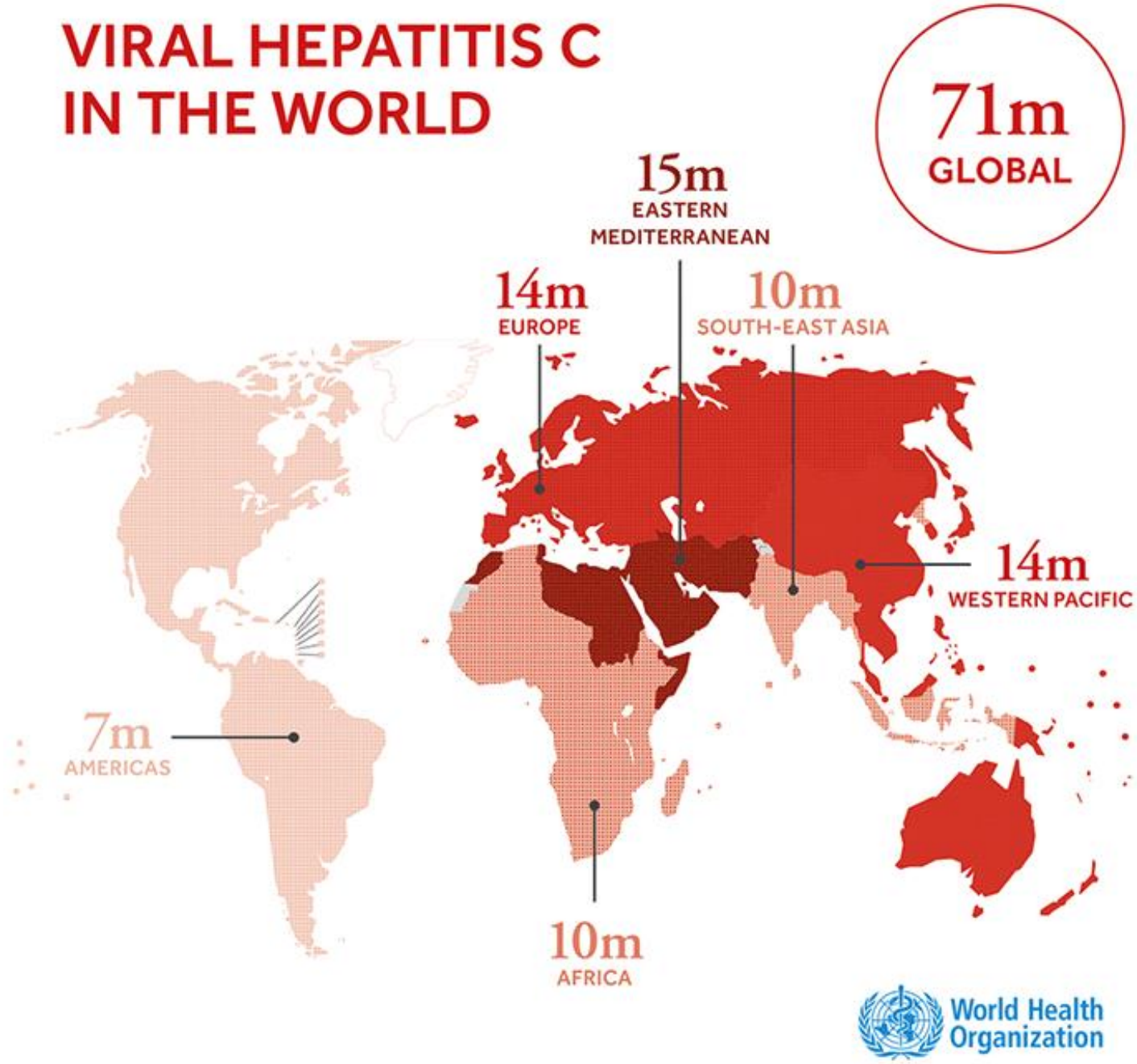
The Leeds Teaching Hospitals NHS
NHS Trust

HCV: A UK view on treatment coverage

Dr Emma E Page

VIRAL HEPATITIS C IN THE WORLD



COMBATING HEPATITIS B AND C TO REACH ELIMINATION BY 2030

GHSS on viral hepatitis

MAY 2016

World Health Organization

Target areas			Baseline 2015	2020 target	2030 target
		4 Harm reduction (sterile syringe/needle set distributed per person per year for people who inject drugs [PWID])	20	200	300
	5 Treatment	5a. Diagnosis of HBV and HCV (coverage %)	<5%	30%	90%
		5b. Treatment of HBV and HCV (coverage %)	<1%	5 million (HBV) 3 million (HCV)	80% eligible treated
Impact leading to elimination	Incidence of chronic HBV and HCV infections		6–10 million	30% reduction	90% reduction
	Mortality from chronic HBV and HCV infections		1.46 million	10% reduction	65% reduction

COMBATING HEPATITIS B AND C TO REACH ELIMINATION BY 2030

GHSS on viral hepatitis

MAY 2016

World Health Organization

Updated for WHO European Region

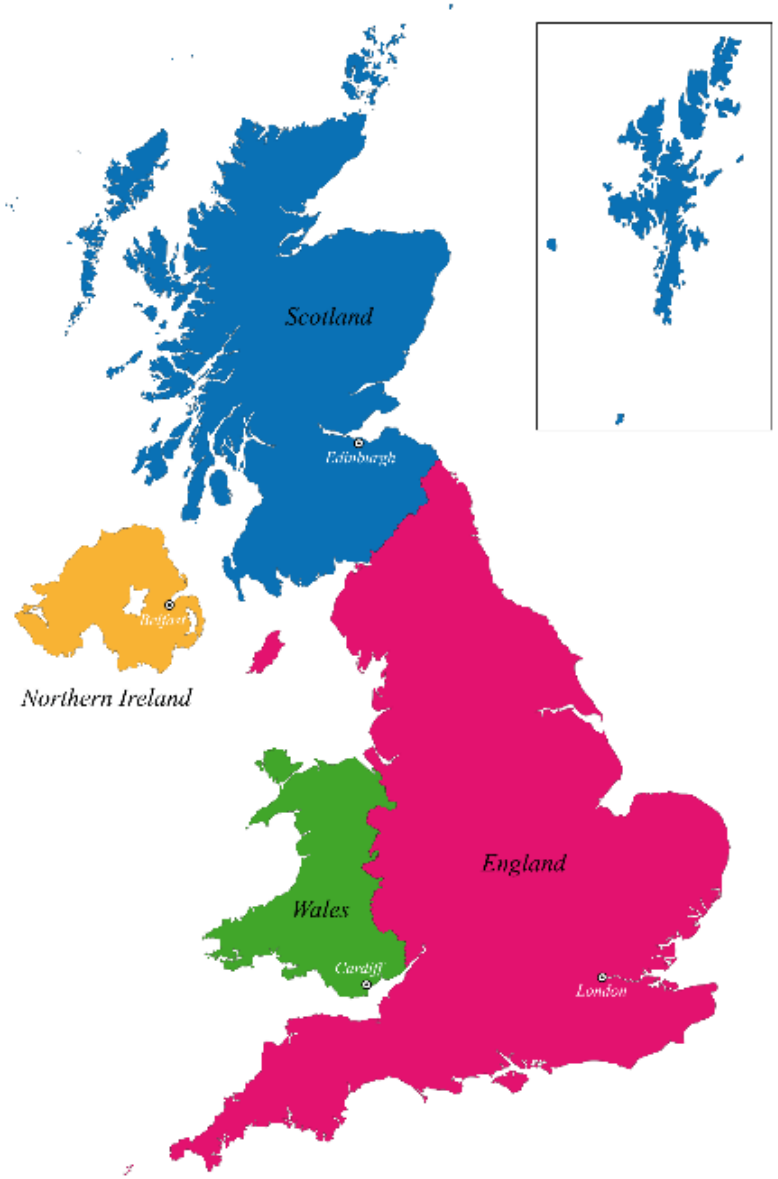
Target areas			Baseline 2015	2020 target	2030 target
		4 Harm reduction (sterile syringe/needle set distributed per person per year for people who inject drugs [PWID])	20	200	300
	5 Treatment	5a. Diagnosis of HBV and HCV (coverage %)	<5%	**75%**	90%
		5b. Treatment of HBV and HCV (coverage %)	<1%	**50%**	80% eligible treated
Impact leading to elimination	Incidence of chronic HBV and HCV infections		6–10 million	30% reduction	90% reduction
	Mortality from chronic HBV and HCV infections		1.46 million	10% reduction	65% reduction

Public Health England

Hepatitis C in the UK

2018 report

The Leeds Teaching Hospitals NHS Trust



HCV in the UK – 2020 targets

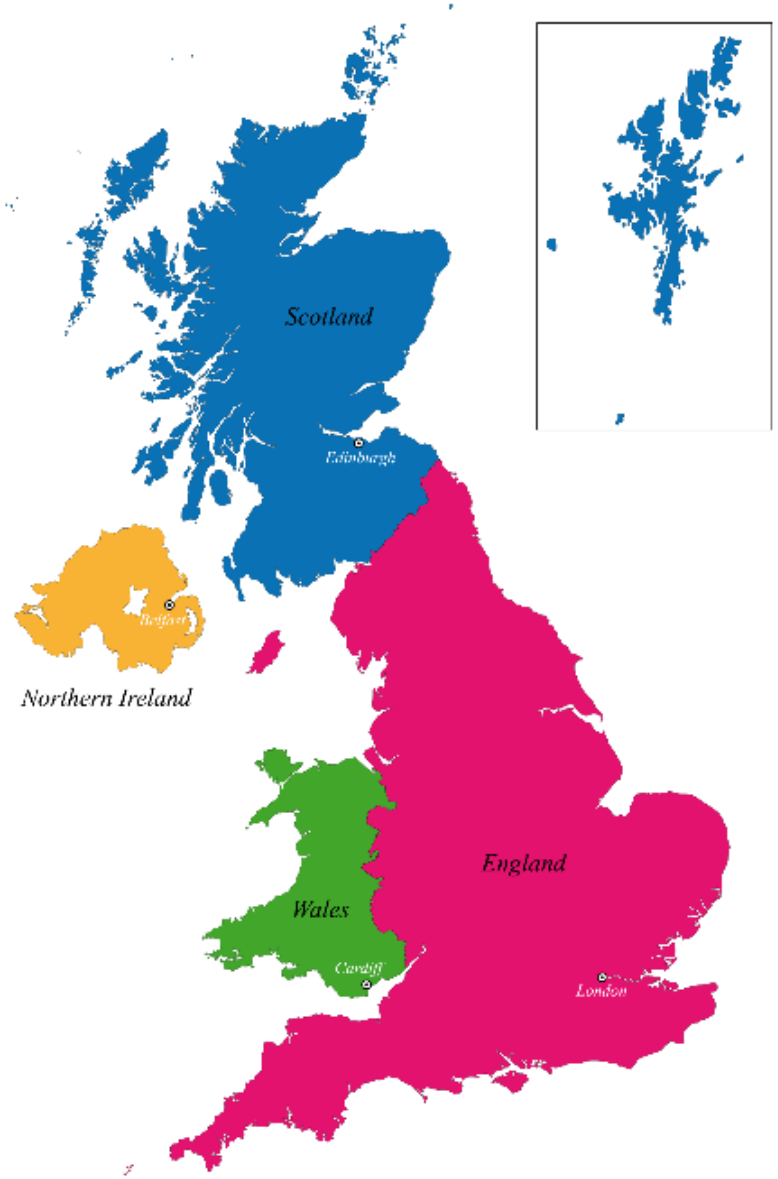
- 200,000 people have chronic HCV

Public Health England

Hepatitis C in the UK

2018 report

The Leeds Teaching Hospitals NHS Trust



HCV in the UK – 2020 targets

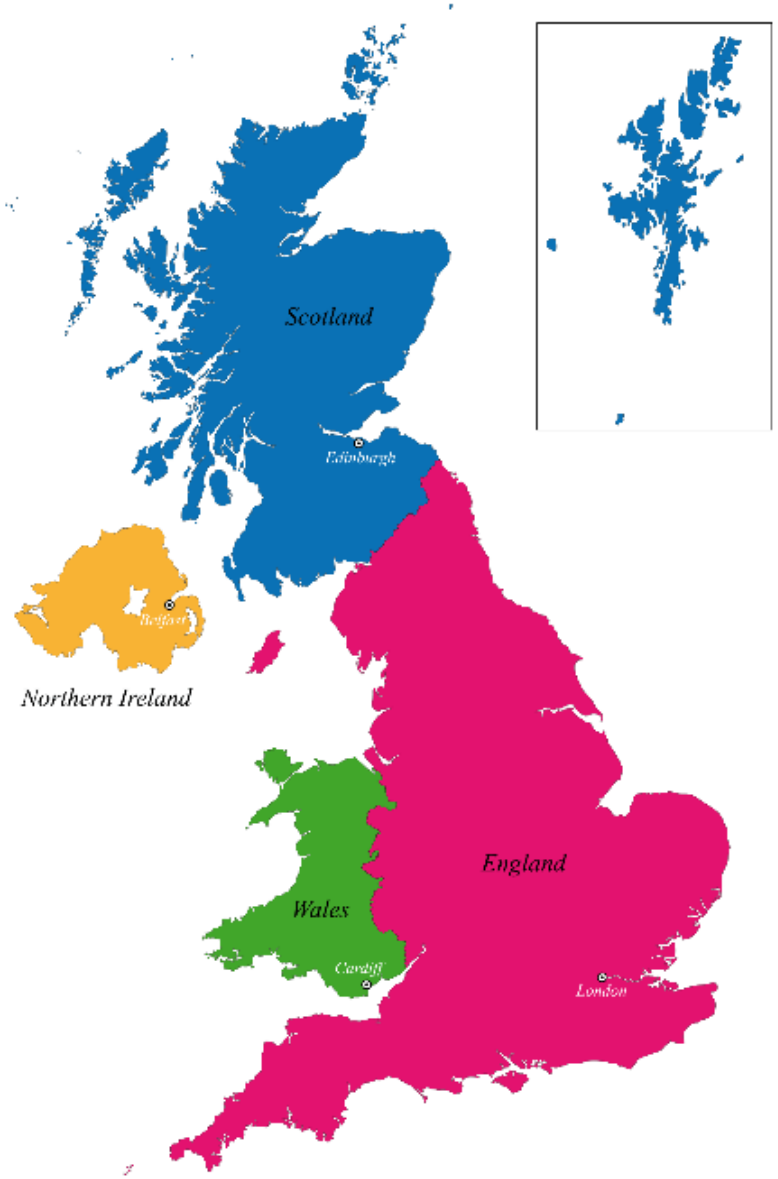
- 200,000 people have chronic HCV
  - **60% PWID have 'adequate' syringe/needle provision**

Public Health England

Hepatitis C in the UK

2018 report

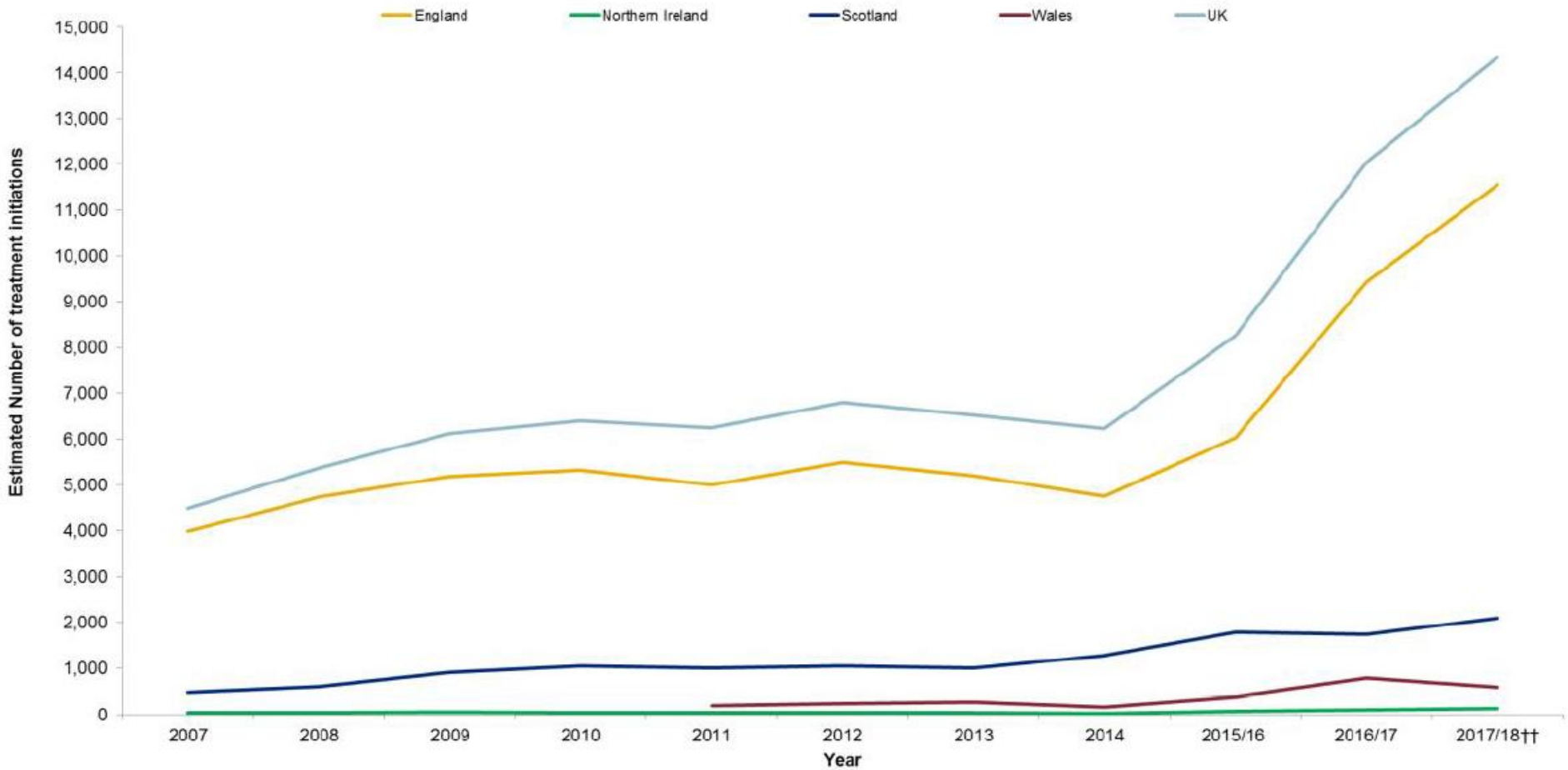
The Leeds Teaching Hospitals NHS Trust



HCV in the UK – 2020 targets

- 200,000 people have chronic HCV
  - **60% PWID have 'adequate' syringe/needle provision**
  - **Estimated 66% aware of status (75%)**

Figure 3. UK-wide estimates of numbers initiating HCV treatment, calendar years 2007 to 2014 and financial years 2015 to 2016 – 2017 to 2018*,**

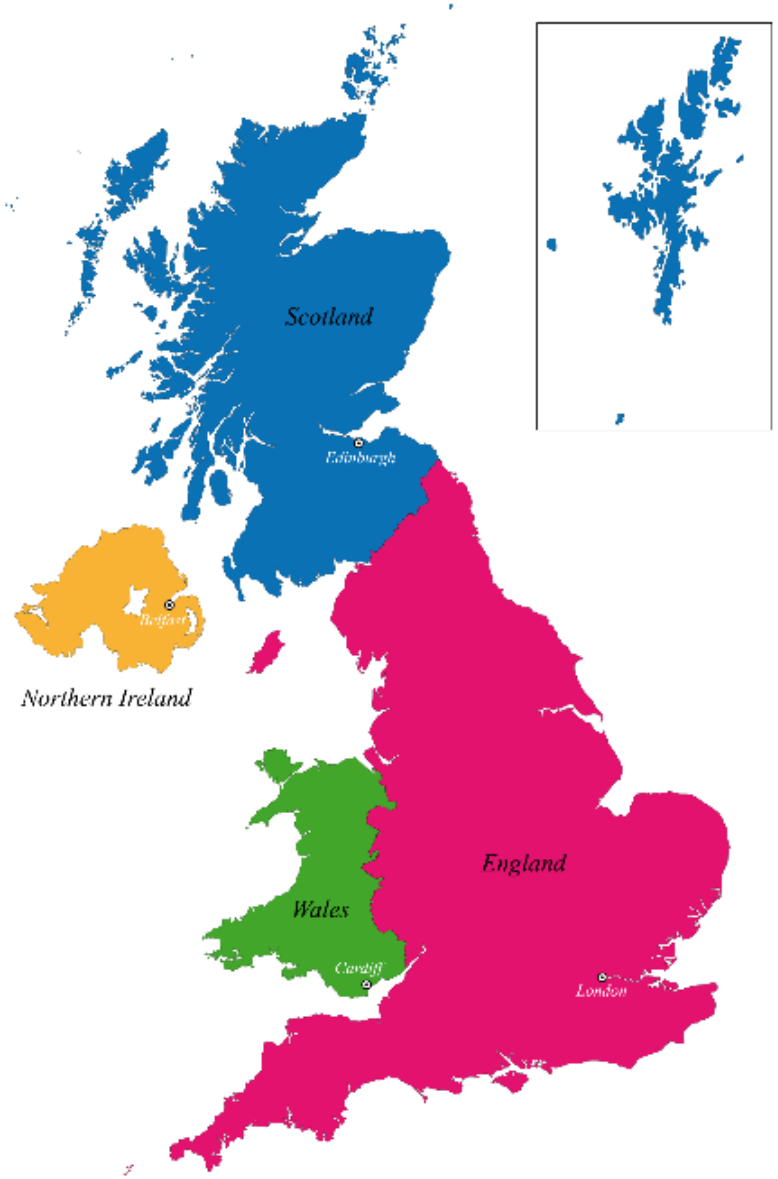


Public Health England

Hepatitis C in the UK

2018 report

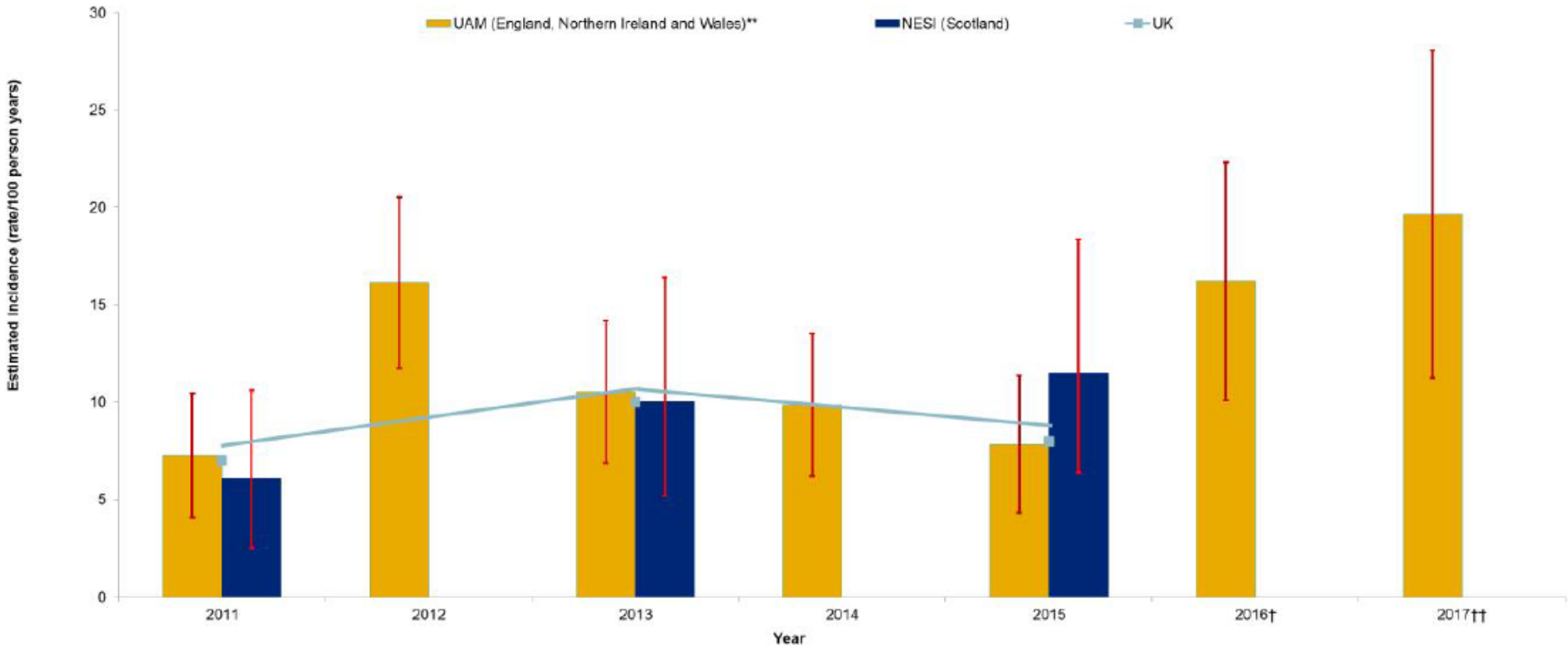
The Leeds Teaching Hospitals NHS Trust



HCV in the UK – 2020 targets

- 200,000 people have chronic HCV
  - **60% PWID have 'adequate' syringe/needle provision**
  - **Estimated 66% aware of status (75%)**
  - **Currently around 14,000/yr (50%)**
    - **125% increase from pre-2015**
    - **19% increase from 2016/2017**

Figure 8. Estimated UK-wide incidence of HCV among PWID, 2011-2017*,**

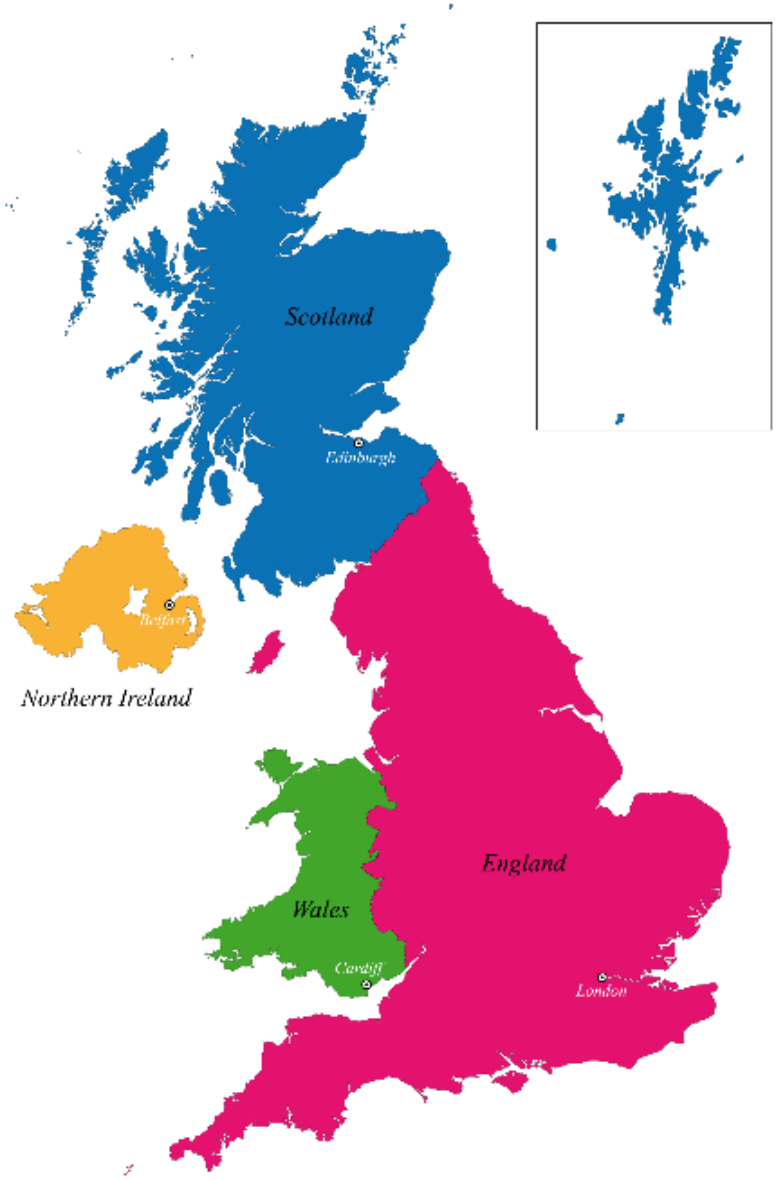


Public Health England

Hepatitis C in the UK

2018 report

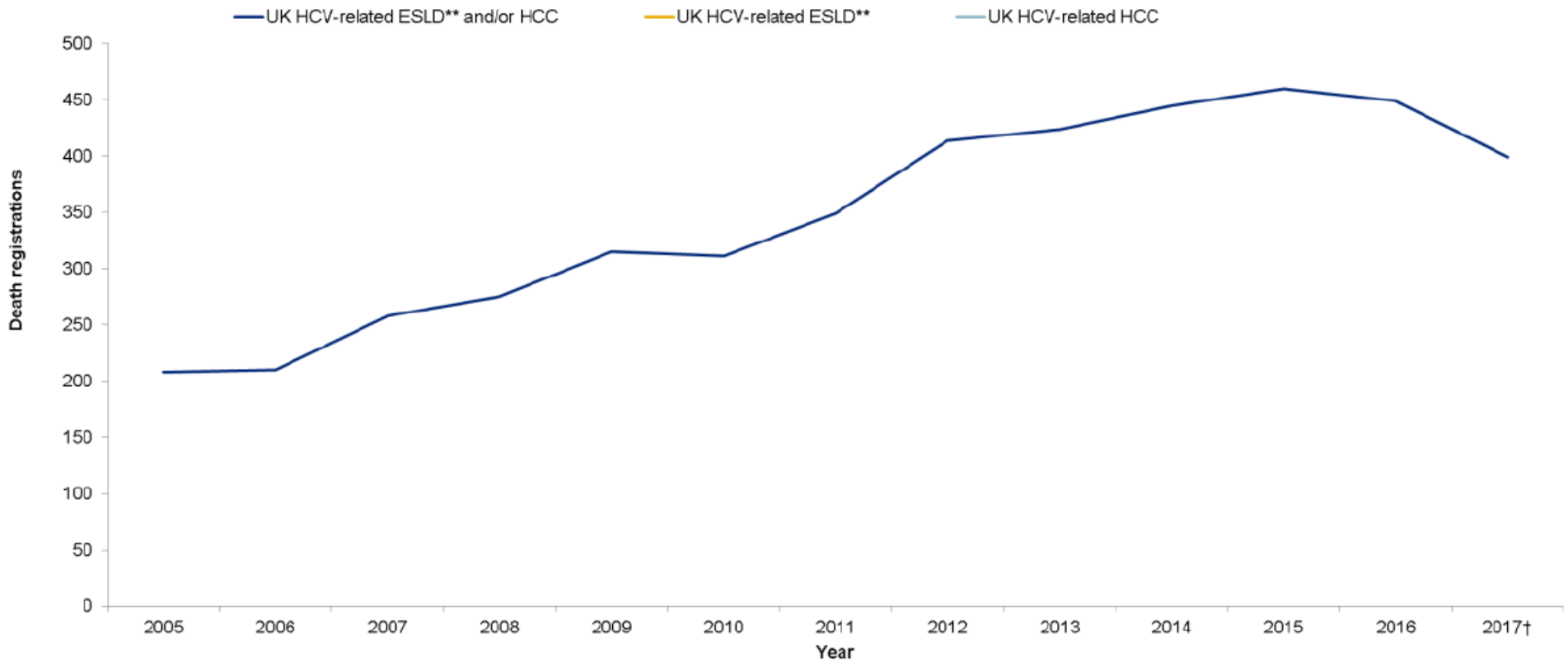
The Leeds Teaching Hospitals NHS Trust



HCV in the UK – 2020 targets

- 200,000 people have chronic HCV
  - 60% PWID have 'adequate' syringe/needle provision
  - Estimated 66% aware of status (75%)
  - Currently around 14,000/yr
    - 125% increase from pre-2015
    - 19% increase from 2016/2017
  - Incidence in PWIDs appears to be increasing (50% reduction)

Figure 6. Death registrations* for HCV-related ESLD** and HCC in UK*** Countries: 2005 to 2017

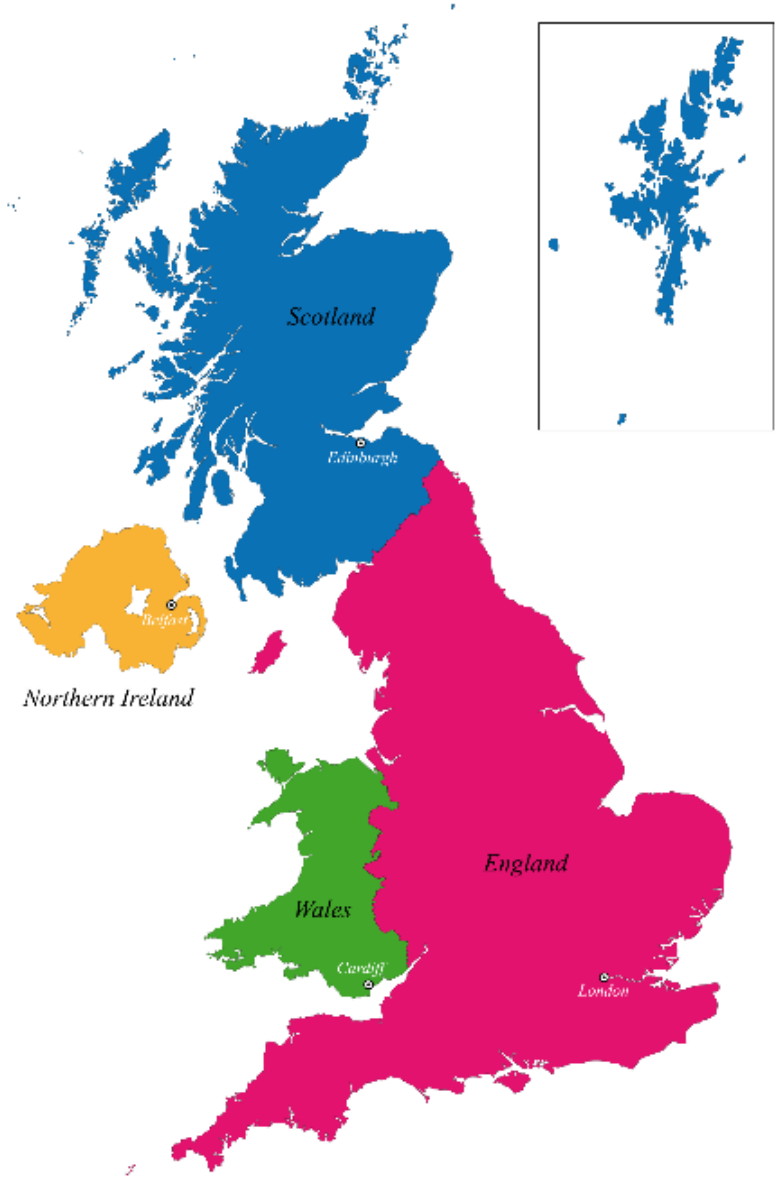


Public Health England

Hepatitis C in the UK

2018 report

The Leeds Teaching Hospitals NHS Trust



HCV in the UK – 2020 targets

- 200,000 people have chronic HCV
  - 60% PWID have 'adequate' needle/syringe provision
  - Estimated 66% aware of status (75%)
  - Currently around 14,000/yr
    - 125% increase from pre-2015
    - 19% increase from 2016/2017
  - Incidence in PWIDs appears to be increasing (50% reduction)
  - Early estimates suggest on target for 10% reduction in deaths by 2020

Public Health England

Hepatitis C in the UK

2018 report

In the UK, eliminating hepatitis C as a major public health threat by driving down HCV-related mortality and preventing new infections from occurring is potentially feasible with the tools currently available. Investment in 3 core intervention areas is needed: (i) ensuring adequate harm reduction for PWID, (ii) increasing the proportion of infected individuals who are diagnosed, and (iii) increasing the proportion of infected individuals who access and complete treatment, achieving a sustained virological response (SVR).

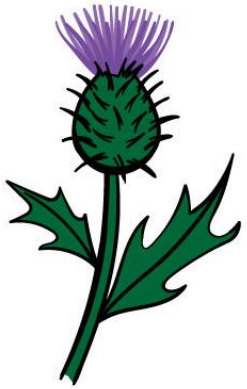
HCV in the UK

England

- O.4 % prevalence
- 113,000 chronic HCV
- 33% undiagnosed

N.Ireland

- 0.4% prevalence
- 13,000 chronic HCV
- 50% undiagnosed

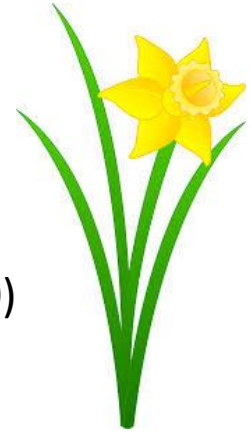


Scotland

- 0.7% prevalence
- 34,500 chronic HCV

(Recent estimates HPS: 29,000)

- 40% undiagnosed



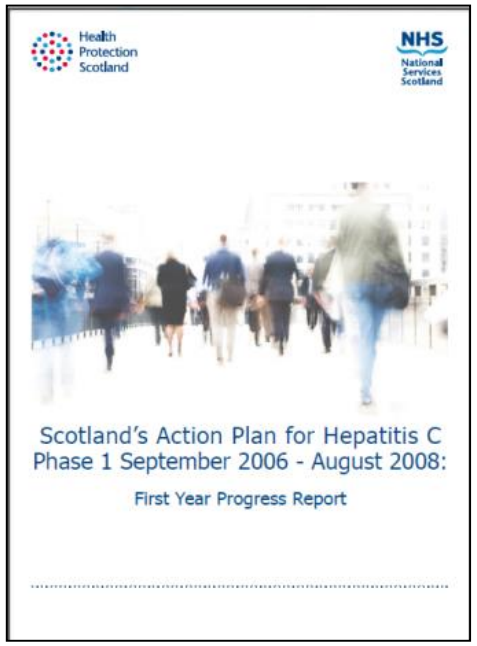
Wales

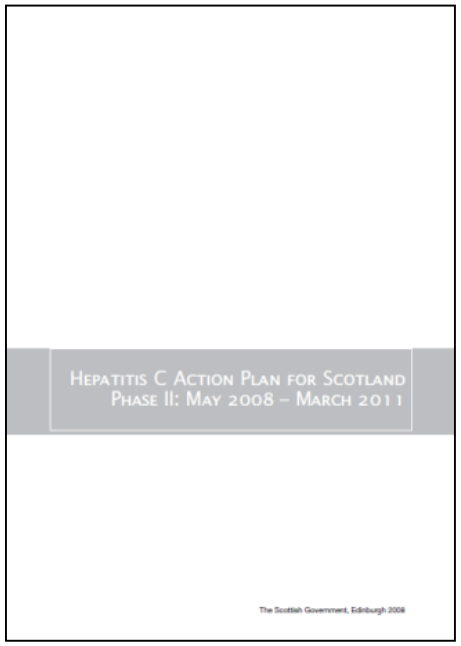
- 0.4% prevalence
- 13,000 chronic HCV
- 50% undiagnosed

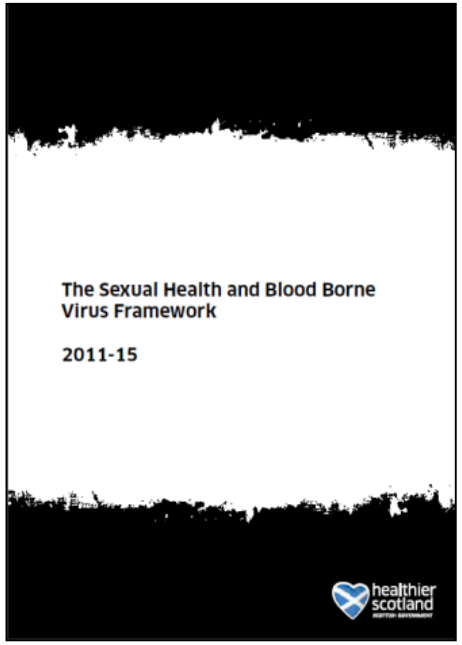
Health Protection Scotland
The Scottish Government

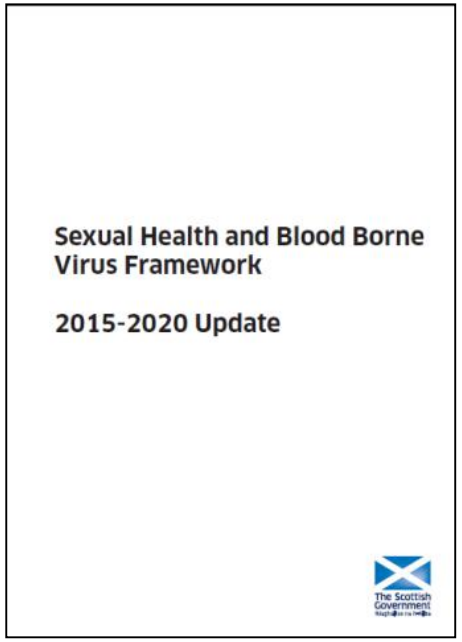
The Leeds Teaching Hospitals NHS
NHS Trust

Treatment coverage: Scotland
Past









Treatment coverage: Scotland Current

Health Protection Scotland

The Scottish Government

The Scottish Government

Hepatitis C Treatment & Therapies

Group Report

Revised February 2017

Revisions

(See Strategy p7, Prioritisation for Therapy p8 and Treatment Targets p11)

NHS SCOTLAND

Scottish Medicines Consortium

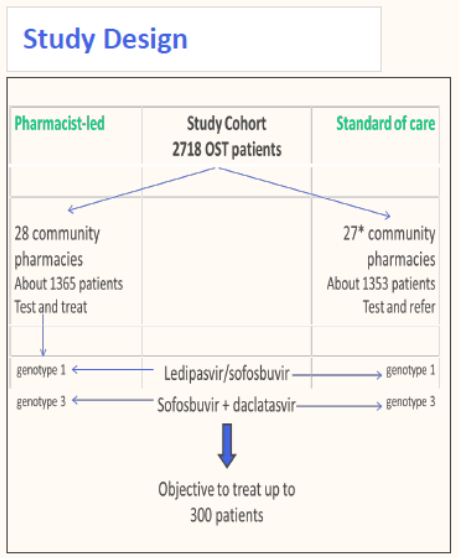
- DAAs approved by SMC with few restrictions
  - National guidelines guide treatment
  - Budget constraints
    - Priority to most advanced disease (until 2018)
    - Ultimate goal: offer all treatment …. TasP
- Move treatment to prisons, drug services & pharmacies…..

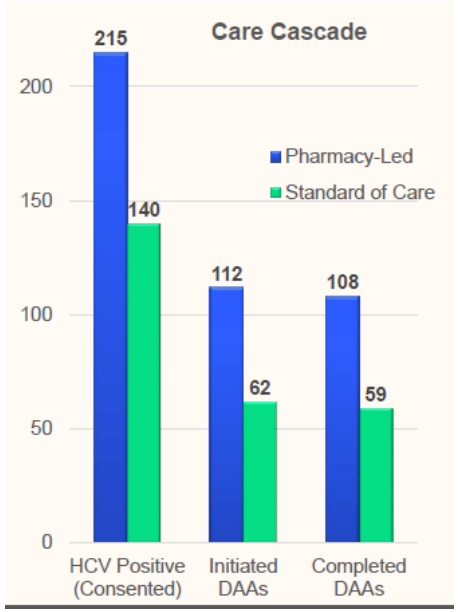
Treatment coverage: Scotland Current

University of Dundee | NHS Tayside | tctu | TASC | SuperDOT-C

PRELIMINARY ANALYSIS OF THE SUPERDOT-C STUDY: A CLUSTER RANDOMISED CONTROLLED TRIAL OF PHARMACY LED VERSUS CONVENTIONAL TREATMENT FOR HCV POSITIVE PATIENTS RECEIVING DAILY OPIOD SUBSTITUTION THERAPY WITHIN NHS SCOTLAND

Radley AS[1], de Bruin M[2], Inglis SK[3], Donnan PT[3], Beer LJ[3], Barclay S[4], Fraser A[5], Dillon JF[1]
University of Dundee[1], University of Aberdeen[2], Tayside Clinical Trials Unit[3], NHS Greater Glasgow & Clyde[4], NHS Grampian[5]





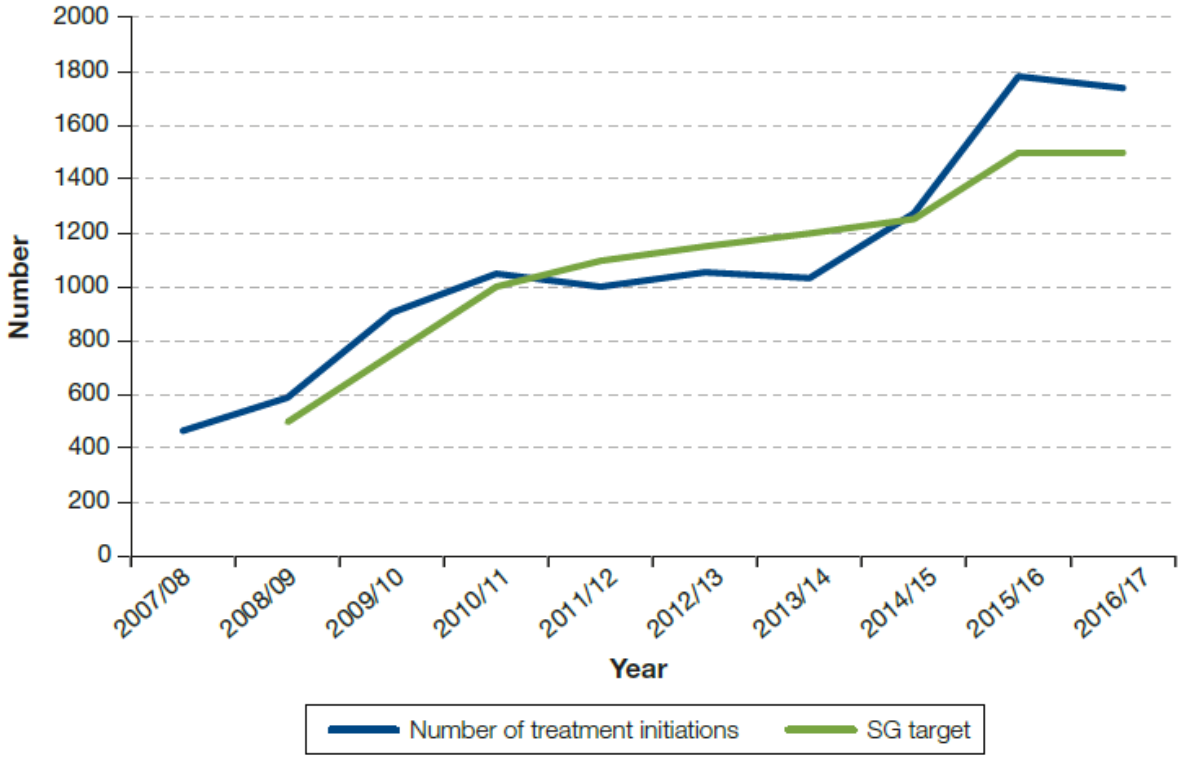
- 55 Pharmacies
- Pharmacy treatment sites increased:
  - numbers identified
  - numbers treated
- SVR12 74% vs 58% (incomplete data)
- Tayside: ‘diagnosed 80% and treated 70%’

NHS National Services Scotland

The Leeds Teaching Hospitals NHS Trust

Treatment coverage: Scotland Current

Figure 14: Estimated numbers initiating HCV treatment in Scotland vs. national treatment targets, 2007-2016.



Scale up in treatment numbers:

- 450 a year 2007
- 1,739 a year 2016/17

Treatment rates still rising

- 2,000 2018/19
- Target of 2,500 by 2020

The Leeds Teaching Hospitals NHS
NHS Trust

Treatment coverage: Scotland Future

THE HEPATITIS C TRUST

Eliminating Hepatitis C in Scotland:
A Call to Action

A summary of evidence from the **Hepatitis C Elimination Inquiry** held by the cross-party **Scottish Hepatitis C Parliamentary Champions** group and **The Hepatitis C Trust**

- Committed to elimination HCV by 2030
- Not on tract to meet GHSS 2030 targets
- Highlighted number of issues around access to treatment:
  - Budget constraints = prioritisation
  - Some areas not treating current PWID
  - LTC improvement needed
  - Delivering treatment in the community
  - Reported Increased incidence in PWID
- Outcome: Scottish Government to develop Hepatitis C elimination strategy

…..currently awaiting publication

The Leeds Teaching Hospitals NHS
NHS Trust

Treatment coverage: England Current

NHS England

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	F04 S f
Service	Operational Delivery Networks for Hepatitis C Care in Adults
Commissioner Lead	NHS England
Provider Lead	
Period	01.04.2015 to 31.03.2016
Date of Review	31.03.2017

- Ensure equitable access to treatments
- And act as gate keepers to DAAS:
  - All patients treated must be discussed at ODN
  - Access to DAA controlled by NHSE

Treatment coverage: England
Current

Interim Clinical Commissioning Policy Statement:

Sofosbuvir + Daclatasvir/Ledipasvir +/- Ribivirin for defined patients with Hepatitis C

April 2014

Reference: NHS ENGLAND A02/PS/b

The Leeds Teaching Hospitals NHS
NHS Trust

Treatment coverage: England
Current

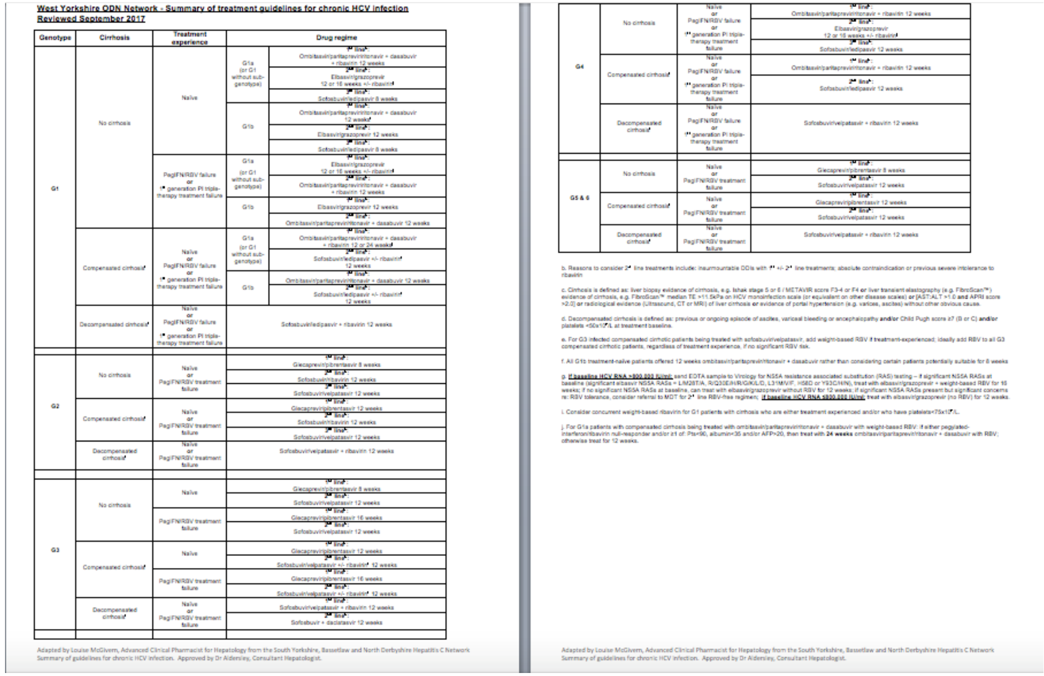
Clinical Commissioning Policy Statement:
Treatment of chronic Hepatitis C in patients with cirrhosis

Treatment coverage: England
Current

Dec 2015 'rate cards' = treatment for all*

- Drug choice: genotype, cirrhosis, past treatment
- Each ODN associated run rate with penalties and cap
- Updated 6 mnthly after NICE approval and tenders bt NHS E & pharma

Clinical Commissioning Policy Statement:
Treatment of chronic Hepatitis C in patients with cirrhosis



West Yorkshire ODN Network - Summary of treatment guidelines for chronic HCV infection
Reviewed September 2017

Genotype	Cirrhosis	Treatment experience		Drug regime
G1	No cirrhosis	Naive	G1a (or G1 without sub-genotype)	1st line[b]: Ombitasvir/paritaprevir/ritonavir + dasabuvir + ribavirin 12 weeks
				2nd line[b]: Elbasvir/grazoprevir 12 or 16 weeks +/- ribavirin[g]
				3rd line[b]: Sofosbuvir/ledipasvir 8 weeks
			G1b	1st line[b]: Ombitasvir/paritaprevir/ritonavir + dasabuvir 12 weeks[f]
				2nd line[b]: Elbasvir/grazoprevir 12 weeks
				3rd line[b]: Sofosbuvir/ledipasvir 8 weeks
		PegIFN/RBV failure or 1st generation PI triple-therapy treatment failure	G1a (or G1 without sub-genotype)	1st line[b]: Elbasvir/grazoprevir 12 or 16 weeks +/- ribavirin[g]
				2nd line[b]: Ombitasvir/paritaprevir/ritonavir + dasabuvir + ribavirin 12 weeks
			G1b	1st line[b]: Elbasvir/grazoprevir 12 weeks
				2nd line[b]: Ombitasvir/paritaprevir/ritonavir + dasabuvir 12 weeks
	Compensated cirrhosis[c]	Naive or PegIFN/RBV failure or 1st generation PI triple-therapy treatment failure	G1a (or G1 without sub-genotype)	1st line[b]: Ombitasvir/paritaprevir/ritonavir + dasabuvir + ribavirin 12 or 24 weeks[j]
				2nd line[b]: Sofosbuvir/ledipasvir +/- ribavirin[i] 12 weeks
			G1b	1st line[b]: Ombitasvir/paritaprevir/ritonavir + dasabuvir 12 weeks
				2nd line[b]: Sofosbuvir/ledipasvir +/- ribavirin[i] 12 weeks
	Decompensated cirrhosis[d]	Naive or PegIFN/RBV failure or 1st generation PI triple-therapy treatment failure		Sofosbuvir/ledipasvir + ribavirin 12 weeks
G2	No cirrhosis	Naive or PegIFN/RBV treatment failure		1st line[b]: Glecaprevir/pibrentasvir 8 weeks
				2nd line[b]: Sofosbuvir/ribavirin 12 weeks
				3rd line[b]: Sofosbuvir/velpatasvir 12 weeks
	Compensated cirrhosis[c]	Naive or PegIFN/RBV treatment failure		1st line[b]: Glecaprevir/pibrentasvir 12 weeks
				2nd line[b]: Sofosbuvir/ribavirin 12 weeks
				3rd line[b]: Sofosbuvir/velpatasvir 12 weeks
	Decompensated cirrhosis[d]	Naive or PegIFN/RBV treatment failure		Sofosbuvir/velpatasvir + ribavirin 12 weeks
G3	No cirrhosis	Naive		1st line[b]: Glecaprevir/pibrentasvir 8 weeks
				2nd line[b]: Sofosbuvir/velpatasvir 12 weeks
		PegIFN/RBV treatment failure		1st line[b]: Glecaprevir/pibrentasvir 16 weeks
				2nd line[b]: Sofosbuvir/velpatasvir 12 weeks
	Compensated cirrhosis[c]	Naive		1st line[b]: Glecaprevir/pibrentasvir 12 weeks
				2nd line[b]: Sofosbuvir/velpatasvir +/- ribavirin[e] 12 weeks
		PegIFN/RBV treatment failure		1st line[b]: Glecaprevir/pibrentasvir 16 weeks
				2nd line[b]: Sofosbuvir/velpatasvir +/- ribavirin[e] 12 weeks
	Decompensated cirrhosis[d]	Naive or PegIFN/RBV treatment failure		1st line[b]: Sofosbuvir/velpatasvir + ribavirin 12 weeks
				2nd line[b]: Sofosbuvir + daclatasvir 12 weeks
G4	No cirrhosis	Naive or PegIFN/RBV failure or 1st generation PI triple-therapy treatment failure		1st line[b]: Ombitasvir/paritaprevir/ritonavir + ribavirin 12 weeks
				2nd line[b]: Elbasvir/grazoprevir 12 or 16 weeks +/- ribavirin[g]
				3rd line[b]: Sofosbuvir/ledipasvir 12 weeks
	Compensated cirrhosis[c]	Naive or PegIFN/RBV failure or 1st generation PI triple-therapy treatment failure		1st line[b]: Ombitasvir/paritaprevir/ritonavir + ribavirin 12 weeks
				2nd line[b]: Sofosbuvir/ledipasvir 12 weeks
	Decompensated cirrhosis[d]	Naive or PegIFN/RBV failure or 1st generation PI triple-therapy treatment failure		Sofosbuvir/velpatasvir + ribavirin 12 weeks
G5 & 6	No cirrhosis	Naive or PegIFN/RBV treatment failure		1st line[b]: Glecaprevir/pibrentasvir 8 weeks
				2nd line[b]: Sofosbuvir/velpatasvir 12 weeks
	Compensated cirrhosis[c]	Naive or PegIFN/RBV treatment failure		1st line[b]: Glecaprevir/pibrentasvir 12 weeks
				2nd line[b]: Sofosbuvir/velpatasvir 12 weeks
	Decompensated cirrhosis[d]	Naive or PegIFN/RBV treatment failure		Sofosbuvir/velpatasvir + ribavirin 12 weeks

b. Reasons to consider 2nd line treatments include: insurmountable DDIs with 1st +/- 2nd line treatments; absolute contraindication or previous severe intolerance to ribavirin

c. Cirrhosis is defined as: liver biopsy evidence of cirrhosis, e.g. Ishak stage 5 or 6 / METAVIR score F3-4 or F4 **or** liver transient elastography (e.g. FibroScan™) evidence of cirrhosis, e.g. FibroScan™ median TE >11.5kPa on HCV monoinfection scale (or equivalent on other disease scales) **or** [AST:ALT >1.0 **and** APRI score >2.0] **or** radiological evidence (Ultrasound, CT or MRI) of liver cirrhosis **or** evidence of portal hypertension (e.g. varices, ascites) without other obvious cause.

d. Decompensated cirrhosis is defined as: previous or ongoing episode of ascites, variceal bleeding or encephalopathy **and/or** Child Pugh score ≥7 (B or C) **and/or** platelets <50x10⁹/L at treatment baseline.

e. For G3 infected compensated cirrhotic patients being treated with sofosbuvir/velpatasvir, add weight-based RBV if treatment-experienced; ideally add RBV to all G3 compensated cirrhotic patients, regardless of treatment experience, if no significant RBV risk.

f. All G1b treatment-naive patients offered 12 weeks ombitasvir/paritaprevir/ritonavir + dasabuvir rather than considering certain patients potentially suitable for 8 weeks

g. **If baseline HCV RNA >800,000 IU/ml:** send EDTA sample to Virology for NS5A resistance associated substitution (RAS) testing – if significant NS5A RASs at baseline (significant elbasvir NS5A RASs = L/M28T/A, R/Q30E/H/R/G/K/L/D, L31M/V/F, H58D or Y93C/H/N), treat with elbasvir/grazoprevir + weight-based RBV for 16 weeks; if no significant NS5A RASs at baseline, can treat with elbasvir/grazoprevir without RBV for 12 weeks; if significant NS5A RASs present but significant concerns re: RBV tolerance, consider referral to MDT for 2nd line RBV-free regimen; **If baseline HCV RNA ≤800,000 IU/ml:** treat with elbasvir/grazoprevir (no RBV) for 12 weeks.

i. Consider concurrent weight-based ribavirin for G1 patients with cirrhosis who are either treatment experienced and/or who have platelets<75x10⁹/L.

j. For G1a patients with compensated cirrhosis being treated with ombitasvir/paritaprevir/ritonavir + dasabuvir with weight-based RBV: if either pegylated-interferon/ribavirin null-responder and/or ≥1 of: Pts<90, albumin<35 and/or AFP>20, then treat with **24 weeks** ombitasvir/paritaprevir/ritonavir + dasabuvir with RBV; otherwise treat for 12 weeks.

Adapted by Louise McGivern, Advanced Clinical Pharmacist for Hepatology from the South Yorkshire, Bassetlaw and North Derbyshire Hepatitis C Network Summary of guidelines for chronic HCV infection. Approved by Dr Aldersley, Consultant Hepatologist.

Adapted by Louise McGivern, Advanced Clinical Pharmacist for Hepatology from the South Yorkshire, Bassetlaw and North Derbyshire Hepatitis C Network Summary of guidelines for chronic HCV infection. Approved by Dr Aldersley, Consultant Hepatologist.

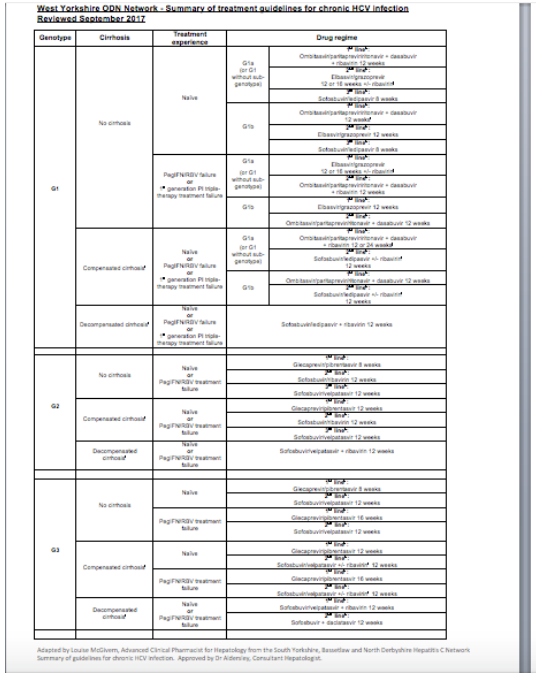
The Leeds Teaching Hospitals NHS
NHS Trust

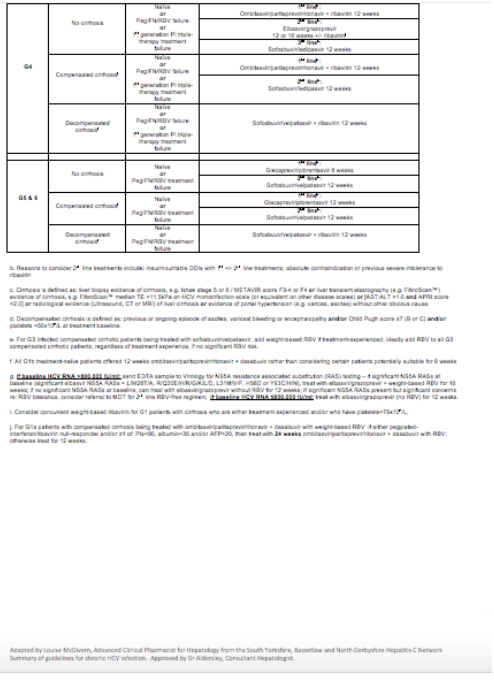
Treatment coverage: England Current

Dec 2015 'rate cards' = treatment for all*

- Drug choice: genotype, cirrhosis, past treatment
- Each ODN associated run rate with penalties and cap
- Updated 6 mnthly after NICE approval and tenders bt NHS E & pharma

Clinical Commissioning Policy Statement:
Treatment of chronic Hepatitis C in patients with cirrhosis


West Yorkshire ODN Network - Summary of treatment guidelines for chronic HCV infection
Reviewed September 2017



Urgent Clinical Commissioning Policy Statement: Retreatment of Chronic Hepatitis C Infection in Adults with Advanced or Decompensated Cirrhosis

NHS England Reference: 170020/PS

A clinical commissioning policy statement is an interim commissioning position pending the formation of a Clinical Policy.

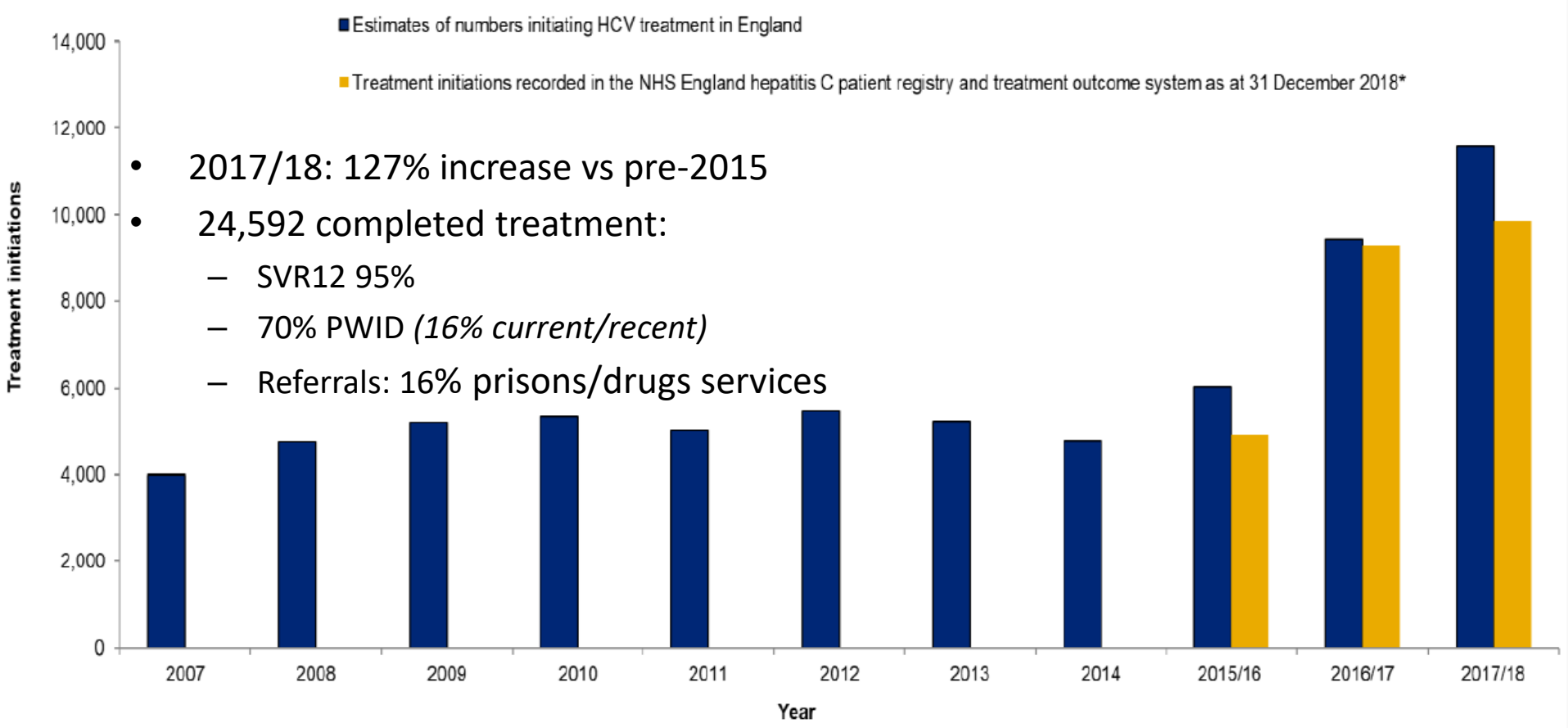
Sept 2017

Public Health England

The Leeds Teaching Hospitals NHS
NHS Trust

Treatment coverage: England Current

Figure 26. Provisional estimates of numbers initiating HCV treatment in England, 2007-2017/2018



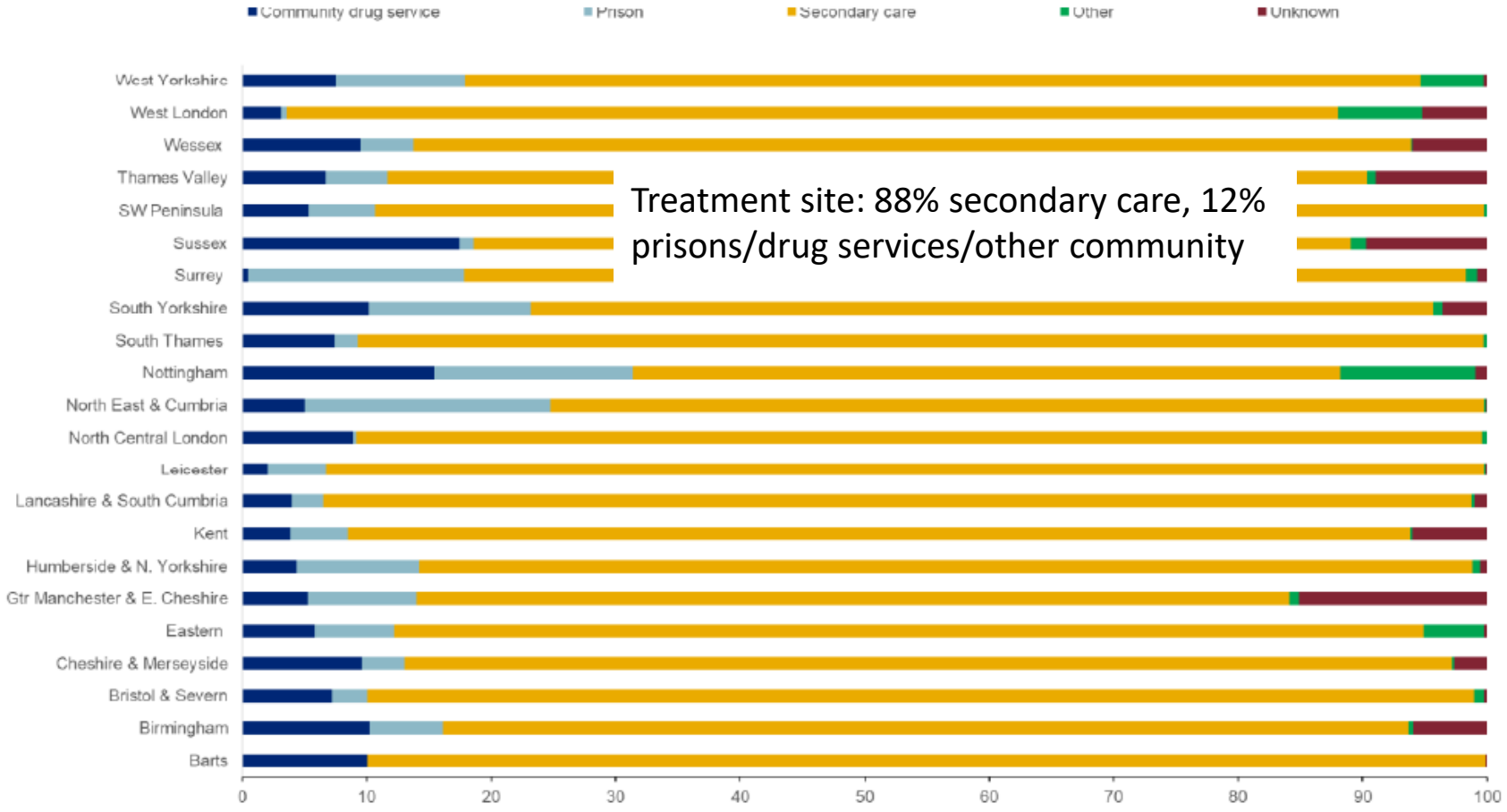
- 2017/18: 127% increase vs pre-2015
- 24,592 completed treatment:
  - SVR12 95%
  - 70% PWID *(16% current/recent)*
  - Referrals: 16% prisons/drugs services

Public Health England

The Leeds Teaching Hospitals NHS Trust

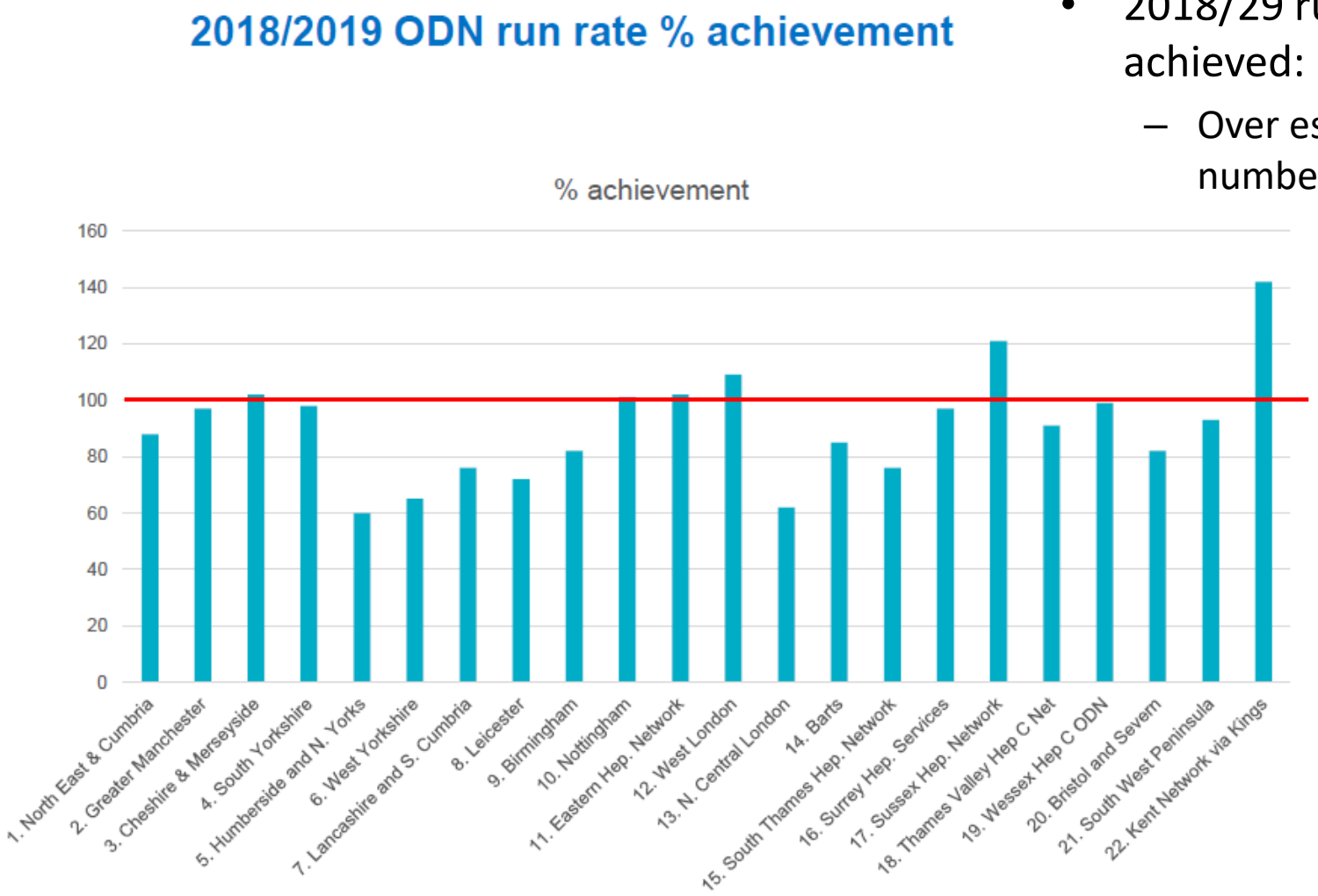
Treatment coverage: England Current

Figure 32: Distribution of treatment setting (%) for patients with a treatment episode in the Hepatitis C Patient Registry and Treatment Outcome System, by ODN (n=30,870)



Treatment site: 88% secondary care, 12% prisons/drug services/other community

Treatment coverage: England Current



- 2018/29 run rate not achieved:
  - Over estimation of number of patients

Public Health England

The Leeds Teaching Hospitals NHS
NHS Trust

Treatment coverage: England Current

Hepatitis C treatment monitoring in England

Content, completeness and preliminary findings from the Hepatitis C patient registry and treatment outcome system

- 2018/29 run rate not achieved:
  - Over estimation of number of patients
  - ‘easy’ to engage patients treated
    - Move treatment to the community

Table 9. Infection details for patients in the Hepatitis C patient registry and treatment outcome system yet to be treated compared to those with a treatment episode in the Register.

Variable	Not yet treated (n= 7,816)	Treated (n=24,592)	Significance (P-value)
Injecting route of transmission (%)			<0.001
Current/recent PWID (injected in past 3 years.)	30.4	16.2	
Past PWID	38.7	46.3	

Treatment coverage: England Current

Polaris Observatory *'without improved diagnosis rates number treated could fall to 5000/yr'*

- 2018/29 run rate not achieved:
  - Over estimation of number of patients
  - 'easy' to engage patients treated
    - Move treatment to the community
  - Still significant numbers undiagnosed:
    - Increase community testing

The Leeds Teaching Hospitals NHS
NHS Trust

Treatment coverage: England Future

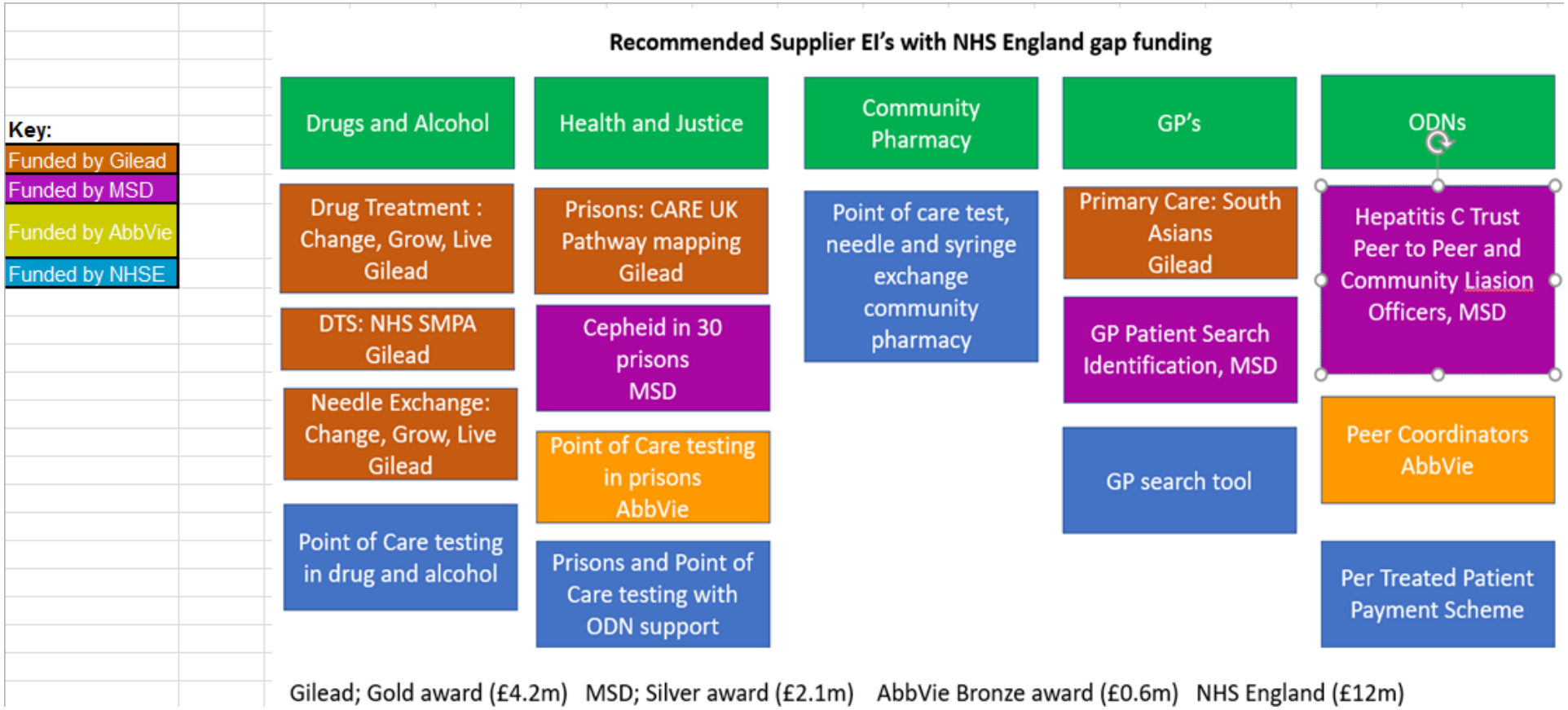
NHS England

May 2019

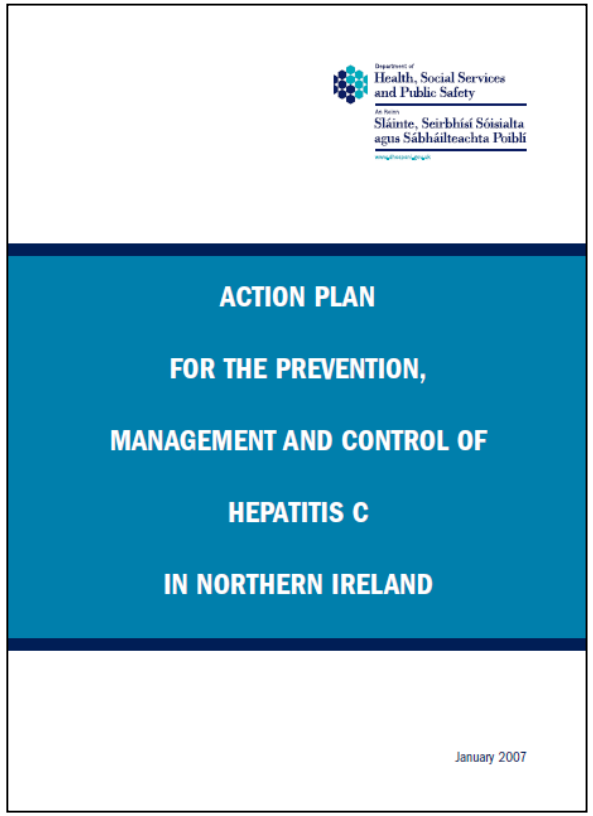
- 3+2 year contract
- 3 bidders given medal status
- Rate card continues:
  - Gilead 60%
  - MSD 24%
  - AbbVie 17%

NHS England has unveiled its plan to completely eliminate hepatitis C, signing up three pharma companies to the £1bn ($1.29bn) programme which involves identifying and curing patients with drug treatments.

Treatment coverage: England Future



Treatment coverage: N Ireland ☘ Past



- Action plan since 2007
  - Prevention:
    - PWID
    - Healthcare settings
    - Prisons
  - Clinical services
    - Testing
    - Treatment
  - Establishment of Managed Clinical Network

Northern Ireland Hepatitis B & C Managed Clinical Network

The Leeds Teaching Hospitals NHS
NHS Trust

Treatment coverage: N Ireland
Current

Northern Ireland Hepatitis B & C Managed Clinical Network

To reduce the transmission of Hep B & C (HBV & HCV) infection among injecting drug users by promoting routine and low threshold testing for Hep B & C infection among injecting drug users, and exploring best practice models for engaging and retaining injecting drug users in HBV & HCV treatment.

To promote timely diagnosis of HBV & HCV infection in NI (particularly in high risk groups), and to facilitate equitable access to high quality treatment of diagnosed HBV & HCV infections through the regional hepatology unit in RVH.

To deliver all treatment of HBV and HCV infection in NI through the regional hepatology unit, using treatment guidelines based on NICE recommendations;

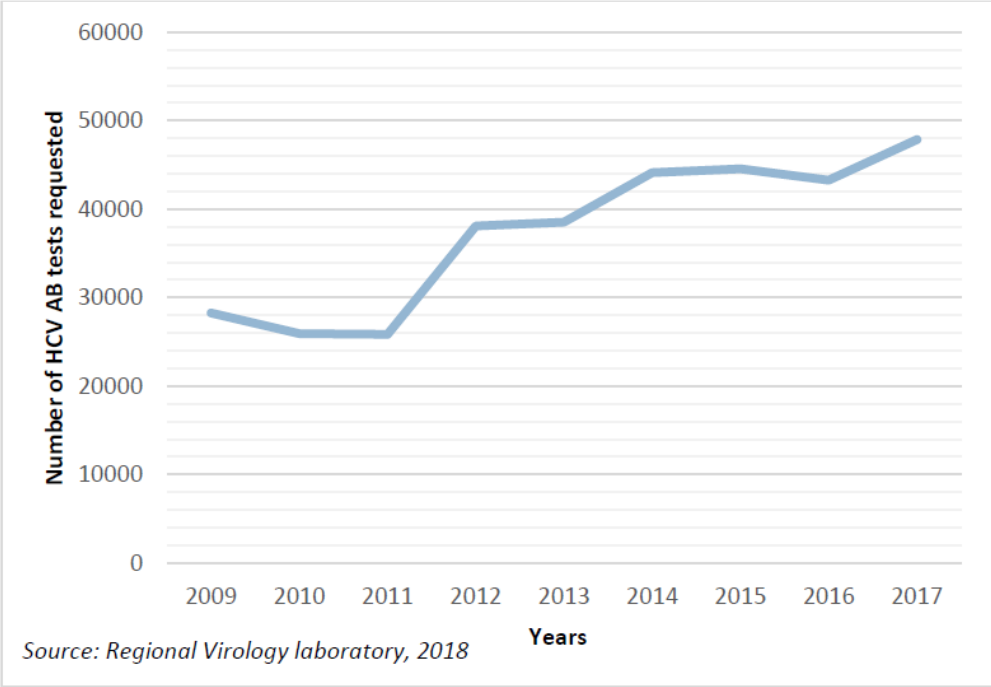
hepBC
Northern Ireland Hepatitis B & C Managed Clinical Network

The Leeds Teaching Hospitals NHS
NHS Trust

Treatment coverage: N Ireland Current

NI Regional Hepatitis B&C
Managed Clinical Network
Annual Report 2018

FIGURE 6: NUMBER THE HEPATITIS C TEST REQUESTS IN NORTHERN IRELAND, 2009 - 2017



- Significant scaling up in testing numbers:
  - 2009: 28,256
  - 2017: 47,864

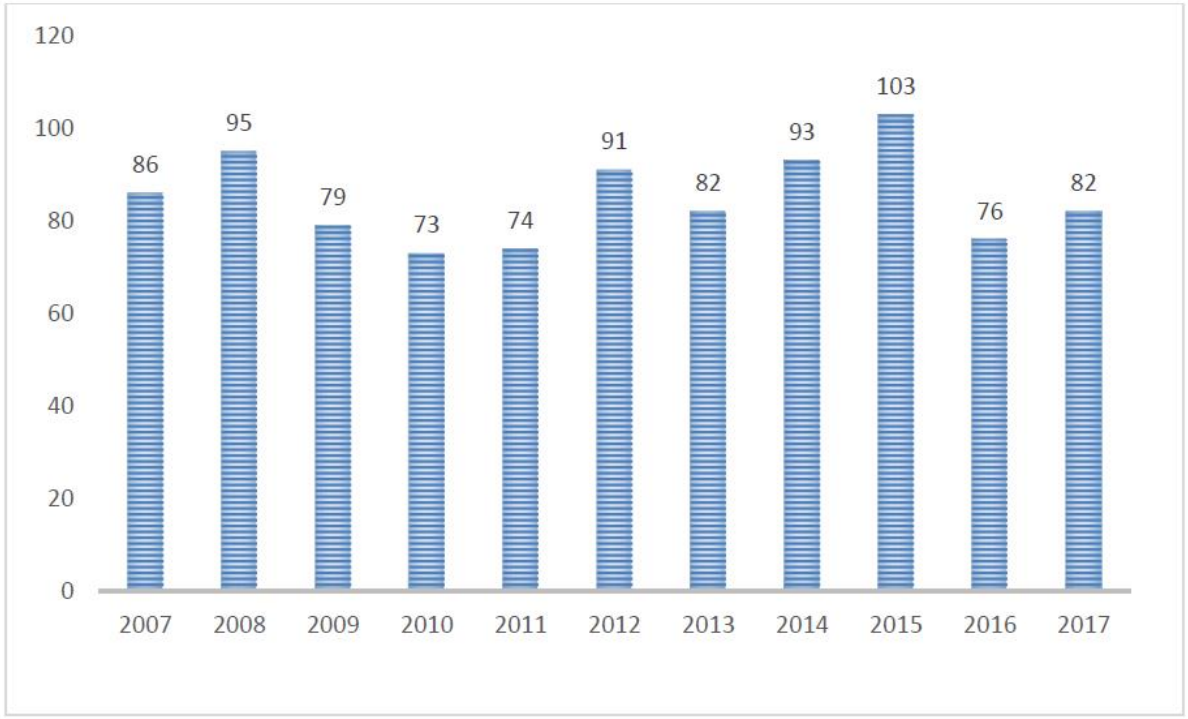
hepBC
Northern Ireland Hepatitis B & C Managed Clinical Network

The Leeds Teaching Hospitals NHS
NHS Trust

Treatment coverage: N Ireland ☘ Current

NI Regional Hepatitis B&C
Managed Clinical Network
Annual Report 2018

FIGURE 7: LABORATORY CONFIRMED HCV PCR POSITIVE CASES, NORTHERN IRELAND, 2007-2017



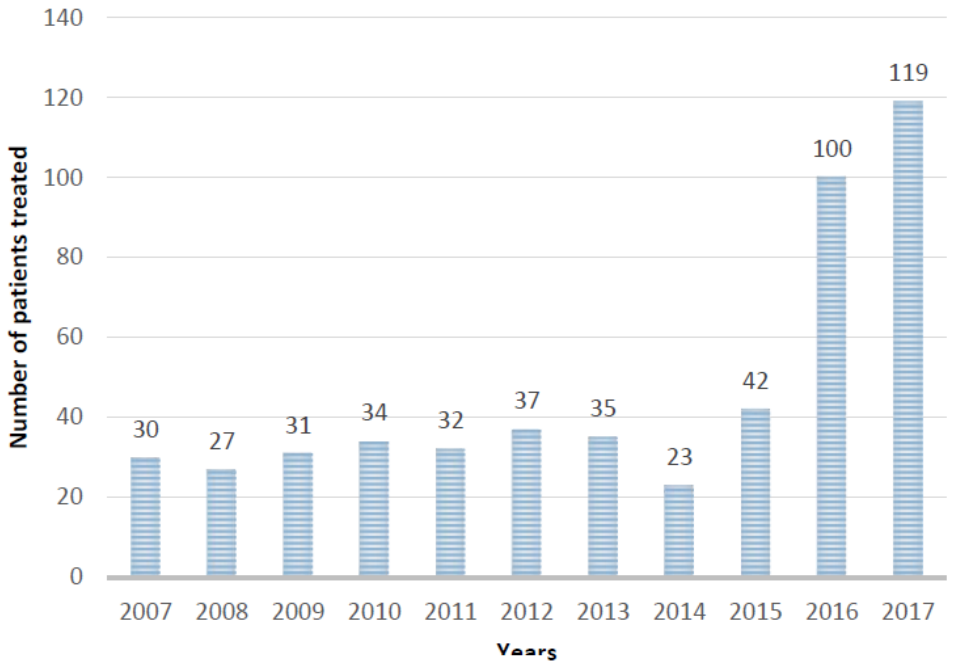
hepBC
Northern Ireland Hepatitis B & C Managed Clinical Network

The Leeds Teaching Hospitals NHS
NHS Trust

Treatment coverage: N Ireland Current

NI Regional Hepatitis B&C
Managed Clinical Network
Annual Report 2018

FIGURE 9: HEPATITIS C TREATMENT INITIATIONS IN NORTHERN IRELAND, 2007-2017



Source: Local RVH database/ Regional Hepatology clinic 2018

- 2016 SVR 97%
- 2017: ⅔ referrals from primary and secondary care

hepBC
Northern Ireland Hepatitis B & C Managed Clinical Network

The Leeds Teaching Hospitals NHS
NHS Trust

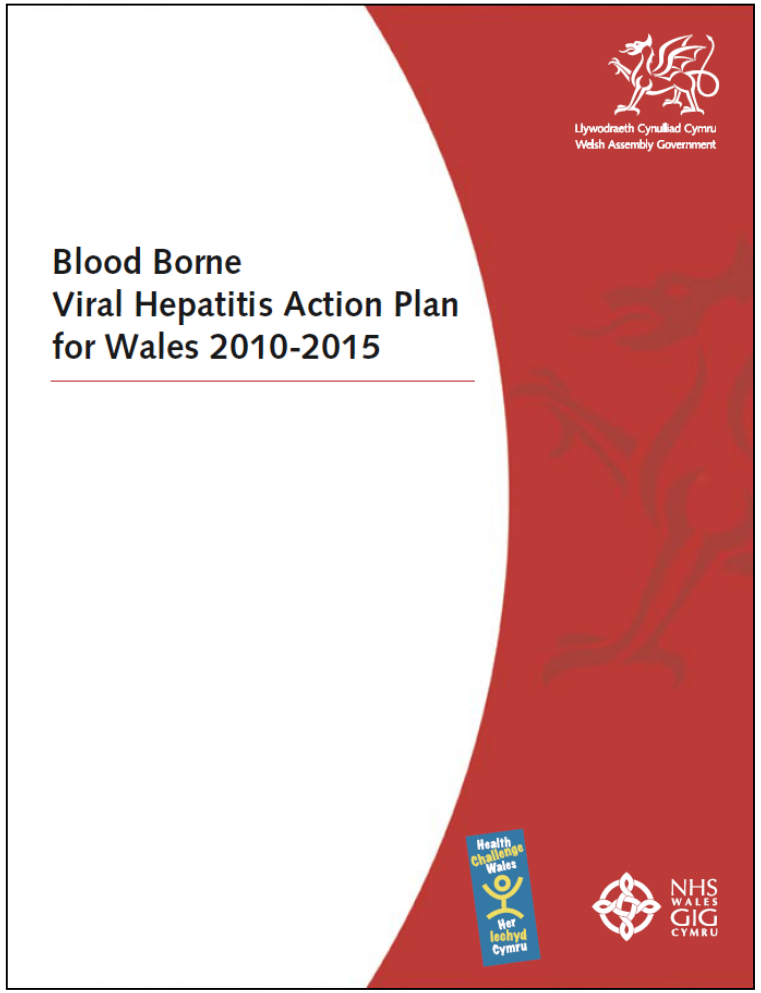
Treatment coverage: N Ireland Future

NI Regional Hepatitis B&C
Managed Clinical Network
Annual Report 2018

- 2016/17 increase in cases of HCV among PWID:
  - increase in syringe/needle provision
  - increase in DBT

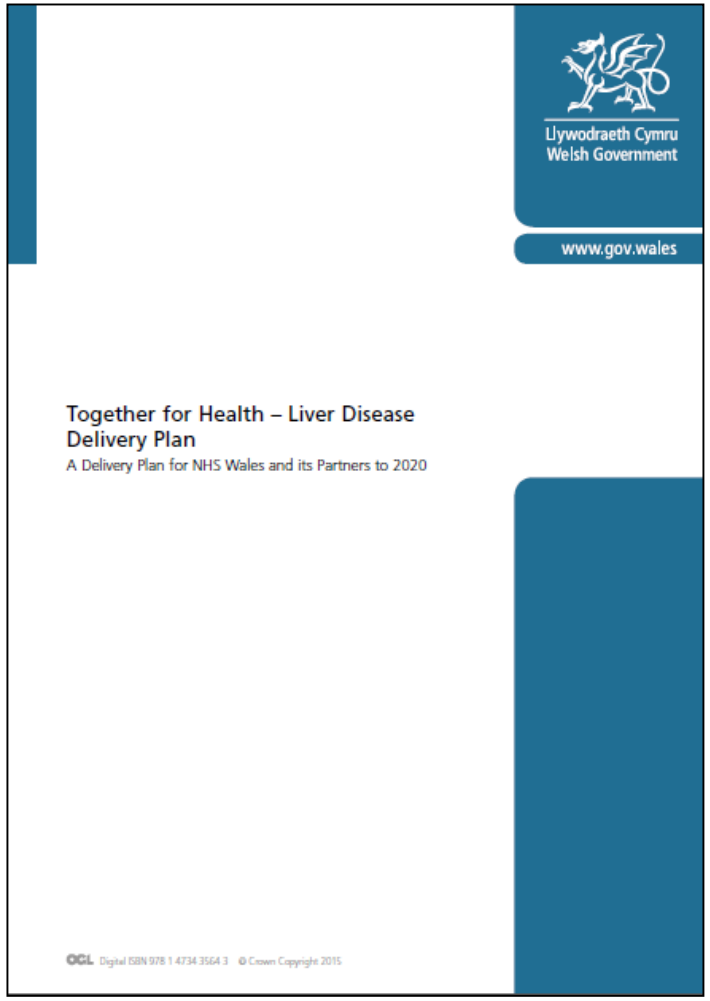
- Plans to produce an Action Plan towards WHO elimination goals

Treatment coverage: Wales Past



- Action Plan 2010-2015
  - Focus on: prevention, testing and treating
  - DBS drug services & prisons
  - BBV prions nurse specialist
  - Move to ‘opt-out’ testing in prisons
    - 10% men HCV Ab positive
  - Database developed

Treatment coverage: Wales Current



- Liver Disease Delivery Plan 2015-2020
  - Roll out of DAAs from 2014
  - No restrictions on numbers
  - Minimum targets set
  - BUT… since 2015 targets have been missed
  - 2017/18 600 treated (target 900)
  - 5,000 diagnosed not yet treated
  - High numbers of undiagnosed

Treatment coverage: Wales Future

- Wales has signed up to the WHO elimination strategy

- Jan 2019 NAW held inquiry to look at what was needed to achieve elimination
  - If treatment targets met elimination delayed by 1-2 years
  - On current rates elimination could delayed to 2040.
  - The development of an Elimination Action Plan was advised

HCV: A UK view on treatment coverage

- All 4 countries at risk of not meeting WHO elimination target for 2030

- All facing similar issues:
  - Reported increasing incidence in PWID
  - Significant numbers still undiagnosed
  - ‘Easy’ to engage patients treated ……. LTC problems
  - Treatment numbers need to be sustained/increased

HCV: A UK view on treatment coverage

To achieve WHO goals need to radically change our response to tackling HCV in PWID

- Increase NSP access
- Find and inform large numbers of undiagnosed
- Increase linkage to care & access to treatment:
  - significantly expand community & prison based diagnosis and treatment
  - simplify requirements for treatment…. Pangenotypics / FibroScans
  - Be flexible ….'one size will not fit all'
- Monitor and ensure equity of access to treatment to all

The Leeds Teaching Hospitals NHS
NHS Trust

HCV: A UK view on treatment coverage

Dr Emma E Page

Disclosures:

Clinical Lead for Get Tested LeEDs which is a joint working project between Leeds Teaching Hospitals Trust and Gilead Sciences Ltd.