

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

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Title: Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health

Date of Expiry / Review N/A

For Action by:

Primary Care
Substance Misuse Services
Clinical Hepatology Network
Prison Health Care Services
Community Pharmacy
Public Health Wales

For information by:

Board Secretaries
Secretary to Board Secretary Group
Local Health Board Chief Executives
Local Health Board Chairs
Substance Misuse Area Planning Board Chairs
Welsh Government, Director General HSS/Chief Executive NHS Wales
Deputy Chief Executive NHS Wales
HSS Operations Team
HSS Comms Team

Sender: Dr Frank Atherton, Chief Medical Officer for Wales

DHSS Welsh Government Contact(s) :

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Enclosure(s): Letter from the Chief Medical Officer for Wales

Dear Colleague,

The WHO has announced a global health sector strategy on viral hepatitis which sets out to eliminate hepatitis B (HBV) and hepatitis C (HCV) as significant public health threats by 2030. The WHO target is a 90% reduction in incidence and 65% reduction in mortality due to hepatitis B & C by 2030. Wales is signed up to this strategy.

The Minister for Social Services and Public Health has been advised by The Welsh Viral Hepatitis Subgroup of the Liver Disease Implementation Group on what is required from the NHS and partners for Wales to achieve this target.

New directly acting anti-viral medications have revolutionised the treatment of hepatitis C so that the disease is now, to all intents and purposes, curable in the early stages. Treatments are well tolerated and of relatively short duration. This paradigm shift in treatment provides an opportunity to significantly reduce the incidence and prevalence of hepatitis C in all communities in Wales. With the advent of the more effective antiviral medications, the All Wales Hepatitis C Treatment Roll-Out Programme began in 2014. The programme has already been very successful. To date we have treated more than 1,000 patients in the last 18 months and have now treated all of the patients that are known to services in Wales who are still accessing care. Since the introduction of these new treatments, the early indications are that there has already been a downward trend in the requirement for liver transplantation in relation to hepatitis C infection and a downward trend in mortality associated with hepatitis C (UK data).

I am writing to you to request that measures are put in place to:

1. Reduce and ultimately prevent ongoing transmission of HCV within Wales;
2. Identify individuals who are currently infected with HCV including those who have acquired HCV outside the UK and are now resident in Wales; and
3. Test and treat individuals currently infected with HCV who are actively engaged in behaviours likely to lead to further transmission.

1. Reduce and ultimately prevent ongoing transmission of HCV within Wales

Reduction and prevention of ongoing transmission of HCV in Wales will require a sustained and robust package of public health interventions aimed at people who inject drugs (PWID), the primary risk group in Wales. The mainstays of prevention are Needle and Syringe Programmes (NSPs), opiate substitution treatment and psychosocial interventions to reduce risk behaviour. These are addressed within the existing Welsh strategy '[Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018](#)' and in particular the most recent [Substance Misuse Delivery Plan 2016-18](#). Any reduction in the coverage of these primary prevention initiatives will undermine the other components of an effective strategy; it is thus essential that resources are in place to ensure these broader prevention objectives are met recognising that current models of funding mean that this will require ongoing commitment from both health and social and criminal justice funding streams.

- It is vital that effective and sustained assertive outreach services are developed and implemented to engage with individuals not currently in contact with services, including homeless and unstably housed, young people, those at risk of injecting initiation and sex workers.
- Whilst high quality NSP services exist, coverage of sterile injecting equipment for each injecting event must increase in order to prevent ongoing transmission.
- Injecting drug use, and transmission of hepatitis C, does not only occur amongst those injecting heroin. As such, in addition to high quality opioid substitute treatment (OST), treatment options for those using and/or injecting a range of stimulants and image and performance enhancing drugs (IPEDs) must be developed in order to reduce injecting drug use and associated risks.

2. Identify individuals who are infected with HCV including those who have acquired HCV outside the UK and are now resident in Wales

2.1 Individuals infected with hepatitis C who were not linked to care

There are a number of individuals who have been diagnosed with hepatitis C but who, for a variety of different reasons, have never been linked to care or who have never received follow up investigation or treatment (for example, if they were diagnosed before there was any treatment available) who now can be identified through searches of the laboratory data system (“Datastore” which is a central repository of laboratory results). It is estimated that there are approximately 5,000 individuals in this cohort. There is an urgent need to refer these individuals for further testing and treatment to minimise ongoing liver damage.

By the end of December 2017 Public Health Wales will have sufficient information collated from laboratory systems to identify these individuals and will notify general practitioners of affected patients registered with their practice. The Welsh Viral Hepatitis Subgroup of the Liver Disease Implementation Group is developing guidance and care pathways to support primary care in communicating with these patients. The guidance will be available by December 2017.

- From January 2018 local blood borne virus nurses should work with general practitioners in their area to ensure that the process of contacting individuals with historical infection and supporting them through testing and treatment causes minimum anxiety but is undertaken as quickly as possible. Measures should be put in place to ensure that this exercise is completed by December 2019 in all health boards.
- Simultaneously, laboratory services should engage with Public Health Wales and ID / Hepatology services to ensure that the expected increase in hepatitis C testing can be realised.

2.2 Identifying individuals who are infected with hepatitis C, who have never been tested and are unaware of their infection.

HCV testing on the basis of risk exposure rather than clinical diagnosis of symptomatic presentation is currently available via substance misuse services, GUM

services, prisons and in some primary care settings throughout Wales. Despite efforts over the last decade to improve the coverage of testing, diagnostic rates remain low and many individuals who are hepatitis C positive are unaware of their status.

- Testing needs to be increased in all of the above settings and health boards will want to consider whether there is merit in adopting opt-out testing in substance misuse services. As a minimum, commissioners of these services should include a requirement to adhere to the existing annual testing offer for those accessing these services. In addition, testing for hepatitis C should be undertaken in asylum seeker services, homeless services, and any service with access to a high prevalence population (for example gyms frequented by users of image and performance enhancing drugs).
- All health boards should consider which populations are most at risk in their area and work with substance misuse Area Planning Boards (APBs) and services, third sector agencies, BBV leads and blood borne virus nurses to implement effective testing strategies.

The Welsh Viral Hepatitis Subgroup of the Liver Disease Implementation Group is currently undertaking a number of pilots in different community settings and will share strategies which are effective.

3. Test and treat individuals currently infected with HCV who are actively engaged in behaviours likely to lead to further transmission

In Wales the largest burden of hepatitis C infection is in those who inject drugs. There are approximately 23,000 individuals who access substance misuse and needle exchange services. Many of these individuals are from disadvantaged and marginalised communities. They do not access traditional models of healthcare very effectively. Tests for these individuals and treatment provision should be delivered in settings and environments that they are familiar and comfortable with, and are likely to attend and accept treatment from.

Delivering testing and treatment to these individuals on a larger scale than is currently being achieved is both feasible and appropriate. The new treatments are extremely well tolerated and highly effective so delivery of both can be delivered in community services (99% of hepatitis C treatment in Scotland is delivered through community pharmacies). The more patients that are successfully treated every year the quicker the prevalence and incidence in the community will fall. Successful, rapid up-scaling of treatment has the potential to be highly cost effective because of the ability of successful treatment to interrupt transmission (every successful individual treatment has the potential to prevent several new infections).

- Health boards should work with their local blood borne virus nurses and community pharmacies to implement a model of delivery for Wales such that by 2020, testing for, and treatment of infection in community pharmacies has commenced in all health board areas and that by 2025 treatment in community settings is sufficient to meet demand.

- Health boards should work with The Welsh Viral Hepatitis Subgroup of the Liver Disease Implementation Group and Community Pharmacy Wales to ensure that all necessary preparatory work is complete by 2020. This will include:
 - National targets and tariffs to be agreed, including a tariff for delivery of treatment including supervised treatment when required and a nationally agreed tariff for dispensing of hepatitis C medications.
 - Hepatitis C medications to be added to the DND (drugs not discounted) list so that they can be prescribed and dispensed from community pharmacies.
 - Pharmacies trained in how to carry out dried blood spot testing for hepatitis C.
 - A procedure for monitoring the delivery and success of treatment in the community developed.
 - A strategy for overseeing treatment and collecting outcome data.
 - Computer systems in place for monitoring of patients including remote oversight

Delivery of these elimination requirements should be included in integrated medium term plans and will be monitored through Joint Executive Team meetings where health boards will be expected to report back on progress.

Yours sincerely,



Dr Frank Atherton

Chief Medical Officer for Wales

References

1. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428942/BBV_pathfinder_evaluation_Phase_1_FINAL.PDF
2. Welsh Government Blood Borne Viral Hepatitis Action Plan for Wales 2010-2015: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=25483>
3. Welsh Government Liver Disease Delivery Plan, 2016: <http://gov.wales/topics/health/nhswales/plans/liver-disease/?lang=en>