

focus on



Hepatitis

“Awareness of hepatitis C within the public and at-risk groups remains low, and stigma continues to be a burden for patients.”¹



What is Hepatitis?

The word 'Hepatitis' is derived from the Greek words *hêpar* – meaning liver – and *itis* – meaning inflammation. In humans, hepatitis is caused by the viruses Hepatitis (Hep) **A**, **B**, **C**, **D** and **E**. Whereas individuals can be vaccinated against Hep A and B, currently no vaccine exists to protect against Hep C, D or E. Hep B and Hep C are both transmitted through contact with contaminated blood and can cause significant damage to those infected with the virus.

Hep A and Hep E are transmitted through eating undercooked food (typically meat, shellfish etc.) and by drinking water contaminated with infected faeces. Symptoms are usually mild and the virus passes after a few weeks, although may take longer to clear in elderly people or those with an immunodeficiency. There is no treatment for Hep A or Hep E, but individuals can be vaccinated against Hepatitis A. This is recommended for those deemed most 'at-risk' of contracting the virus, e.g. health workers or injecting drug users. This vaccination is often administered as a combined vaccine – called *Twinrix* - which protects individuals against Hep A and Hep B.

Hep B is transmitted through contaminated blood and bodily-fluids. Symptoms often take a few months to develop, if at all. In acute cases of Hep B, the virus can clear from the body after 2-3 months, after which time the individual develops an immunity to the disease. In chronic cases, where the virus lasts 6 months or more, the untreated virus can lead to liver cirrhosis or liver cancer. Treatment is recommended in chronic cases of Hep B and is usually supervised by a liver specialist, or *hepatologist*.

Hep C is a blood-borne virus. In the UK, the main route of transmission for the virus continues to be through injecting drug use and the sharing of unsterilised needles / injecting paraphernalia. Chronic Hep C infections can lead to liver cirrhosis and liver cancer if left untreated.



In the UK, more than half of injecting drug users (IDUs) tested positive for the Hepatitis C antibody in 2018.

Source: Public Health England, National Infection Service. Unlinked Anonymous Monitoring Survey of People Who Inject Drugs: Data tables. August 2019. London, Public Health England

What are the challenges?

Globally, the World Health Organisation's 2016 hepatitis strategy called for a 90% reduction in new Hep C infection by 2030. In the UK, NHS England committed to eliminating hepatitis C by 2025. These ambitious targets present a number of challenges - *challenges which substance misuse services are best equipped to deal with.*

In England it is estimated that between 40 – 50% of people living with Hep C are undiagnosed. Because the virus is often asymptomatic – and because symptoms are often slow to develop – many people do not consider themselves at risk and therefore do not volunteer to be tested.

It should therefore become standard practice for any service that works with an 'at risk' client cohort – drug and alcohol treatment services, sexual health services etc. – to offer vaccination and dried spot testing to all service users. However, to negate the risk of further stigmatising IDUs, workers need to ensure that the offer of vaccinations and Hep C testing is offered to everyone, including individuals with no history of injecting.

How is Hepatitis C treated?

Prior to 2014, Hep C treatment was limited to interferon-based, injectable treatment which had a number of discouraging side-effects including depression, anxiety and, in some cases, infertility. Treatment could last anywhere between 6-12 months, and had an overall cure rate of less than 50%. Since then, new oral-based, direct acting antiviral (DAA) medications have become widely available, with 90% of patients treated clearing the virus within 8-12 weeks. This is a hugely significant step forward and lends credence to the ambitious goals of Hep C elimination proposed by national governments and healthcare policy makers.

How can ILLY help?

ILLY deliver integrated substance misuse and sexual health case management systems to services offering support to 'at risk' client cohorts (*For more information, please see our featured [Client Success Story on our website - "Innovations in Sexual Health Services"](#)*). Screening for Hep C and other blood-borne viruses has been an important function of LINKS CarePath since its inception, as has the ability to record Hep B vaccinations.

| Notifications | | |
|---------------|-----------------------------------|---|
| Date | Type | Message |
| 21/Mar/2019 | Third Hepatitis B Vaccination Due | Robin Ruin has not had their Third Hepatitis B vaccination. |

By working with practitioners across NHS, community and prison services, ILLY have developed innovative, therapeutic tools to capture key data in an intuitive and easily reportable manner, including:

- ✦ Dried Blood Spot (DBS) test results and BBV status
- ✦ Vaccination dates and reminders about Hep B booster dates
- ✦ Referrals page to record onward referrals to hepatology services

References:

¹ APPG on Liver Health. 'Eliminating Hepatitis C in England':
<http://www.appghep.org.uk/download/reports/Eliminating%20Hep%20C%20APPG.pdf>



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