

# THE ONGOING HEPATITIS C CAMPAIGN

## *A comment from HFA*

Dr Sumit Parikh's report is a welcome confirmation that Australians with bleeding disorders and hepatitis C have been able to access the new DAA treatments and be cured of their hepatitis C. We have heard from Haemophilia Treatment Centres that most of their patients have now had treatment and been cured and we look forward to an update from AHCDO with data from 2018 to confirm this.

It is important not to lose sight of the Australians with bleeding disorders who have not yet had testing and treatment for hepatitis C. This includes people who had blood products to treat their bleeding disorder before 1993 but are not registered in the ABDR – often people with mild bleeding disorders, who are not in contact with their Haemophilia Treatment Centre. It also includes people who have lost touch with their HTC for various reasons.

Our strategies to reach this group have targeted community doctors such as general practitioners who may see people with mild bleeding disorders in their practice, and also family and friends who are in contact with people with bleeding disorders not actively involved with an HTC:

- After feedback from HFA and AHCDO, the national clinical management consensus guidelines on who to test for hepatitis C virus now include 'people with coagulation disorders who received blood products or plasma-derived clotting factor treatment products before 1993'.
- AHCDO and HFA collaborated with hepatitis experts to produce a fact sheet for general practitioners on people with bleeding disorders and hepatitis C. This has been promoted through the viral hepatitis networks and to GP organisations.
- HFA's World Hepatitis Day campaign has included messages for family and friends to pass on to those affected, with compelling personal stories about treatment and cure.
- HFA continues to work with Hepatitis Australia and other hepatitis research organisations on wider community strategies to promote testing and treatment to people with hepatitis C.

It would be a great tragedy for someone with undiagnosed hepatitis C to go on to develop advanced liver disease or liver cancer when they could have had the opportunity for testing, treatment and cure, and HFA is committed to doing our very best to reach everyone affected in the bleeding disorders community.

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## UPTAKE OF HEPATITIS C DIRECT ACTING ANTIVIRAL (DAA) TREATMENT

*Sumit Parikh*

Routine screening of blood donations for the presence of hepatitis C virus (HCV) commenced in Australia in 1990. Super-heat treatment and other HCV viral inactivation manufacturing processes were also introduced for plasma-derived clotting factor concentrates used to treat bleeding disorders, and HCV-inactivated factor VIII (8) concentrate became available in Australia in 1990 and HCV-inactivated Prothrombinex® concentrate for factor IX (9) deficiency became available in 1993. Many patients with bleeding disorders in Australia were exposed to plasma-derived clotting factor concentrate contaminated with HCV prior to that time.<sup>1</sup> These patients have been living with HCV for more than 25 years and it has become a leading cause of morbidity and mortality in this group.<sup>2</sup>

Epidemiological studies suggest that living with HCV without achieving a Sustained Virological Response (SVR) to treatment is a higher risk for advanced liver disease, and that disease progression accelerates the longer the patient has been infected and as they age.<sup>3</sup> The current incidence and prevalence of HCV among patients with bleeding disorders in Australia is unknown, including treatment uptake and outcome. This raises a grave concern about the number of patients who may be undiagnosed with HCV, including those who are not undergoing any treatment or follow-up.

In recent times there have been significant improvements in medical technology to diagnose HCV and major advancements in hepatitis C treatment,