



# Hepatitis screening and immunisation



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Substance Misuse Management  
in General Practice

# What's the problem?



- Hepatitis C National prevalence 0.4-1% (250,000-600,000 people)
- IDUs account for majority of those infected
- Transmission routes -injecting drug use, sexual exposure, transfusion, blood product recipient, vertical transmission

# Progression



- Around 20% of those infected with hepatitis C infection will clear the virus at the acute stage.
- Of the 80% who do not:
  - Some will never develop liver damage
  - Many will develop only mild to moderate liver damage (with or without symptoms)
  - About 20% will progress to cirrhosis of the liver over a period of 20 years \*\*\*
  - A proportion of those with cirrhosis will progress to liver failure or primary liver cancer



# Factors that influence progression

- Alcohol consumption
- Age at infection
- Gender
- Co infection
- Viral Genotype



# Treatment

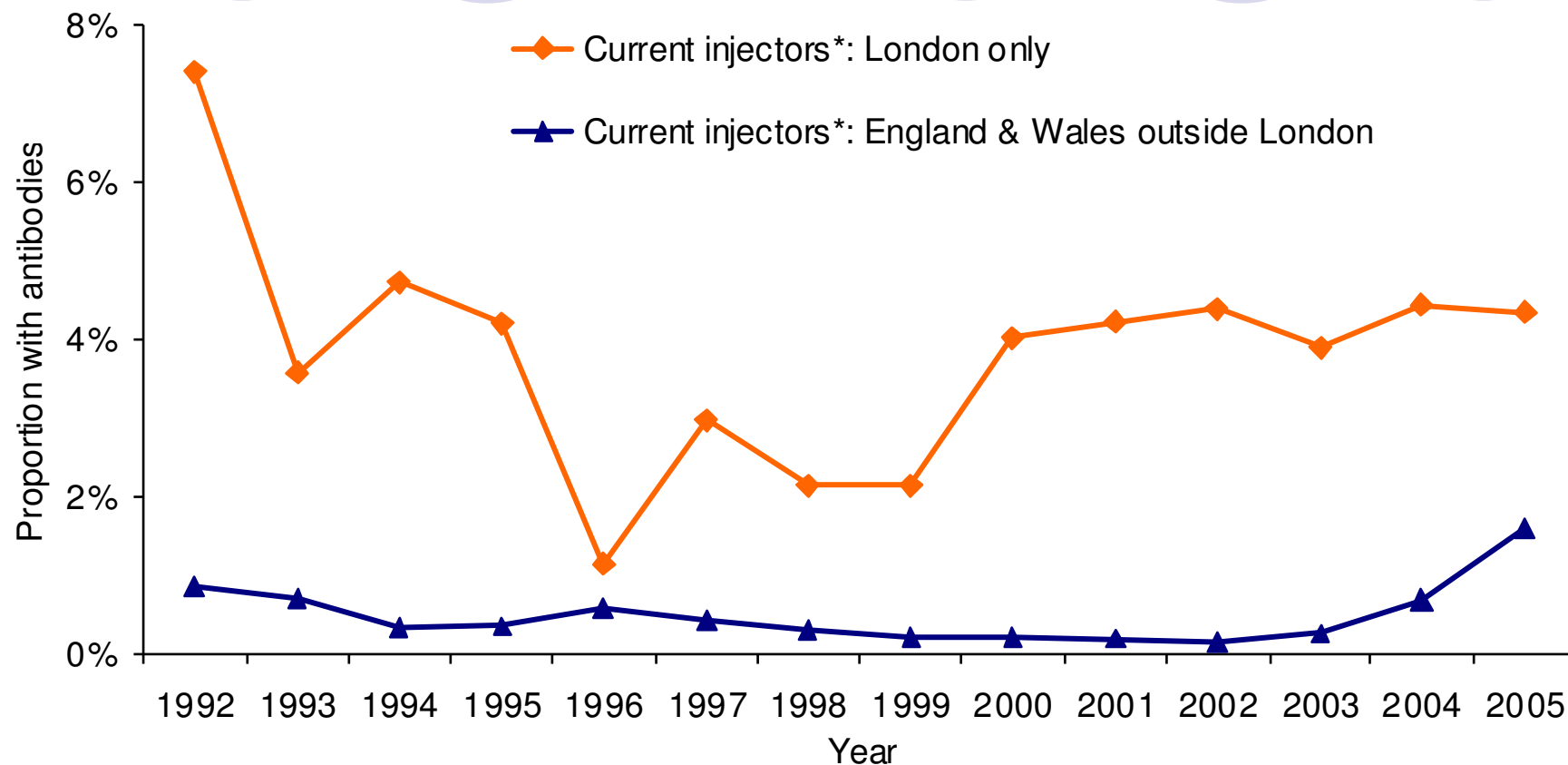
- 40-80% of those treated can be cured
- NICE guidance now advocates treatment of those with mild hepatitis C
- Treatment rates remain low in the UK

# Why test?



- Testing can allay anxiety even if the result is positive
- A positive test allows early monitoring and intervention by specialist if required
- Opportunity to immunise against Hepatitis B and A. (co-infection significantly worsens prognosis)
- Testing can encourage the patient to change patterns of behaviour such as injecting drug use or excessive drinking whether the result is positive or negative
- It is important to test as treatment has improved dramatically
- (RCGP Hepatitis C Test Proforma)

# Prevalence of HIV infection among current\* injecting drug users in England, Wales & Northern Ireland: 1992 to 2005



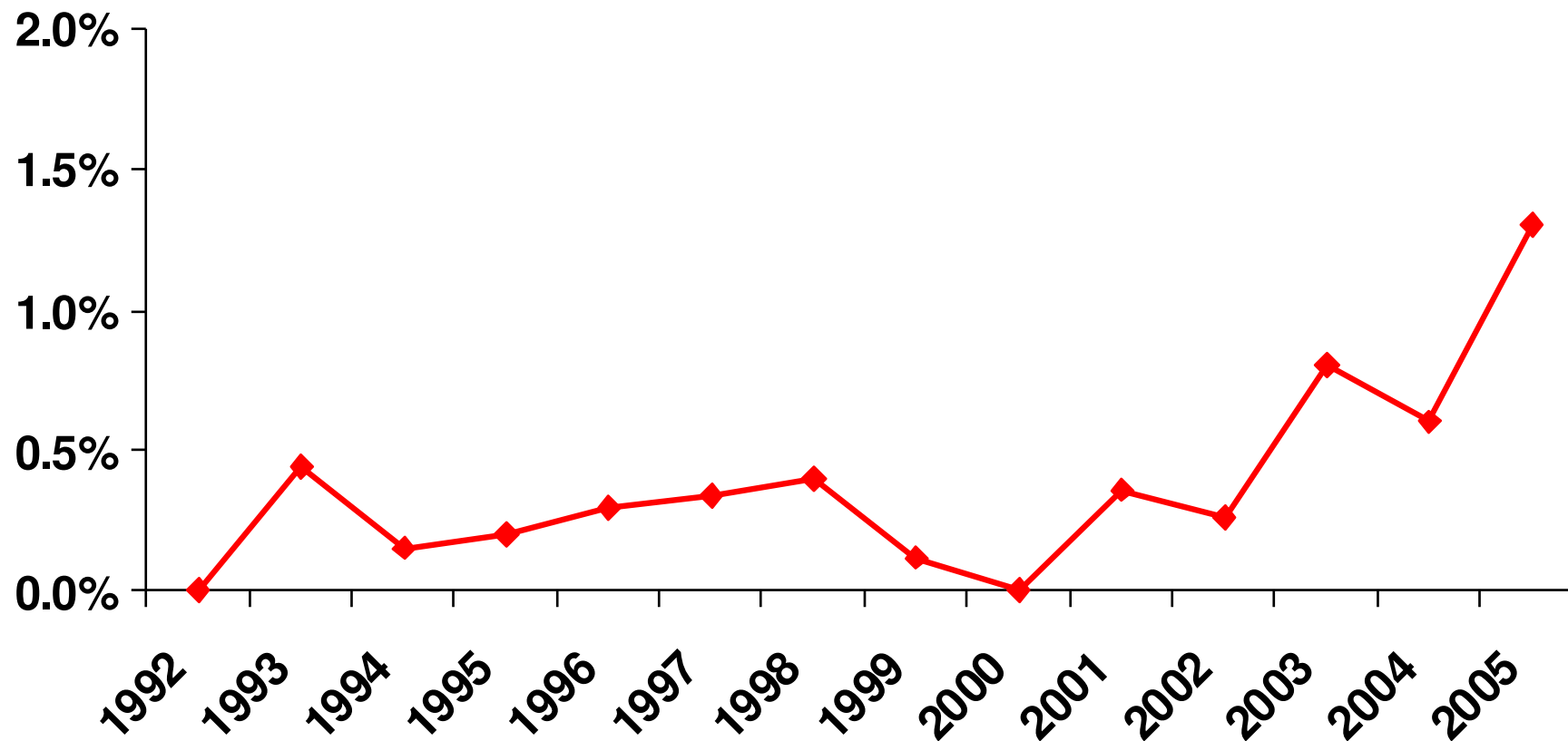
\* Those who last injected drugs during the four weeks prior to participating in the survey.

+ Those who started injecting drugs during the three years prior to participating in the survey.

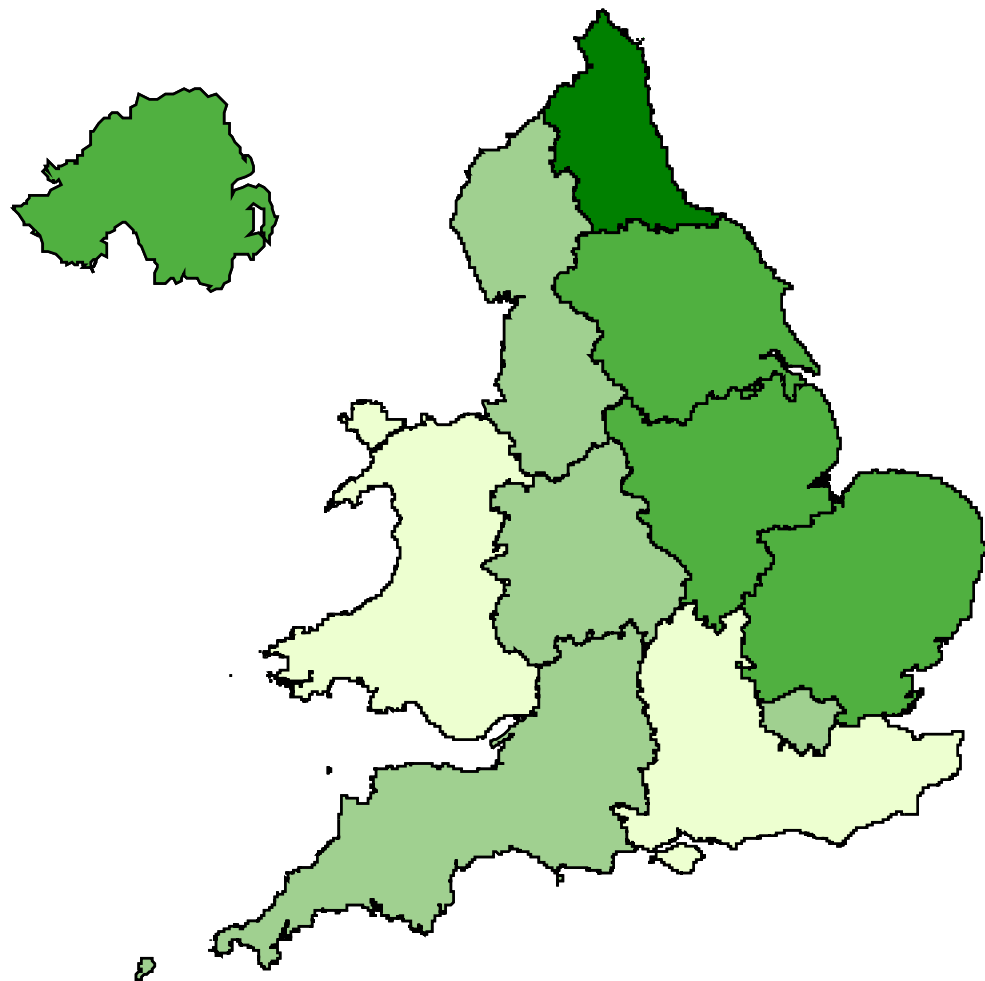
Includes Northern Ireland from 2002..

# Trends in HIV infection among recently initiated injectors\* in England & Wales: 1992 to 2005

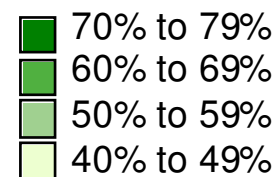
\* Those who started injecting drugs in the three years prior to participating in the survey.



# Geographic variations in the prevalence of antibodies to hepatitis B vaccine uptake\* among current & former injecting drug users in England, Wales & Northern Ireland (2004 and 2005 data combined).

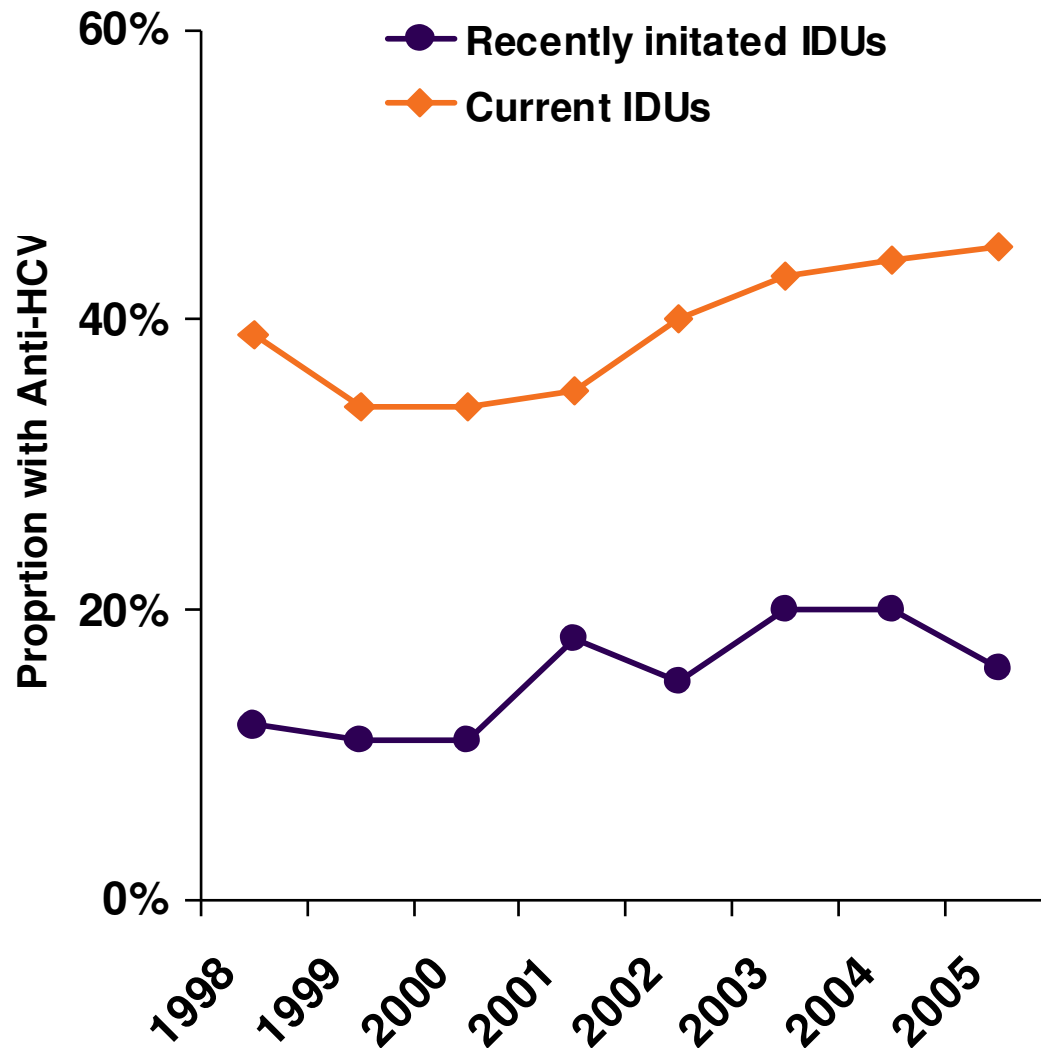


Uptake of hepatitis B vaccination\*



\* Self reports, those receiving one or more vaccine doses.

# Trends in HCV prevalence among current injectors\* and recently initiated injectors# England & Wales 1998-2005



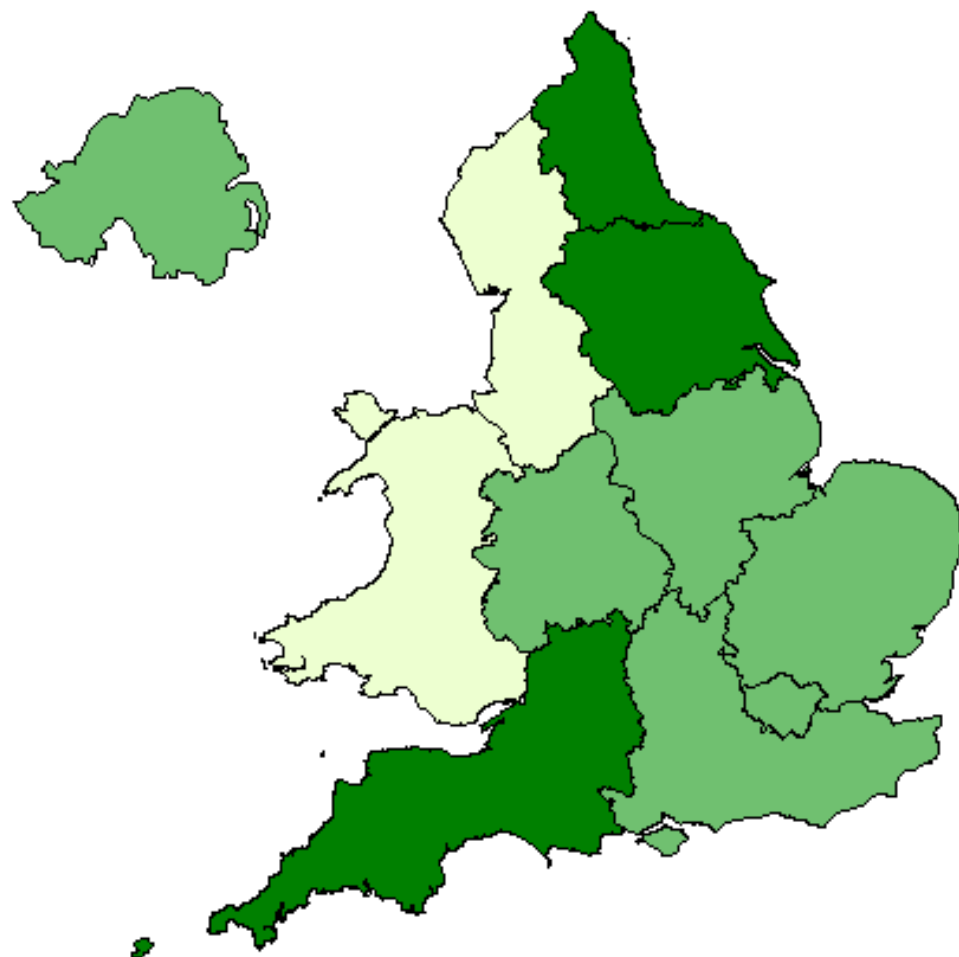
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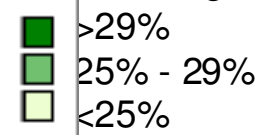


# Geographic variations sharing of needles and syringes among current injecting drug users in England, Wales & Northern Ireland

(2004 and 2005 data combined).



Proportion reporting direct sharing



\* Those who last injected drugs in the four weeks prior to participating in the survey.

# Results UK - 2005



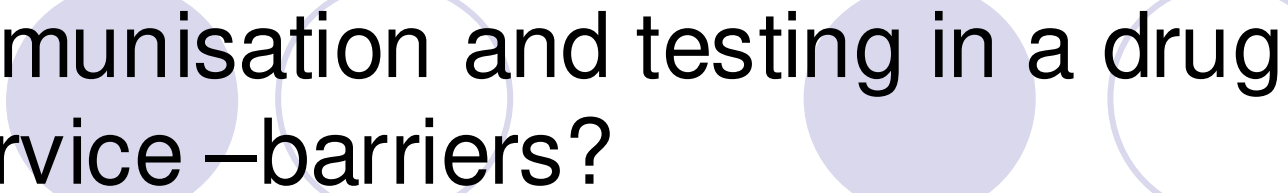
- One third (30%) reported never having had a voluntary confidential test for hepatitis C - in 2000 half (51%) had not had a test.
- Of those who were infected with hepatitis C, 48% reported being aware of their infection.
- A third (34%) had never had a voluntary confidential test for HIV.
- Of those who were infected with HIV, only 47% reported being aware of their infection – compared to 74% between 1995 and 2003.



# Screening and immunisation- the basics

- Hepatitis B – accelerated course of 3 injections 0, 7 and 12 days or 0,1 and 2 months
- Hepatitis A- course of 2 injections
- Hepatitis C- blood test provides initial antibody test and this will indicate whether a person has ever been infected with HCV. Follow up with polymerase chain reaction (PCR) test will identify current circulating virus. More sophisticated PCR tests can then identify the amount (viral load) and the genotype of the virus

# Immunisation and testing in a drug service – barriers?



- Cost
- A priority for the agency?
- Confidence / knowledge / time of staff
- Inaccessible screening and immunisation facilities
- Concerns about pre and post test counselling
- Concerns about accessing treatment

# Telford & Wrekin



- Shared care clinic 24 patients
- Access to treatment- specialist nurse
- Aim to improve screening and immunisation
- Overcome access problems
- Information- RCGP proforma
- HPA survey



- Can screening and immunisation be improved in your area?
- If yes, what do you need in order to improve services?



# References/ Further information

- Guidance of A and B vaccination of drug users in primary care and criteria for audit RCGP
- Unlinked Anonymous Survey of Injecting Drug Users. Health Protection Agency
- RCGP Hepatitis C test proforma
- Hepatitis C Trust
- <http://www.hepcuk.info/data/usercontentrot/home/>