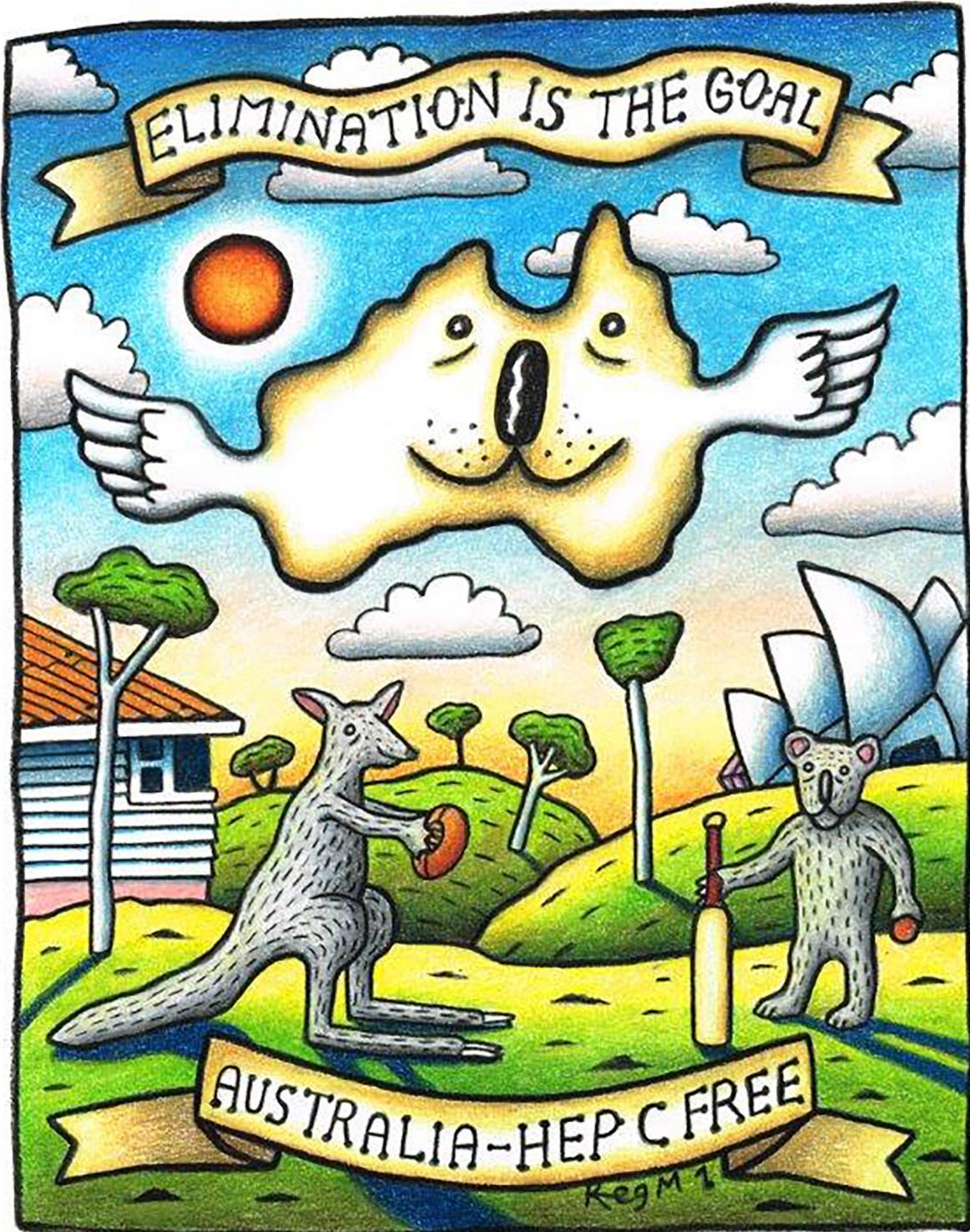


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Issue 77
Summer 2017



BEATING HEPATITIS C – NEW DRUGS, LESS RULES, BETTER OUTCOMES

By Margaret Hellard and Anna Bowring

Hepatitis C (HCV) is a big problem globally affecting about 110 - 130 million people worldwide, causing illness and death due to cirrhosis and liver cancer. In Australia HCV is mostly transmitted through unsafe injecting drug use (when a clean fit or equipment wasn't used) or sexually between gay and bisexual men living with HIV. HCV is a significant health issue among individuals with HIV infection and has been associated with more rapid progression to HCV-related liver disease.

However, this is all about to change. The new HCV drugs, known as direct acting antivirals (DAAs), are a game changer. They are highly effective, curing around 95% of people; they are easy to take, usually one or two tablets a day taken orally; they have minimal side effects; and they are subsidised for affordable treatment. Treatment is usually for only eight to 12 weeks (sometimes longer if the person has cirrhosis and experienced treatment failure in the past), and they are highly effective in people co-infected with HIV.

The DAAs became available in Australia on 1 March 2016 through the pharmaceutical benefits scheme (PBS). They are available to everyone with chronic HCV infection regardless of the level of liver fibrosis (or scarring) or how you became infected. If you have a Medicare card, you can access the new drugs for just AUD \$6.20 for concessional patients and \$37.70 for general patients.

This is great news because we can now stop the deaths due to HCV and we can also stop the ongoing transmission of the infection between people.

The PBS listing of the DAAs means that is that there are lots of options about how to access treatment. They can be prescribed by a regular general practitioner (GP) in consultation with a specialist or administered directly by a specialist. In some clinics, individuals will be cared for by a nurse under the supervision of a GP or specialist. Individuals are able to choose whichever option is most convenient to them. In the past, some people with significant mental health issues such as depression could not be treated for HCV because interferon would make their condition worse. This is not the case with the new treatments, and people with a history of depression or other mental health issues can easily be treated with DAAs.

A number of different DAAs are currently available, with more soon to be released, and the best drug combination is decided

on an individual basis by the treating GP in consultation with a specialist (gastroenterologist, hepatologist or infectious diseases physician). This is dependent on a number of things including HCV genotype and other medications being taken.

Australia is one of the few countries in the world where DAAs have been made available to everyone. This puts us in the position of being able to eliminate HCV as a public health threat over the next 10 years because we can:

- a. cure people so they will no longer die of HCV-related liver disease; and
- b. stop people transmitting the virus to others through a concept known as “treatment as prevention” (TasP) same principle applied to PLHIV who are undetectable and adherent to HIV medications.

Treating many people for their HCV infection lowers the overall number and proportion of people infected with the virus. If we lower the number of people infected with HCV in the community, it reduces the chance of the virus being passed from person to person and limits reinfection – hence we are on a path to elimination.

Research being undertaken by the Burnet Institute shows HCV can be substantially reduced in HIV/HCV co-infected gay and bisexual men living in Victoria by treating as few as 375 individuals with co-infection over the next two years. In an effort to achieve elimination (or at least close to it) in this group, the Burnet has established the co-EC Study in collaboration with six partner clinics. The primary aim of the study is to facilitate HCV treatment uptake in HIV/HCV positive individuals.

Participating in one of these studies will not alter your treatment, but you will have the opportunity to contribute data to a world-leading study demonstrating the benefits of the new treatments on individual health and elimination targets. Regardless of whether you choose to participate in a study or not, if you are have chronic HCV infection, the most important thing is to speak with your GP about starting HCV treatment. A cure is here!

To get more information on new hepatitis C treatment or the research studies, visit the following websites or chat to your GP:

www.hepcawareUB2.info

www.hepatitisastralia.com

coecstudy.com.au

MY JOURNEY WITH HEP C — I WAS CURED AND YOU CAN BE TOO

By Joël Murray

I was diagnosed with HIV in May 2010, following a period of lots of high-risk sexual activity. It was probably another six months after that diagnosis, maybe a bit more, when I was called in to speak about some abnormal liver results. I was diagnosed as hep C positive, which was a bit of a shock at the time because not only did I not know much about HCV, but what I did know about the risks of HCV was mostly around injecting drug practices. At that time I had been injected once or twice by a friend but he was very careful about using clean equipment. There was a big question about how it was transmitted to me. I went on to find out that I was not the only one. There is a whole cluster of HIV positive gay men who had got HCV and had not acquired it from injecting drug use practices.

At the time I had a lot of internalised stigma about the virus which then led me to have quite stigmatising attitudes towards people who injected drugs, and that was really sad because it stopped me from seeking help. I had this

thing in my mind, that because I had most likely acquired it sexually, there was somehow a difference between me and other people living with HCV. That internalised stigma got broken down and certainly is not the view I have now. The virus doesn't discriminate.

I attempted and failed the old regime of treatment which was pegylated interferon and ribavirin. I don't think psychologically I was prepared for how physically and mentally intense the treatment was going to be, and for me it was very intense.

And then I waited.

Then on Christmas eve 2015, the federal government announced the new Direct Acting Antiretroviral treatments were available through the Pharmaceutical Benefits Scheme from 1 March 2016. I saw my specialist on the second! I was lucky that I had already completed a fibroscan of my liver (which is a bit like an ultrasound) which meant I could get a prescription for the new meds immediately.

The pill regime was pretty straight-forward. I took one pill a day for 12 weeks each morning with my other HIV meds. I had very few side effects – maybe a few headaches and a bit of 'fuzzy brain' around week four that cleared up around week five. At the end of the treatment I felt good and had discovered a sense of whole-body lightness. I was pretty sure that I had cleared the virus finally, and 12 weeks after treatment a blood test confirmed it had worked!

Now I'm hep C free, I've still got to be careful about risks because I am not immune. I'm speaking publicly to try and encourage other people living with hep C to seek out treatment. I guess the good news is that if I do end up getting hep C again, (because let's face it, we sometimes make mistakes), I can access treatment again immediately.

THE CHANGING LANDSCAPE OF HEPATITIS C TRANSMISSION

By Joël Murray, Senior Policy Officer, Living Positive Victoria

Transmission of hepatitis C virus (HCV) has a long association with blood-to-blood contact. In Australia, the sharing of injecting equipment is responsible for the majority of HCV transmissions. Blood-to-blood contact could also mean the use of unsterilised medical, tattoo or body piercing equipment.

In 2010-11, the emergence of a cluster of gay and bisexual men living with HIV who had no history of injecting drug use acquired HCV in Victoria. This cluster mimicked other major developed cities across Europe and North America. Further research showed that in these instances, sexual transmission of HCV was likely.

Living Positive Victoria in partnership with Hepatitis Victoria ran health promotion campaigns about this new information about HCV risk. From what we knew, risks for HCV still revolved around blood-to-blood contact associated with anal sex.

Last year the article 'Shedding of Hepatitis C Virus into the Rectum of HIV-infected Men Who Have Sex with Men' published in the *Journal of Clinical Infectious Diseases* showed that HCV can be found in the rectal fluid of coinfecting men who have sex with men (MSM).¹ The study involved 45 MSM living with both HIV and HCV.

Other studies into the relationship between condomless sex and HCV showed that the presence of blood was a key factor in transmission.² We now know that this is not the only risk factor. 'Shedding of Hepatitis C...' shows that infectious levels of HCV were found in the rectal fluid of almost half of all men included in the study. HCV viral load in rectal fluid is associated with the HCV viral load in the blood. This means that the longer someone has a HCV infection, the more likely that there is HCV in their rectal fluid.

What is the risk?

Because HCV can be found in rectal fluid, transmission may occur through any type of unprotected anal sex. It is likely that a penis, sex toy or fist in contact with HCV from rectal fluid could carry enough virus to transmit to another receptive partner. But it's not just the receptive partner at risk. Much like HIV, it is likely that HCV virus could also travel up the urethra of the insertive partner.

Blood-to-blood contact still remains the most frequent mode of transmission.

How can you protect yourself?

This new information reinforces the advice Living Positive Victoria has provided on how to protect yourself from HCV:

- Use sterile injecting equipment every time – don't share equipment;
- Avoid tattooing and body piercing in developing countries where universal health practices may not be followed;
- Wash your penis, toys and hands in warm soapy water after each sex partner during group sex;
- Get tested – the only way to know your HCV status is to get a blood test; and
- Get treated – if you are HCV positive, consider seeking treatment – the new treatments are short, have very few side effects and are highly effective.

Limitations of 'Shedding of Hepatitis C...' study

The number of men involved in the 'Shedding of Hepatitis C...' study was relatively small. Most of the men had acute HCV infections, meaning that transmission had occurred recently. The majority of HIV-positive MSM living with HCV have a chronic infection so it is likely that the prevalence of HCV in rectal fluid would be higher than indicated in the study.

1 Foster et al. Shedding of Hepatitis C Virus Into the Rectum of HIV-Infected Men Who Have Sex With Men. *Clinical Infectious Diseases* (Advanced Access). 2016; doi: 10.1093/cid/ciw740

2 Kaplan-Lewis E, Fierer DS. Acute HCV in HIV-infected MSM: Modes of acquisition, Liver Fibrosis and Treatment. *Curr HIV/AIDS Rep*. 2015; 12:317-25.