

## Tackling Hepatitis C – have we got it right?

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## What is hepatitis C?

- Cancer causing infectious virus
- A silent killer
- A hidden problem
- A major health inequality
- A public health time bomb
- A treatable condition
- A preventable condition

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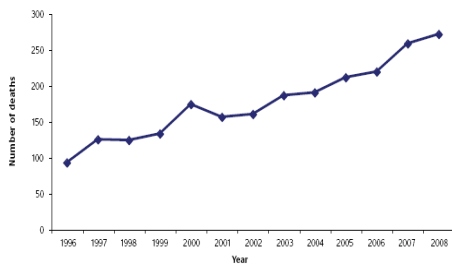
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## UK deaths from end-stage liver disease or hepatocellular carcinoma, in those with hepatitis C mentioned on the death certificate



Data source: Office for National Statistics, (England and Wales); Health Protection Scotland, in association with the Information Services Division; Public Health Agency Northern Ireland.

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### The current picture

- 185,000 people in the UK chronically infected with hepatitis C (HCV)
- Prevalence in UK 0.5% to 0.8% population
- Current or former injecting drug use is the main risk factor
- Prevalence in IDU at needle exchange up to 70%

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### Testing for HCV

- Overall numbers of tests for HCV are rising
- Proportion of IDU tested for HCV increasing
- Cumulative numbers of people diagnosed hepatitis C antibody positive are increasing

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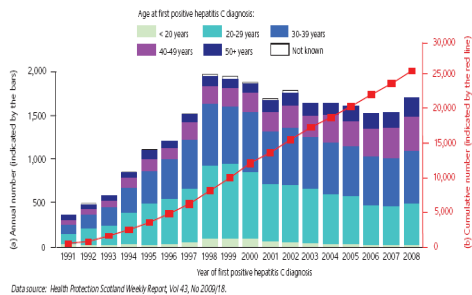
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### Annual and cumulative numbers of persons reported to be diagnosed hepatitis C antibody positive in Scotland




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**Treatment and Care**

- HCV related deaths, transplants and hospital admissions continue to rise
- Significant increase in numbers of people being treated is needed to flatten this mortality curve – quickly
- In England only about 3% of diagnosed patients receive anti-viral therapy each year

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**Prevention**

- Incidence in IDU is hard to estimate (range 3-42% of susceptible IDU infected each year)
- Sharing of equipment continues - NESI
- Needs to be multi-factorial

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**What are we doing well?  
England**

- DH in England recognised problem early Awareness campaigns have had an impact – increasing testing in IDU
- Very good surveillance data (HPS)
- NDTMS data suggest that levels of injecting and sharing may be falling
- UAPMP data suggests infections in young adults may be falling

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**What are we doing well?  
Scotland**

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- Managed care networks for HCV prevention, testing and treatment established in all NHS Board areas
- Number of people initiated on therapy has increased by almost 50% over 2 year period
- New IEP guidelines improving provision now being implemented

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**What are we not doing so well?  
England**

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- APPHG 2008 strongly critical of implementation of English Action Plan
- Most PCT only partially implemented – if at all.
- Infrastructure inadequacy major constraint – lack of commissioning by PCT
- Lack of national monitoring of action plan, lack of treatment targets - lack of incentive to change at PCT level.

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**What are we not doing so well?  
Scotland**

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- Treatment targets have been delayed by one year – because they were not going to be met
- Awareness raising campaign was delayed and is brief (2 weeks)
- Drug treatment policy focus on recovery may deflect attention from harm minimisation and HCV prevention

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What is the role of primary care?

- Prevention
- Testing and diagnosis
- Treatment
- Post treatment support

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Improving work in primary care

- Increasing drug treatment in primary care – harm minimisation
- Increasing testing – awareness, education, simplifying, normalising, DBS and oral fluid testing, LES
- HCV treatment in general practice
- Supporting patients in treatment
- Health promotion for HCV patients

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RCGP Certificate in Hepatitis B and C

- Developed in conjunction with the HPA
- Funded by the DH
- Aimed at generalists and those treating drug users – builds on GP curriculum
- Currently being developed, lead by Dr Euan Lawson

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