hepatitis wa
Newsletter

Issue 16 | July 2016

New IMPROVED hepatitis C treatments are here!

... see your GP

PERSONAL PERSPECTIVE | GOING VIRAL | HEALTH & LIFESTYLE

JULY 2016

CONTENTS

PERSONAL PERSPECTIVE

FEATURES

COMMUNITY NEWS

HEALTH & LIFESTYLE

PROMOTIONS

LETTER FROM THE EDITOR

As we get closer to July 28, we prepare for the first World Hepatitis Day where Australians can celebrate the subsidised hepatitis C drugs offered through the Pharmaceutical Benefits Scheme (PBS). Many other countries around the world are still fighting for equal treatment access – some with heavy restrictions on eligibility to accessing the drugs at a lower market cost. However, Australians are fortunate to now have 4 new generations of hepatitis C direct-acting antiviral medications subsidised by the PBS. Go to your GP and ask about these treatments today!

The personal perspective in this issue comes from Perthite Rodney Hatch who shares a story on his experiences living with hepatitis C, going on the new treatments, and becoming cured. Our "Going Viral" news section shares articles about viral hepatitis around the globe, with a feature article on training GPs in Australia on the new hep C cures, a report by the National Academies of Sciences, Engineering and Medicine stating that the elimination of hepatitis B and C could be feasible in the future, and an article on hepatitis B and what you need to know .

In our "Health & Lifesyle" section, we share an article on how to work with services while managing your hepatitis C, and we publish a deliciously healthy 1 Pot Red Lentil Chili recipe.

Lastly, HepatitisWA, along with partner organisations will be hosting a public event for World Hepatitis Day on Thursday July 28th from 11am to 3pm at the Russell Square Park in Northbridge, WA. The event will feature healthy food, stalls from surrounding services, entertainment, and free hepatitis B, C and blood-borne virus testing to the public.

Felicia Bradley

Editor

stay connected

www.hepatitiswa.com.au

www.playthebloodrule.com

www.facebook.com/HepWA

www.twitter.com/HepatitisWA

hepatitiswa
Newsletter

Editor Felicia Bradley
Graphic Artist Felicia Bradley

Board of Management

Executive Members
Chairperson Ms Ursula Swan

Vice Chairperson Dr Aesen Thambiran

Treasurer Ms Lyn Tolliday

Secretary Ms Carol Houghton

Non Executive Members
Ms Max Taylor
Ms Selena West
Mr Charles Salah
Mr David Wilding
Mr Adrian Gallo

Patron Dr Charles Watson

Executive Director Frank Farmer

Postal Address
PO Box 67
Francis Street
Northbridge, WA 6865

Information & Support Line
Monday - Friday 9am - 5pm
(08) 9328 8538 Metro
1800 800 070 Country

Office
134 Aberdeen Street
Northbridge, WA 6003
Telephone: (08) 9227 9802
Fax: (08) 9227 6545
Web: www.hepatitiswa.com.au

Proof Reading
Frank Farmer
Sally Rowell

Email the Editor resources@hepatitiswa.com.au

HepatitisWA (Inc).
HepatitisWA is a community based organisation which provides a range of services to the community in response to viral hepatitis, particularly hepatitis A, B and C.

Please contact us for more information, or make an appointment to stop by and talk with an appropriate member of our staff.

MESSAGE FROM hepatitisWA's MANAGEMENT

With the arrival of the new improved hepatitis C treatments, HepatitisWA will be running a campaign to inform the community about the treatments availability and directing people to see their GPs. There is an estimated 20,000 people living with hepatitis C in Western Australia and many of them have been living with the virus for over 20 years. A high number of these people were reluctant to try the interferon based treatments as the side effects were so severe. With the introduction of the new interferon free treatments it means that they are much easier to take – in some cases only one pill a day and the length of treatments can be either 8, 12 or 24 weeks depending on a person's genotype and liver condition and the success rate is over 90%.

Australia has been the first country to make these treatments available to all people living with hepatitis C, and they are available on Medicare and allowing GPs to prescribe. All other countries have restricted the treatments to particular groups of people or those with severe liver damage. By providing these treatments to everyone without restrictions there is a real possibility that Australia can be a leader in eradicating hepatitis C.

As mentioned the campaign is designed to direct people living with hepatitis C to go and see their doctor about treatments. Whilst not all GPs are yet comfortable in prescribing the treatments they will hopefully be able to refer their patients to another GP within their practice that will be able to prescribe. If not they can refer their patients to other doctors or to us at HepatitisWA and we will be able to give them the name of a GP who is prescribing. We are also planning to open a treatment clinic in August – the Deen Clinic – which will have a GP on site one half day a week who will be prescribing treatments.

So keep your eyes open for the campaign which will be on a number of billboards around the metropolitan area during July, and keep your eye on our website which will be advertising the Deen Clinic's opening.

New Hepatitis B Projects for HepatitisWA

HepatitisWA has received funding to implement two new community focused hepatitis B projects. One project will be implemented in the Kimberley Region focusing on Aboriginal adult males. The Project will partner with the Kimberley Aboriginal Medical Service and will be based at Broome and outreach to Derby, Beagle Bay and Bidyadanga. In order to maximise the success of the project HepatitisWA will collaborate with a range of service providers to enable the Project to maximise engagement with the target group. The second Project will be based in the Perth metropolitan area and be focused on multicultural communities. This Project will enter into partnership arrangements with a number of migrant community organisations.

Project Aim: The aim of the Hepatitis B Community Education Projects is to engage with communities most at risk to raise awareness and knowledge of hepatitis B and encourage priority populations to access testing, and seek appropriate management and treatment for chronic hepatitis B (CHB) infection.

Project Objectives: The Projects seeks to:

- Establish, as well as strengthen, hepatitis B partnerships within the community sector that can be sustained over the long-term, as a basis for effective action.
- Reduce the negative impact of stigma on the uptake of hepatitis B testing and clinical management of CHB.
- Improve health literacy in relation to hepatitis B transmission risks, the benefits of undergoing testing and appropriate management of CHB, including regular monitoring and treatment as required.
- Encourage targeted priority populations to undertake hepatitis B testing and, if found to have CHB, to engage in regular monitoring and treatment as required.

Project Outcomes: The Projects will engage with communities most at risk of hepatitis B through education initiatives to raise awareness and knowledge of hepatitis B and encourage priority populations to access testing, appropriate management, treatment and vaccination, if appropriate. The desired outcomes are to increase the uptake of testing and referral to hepatitis B treatment services among priority populations in order to reduce undiagnosed infections, and increase the appropriate clinical management of chronic hepatitis B infections. HepatitisWA will provide hepatitis B education workshops, healthy liver workshops, and referral and support for clients to access appropriate clinical services for testing, vaccination and treatment if required.

The Hepatitis B Community Education Projects will be implemented within a two (2) year time frame between July 2016 and June 2018.

by Frank Farmer

LIFE AFTER HEP C

HepatitisWA recently had the pleasure of interviewing Perth man Rodney about his personal journey with hepatitis C.

Who is Rod?

I consider myself to be a Perth bloke, grew up in the beach suburbs, I've always hung out in Scarborough, always hung on the beach. I've always skated and love to get into the water and do a bit of surfing. I still ride a skate board and still get in the water, still go to the same beaches that I've been going to since I was a little kid where I learned to swim down at Mettams Pool. I still go down to Trigg in the morning and jump into the water and do a bit of body surfing – that's who I am. I love the climate, I love Perth.

How were your teenage years?

My teenage years personally, for me and my peer group with what was going on in the world at the time was highly experimental. Drugs were all a part of that, and I actually couldn't wait to get into it. That had all sorts of repercussions in my life, you know, good and bad. It wasn't all about drugs, but that was a huge part of it, and that's made me who I am today. I was talking to someone recently about this, they asked me if I could go back and change all that drug history would I? No, I probably wouldn't because if I said I'd go back and change things that would be the same as saying, I want to be a different person to who I am now and I actually don't.

How long have you been living with hep C?

I don't know the exact incident or circumstances about when I contracted it, but I pretty much guarantee that I picked it up between the early to mid 1980s.

When were you first diagnosed?

This is where my memory is a little tricky and a little vague, because I went to jail in 1988, and I don't recall the conversations that went down with the medical staff. Not putting any criticisms on them, but I just really can't remember, but obviously at some point I was blood-tested. I remember being in an office with a nurse, and she told me that I had this blood thing. When I look back on it now, she was talking about hep C, but it was all very vague and remote, and a little bit abstract… and to tell you the truth, I didn't really comprehend what it was all about. Shortly after I left prison, hepatitis C came on the radar in Perth, within the injecting drug community. Everyone at the Methadone Clinic was getting tested and coming back with positive results of hepatitis C, and my wife and I got tested at that time. I'd kind of forgotten that conversation that I had had with the nurse in prison, so I got tested again. That would have been around 1990. We had already started being careful, and we did that in time for most of us to avoid contracting HIV, but we already had hep C.

What impact did hepatitis C have on your life and how have you managed that?

Wow. You know, the immediate impact was when my wife and I were sitting together in the doctor's surgery, and he told us that we had tested positive. He looked at me and said "Your liver's okay", and he looked at my wife and said "Your liver's shot - your liver is really badly damaged." She took it really badly and never really recovered from that diagnosis. It really just fed into a downwards spiral in the way she lived and the way she approached her life, and it wasn't that long after that, she died. Her death was definitely connected to her diagnosis and the fact that she had liver damage from hepatitis C. I always say that it came out of left field, it was unexpected.

Being a fairly young guy at the time, in my early 30s I still felt a bit bulletproof, even though I had people so close to me getting sick and dying. You couldn't get any closer than my wife, and other people who I saw getting sick… it was still like "Its not me. I'm okay".

In that time, did you have to make big adjustments to your life? You have already said you were not sharing at that time because you recognized the risks of HIV. So even though you talked about not sharing with others, did that include your partner?

We made a pretty concerted effort not to share needles with others, and we didn't share each other's needles. However – and I've seen this with other people too, and I have talked to guys in the prison system about this – when it comes to the crunch and you really want to get that drug into you, you just think "What the hell". Not everyone is like that, but some people are, and I was like that. I didn't know whether that needle had a virus in it, but I knew it had a drug in it, and I wanted that drug. I was prepared to cross my own line of acceptability, but that was how I weighed things up at the time and that stuck with me for many years. It didn't happen often, but it did happen, so I can't say I was 100% vigilant but at times I did cross that line into the danger zone, and I did that quite consciously, and I still talk about that when I do my education presentations.

Other than sharing, did you have to change anything in your general life?

The one thing that I did consistently, pretty much

"Being a fairly young guy at the time, I still felt a bit bulletproof, even though I had people around me getting sick and dying..."

from around 1990 when I had that confirmed diagnosis, was that I went to the doctor for regular blood checks. I tried to make it every 6 to 12 months but sometimes it was every 12 months to 2 years, but I'd go in and have a regular blood check, and I would monitor the health of my liver. I was a person who the doctor would shake their head and say, "Your ALTs, your liver function – I don't know why, but its still in the healthy range..." so that just added to my own sense that I'm bullet proof. It wasn't until I got older that I started to think about it more seriously – about how bulletproof I actually was.

Did you personally have any issues about disclosing to people about your diagnosis?

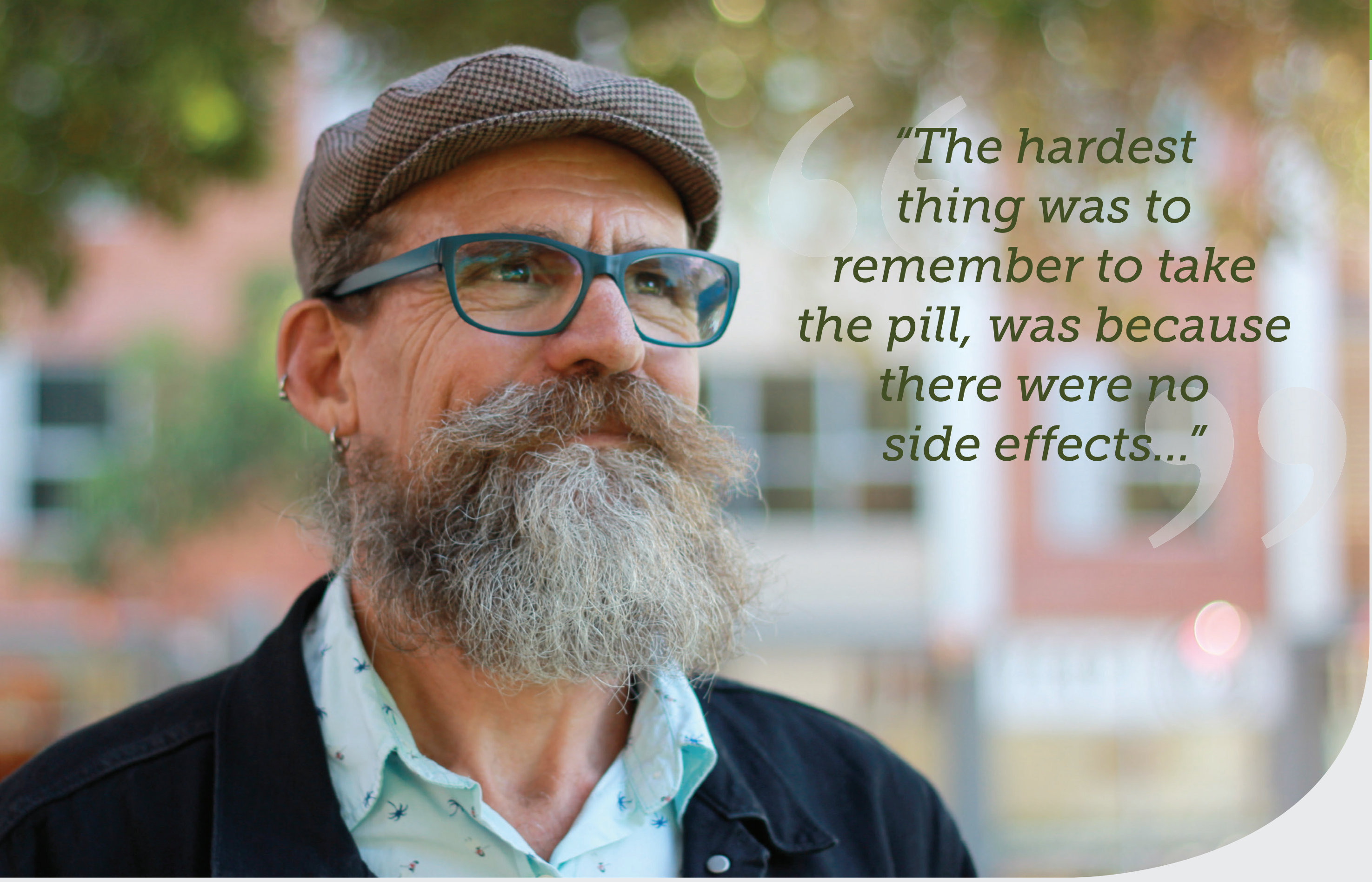
Yeah I did. After my wife died in the mid 90s, I was a single guy again, I was looking at having girlfriends, and I did have to think, how am I going to approach this? I had a close relative who had a boyfriend at the time – she felt pretty connected with this guy, and I thought he was an okay kind of bloke too. Even though there was an understanding that this virus was not sexually transmitted, there was still some doubt and fear that there still could be a risk of transmitting it. She happened to just mention to this guy who she was in a relationship with that she had hepatitis C, and he just disappeared – you couldn't see him for dust. We heard later that he had mentioned it to a few people and he was terrified. Something I did – one way I approached it was to just put it out there. Back before the Internet, they had the personal columns in the newspaper, and I put an ad in the local paper just describing myself – I said I'm interested in hooking up with some ladies, and the first thing I put there was "Hep Cat", and all the inquiries flooded in from women who had hep C and the same concerns.

Were there any incidents at work where you had to disclose?

There was an incident at work – I was working for the Australian Public Service, and I had been doing some voluntary work at the AIDS council. At that time I knew there were a couple of other fellas in my department who had some connections with the AIDS council too but we didn't discuss it much – they were much higher up. Then one time some people came around to give the office staff a talk about blood borne viruses, and I was taken back from some of the suggestions from coworkers, some of the protocols to be put in place, you know like mandatory testing, segregation etc. I guess my attitude was casual about having hep C, but it made me really aware that I wasn't always going to get the reception that I expected. I realized that maybe I needed to take a step back, and just zip up a bit and not be so forth coming on what I disclose.

What support mechanisms did you have to get you through?

I have used them for decades now – and I applaud the work they do, the Metropolitan Drug and Alcohol services in East Perth (they have offices all over now). I've always utilised their services for different reasons – for methadone or for a bit of counselling or just to see a doctor. I use a GP now, but I always use to go there and see their nurse and sometimes their doctor. That's where I'd had all my regular liver function tests and blood tests over the years, so they were a huge support mechanism. I've been involved in the Western Australian Substance Users Association (WASUA) as well and used them as a resource and getting an education for myself, keeping abreast of developments and being able to share what I know too, keeping a discussion going with my peers.



> "The hardest thing was to remember to take the pill, was because there were no side effects..."

Did you ever go onto the interferon based treatments and if so, what was that like for you?
No, I've always had discussions with people who were taking it and that was a big part of the reason I didn't try it. I didn't feel like I needed to, and the general consensus at the time was "Don't go on treatment unless you're really sick from hep C".

Why did you decide to try the new treatments?
I'd been going on for many years just living with hep C and it was just always at the back of my mind, and sometimes at the front of my mind. Over time I started to become aware of people I'd known who were living with hep C, starting to complain and saying "I'm getting symptoms from my hep C, my liver's not too good", and the population was ageing. I was starting to move away from a life that was so heavily involved with drug-use, and that made me think about things a little differently. Also moving into middle-age, I think I was starting to feel and take a bit more responsibility for myself, for my family and people around me. I started to think more seriously and at this point I'd say, if the new treatments hadn't become available, I may well have just gone on the interferon treatment. I was ready to go on treatment, and I'm pretty sure I would have embraced the interferon treatment, but this was just good timing for me.

When did you start these new treatments?
Well, the way that came about was about 18 months ago, about halfway through 2014, I became aware that there were clinical trials being conducted. Part of the reason I became aware of that is that I started volunteering at HepatitisWA. I'd been pretty much unemployable for some years, and had been in a bit of trouble and thought, I can start to reintegrate into the community by doing some voluntary work. So HepatitisWA was one of my first choices and I thought I could come here, do some good, and it would also be the ideal environment to hone up on my personal hep C education. I really started to enjoy coming to HepatitisWA and working as a volunteer, and I really did beef up my knowledge and got back on track with what it's all about. Something that came across my desk literally whilst volunteering, was information about some new hepatitis C trials, so I gave them a ring, and they put me on their register. I got a call from them asking if I wanted to be involved, so in November 2014 I went in and took part in some Harvoni trials. I was hospitalized for a couple of weeks, and that was quite good actually because I was swatting from some exams at the time, and I was getting behind in my assignments, so being on lock down in the hospital worked out well. So I did that. It was one of those blind trials, I still don't know till this day if I actually got the Harvoni or the placebo pill, but I did go and see my GP after and he said "Oh, you've had quite a dramatic drop in your ALTs".
So I did the trial and life went on, and then it started to become obvious that these new treatments were starting to become widely available and then I got a call from the company that did the trial saying "Well, because you did a trial, we want to offer you a treatment. These drugs are going to go on the market, they're not on the market yet, but we're going to get you in on the ground floor, and offer you the treatment" and I thought, yeah you beauty. So it was a year later in November 2015, that they made the offer and in the meantime, the Australian Government announced that the treatments were

Photography by Felicia Bradley, taken with permission by Rodney Hatch. Copyright © 2016.

going on the Pharmaceutical Benefits Scheme (PBS), so I got a little bit of a jump start on that. It took a few months to organise, so I started the treatment at the end of March, and was put on a 12-week Harvoni treatment plan.

Were there any side effects and what were they like for you?
I found it really hard to detect any side-effects. One thing that happened when I was participating on the trial was that I had this itchiness, and they were right onto that. I started getting a bit of a rash on my neck, and its something that came up again when I actually went on the Harvoni. I thought, yeah that's unusual, but its not that unusual. They gave me a little bit of cream to deal with it. So when I was on the Harvoni 12-week treatment plan I got the rash again and it would last a couple of days and would get quite annoying. It would come and go over the three months. It might have happened three times.

What adjustments if any did you make in that three months? How has your life been?
I haven't made any special adjustments to how I live my life. If anything I've upped the anti, because as it turns out, I was going overseas for a month so I let the doctor at Royal Perth who was overseeing my treatment know, and she said "Yeah no worries". She wrote me a letter so I could carry my treatments and show that this was a legitimate prescription. I never needed to show it to anyone, I just kept my drugs and letter close to me. The most difficult thing was actually remembering to take that pill every morning when I was on holidays. I enjoyed the holiday, I was full of energy, I was enjoying myself and there was nothing that went on with me, you know, mentally or physically, that I could say "Oh that's because I'm on those pills". Except for those rashes I mentioned, which may or may not have been from the treatments. The reason why I said the hardest thing was to remember to take the pill, was because there were no side effects so it was easy to forget that I was even on treatment.

Were you nervous about making the phone call to see if you had cleared the virus?
No, actually I wasn't. My wife was really excited about it, and she said to me, you know "I'm just so happy that you get this opportunity to experience a cure", and I was too, you know. I've seen enough tragedy with people close to me and people I just hear about who have really suffered not just from the physical effects of living with hepatitis C, but also the way people have been treated due to fear or ignorance. So I've seen enough of that tragedy to know that for myself personally, I'm in that lucky percentile, and that luck has seemed to just held all the way through.

What does it mean for you and your life having cleared hepatitis C?
Part of it I think is just realizing the additional kind of tension, anxiety and concerns that I had about different things. Such as doing certain things and inadvertently passing on the virus to someone else, just through letting my guard down at some point. So I think being able to relax is huge. I think about that in terms of being with my grandchildren when I'm out doing rough and tumble with them, it's easy to cut yourself or have some blood. At the same time though, I'd like to instill in them that sense of being responsible for blood as well, take the time to stop and clean it up, cover, let's play the blood rule. You know, turning 60 is a milestone, and I can think, okay I'm going to have a healthy life with whatever much time I've got left. I'm going to enjoy it to the max and do things that I need to do to stay fit and healthy as long as I can. Now that that concern has gone away, I can admit to myself that yeah it was a concern. I may have down played it in my own mind, but it was always there and it was increasing as I got older.

So playing it down, is that kind of a survival mechanism?
I think so. And also, you think, well its there – there are only so many things I can do. I can be vigilant about certain things but I've only got so much control over the situation – whatever comes along, I'll just have to wear it. But being clear of hep C is exciting. It's a really good feeling.

What would you say to those people out there who are living with hepatitis C and contemplating treatments?
Well firstly I'd say, if you're living with hep C it's probably time to contemplate treatments no matter how early in your diagnosis and no matter what kind of life style you're living. It's now within the realms of possibility for anyone at what ever stage that you're at, so I'd say get as much information as you can about the whole thing and really put it on your radar. Start planning to go on treatments! Over my life, that option wasn't available. I contracted hep C as a young bloke with a lot of my mates – we lived with it, the treatment option wasn't really there and the treatment option that was there wasn't always successful. There were a lot of negative side effects and I saw some young blokes get really sick from hepatitis and suddenly deteriorate before my eyes. They'd loose all their mojo, and it was a really sad, tragic thing to witness. For young people now who may have recently contracted hepatitis C, they don't have to have that. They can go on treatment while they are young, before there are too many detrimental effects of hepatitis C. So that's the message I would put out to people is to take advantage of the opportunity that you've got now and don't let it drag on any longer than it has to with that potential to do you a lot of harm.

I would like to acknowledge the fantastic work that HepatitisWA does. I've seen the organisation evolve and develop. I remember when the organisation was founded and the development that it went through, and the organisation that it is now. I think that it's a fantastic community resource that anyone can tap into in so many different ways. I'm really grateful for all the information that I've got through HepatitisWA and all the friendships and comradery. HepatitisWA has had a really positive impact on my life and I'm really grateful for that, so I'd like to thank the organisation for that.

BY RODNEY HATCH

GOING VIRAL

A ROUND-UP OF ARTICLES ON VIRAL HEPATITIS

HEPATITIS C PATIENTS MORE LIKELY TO DRINK: STUDY

People infected with hepatitis C are more likely to be current or former heavy drinkers, a new study suggests.

Adults with hepatitis C were three times more likely to have five or more drinks daily -- currently or in the past -- than people who didn't have the virus, according to the study published recently in the American Journal of Preventive Medicine.

"Alcohol promotes faster development of fibrosis and progression to cirrhosis [scarring of the liver] in people living with hepatitis C, making drinking a dangerous and often deadly activity," said lead investigator Amber Taylor, from the U.S. Centers for Disease Control and Prevention's Division of Viral Hepatitis.

"In 2010, alcohol-related liver disease ranked third as a cause of death among people with hepatitis C," Taylor added.

Hepatitis C is a liver infection caused by a virus transmitted by blood, such as by sharing needles. Chronic hepatitis C can result in long-term health problems such as liver cancer, according to the CDC.

In the United States, alcohol abuse claims nearly 88,000 lives each year, the researchers reported. Drinking is particularly harmful for those with hepatitis C, they noted.

For the study, researchers analyzed data from the U.S. National Health and Nutrition Examination Survey on more than 20,000 people. Specifically, they examined hepatitis C infection rates among the following four groups: those who never drank, former drinkers, current non-heavy drinkers, and current heavy drinkers.

Although the study was not designed to prove cause-and-effect, the investigators found higher rates of hepatitis C among former drinkers and current heavy drinkers than those who never drank or only drank in moderation.

A follow-up survey of participants who had been infected with the virus at some point in their lives showed that 50 percent were unaware of their hepatitis C status.

"Half of all people living with hepatitis C are not aware of their infection nor the serious medical risks they face when consuming alcohol," Taylor said in a journal news release.

"This highlights the need for increased diagnosis, as well as comprehensive and effective interventions to link hepatitis C-infected individuals to curative treatments now available and provide education and support needed to reduce alcohol use," she added.

The CDC recommends that everyone born between 1945 and 1965 be tested at least once for hepatitis C. Those who test positive for the virus should be screened for alcohol use, the agency advises.

The researchers said their findings could help health care providers develop more effective treatment strategies and interventions for their patients.

BY MARY E. DALLAS

May 25, 2016 WebMD
tinyurl.com/hep-c-drinkers

JUDGE ORDERS MEDICAID TO PROVIDE LIFESAVING HEP C DRUGS FOR ALL

A federal judge has ordered Washington state's Medicaid provider to cover expensive hepatitis C drugs for all patients with the liver-destroying disease, not just those who are sickest.

U.S. District Court Judge John C. Coughenour granted a preliminary injunction Friday that forces the state Health Care Authority (HCA) to halt a 2015 policy that restricted access to the drugs based on a fibrosis score, a measure of liver scarring.

The injunction was a response to a class-action lawsuit filed in February on behalf of two clients of Apple Health — and nearly 28,000 other Medicaid enrollees with hepatitis C.

The two patients, a Seattle woman, 53, and a Lakewood man, 47, were prescribed the drug Harvoni to treat hepatitis C infections. But they were denied the drug, which costs about $95,000 for a 12-week treatment, because of its cost, the complaint said.

Harvoni is among the newest highly effective drugs that can halt the hepatitis C virus, posting a cure rate of at least 90 percent.

The injunction orders HCA to begin covering Harvoni "without regard to fibrosis score."

The judge ruled the agency's policy was not consistent with state and federal Medicaid requirements that drugs be dispensed based on medical need.

"For people who have been living with this disease and feeling like there's no hope if they can't get this cure, this is life-changing," said Ele Hamburger, a lawyer with the firm Sirianni, Youtz, Spoonemore and Hamburger, which filed the lawsuit. Co-filers included Columbia Legal Services and the Center for Health Law and Policy Innovation at Harvard Law School.

It's not clear how soon Medicaid patients with hepatitis C may begin filling prescriptions for Harvoni and other direct-acting antiviral drugs. The ruling orders all parties to report back within 60 days.

HCA officials are reviewing the injunction. But the state Medicaid director, MaryAnne Lindeblad, estimated in a letter to the U.S. Senate last fall that paying for hepatitis C treatment for all Washington Medicaid clients would be three times the agency's current $1 billion drug budget.

Medical guidelines had previously supported limiting the drugs to the sickest patients, but that changed last year.

Experts in liver treatment and infectious disease now agree that drugs such as Harvoni should be used to treat all patients, including those with mild disease.

Two similar class-action suits in Washington state targeted private insurers Group Health Cooperative and BridgeSpan, a subsidiary of Regence Blue Shield, for rationing the drugs. BridgeSpan changed its policy to provide the drugs to all hepatitis C patients, and Group Health altered its plan to allow consideration of treatment for people with lower levels of liver scarring.

Insurers across the nation have been grappling with when to cover costly drugs to treat hepatitis C. In April, New York Attorney General Eric T. Schneiderman announced that seven insurers had agreed to expand coverage for nearly all commercial health plans in the state.

BY JONEL ALECCIA

May 28, 2016 The Seattle Times
tinyurl.com/washington-hep-c-judgement

FDA WARNS AGAINST FAKE HEP C MEDICINES

The Philippines' Food and Drug Administration (FDA) has warned against a fake Hepatitis C medicines circulating in Southeast Asia.

The FDA said the fake medicine brands include:
- Sofosbuvir + Ledipasvir (Ledso) 400 mg/ 90 mg capsule
- Daclatasvir (Dakavir) 60 mg capsule

It said that based on an advisory from the World Health Organization (WHO) the fake medicines have been circulating around South Est Asia and "may reach the Philippine market."

The FDA also warned those who will be caught selling the falsified medicine.

"The presence of these identified products pose potential danger or injury to the consuming public and the importation, selling or offering for sale of such is in direct violation of Republic Act No. 9711 or the Food and Drug Administration Act of 2009," the agency added.

Pursuant to the warning first issued by WHO, the FDA said that the fake medicines were labeled as manufactured by Pharco Corporation based in Alexandria, Egypt.

Pharco released a statement denying the company produces such products.

The FDA said it has deployed its Officers of the Field Regulatory Operations Office to inspect drug stores and similar establishments.

"All establishments and outlets are hereby warned against selling and/or dispensing the identified products. Anyone found selling the said products will be penalized... Likewise, all local government units and law enforcement agencies are requested to ensure that these products are not sold or offered for sale in their localities or area of jurisdiction," FDA said.

BY ALG, GMA NEWS

May 31, 2016 GMA News Online
tinyurl.com/FDA-warning-fake-hep-c-drugs

$1.4M DONATION TO UNSW WILL HELP TRAIN GPs IN THE ROLL OUT OF NEW HEP C CURES

The Kirby Institute at UNSW has welcomed a $1.4 million gift from the late Dr Lynn Joseph that will help transform the lives of Australians living with hepatitis C.

The Kirby Institute at UNSW has welcomed a $1.4 million gift from the late Dr Lynn Joseph that will help transform the lives of Australians living with hepatitis C.

The World War II and Kokoda Track veteran practised medicine as a general practitioner for more than 60 years, before passing away in 2013 at the age of 94.

Dr Joseph's relatives, including his nieces Jenny Alison and Gai Stanton, officially presented the bequest to the Kirby Institute yesterday.

The philanthropic donation will initially be used to support training to upskill general practitioners, who will be pivotal to the roll-out of new, highly curative hepatitis C therapies.

The new medicines were listed on the Pharmaceutical Benefits Scheme (PBS) on 1 March, making them accessible and affordable to the approximately 230,000 Australians living with chronic hepatitis.

Australia is a world leader in facilitating patient access to the life-saving hepatitis C treatments and the inclusion of general practitioners as prescribers.

The Kirby Institute's Professor Greg Dore will lead a team to investigate the best ways to engage general practitioners in the management of hepatitis C and provide training for administering the new treatments.

Source: UNSW Australia. Available at newsroom.unsw.edu.au/news/health/14m-donation-unsw-will-help-train-gps-roll-out-new-hepatitis-c-cures (01 June 2016).

From L-R: Professor Greg Dore (Kirby), Mrs Jenny Alison (niece of Dr Joseph), Mrs Anne Orban, Dr Tanya Applegate (Kirby), Mr Scott Alison, Mr Frank Orban and Ms Janet Hall (UNSW).

“Dr Joseph’s commitment to holistic care for patients and the crucial role of community marks a profound alignment with the values and work of the Kirby Institute,” Professor Dore said.

> *““His gift will have a real impact on our ability to transform the lives of people living with hepatitis C in Australia.”*

“With broad access to these game-changing new treatments and general practitioner management, Australia will truly lead the world in the treatment of the virus, and Dr Joseph’s legacy of care will continue through this work”.

No accreditation will be required for GPs to prescribe four new PBS-listed hepatitis C drugs, but as more patients ask for treatment, there will be an urgent need for GPs across Australia to be trained to deliver new hepatitis C treatments.

There is a free online module that now provides training to GPs in the diagnosis, treatment and ongoing management of people with chronic hepatitis C infection. As new direct-acting antiviral (DAA) agents are now available on the PBS general schedule, it is even more vital that GPs are aware of HCV treatment strategies. The online module can be accessed for free here: http://learn.nps.org.au/mod/page/view.php?id=7278

The Department of Health WA has also administered a free online learning program called the “Hepatitis Education Program” which can be accessed here: http://hepatitis.ecu.edu.au

ELIMINATION
OF HEPATITIS B AND C NOW FEASIBLE

Hepatitis B and C can be eliminated as a public health problem, according to a new report from the National Academies of Sciences, Engineering, and Medicine.

"This is feasible because new technologies have been developed, in particular an effective hepatitis B vaccine and direct-acting antivirals (DAAs) for hepatitis C, which are basically curative," Brian Strom, MD, chancellor for Rutgers Biomedical and Health Sciences at Rutgers, The State University of New Jersey, told Medical Economics.

Strom chaired the Committee for a National Strategy for the Elimination of Hepatitis B and C that produced the report, "Eliminating the Public Health Problem of Hepatitis B and C in the United States: Phase One Report."

This report is phase one to define the primary barriers to solving the problem. Phase two of the report, due out next year, will address how to address those barriers, Strom said.

The report notes that hepatitis B and C account for more than 1 million deaths worldwide, 78% of the world's hepatocellular carcinoma, and more than half of all fatal cirrhosis every year. In 2013, hepatitis B and C virus surpassed HIV and AIDS to become the seventh leading cause of death in the world.

Both diseases can be eliminated as a public health problem, the report states, but "this would take considerable will and resources; disease control may be more manageable in the short-term."

"These two diseases cause about 80% of liver cancer. If we cure the diseases, we cure liver cancer, which is both fatal and expensive," Strom said. "Part of the cost-effectiveness of the drugs is they can help prevent cancer. Yet, society hasn't put enough emphasis or focus on this."

He believes that DAAs are cost-effective even though they are costly. "Insurance companies have put restrictions in place on DAAs because of costs. As more of these drugs come out, prices should come down. Even at present costs, they are cost-effective to society from the long-term point of view. But insurance companies only look at this year's cost, not the cumulative cost, of care," Strom said.

Often, people infected with hepatitis are asymptomatic and don't become diagnosed until later disease stages when the damage has already been done. "We want to intervene early and prevent transmission person-to-person before people become symptomatic," said Strom, noting that this will require a reinforced national surveillance system.

Surveillance is important for immigrants, particularly for those from Asia and Africa, who may be harboring hepatitis B infections. "We can screen people for hepatitis, and once they are found to be positive, they need treatment. But detection doesn't help if they don't have the insurance to get treatment," he said.

Strom noted that only about 2% of hepatitis C patients are treated, and only a small percentage of baby boomers get tested for the infection.

"As physicians, we need to take responsibility for society to be more concerned about hepatitis. We can do something now, which wasn't the case 10 years ago," Strom said. ■

Source: Medical Economics. Available at http://tinyurl.com/elimination-hep-b-and-c (02 May 2016).

hepatitis*wa*

Hepatitis C Health Promotions

HepatitisWA's Health Promotion Officer can provide **education workshops, information talks and community stalls** for interested groups.

Sessions are tailored to your needs on topics including:

- Viral hepatitis (A, B, and C)
- Transmission and prevention
- Harm reduction
- Liver function and causes of liver damage
- What to do if you believe you have been exposed to hepatitis C
- Testing, treatment and managing hepatitis C
- Body art
- Stigma and discrimination
- Disclosure

THERE IS NO CHARGE FOR WORKSHOPS.

FOR MORE INFO CONTACT
BRENNA on (08) 9227 9802
cdo@hepatitiswa.com.au

Liver Healthy Life Workshop

This is a **fun** and **interactive** workshop where participants experience making **juices** and **soups** and learn about **good liver health**.

Participants will have the opportunity to gain information on the importance of knowing their **hepatitis B status**, **vaccinations for hepatitis B**, **hepatitis B transmission** and **prevention** and the importance of **monitoring their liver** if they have hepatitis B.

ALL MATERIALS FOR THE WORKSHOP ARE PROVIDED.
THERE IS A MAXIMUM OF 20 PARTICIPANTS FOR THIS WORKSHOP.
THERE IS NO CHARGE FOR THIS WORKSHOP.

FOR MORE INFO CONTACT
AMANDA on (08) 9227 9802
hepbcdo@hepatitiswa.com.au

WORKING WITH SERVICES

The relationship you have with your health team can make a big difference to your experience of managing your hepatitis C. Having a good relationship with your health care team can help you feel more confident about what is happening to you.

A good relationship with your health care team is a two-way street. You can help maintain your end of the relationship by telling your GP, specialist or health care worker about any past or current health-related problems, any changes in your health as well as what medications you are taking. You should also make sure you understand the information you are being told and ask for additional information if you require it.

Whilst you will have different expectations of different members of your health care team it is reasonable to expect that they will show you respect and answer your queries about your health. You can expect your doctor and/or specialist to: support your long-term health care needs; monitor your health on a regular basis; recognise when there is a need for further investigations; and, recognise your need for other forms of support, such as counselling.

Choosing your doctor

It is important to have a GP or specialist you have confidence in and trust. You need a GP/specialist who listens to you, who you can talk to, and who is respectful and concerned for you as an individual. In general, it is your right to choose a doctor with whom you feel comfortable and in whom you have confidence.

You should feel at ease with your doctor. You will want to ask questions of your doctor and make your concerns known to them. Your doctor will be responsible for taking the time to answer your questions and listen to your concerns. If you and your doctor feel the same way about sharing information, and making choices, you probably have a good relationship.

Everyone has a different style of sharing information. The perfect doctor for one person may not be a good match for another. If choosing a new doctor think about what you value in a doctor and what you want as a patient. Look for a doctor who can meet your needs. You may wish to ask friends, family or others about doctor's they have attended with the qualities you value. You may also want to ask a new doctor about their experience treating people with hepatitis C.

To see a medical specialist you will need a referral from your current doctor. A doctor that understands your requirements will be better suited in referring you to a specialist who can meet your needs. Some people with hepatitis C will also visit a complementary or alternative therapy practitioner as part of their health care.

Photograph available under licence by Photodune. Copyright Photodune 2016.

Maintaining good communication with your health care team

There are things you can do to help ensure that you maintain good communication with your health care team:

- Tell your doctor, specialist or health practitioner about any changes in body functions or health care.
- If you need more details or information let your doctor or health worker know. If you feel your questions aren't being addressed, try asking them another way.
- Unless you tell your doctor or health worker that you don't understand something they will usually assume that you do.
- Clarify the information you are given. Make sure you understand the information you are given. Sometimes, without realising it, doctors use terms their patients don't understand. If you don't understand something, ask your doctor to explain it to you.
- If you have concerns about your health care, raise these with your doctor or health worker.
- Ask your healthcare worker where you can get more information about hepatitis C and what to do if you have any questions for your doctor or specialist between appointments.

Don't be afraid to tell your GP, specialist or healthcare worker how much or how little information you want. If you would like more information than you are getting, let your doctor or health worker know what you would like to know. If you don't want as much medical detail as your doctor or health worker provides, make sure you tell them that you would prefer to be given basic information in plain English.

If you have a problem talking with your GP, specialist or healthcare worker there are often ways to improve the situation. Try working out your concerns with the practitioner. State your concern to your practitioner as honestly and openly as possible. If the situation does not improve you may consider talking with a third party about the problem. Another health worker or doctor might be willing to discuss the matter with the practitioner. Sometimes this is less stressful than facing the doctor directly, and their help could improve the situation. If the situation does not improve, it may be time to find a new doctor.

Making the most of your appointments

Sometimes your meetings with your GP, specialist or healthcare worker can seem rushed or may leave you feeling unsatisfied. There are things you can do to help ensure you get what you need out of each appointment. It is important to be prepared. If you have not seen this health practitioner before take the time before your appointment to write down all of your medications, a brief medical history, and your chief health complaints. Even if you see your GP, specialist or healthcare worker on a regular basis take the time before your appointment to think through any changes in your health since your last visit that you should highlight. Think through or write down questions that you need to ask at the visit.

Often a lot of different points are discussed in one meeting with your doctor or specialist. It can be difficult to remember all the things that are discussed, particularly if you are feeling overwhelmed, anxious or afraid. There are several ways to make sure you remember everything your doctor tells you.

Consider:

- Taking notes to help you recall what is said. You may want to do this during your appointment or immediately after.
- Ask if you can tape record your talk to listen to after if necessary.
- Take someone you trust with you. They can remind you of questions you want to ask and help you remember later what the practitioner said.

Be sure you are clear on any instructions that the practitioner has given you. It can help to clarify any instructions you have been given or suggestions your practitioner has made at the end of the appointment.

Useful questions to ask your doctor or specialist

Even if your GP, specialist or health care worker is thorough, asking questions can ensure you get the information you need about your health. Some common questions to help clarify your understanding of your health care that you may consider include:

- What course of action (such as treatment) do you recommend?
- Are there other alternatives?
- What are the benefits of what is being recommended?
- What are the risks involved?

If you are considering treatment it is useful to clarify:

- What does the treatment do? What are its benefits?
- What are the risks? Are there any side effects?
- What can be done about the side effects?
- What if I don't have treatment?
- Are there any other options?
- How long do I have to decide?
- How much will treatment cost me? What payment options are available?
- Will I still be able to work whilst having treatment?
- Do I need to tell anyone that I am having treatment?
- Where can I get support?
- What happens if the treatment isn't successful?

It is also useful to ask your doctor or specialist what the best time to call is if you have question or concerns between appointments. Some doctors have a special time to return calls. Expect your doctor to call you back, but remember that a quick response may not be possible.

Source: Living with Hepatitis C - Working with Services. Re-printed with permission by Hepatitis Australia.
Available at www.hepatitisaustralia.com/living-with-hepatitis-c/working-with-services (1 June 2016)

GLUTEN FREE

HEALTHY

EASY

SERVES 6

1 POT RED LENTIL CHILI

Make this dish for a crowd, as it's especially great for hosting. Or, make a batch over the weekend and enjoy it for lunch throughout the week. This dish is hearty, smoky, flavorful, not too spicy, comforting, satisfying and best of all it's healthy!

INGREDIENTS

- 2 Tbsp (30 ml) grape seed or coconut oil
- 1 white or yellow onion, diced (110 g)
- 1 red pepper, diced (119 g)
- 1/2 tsp each sea salt and black pepper, divided (plus more to taste)
- 1 jalapeño, diced with seeds
- 4 cloves garlic (2 Tbsp or 12 g)
- 3 Tbsp (24 g) chili powder, divided
- 2 Tbsp (14 g) ground cumin, divided
- 1 tsp smoked paprika
- 2 15-ounce (425 g) cans diced tomatoes (if unsalted, add more sea salt)
- 3 Tbsp (50 g) tomato paste
- 1 3/4 cup (420 ml) water, plus more as needed
- 3/4 cup (148g) dry red lentils, thoroughly rinsed in cold water + drained
- 1 15-ounce (425 g) can kidney beans, slightly drained
- 1 15-ounce (425 g) can black beans, slightly drained
- 1-2 Tbsp (12-24 g) coconut sugar (or maple syrup)
- Optional: 1 15-ounce (425 g) can corn, drained

Serving size: 1/6th of recipe w/out toppings (~1 cup) | Calories: 320 Fat: 6.8 g | Saturated fat: 0.7 g | Carbohydrates: 52.4 g | Sugar: 10 g Sodium: 427 mg | Fiber: 18.9 g | Protein: 15.9 g

METHOD

1. Heat a large pot over medium heat. Once hot, add oil, onion, and red pepper. Season with a healthy pinch each salt and pepper and stir. Sauté for 3-4 minutes, stirring frequently.
2. Add jalapeño and garlic to a mortar and pestle and crush into a rough paste (alternatively, blend in a small food processor, or finely mince). Add to the pot with onion and red pepper, and season with another pinch of salt and pepper.
3. Add 2 Tbsp chili powder, 1 Tbsp cumin, paprika, diced tomatoes, tomato paste, and water, and stir to combine. Bring to a low boil over medium high heat.
4. Once boiling, add lentils and reduce heat to medium-low or low, so it's at a gentle simmer. You want to see bubbles, but you don't want it boiling. Cook for 15 minutes, or until lentils are mostly tender. As it's cooking you may need to add more water if the mixture is looking too dry and the lentils aren't submerged. (I didn't find that necessary).
5. Next add kidney beans, black beans, 1/4 tsp each salt and pepper, and remaining 1 Tbsp cumin, and 1 Tbsp chili powder, and stir to combine.
6. Bring to a simmer over medium heat, then reduce heat slightly to low (or medium-low), add corn (optional), cover and gently simmer for 20 minutes to meld the flavors together. Stir occasionally.
7. Taste and adjust seasonings as needed, adding more chili powder or cumin for smokiness, salt for saltiness, or a little coconut sugar to balance the heat and draw out the other flavors.
8. Serve as is, or garnished with chili cheese fritos, fresh jalapeño, cilantro, red onion, and/or avocado (optional).
9. Store leftovers in the refrigerator up to 4 days, and in the freezer up to 1 month. Reheat on the stovetop, or in the microwave.

Recipe from Minimalist Baker. Visit www.minimalistbaker.com/1-pot-red-lentil-chili/

WORLD HEPATITIS DAY LUNCH IN THE PARK

hepatitis*wa*

PRESENTS

THURSDAY

JULY 28

11 AM – 3 PM

HEALTHY LIVER LUNCH

RUSSELL SQUARE PARK
NORTHBRIDGE

COME & ENJOY LIVER-HEALTHY FOOD, MEET THE SURROUNDING SERVICES & FIND OUT ABOUT **NEW IMPROVED HEP C TREATMENTS**

ENTERTAINMENT BY MUSICIAN REILLY CRAIG

FREE HEPATITIS B, HEPATITIS C & BLOOD-BORNE VIRUS TESTING

RUAH passages WAAC Western Australian AIDS COUNCIL WASUA WA'S DRUG USER ORGANISATION Magenta MISSION AUSTRALIA OZHARVEST UnitingCare West

B Informed

There are 240 million people worldwide living with hepatitis B and approximately 780,000 people die each year from hepatitis B. There are an estimated 220,000 people living with hepatitis B in Australia. This burden is not evenly distributed among the Australian population. It disproportionately affects marginalised populations such as migrant communities with origins in Asia, the Pacific and Sub-Saharan Africa, Aboriginal and Torres Strait Islander people, individuals with a history of injecting drug use, and men who have sex with men.

The top five countries of birth with the highest notification rates in WA are China, Vietnam, Philippines, Burma and Sudan.

Many migrants to Australia have not been tested for hepatitis B

Australian health authorities do not consider the risk of hepatitis transmission from migrants to be high and so many migrants to Australia have not been screened for hepatitis B. There is only a small group of applicants screened for hepatitis B:

- Pregnant women
- Children for adoption
- Unaccompanied minor refugee children
- High risk applicants considered by a doctor to be at high risk of hepatitis B
- Hospital and health care staff.
- Protection visa's

You can find out if you have hepatitis B

Testing for hepatitis B involves a simple and safe blood test. It is available through your family doctor. The cost of the blood test is free for people from high prevalence countries through Medicare but there may be a charge for consultation with the doctor.

A note to general practitioners:
Diagnostic panel of HBV serology should include:

- ***Hepatitis B surface antigen (HBsAg) – this tests for the presence of the virus.***
- ***Hepatitis B surface antibody (HBsAb) – this shows the presence of antibodies generated by either vaccine or immunity post-exposure***
- ***Hepatitis B core antibody (HBcAb) – an antibody that is part of the virus, interpretation of its presence depends on the other two results.***

Source: Second National Hepatitis B Strategy. Available at www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-hepb (01 July 2016).

Most people who are living with hepatitis B are unaware they have the virus.

Hepatitis B vaccination in Australia

Since 2000, Australia has rolled out a nation-wide universal hepatitis B vaccination program with babies being vaccinated at birth. If you were born before the year 2000, vaccinations are available through your GP.

It is recommended that the following people be vaccinated:

- People born overseas
- People who travel overseas
- Aboriginal and Torres Straight Islanders
- People who inject drugs
- Healthcare workers
- Family & households of people living with hepatitis B

The hepatitis B vaccine is very safe. It contains non-infectious material and cannot cause hepatitis B virus.

The hepatitis B vaccination program includes three injections over a 6-month period. There is a small fee per injection if you have a Medicare card.

Effective treatment is available

While there is no cure for hepatitis B, there is effective treatment available to manage the virus and reduce the chance of liver damage. Some phases of disease progression cause few noticeable effects and others can lead to serious liver damage. Starting treatment at the right time can cut the risk of developing liver cancer by as much as 75%. HepatitisWA recommends that people living with hepatitis B should visit their GP once or twice a year to monitor their liver. ■

Curtin University

LAW AND SEX WORKER HEALTH (LASH) 2.0 STUDY – RECRUITING NOW

This project aims to investigate the impact of the law on WA sex workers; their health and safety; and the intersections between sex workers, service providers and police. The project will help assess the effectiveness of existing services, look at the impact of existing legislation relating to the sex industry and to identify challenges sex workers might experience in accessing services.

It is hoped that the information collected through this study will contribute to decisions about the provision of health services to sex workers and to inform any future legislation relating to sex work.

WOULD YOU LIKE TO PARTICIPATE?

If you are 18 years old or above and you provide sexual services in Western Australia you are eligible to participate in this study. All information collected in this study will be non-identifiable (anonymous). You are able to participate in any of the following capacities:

1. REGISTER YOUR INTEREST TO ACT AS A KEY ADVISOR

Please contact the project coordinator if you would like to register your interest as a key advisor. As a key advisor you will be asked to assist with identifying potential peer researchers and to provide information about access to health and information services for sex workers, and the general sex industry in Western Australia. You will be reimbursed for your time.

2. REGISTER YOUR INTEREST AS A PEER RESEARCHER

Please contact the project coordinator if you would like to register your interest as a peer researcher. As a peer researcher you would conduct surveys with other sex workers. You will be reimbursed for your time. Look out for the peer-researcher recruitment package to be released on the LASH web page.

3. REGISTER YOUR INTEREST IF YOU WOULD LIKE TO PARTICIPATE IN AN IN-DEPTH INTERVIEW

Please contact the project coordinator if you would like to participate in an interview. The interview can occur either face-to-face or over the telephone. You will be reimbursed for your time.

4. COMPLETE THE ONLINE SURVEY

The survey will include questions about the following: demographic information; access to information, and health services; interactions with police; experiences of violence; occupational health and safety; and mental health and wellbeing. You will be reimbursed for your time. The survey is currently being finalised and a link will be provided shortly on the web page. For more information about applying/registering for the positions head to ***www.siren.org.au/lash***

CONTACT
Ms Kahlia McCausland
Project Coordinator
Phone: (08) 9266 7382 or 0425 286 785
Email: kahlia.mccausland@curtin.edu.au

Ms **Julie Bates:**
Urban Realists Consulting
Mobile: 0425 286 785
Email: julie@urbanrealists.com.au

Make tomorrow better.

siren.org.au/lash

NOhep... our next greatest achievement

Australia is leading the way for a NOhep future

Effective viral hepatitis treatments are available in Australia. Change your future today. Talk to your doctor about your treatment options.

Hepatitis information line
1800 437 222 (1800 HEP ABC)

WORLD HEPATITIS DAY

www.worldhepatitisday.org.au

hepatitiswa

THE NEW HEP C TREATMENTS

TALK TO YOUR DOCTOR, NURSE OR CLINIC ABOUT GETTING READY FOR TREATMENT

SINGLE PILLS MADE UP OF SOFOSBUVIR AND LEDIPASVIR	SOFOSBUVIR PILLS AND RIBAVIRIN PILLS	SOFOSBUVIR PILLS AND DACLATASVIR PILLS	PARITAPREVIR/RITONAVIR/ OMBITASVIR PILLS AND DASABUVIR PILLS
=	=	=	=
HARVONI	**SOVALDI & IBAVYR**	**SOVALDI & DAKLINZA**	**VIEKIRA PAK** SOMETIMES WITH RIBAVIRIN
FOR GENOTYPE **1**	FOR GENOTYPE **2**	FOR GENOTYPES **1&3**	FOR GENOTYPE **1**
95% OF PEOPLE CURED▲	**95%** OF PEOPLE CURED▲	**95%** OF PEOPLE CURED▲	**95%** OF PEOPLE CURED▲
8, 12 OR 24 WEEKS*	12 WEEKS*	12 OR 24 WEEKS*	12 OR 24 WEEKS*

WHO ARE THEY FOR?

ADULTS WHO HAVE HEP C GENOTYPES 1, 2 OR 3 AND A MEDICARE CARD

▲ MOST PEOPLE HAVE NO OR VERY MILD SIDE-EFFECTS

* FOR MOST PEOPLE, TREATMENT IS USUALLY TAKEN FOR 12 WEEKS

PEOPLE WITH GENOTYPES 4 - 6 ARE TREATED WITH SOFOSBUVIR TAKEN WITH PEGYLATED INTERFERON AND RIBAVIRIN TREATMENT. THEY HAVE MORE THAN A 90% CHANCE OF CURE.

WANT TO KNOW MORE?
Call our Hepatitis Helpline (08) 9328 8538
or visit our website www.hepatitiswa.com.au

Reproduced with permission from Hepatitis NSW

hepatitiswa

Hepatitis NSW