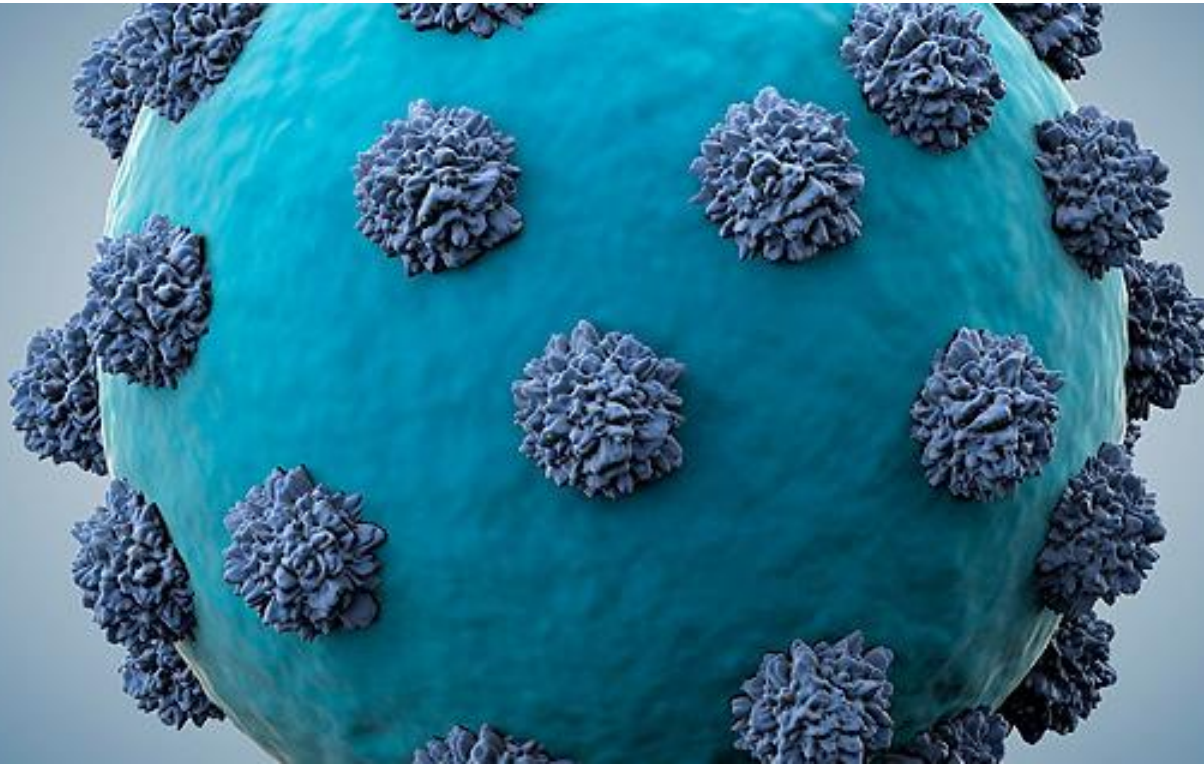


HepatitisSA



New HepC Treatments Easier!

Even for complex clients



Lisa Carter, Outreach Peer Education Coordinator
Michelle Spudic, CNP Project Coordinator

HepatitisSA

Hepatitis SA Peer Services



Hep C Outreach Peer Education & Support Workers, with lived experience of hepatitis C raise awareness of hep C, transmission, testing & treatment.

CNP Peer Educators who have personal experience and knowledge of injecting drug use. Providing hepatitis B, hepatitis C and HIV information. To reduce harms associated with injecting drug use. Peers model 'best practice' for clients as well as groups & individuals working with PWID community





Previous Treatment

- Interferon-based treatments: 60-80% successful, not very tolerable
- Mental health status requires be close monitoring throughout treatment.
- Every year in Australia, <2% of people living with hepatitis C have accessed treatment.

(Australian Family Physician Vol. 42 No. 7. 2013 Royal Aust. College of General Practitioners.)

Great News!

- New treatments have been funded by the federal Govt. And were listed on the PBS on 01 March 2016.
- Estimated 9 out of 10 people can be cured.
- New treatment options are:
 - Mostly interferon-free
 - Very high cure rates (>90%)
 - Far less side effects; highly tolerable

The goal is for **#nohep** by 2030

Direct -Acting Antiviral Treatments

Greater chance of success

With a cure rate of greater than 90 per cent.

Shorter treatment duration

These treatments are also shorter ranging from 8 to 24 weeks, depending on the person's genotype and treatment history and the drugs which the prescriber recommends. The most common course of treatment lasts 12 weeks.

Simpler to take, mild side-effects

Less complex and much more easily tolerated.

Accessible and affordable

A range of treatments are available through the PBS.

These medicines are:

- Daklinza® (daclatasvir)
- Harvoni® (ledipasvir with sofosbuvir)
- Sovaldi® (sofosbuvir)
- Ibavyr® (ribavirin)
- Viekira Pak® (paritaprevir with ritonavir with ombitasvir and dasabuvir)
- Viekira Pak–RBV® (paritaprevir with ritonavir with ombitasvir and dasabuvir and ribavirin).

Case Study

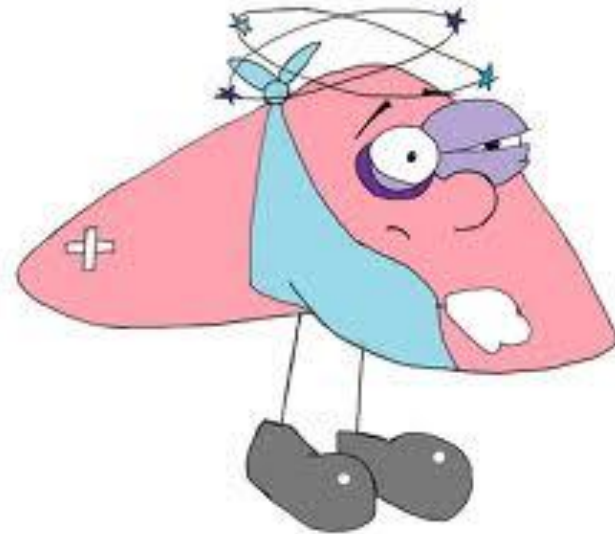
Hep SA Helpline caller

Disclosed schizophrenia, depression and anxiety disorder, stable accommodation, no AOD misuse disclosed, family support. 55-59yr old female. Commenced new treatment for hep C (17 calls from 18/05-19/07) Treatment duration 8 weeks.

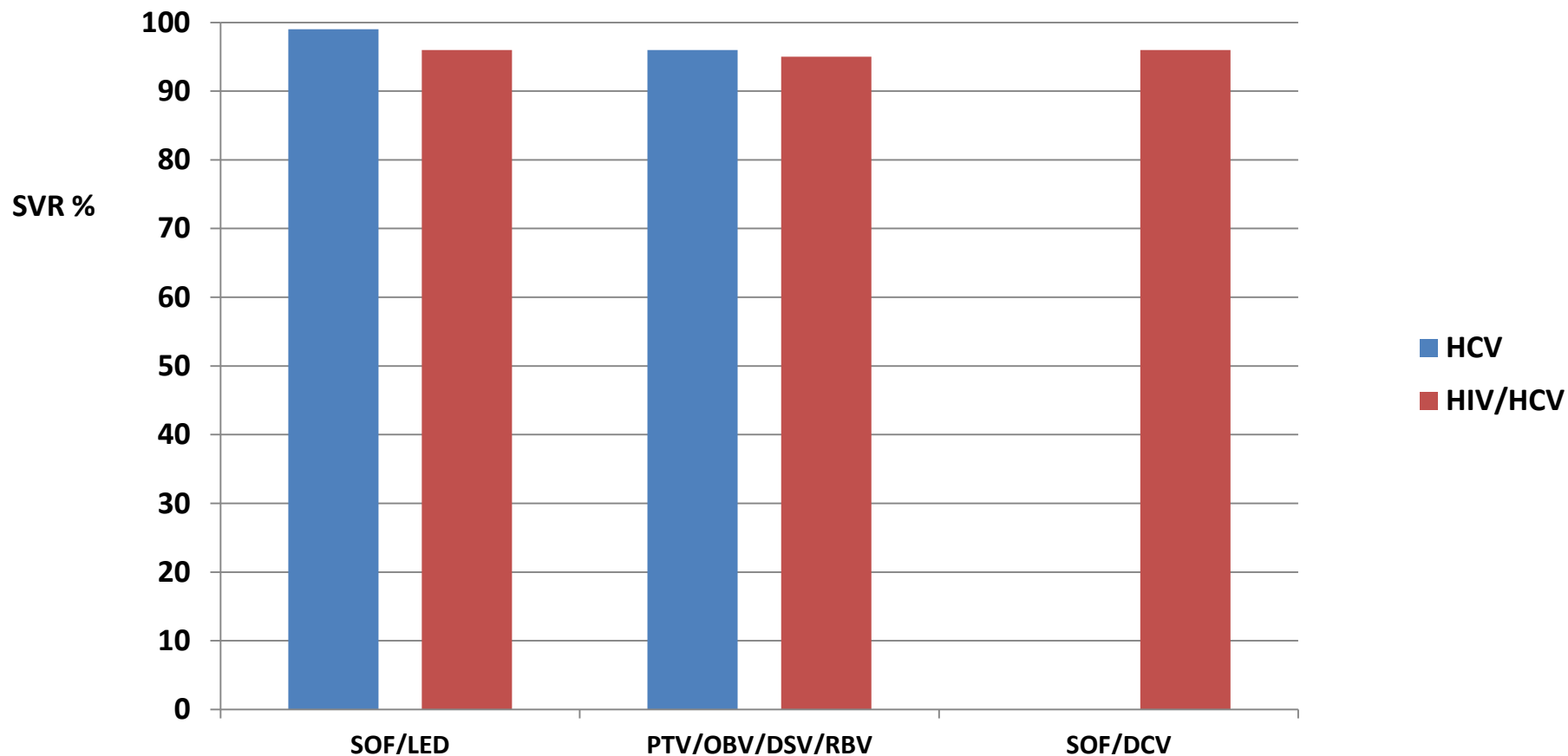
- **18/05/16** -Commenced treatment a few days ago. Has supportive sister but feels they don't want to "wear her out with this" and would like support through treatment, just to have someone else to talk to, "*every couple of days*".
- **20/05/16**-Stated has not noticed any side effects but "very frightened" of them because of existing mental health issues
- **23/05/16**-reported no side effects, described surprise by this as it had been an emotional time, having to have their beloved pet put down. Also spoke of recording taking medication so as not to forget, as with medication for mental health.
- **2x on the 15/06/16**- Feeling healthier (nurse made comment that it is easier to take bloods from healthy people & it is easier this month)
- **26/05** all ok
- **01/06** regularly attends art class, people don't normally make conversation with her, today they did
- **07/06** reported feeling better after 4wks of Rx, has more energy, thoughts are clearer
- **09/06** *still feeling good*
- **20/06** was told by GP that she needs to disclose HCV Status to all GP's
- **14/06** all on track but called for reassurance
- **16/06** called to report blood results after 4 weeks indicate virus not detectable, does that mean it has gone?
- **22/06 & 07/07** just called to talk **12/07** completed medication, still feeling ok **15/07** treatment completed
- **19/07** Finished Rx last week, celebrated with 2 glasses of champagne, worried it may affect Rx response

Reversal of de-compensated cirrhosis

- Some patients with de-compensated cirrhosis experienced a reversal – but NOT all!



What about HIV-HCV co-infection?





Treatment of PWID

- 90% of new hep C infections are attributed to injecting drug use.
- There has been a continued reluctance to treat PWID. Reinfection risk, alcohol abuse and mental health issues are driving factors.
- Evidence supports PWIDs achieve a sustained virological response (SVR) comparable to rates among non PWIDs.
- Treatment uptake of direct acting antiviral medication amongst people living with hep C during March to June 2016 was 970 or 8% in SA. Old treatment uptake rate was approximately 1% in 2012.



What about re-infection?

- Treatment guidelines in some countries have excluded people who inject drugs due to concerns about adherence and re-infection.
- The Kirby Institute highlights studies which demonstrate similar levels of adherence & response to the new hepatitis C therapies between people who have, & those who have never, injected drugs.
- These studies also demonstrated that re-infection rates following successful therapy (ie. an SVR was achieved) were only 1-5%.



CNP Treatment Promotion

Traditionally update of hepC treatment amongst PWID has been low. The last Australian NSP survey reported that 90% hep C positive have never received treatment and only 1-3% were receiving treatment at the time of the survey.

- Interferon being one of the major barriers to access.

In response to the new direct acting antiviral hep C treatment available earlier this year, the CNP Peer Project Team promoted World Hepatitis Day, 2016 with the CNP Treatment Promotion Project.



CNP Treatment Promotion

Hepatitis SA worked collaboratively with the viral hepatitis nurses from each tertiary centre:

- Lyell McEwin
- Queen Elizabeth Hospital
- Flinders Medical
- Royal Adelaide

Across CNPs where Hepatitis SA Peer Educators work. Covering a vast expanse of metro Adelaide:

- Wongganga Turtpandi, Watto Purrinna, Port Adelaide
- Anglicare, Salisbury
- Mission Australia, Hindmarsh
- Northern DASSA, Elizabeth
- GP Plus, Noarlunga



CNP Treatment Promotion

Viral Hepatitis Nurses attended the sites from one to two days on average over week leading up to and inclusive of World Hepatitis Day.

Clients accessing the CNP were offered a consultation with a viral hepatitis nurse to discuss new treatments.

Bookings were taken leading up to the day for time slots of 20 – 30 minutes each.

A fibroscan was offered as part of the consult at most of the sites. However, Hindmarsh and Port Adelaide were unable to promote this service, as the nurses working at these sites were awaiting arrival of their fibroscan at the time.



CNP Treatment Promotion

Outcome:

42 clients engaged in the promotion/campaign

A number of clients had engaged with the hepatology service previously – either to start the workup process for commencing treatment or to have a biopsy/fibroscan.

Now engaged with monitoring, several clients will be commencing treatment.



CNP Treatment Promotion

Learning/Where to from here:

- Fibroscans are an important tool for engagement.
- Regular consultations to be set up at CNPs, particularly those with high volume clients and room to conduct fibroscans.
- There is an increased interest amongst PWID to commence treatment.
- Effectiveness of community peer education for promotion.
- Access of treatment. Potential to link in with full medical service as provided to patients at GP+ and hospital clinics for treatment within the service. This would require further medical support.

Pathways to hep C treatment:

What will your client need to do?

- **See a GP.** The GP will be able to prescribe treatment, with support from a specialist (gastroenterologists, hepatologists, or infectious disease physicians). A GP or medical practitioner must consult with one of the specified specialists by phone, mail, email or videoconference in order to meet the prescriber eligibility requirements.
Or the GP may prefer to provide a referral for the patient to the Outpatients Liver or Infectious Diseases Clinic at the RAH, QEH, Flinders or Lyell McEwen Hospital, where they can also be supported by a Viral Hepatitis Nurse.
- **DASSA Clients** can talk to their Drug and Alcohol worker, nurse or medical officer. All DASSA medical officers will be able to arrange hep C treatment if they are an existing client of DASSA. Treatment clinics with visiting Viral Hepatitis Nurses operate from DASSA Central, Southern and Northern Services.
- **CNP Clients / PWID** can access a viral hepatitis nurse for a fibroscan and consultation at one of the CNPs staffed by Hepatitis SA Peer Educators.

Viral Hepatitis Nursing Support

SA Health has Viral Hepatitis Nurses to provide specialist care to South Australians living with hepatitis B or hepatitis C. The aim of the nursing program is to increase access to viral hepatitis care through the provision of treatment, support and integrated care in the community.

The Viral Hepatitis Nurses are clinical practice consultants, working with major hospital services, general practitioners and in other primary health care settings to deliver care to the community.

Viral Hepatitis Nurses are located across the metropolitan area and can also provide care to people in some country areas.

Viral Hepatitis Nurses can provide:

- General information
- Advice and assistance to GPs with patient work-up
- Education and support for patients diagnosed with viral hepatitis
- Streamlining of referrals and supporting patients when attending tertiary treatment centres
- Support and guidance during shared care treatment management
- Support and information post treatment.

This is a free service.

To access care for viral hepatitis please contact:

Central Adelaide

Margery - 0423 782 415 or

Jeff - 0401 717 953

Fax - 08) 8240 9609

Northern Adelaide

Lucy - 0401 717 971 or

Trish - 0413 285 476

Fax - 08) 7485 4011

Southern Adelaide

Rosalie - 0466 777 876 or

Emma - 0466 777 873

Office - 8204 6324

Fax - 08) 8204 6420



HepatitisSA

For further information about viral hepatitis please contact:

Hepatitis SA Helpline

8362 8443 or 1800 437 222

www.hepsa.asn.au

Preparing for treatment

- viral hepatitis nurse will ensure that all the necessary tests are done before treatment begins. The tests may include:
- Fibroscan - a non-invasive scan to assess the extent of fibrosis, if any, in your liver.
- Genotype test to determine which strain of the hepatitis C virus you have so that the most suitable therapy can be prescribed.
- Viral load test to determine the amount of virus in your blood. This is used as a baseline for monitoring your progress through treatment.

Referral



- Hepatitis SA- 1300 437 222
- Viral Hepatitis Nurses TQEH, Flinders Medical Centre & Lyell McEwen Hospital
- Special Needs Unit: Adelaide Dental Hospital – 8222 8350
- Mosaic Counselling - 8223 4566 / 1800 182 325
- Wonggangga Turtpandi Clinic – 8240 9611
- PEACE Project - Service for Culturally and Linguistically Diverse communities- 8245 8100

Hepatitis SA Services

Education Team

Workforce education

Community workshops

- including positive speakers



Information Resources, Website and Library

Hepatitis SA provides up-to-date, accurate information on hepatitis B and hepatitis C:

- in print
- via electronic alerts
- through our library
- online via websites, social media and digital publishing

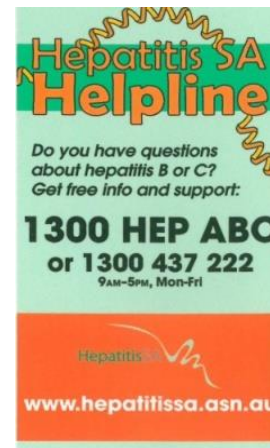


For more information

Hepatitis SA Helpline

1300 437 222

confidential information & support



Support groups- “Calming the C”

Port Adelaide- Wonggangga Turtpandi

Aboriginal Primary Health Care Service

Cnr Dale St & Church St

Hackney – Hep SA

3 Hackney Road