

Never a better time to treat hepatitis C, but thousands still unaware

Experts are calling for the billion dollar investment by the Federal Government to subsidise new generation hepatitis C medicines to be supported by a concerted effort to improve public awareness of ground-breaking medicines and help people living with the virus reconnect with hepatitis C care.

Many people living with hepatitis C have been eagerly waiting for 1 March, which marks the start of the largest single investment in the Pharmaceutical Benefits Scheme with subsidies granted to three new medicines*. However, experts are also concerned that many of the 230,500¹ Australians living with hepatitis C are still “completely unaware of the new treatments or the enormous benefits they offer.”

Hepatitis Australia CEO Helen Tyrrell said, “The Federal Government is to be congratulated on making breakthrough hepatitis C medicines available. Now the focus must be on increasing hepatitis C treatment rates to ensure this investment saves and transforms lives.

“People aged over forty may not have symptoms of liver disease, but if they are not engaged in hepatitis C care they remain at high risk of silently progressing to cirrhosis, liver cancer and liver failure. It is vital that the message goes out loud and clear that there has never been a better time to treat and cure hepatitis C.

“We urge all people who know they are living with hepatitis C to seek a liver check-up and discuss their treatment options with their doctor,” Ms Tyrrell said.

The Gastroenterological Society of Australia Australian Liver Association (GESA ALA) Chair, Associate Professor Amany Zekry said “It is vital that healthcare professionals – including general practitioners – are proactive and offer people living with the hepatitis C virus a liver check-up to assess liver damage and discuss treatment options.”

“People who think they have been exposed to the hepatitis C virus at any stage in their life are encouraged to get tested. The new medications are simple and effective with a high cure rates,” Dr Zekry added.

Heralded as the dawn of a new treatment era, interferon-free therapies can cure hepatitis C in the major genotypes in Australia and have exceptionally high cure rates exceeding 90 per cent, shorter treatment durations and far fewer side-effects than previous therapies.

Experts believe these medicines hold the key to halting spiralling rates of serious liver disease and even eliminating hepatitis C as a public health concern in Australia within a generation, but only if treatment rates increase significantly, and are matched by ongoing investment in hepatitis C prevention programs.

Currently only one per cent of Australians living with hepatitis C is treated each year, leaving many more people at risk of developing serious liver disease including liver cancer, liver cirrhosis and liver failure.

Experts predict that low treatment rates – blamed on the toxicity of previous treatments, inadequate treatment infrastructure and the social marginalisation of many people with hepatitis C – are set to change with the availability of the new therapies.

For the first time, general practitioners will be able to prescribe new hepatitis C medicines, in consultation with a specialist experienced in the treatment of hepatitis C.

To assist with the introduction of new treatments, a consensus statement has been developed by hepatitis C experts to guide GPs through patient assessment such as the extent of underlying liver disease, hepatitis C genotype, comorbidities and treatment history. Treatment regimens vary depending on these factors.

Dr Zekry said the greater involvement of GPs in hepatitis C treatment signals a significant opportunity to scale up treatment in the community and make it easier for many people living with hepatitis C to be treated by their local GP. Those with advanced liver disease will continue to be managed in specialist liver clinics.

“The increasing involvement of general practice in hepatitis C treatment is a huge step forward. It will increase treatment capacity and make the treatment journey quicker and smoother for patients.

“Ultimately, we will be able to cure more people – which will pay huge dividends in halting the hepatitis C epidemic and forcing rates of serious liver disease into decline,” Dr Zekry said.

Hepatitis Australia CEO Helen Tyrrell said, “This is a historic moment – a new era in treating hepatitis C starts today. This is a rare opportunity to change the course of hepatitis C in Australia and we applaud the Turnbull government and in particular Minister Ley for their foresight and commitment.”

“We must ensure that 1 March 2016 is the day when we started to make serious inroads into halting serious liver disease, ending stigma, and eliminating hepatitis C virus within a generation,” concluded Ms Tyrrell.

* sofosbuvir (Sovaldi), ledipasvir/sofosbuvir (Harvoni), and daclatasvir (Daklinza).

The consensus has been developed by The Gastroenterological Society of Australia Australian Liver Association, the Australasian Society for Infectious Diseases, the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine, the Australasian Hepatology Association, the Royal Australian College of General Practitioners and Hepatitis Australia.

Reference:

1. Kirby Institute 2015 Annual Surveillance Report of HIV, viral hepatitis, STIs Available at www.kirby.unsw.edu.au/surveillance/Annual-Surveillance-Reports

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