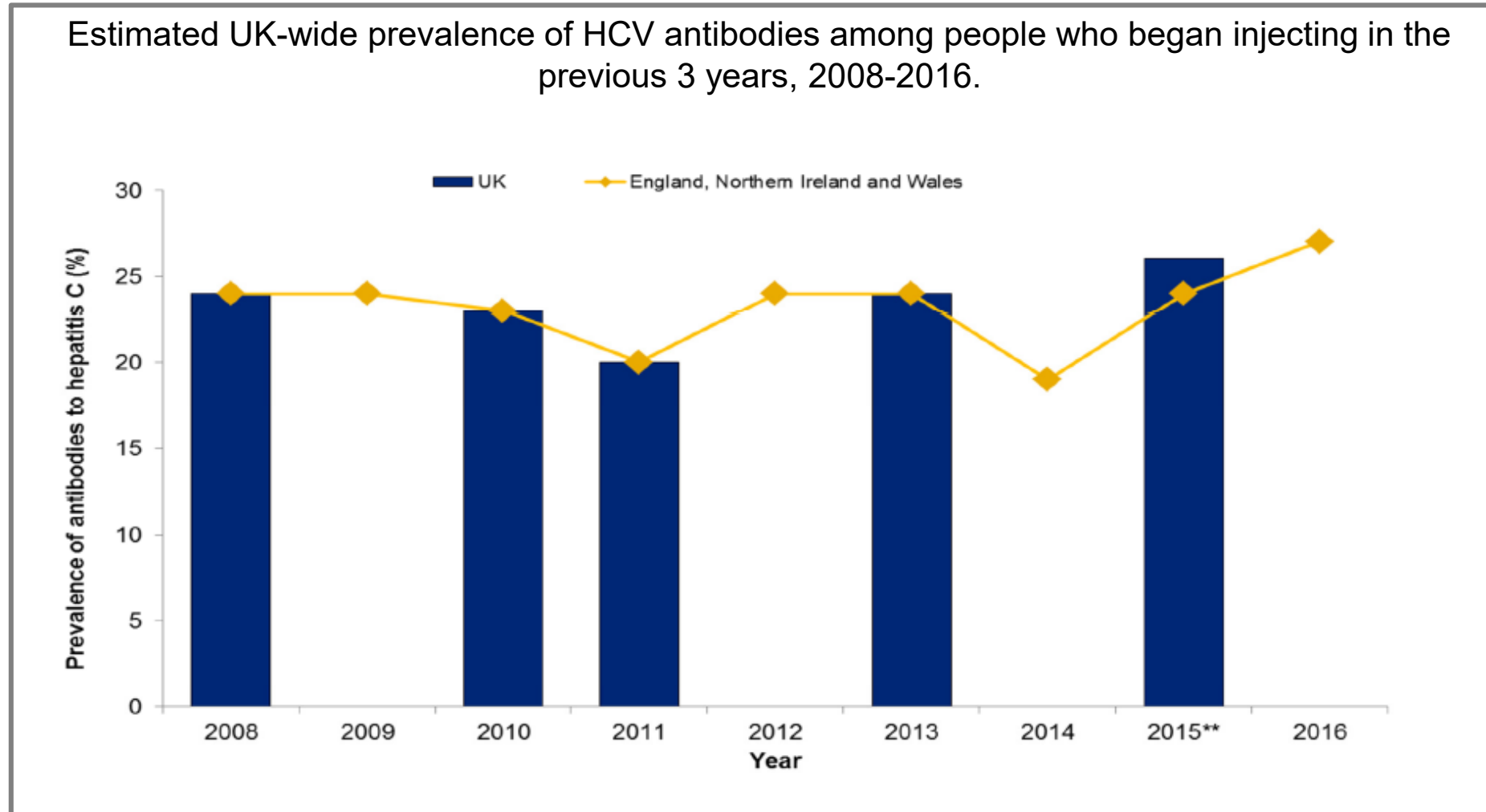
# Referrals for hepatitis C treatment

- Primary care 43%
- 20% from drug services
- Data on disease stage showed that 29% of patients had cirrhosis prior to treatment, 35% had no evidence of fibrosis and 26% had mild fibrosis

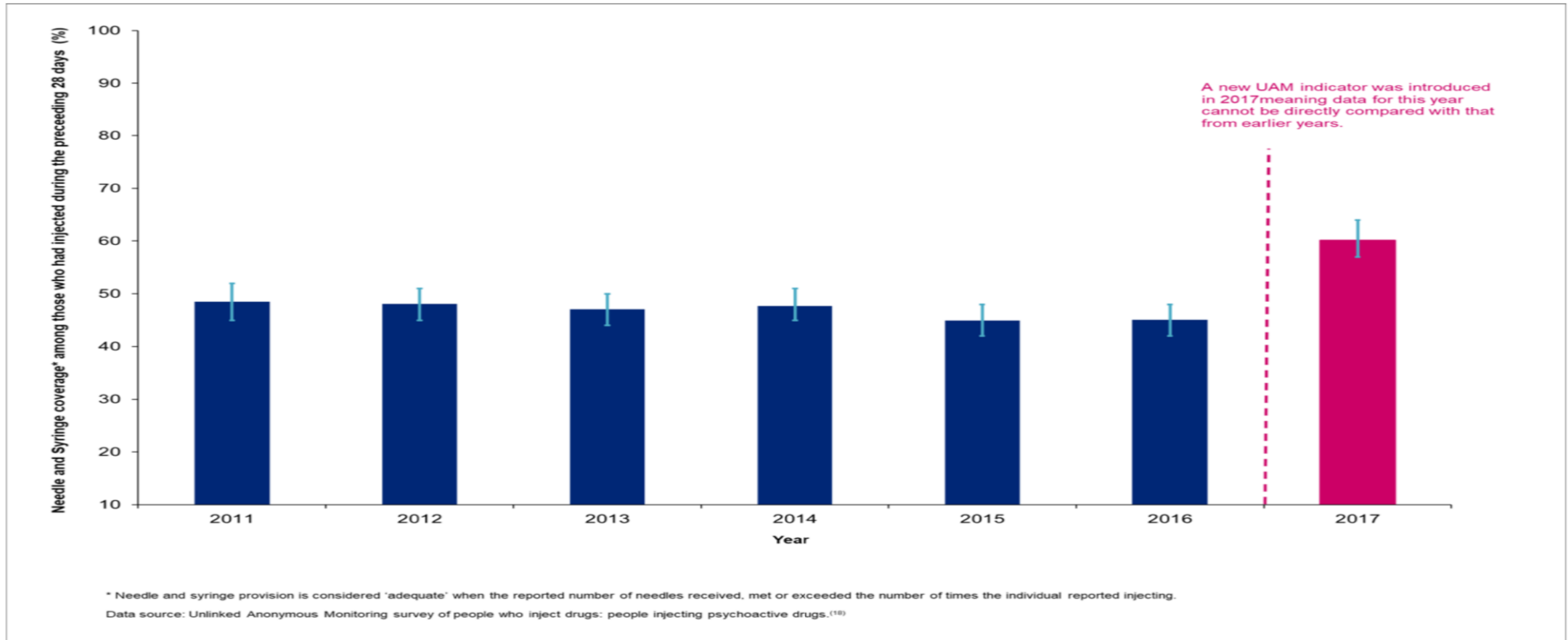
# Evidence of continuing HCV transmission

20%

Proportion of recent-onset PWID estimated to be living with **chronic HCV** in the UK

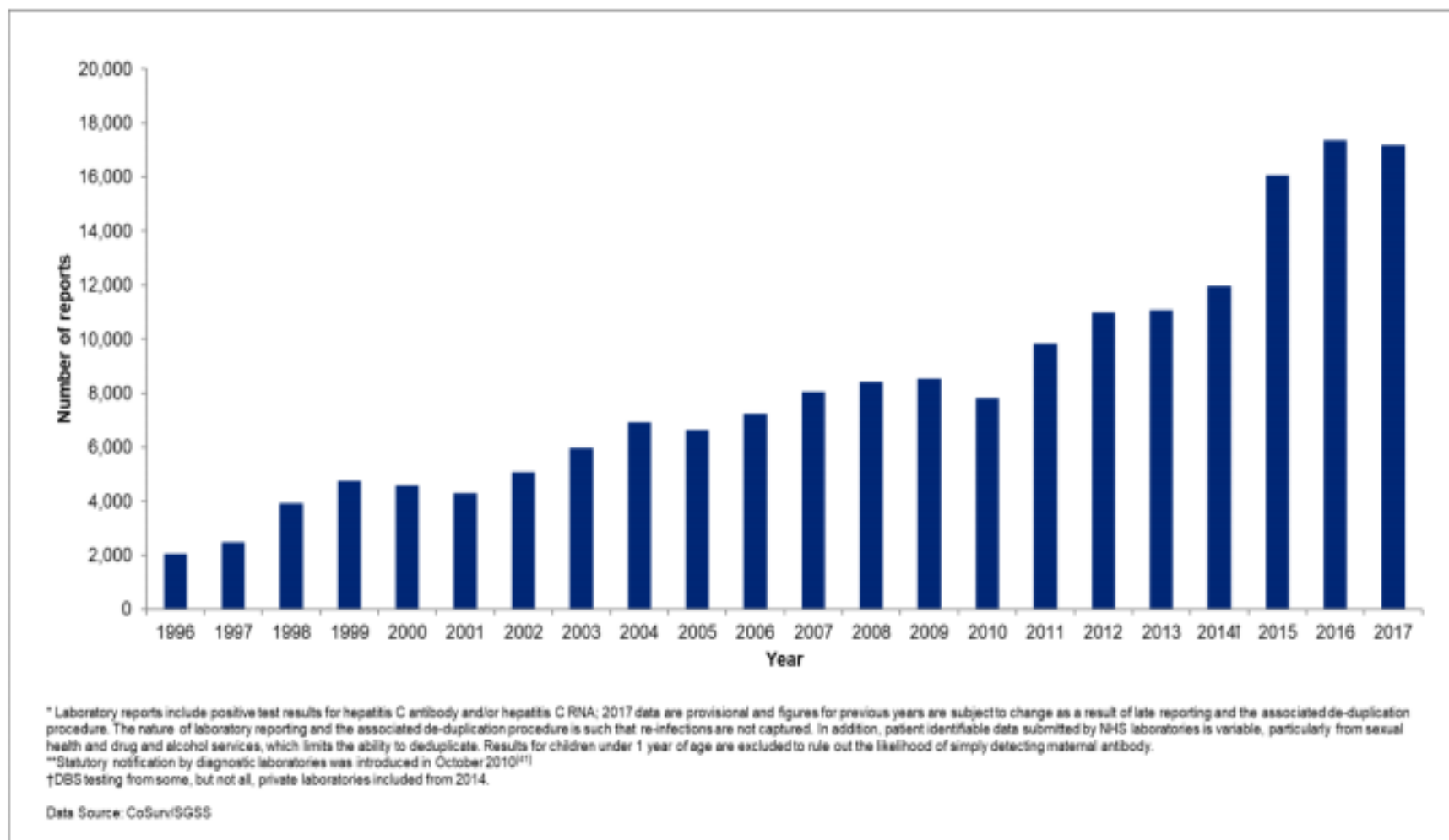


**Figure 9. Estimated proportion of people injecting psychoactive drugs reporting adequate\* needle and syringe provision in England, 2011-2017**

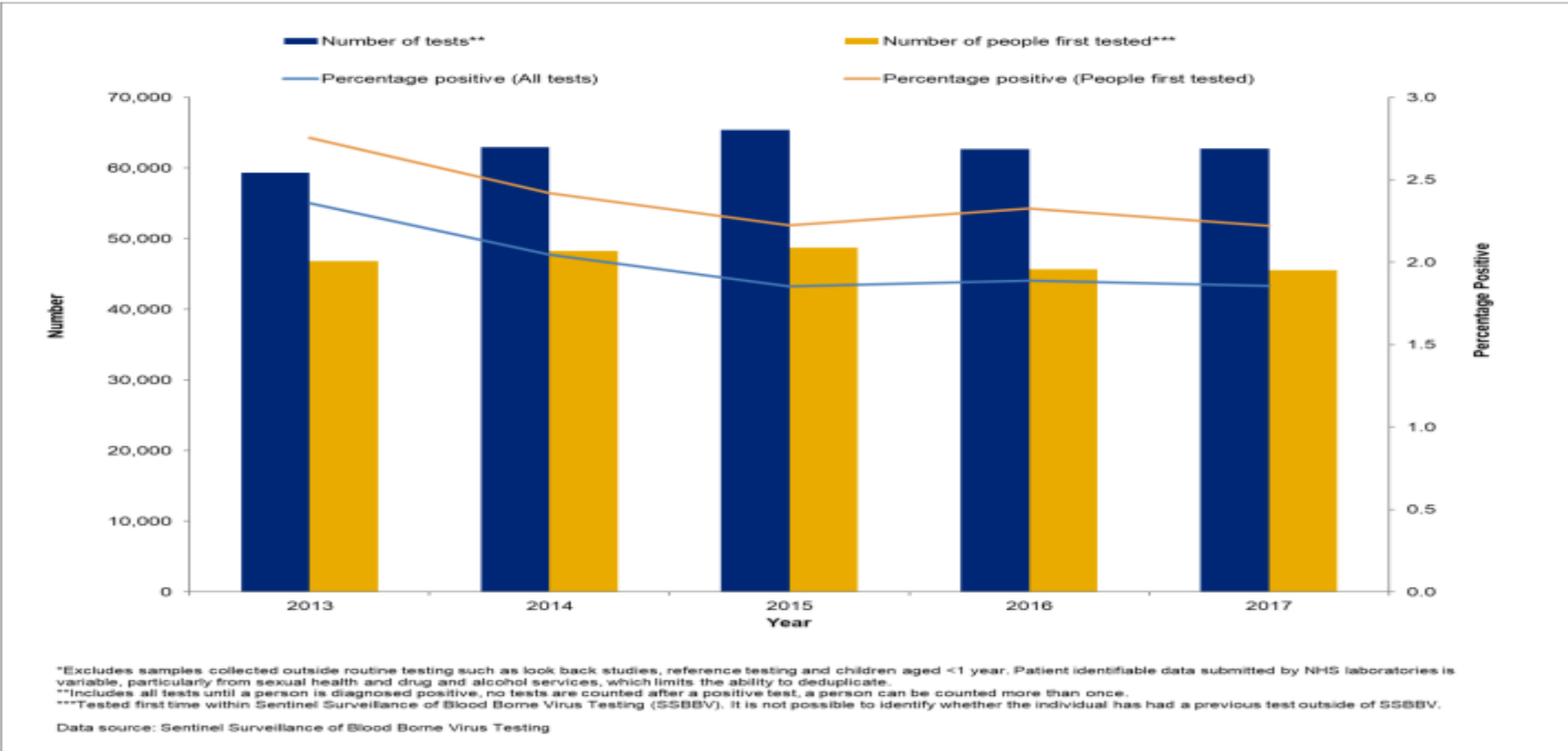


18. Public Health England. People who inject drugs: HIV and viral hepatitis unlinked anonymous monitoring survey tables (psychoactive): 2018 update. 2018. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729816/UAM\\_Survey\\_of\\_PWID\\_data\\_tables\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729816/UAM_Survey_of_PWID_data_tables_2018.pdf) [Accessed: 19/03/2019].

**Figure 13. Number of laboratory reports\* of HCV from England: 1996 to 2017\*\***



**Figure 17. Number of tests and number of people first tested for anti-HCV by year, and proportion positive, through GP surgeries in 15 sentinel laboratories: 2013 to 2017\***





# Diagnosis

- Public Health England has estimated that up to 95,600 people in the UK could be unaware that they are infected with hepatitis C

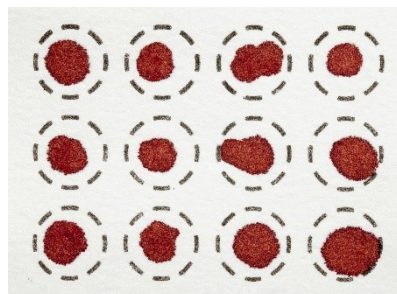
# Testing basics

- Antibody test
- PCR/ RNA test

# Testing methods

- Venepuncture

- Dried blood spot testing



- Point of care RNA testing

# How to improve testing and referral for treatment in primary care

- Education and support, PHE Eliminate hepatitis C resources, Hepatitis C Trust, RCGP training
- Auditing and electronic medical record reminders to prompt targeted risk-based assessment and testing
- Support to test in-house
- Support to access point of care HCV testing and dried blood testing
- Treatment from primary care base

# How to improve testing and referral for treatment in primary care

- Outreach clinics across community settings including drug treatment services, pharmacies, home visits and mobile services
- Develop and test referral pathways
- **Effective engagement with local partners (e.g. people with lived experience, community representation and peer organisations)**
- **Commissioning: harm reduction and OST, include hepatitis C in Joint Strategic Needs Assessment. Opt out testing?**



# Eliminating hepatitis C as a major public health threat in England

## 2020 impact targets

### Reducing HCV related mortality (target 10% reduction by 2020)

Death registrations for Hep C-related end-stage liver disease and cancer fell by 16% between 2015 and 2017



### Reducing new chronic HCV infections (target 30% reduction by 2020)

The UAM survey of people who inject drugs (PWID) provides no evidence of any decline in new HCV infections in recent years; estimated rates of infection in 2017 were 20/100 person years, compared to 8/100 in 2011, while prevalence of infection in recent initiates to injecting drug use was similar in 2017 (23%) to 2011 (20%)



**113,000** people estimated to be living with chronic Hep C in England

## Coverage of key services

### Number treated



11,557 people accessed treatment in 2017/18; up 22% on 2016/17, and up 127% on pre-2015 levels

### Proportion of people diagnosed



56% of PWID surveyed in 2017 were aware of their current HCV infection

### Number of sterile needles/syringes provided



60% of those surveyed reported adequate needle/syringe provision for their needs in 2017