Margaret Hellard
Burnet Institute
The Australian hepatitis C service model.
Not a field of dreams: if you provide treatment and care, they will come.

Delivering high quality health services to people who inject drugs is essential if we are to achieve hepatitis C elimination.
"If you build it, he will come."

Field of Dreams (1989)
Conflicts of Interest

Our research program receives funding for investigator initiated research grants from Gilead Sciences, Abbvie and BMS.
Outline of my presentation

Brief summary of hepatitis C in Australia

Progress over the past 18 months

Things we will need to do to achieve elimination.
Australian and hepatitis C

An estimated 310,000 Australians exposed to HCV, over 220,000 ongoing infection prior to the introduction of DAAs in March 2016

Estimated that 6,000 - 10,000 new HCV infections annually

People who inject drugs (PWID) - key drivers of HCV transmission in many developed countries including Australia
DAA treatment in Australia

Treatment available for everyone from March 1st 2016
Treatment and prevention

Assumes IFN-free DAA with 90% efficacy, 12-week duration.

Achieving both targets:
Total cost $7.1B (95%CI 6.8—7.9B)
ICER $25,120 (95%CI 11—39k)

Scott, 2016
Prevention
Increase testing
Regular testing is required
The Rapid-EC Pilot Study

Participants offered gold standard blood test to verify result.

Antibody -ve

Antibody +ve

20 minutes

108 minutes
Overview of Results

1. People and place
   - NSP staff perceived as competent and non-judgmental
   - Convenience of being offered opportunistic testing

2. Method of specimen collection
   - 20 minute processing time for mouth swab test was highly acceptable
   - 2 hour processing time for follow-up RNA test was universally unacceptable

3. Rapidity of result return
   - Preferable to
Treatment - no one “best” model of care but community is key
Recent initiation of HCV treatment, 2012-2016

Results

* among those assessed as eligible for treatment

Source: Maher 224: National and Population-specific experience, Chagal 1600-1730
ANSPS: Viraemic prevalence 2015 and 2016

Results

<table>
<thead>
<tr>
<th>Year</th>
<th>Unexposed to HCV (%)</th>
<th>Spontaneous Clearance (%)</th>
<th>Treatment-induced Clearance (%)</th>
<th>Active Infection (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>45.0</td>
<td>10.7</td>
<td>1.5</td>
<td>32.6</td>
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<tr>
<td>2016</td>
<td>49.5</td>
<td>10.8</td>
<td>7.0</td>
<td>32.6</td>
</tr>
</tbody>
</table>

Source: Maher 224: National and Population-specific experience, Chagai 1600-1730
Program supporting GP prescribing in a rural/regional area of Australia - Geelong

Wade et al – under review
“THE WAR ON DRUGS HAS BEEN AN UTTER FAILURE.”
- BARACK OBAMA 1/21/04

#ENDTHEWARONDRUGS
GlobalGrins
Just say no - if only they had!
Just say no - if only they had!

DECLARATION OF THE HEPATITIS COMMUNITY

NO ELIMINATION WITHOUT DECRIMINALIZATION!

We, members and representatives of the viral hepatitis community—a community that includes people living with viral hepatitis, doctors, nurses, social workers, researchers, public health experts, and people who use drugs—are concerned over the growing gap between the enormous impact of hepatitis B and hepatitis C over people who use drugs and their almost non-existent access to prevention, diagnosis and treatment services around the world.
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St Vincent’s Hospital – Alex Thompson, David Iser

Alfred Hospital – Janine Roney, Mellissa Bryant and team

Kirby Institute – Greg Dore, Rebecca Guy, Lisa Maher

Community based organisations – Harm Reduction Victoria, Hepatitis Victoria, VAC, Living positive

Department of Health, Health services – primary and tertiary hospitals
Questions
Translating diagnostic and therapy advances into broad applications for the elimination of viral hepatitis

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