

Hepatitis C – Effective Treatment for Everyone, Everywhere

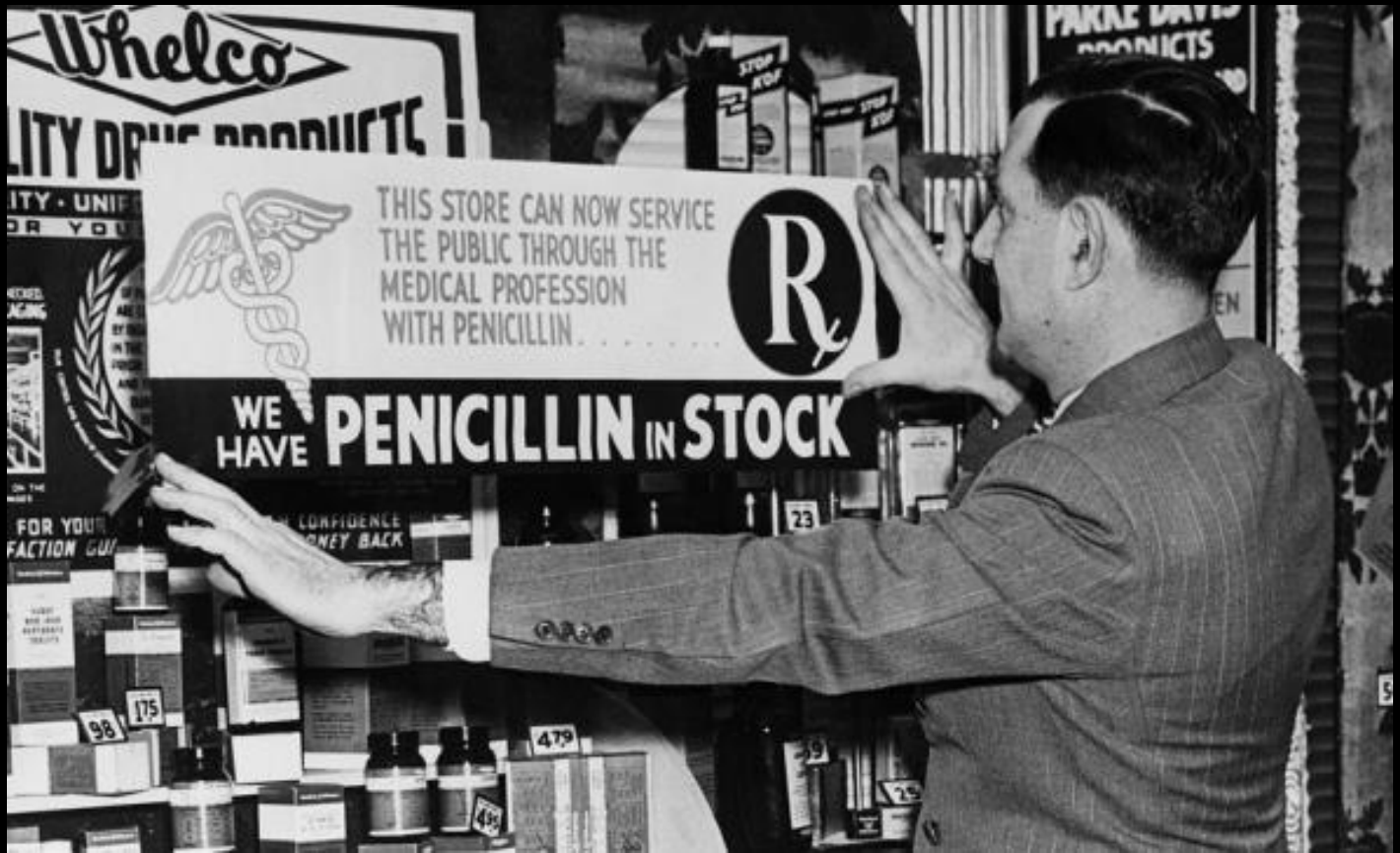
An Official Satellite Meeting of the



We gratefully acknowledge the support of



“Data without storytelling is uninterpretable,
storytelling without data is unactionable”



Community-Based Treatment

- Multi-disciplinary
 - Nursing
 - Pharmacy
 - Primary Care Physician
 - Community Support
 - Peer – lived experience
- Is a role for liver cirrhosis management in primary care, especially in rural and remote areas

Left Behind?

- Priority populations
- Those with mental health challenges
 - People who are admitted to mental health inpatient facilities (including forensic)
- Is your state or territory coming to the party?
- Advocacy is a solution to some of these issues

Fact Checking

- How many Australians have hepatitis C?

100 Australians who *used to* have hepatitis C are cured each day!

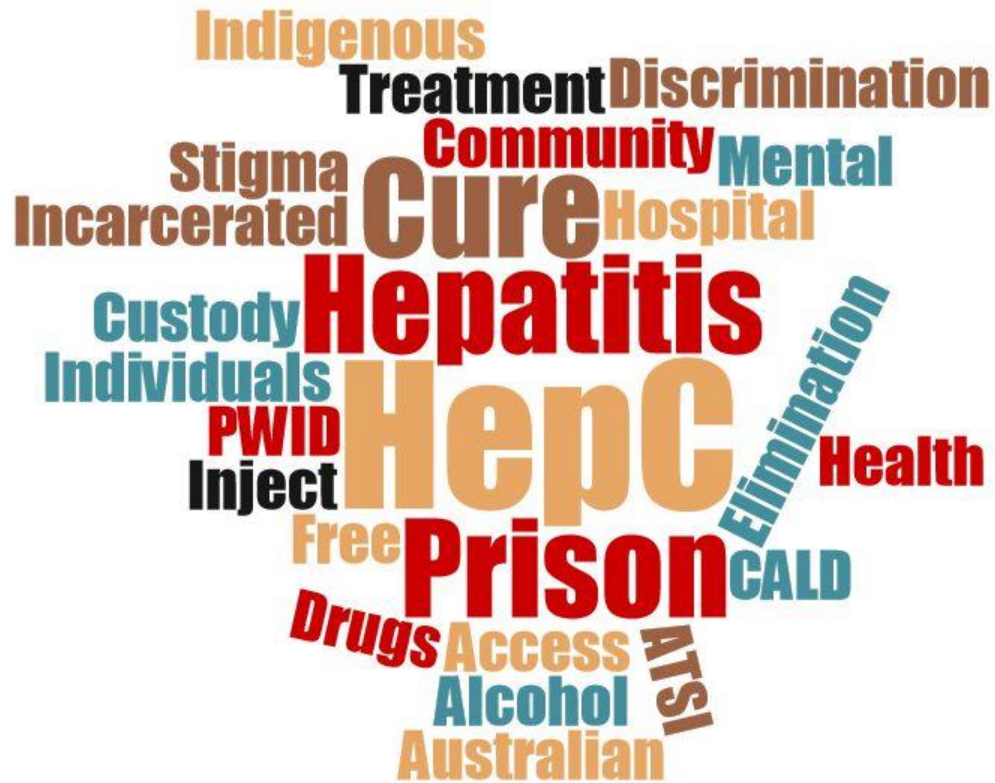
210

209 900!



Lived Experience

- There is no other perspective that carries this weight and insight
- Large number of cured peers who will become foot soldiers and leaders in engaging others in care

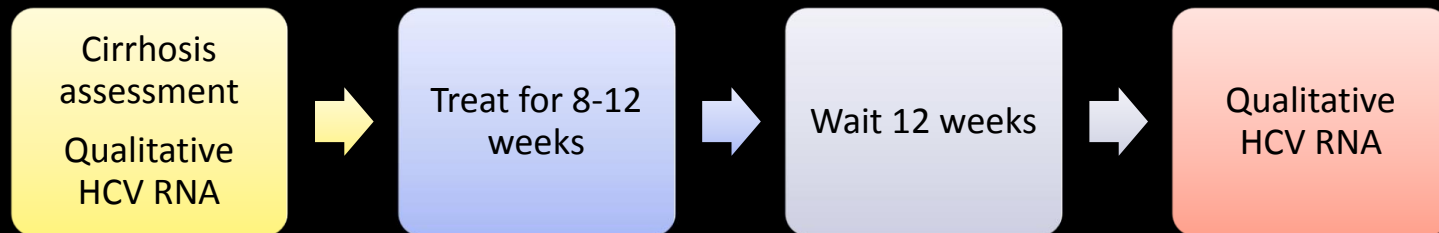






Big Changes on the Way

- Point-of-care testing, rapid testing
- Pan-genotypic single-tablet regimens
- More portable fibrosis assessment
- New challenges with adherence






Viral Resistance

- ?3000 Australians with resistant-HCV infection
 - $\frac{2}{3}$ genotype 3
- Most will relapse with NS5a resistance
- ?Transmitted resistance
- RAS-testing likely to be important in management

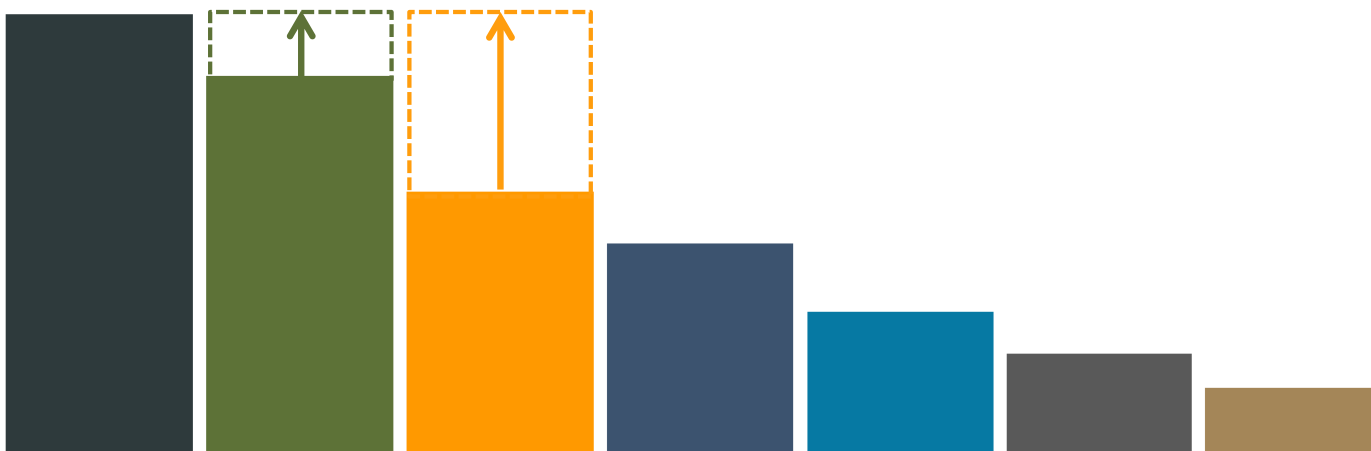


Networks

TAP STUDY DESIGN	
	GROUP A Participants given deferred treatment at the end of the study
	GROUP B Only the primary participants are treated immediately
	GROUP C Both primary participants and HCV-positive secondary participants will be treated immediately. This is the 'bring your friends group' and represents a novel approach to treatment.

Deadly Liver
Mob, Yarning
Up About
Hepatitis C

Enhancing HCV testing and diagnosis of active infection



The way forward

- HCV antibody testing is high in Australia, but there still exists a large undiagnosed HCV RNA pool and people are not linked to care
- The explosive uptake of HCV treatment will not be maintained
- Engaging marginalized and “difficult-to-engage” populations will be key
- Successful strategies to enhance testing/care are emerging
- One size will not fit all – requires adaptation to each individual setting
- Need to continue to disseminate, share and translate successful components of interventions/models to enhance HCV testing/care

HIV + G+3 HCV Co-infection
Completed SOF+DCV @ end of May

MTE score = 7.5 kPa

HCV RNA = NOT DETECTED!

ALT 35 P1+173

(was always $\text{\textcircled{N}}$).

Tolerated meds well.

“Cooperation is not everything, but it
is nearly everything”

- #HepCFree
- #VH16

