Hepatitis C

‘Request a Test’

Benefits of testing in AOD services to improve treatment uptake

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**About Hepatitis C**

- ‘Hepatitis is a general term that means inflammation of the liver.

- Hepatitis C (HCV) is a blood-borne virus that replicates in the liver. Over time the virus can cause significant damage to the liver’s parenchyma due to inflammation and chronic fibrosis. This damage can be accelerated by alcohol & cannabis use if infected with other – viruses – HIV, HBV.

- HCV was first identified in 1989 when the virus was able to be to be enlarged through PCR.

- There are 6 different strains or genotypes of hepatitis C. Most in NZ are 1, 2 or 3.

- There are also sub-strains (subtypes) a-e.
Chronic hepatitis C

Contact with HCV
- Cleared spontaneously - 25%
  - No immunity
  - No vaccination
  - Test again if in window period
- Chronic HCV - 75%
  (after 6mths)
  - 25% stable
  - VL
  - Geno
  - LFT's
  - CBC
  - HIV
  - HBV
  - Cirrhosis 10% - 20% over 20 years
  - Decompensated cirrhosis, 50% survival rate after 5 years
- Decompensated cirrhosis, 50% survival rate after 5 years
- HCC 1-4% per year

HIV
HBV
alcohol
cannabis

Hepatitis C ab +

No immunity
No vaccination
-test again if in window period
Transmission through blood products
  • Since screening (1992 in NZ) no post-transfusion hepatitis C
  • Immigrants from countries where HCV is endemic may have been exposed via this route (or medical procedures)

~90% of transmission of HCV occurs through injecting drug use in NZ
  » Peak age of infection 15–25 years
  » Peak incidence 1970–1990

Some people are also infected via unsafe tattooing or body piercing, mother-to-baby, household transmission.

Total number infected >54,000
Estimated undiagnosed = 40–50%

Burden of hepatitis C

• Incidence of HCV high during 1960s – 1980’s
• Most chronic infections are now in the 40 – 60 years age group
• Due to the low rate of treatment uptake – cirrhosis, liver failure & liver cancer on the rise
• Leading to increase in liver related deaths and increased number of liver transplants
• Unmet client and practitioner awareness of need for HCV testing and treatment to reduce burden
• It will cost NZ $0.5 billion over the next 20 years – transplantation, loss of wages, hospitalisation/OPD visits
• It is estimated that there are 54,000 people in NZ with 1000 new infections annually
Increasing disease burden from chronic hepatitis C as the infected population gets older

Liver Transplants (ANZLTR)  Liver Cancer (NZLTU)

- HCV
- HBV
- NASH
- ALD
- Other

26th Australian and New Zealand Liver Transplant Registry.
Direct Acting Antivirals

- Work by inhibiting viral replication at different phases
- All oral
- Limited side effects
- Greater chance of cure
- Shorter treatment times
Duration of therapy and addition of ribavirin are dependent on patient population.

**VIEKIRA PAK** and **VIEKIRA PAK-RBV** are indicated for the treatment of genotype 1 chronic hepatitis C, including patients with compensated cirrhosis.

AbbVie Limited. VIEKIRA PAK and VIEKIRA PAK-RBV Data Sheets. Medsafe New Zealand; May 2016.
New direct-acting antivirals should enable increased rates of treatment and cure

Most patients are untreated, and waiting for all-oral therapy

1% treated → 50% cured

2% treated (i.e. only cirrhotics) → 90% cured

10% treated → 90% cured

National HCV Plan

• MoH has devolved HCV funding to the regional DHB’s
• Provide more integrated services (collaborative interface)
• Improve access to testing, liver elastography (fibroscan) and treatment
• Increase education and awareness
• Promote coordinated testing of at risk populations (NEX, OST, AOD, Prisons)
• Improve access to treatment – Promote availability in Primary Care and Community Clinics
Pre-treatment Assessment

- Blood Tests – Viral Load, genotype (within last 3 years), LFT’s, CBC, HBV, HIV
- Treatment history – previous treatment?
- Mental Health history
- Physical history – comorbidities
- Social history
- AOD
- Medication history – drug-drug interactions (need to be certain!)
- Contraception
- Fibroscan
Fibroscan
Drug-drug interactions: “Liverpool app”

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<td>Decreased appetite, dizziness, diarrhoea, dry skin, headaches, rash or vomiting</td>
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Our Real World Experience

- Now treated over 110 people (45 as shared care)
- Often people with higher needs – mental health, substance use, primarily PWID
- Often have difficult venous access
- Outreach service – AOD & home visits
- Very few serious side effects or issues with DDI’s
- Support through process
- Immense satisfaction at seeing clients cured
- Often the ‘last box to tick’ in people’s recovery journey
- Client’s reaction – PRICELESS!
Case Study 1 - Jane

- Aged 64 years
- Started injecting in 1986 and continued for 6-7 years. Diagnosed with HCV in late 80’s
- Swapped addiction to alcohol drinking up to x3 bottles wine daily
- Admitted to SA Bridge Programme 2014
- Referred by Bridge RN to Hepatitis C Community Clinic SW who saw her while still in residence
- Maintained contact post discharge – pre Rx work-up – non-cirrhotic
- Keen to improve health status – remained abstinent from all substances
- Started treatment 1/11/2016 – no physical SE’s, some anaemia
- Cleared virus in 18/04/2017 – attended all appointments
- HCV treatment part of her ‘recovery wellness’ plan – emotional impact
Case Study 2 - Joe

- Aged 53 with past hx of paranoid schizophrenia, PTSD, multiple TBI's, COPD, HCV
- On OST (suboxone) but injects methylphenidate x1 week
- Under Gastroenterology but a long hx of DNA – non cirrhotic (Fibroscan 4.0 kPa)
- Under Mental Health Services – Rx zuclopetixal deconate IM x1 month
- Engaged well with Clinic – attended pre-treatment work up
- No phone! Had to ensure access to phone
- Started Viekira-Pak (no RBV) on 18/01/2017
- No reported physical side-effects, some anaemia
- Home visits for blood tests (self phlebotomy)
- Phone calls to ensure adherence, support and any trouble shooting!
- Collaboration between Gastro, MHS, OST and Community Clinic
- Joe cleared HCV in July 2017
- Improved overall health – harm reduction messages given.
You can’t stay in your corner of the forest waiting for others to come to you. You have to go to them sometimes.

-Winnie the Pooh

-rinnyy/tumblr-
Barriers to Testing and Treatment

- Stigma/discrimination/confidentiality concerns
- Chaotic lifestyle
- Procuring and using drugs
- Immediate survival needs take precedence over healthcare
- Limited awareness: providers and clients
- Lack of tailored service provision (testing & treatment in community settings)
- Belief that not at risk/not offered a test
- Belief that already tested/lack of awareness and understanding of HCV tests
- Lack of signs and symptoms
- Venous access concerns/difficult access
- Fear of diagnosis/belief not eligible for treatment
- Unwillingness to be treated/WINZ benefit
ARE YOU WORRIED ABOUT PASSING YOUR BLOOD TEST?

HECK, NO - ANYBODY CAN BLEED.

CLINIC
Unmet Need – Request a test!

Benefits of being tested and treated as part of AOD services

- You can’t treat if you don’t test – more testing is required for people with HCV to benefit from new treatment
- AOD assessment – opportunity to obtain information. Need more than ‘hep C +’ – resources/information for clients
- Part of holistic health care even if not ‘core business’
- Collaboration and linkage with hepatitis C care
- ‘Captive audience’
- Part of care plan
- WHO: Eliminate viral hepatitis as a major public health threat by 2030.
- Need to coordinate hepatitis C responses

WHO Global Health Sector Strategy on Viral Hepatitis 2016-2021: Towards ending viral hepatitis
AOD Treatment Services

Detox Services
• Can refer for further testing if ab positive (follow-up post detox)
• Can be a relief for client to know status and know that something can be done
• Provide information/link to hepatitis C services

Residential AOD Treatment Centres
• Review previous test results (from detox or assessment) – update sos
• Early referral to Clinic or relevant regional hepatitis C service
• Early engagement:
  - if long term residential, treatment may be initiated & monitored
  - refer to Clinic for follow-up post residential so not ‘lost’
• Access to information/resources – update on new treatments
CORs/OST Service

- Successful collaboration – testing & diagnosis (x1 day week)
- Established pathway – testing → access HCV care
- Consultation & liaison with CM’s essential
- Many client’s treated without issue – by Clinic or Secondary Care
- Referral for diagnosis if HCV ab+ (Clinic, GP)

Prevention → Testing → Link to care → Treatment

Continuum of Care

- Follow-up of those previously tested or previously treated (risk? Previous treatment unsuccessful)
- Information and resources – on new treatments
CAD’s/Central Co-ordination Service

ASK THE QUESTION!
UNLESS someone like YOU cares a whole awful lot, NOTHING is going to get better. It’s NOT.
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