

# hepatitis *wa*

Newsletter

Issue 12 | June 2015

## WORLD HEPATITIS DAY

4000 Voices. How you can help!

DON'T FORGET  
TO RENEW YOUR  
**hepatitis *wa***  
ANNUAL MEMBERSHIP!

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PERSONAL PERSPECTIVE: EILEEN'S STORY | GOING VIRAL | WASUA'S DOMAIN



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Wednesday 29th of July, 11am – 2pm at Russell Square, Northbridge.  
*Please check our noticeboard on our website for any updates closer to the date of the event.*





# LETTER FROM THE EDITOR

Welcome to the June 2015 edition of the HepatitisWA Newsletter! In this issue, we cover up and coming World Hepatitis Day (July 28th 2015), and feature an awesome campaign developed by the World Hepatitis Alliance and World Health Organization (WHO) called "4000 voices". WHO reports that viral hepatitis is entirely preventable and that 4000 deaths a day is 4000 too many. They are asking that 4000 people stand up and be counted in the quest to raise awareness of viral hepatitis. Read the feature on page 14.

In this issue, we've also addressed some questions surrounding "new treatments" for hepatitis C and their current status of availability in Australia. HepatitisWA's management explains the Australian drug approval process on page 4.

The personal perspective story for this issue is written by local woman Eileen, whom is also a valued member of HepatitisWA's volunteer team. Eileen shares her story two and a half years after successfully being treated for hepatitis C.

Other feature articles include Interferon-free therapy trials in the US, hep C treatment trials in Sydney's maximum security jails, the inquiry into hepatitis C in Australia, disclosure of your hepatitis C status, plus a delicious minestrone soup recipe to keep you warm this winter. Lastly, WASUA speaks about the importance of harm reduction.

## ON THE COVER

4000 Voices  
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*Felicia Bradley*

Editor

*400 million people is 400 million too many. World Hepatitis Day is on July 28th. Prevent hepatitis. It's up to you.*

stay

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## hepatitiswa Newsletter

**Editor** Felicia Bradley

**Graphic Artist** Felicia Bradley

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#### 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](http://www.hepatitiswa.com.au)

#### Proof Reading

Frank Farmer  
Sally Rowell

**Email the Editor** [resources@hepatitiswa.com.au](mailto: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 call by and talk with an appropriate member of our staff.

# MESSAGE FROM hepatitis*wa*'s MANAGEMENT

## AUSTRALIAN DRUG APPROVAL PROCESS

### **Overview of the process for approval of drugs to be included on the PBS.**

There is so much talk and hype around what is and isn't happening in the world of hepatitis C treatments. For many people both living with hepatitis C and those working in the field it can be a very confusing and somewhat frustrating time. Most of the enquiries we get at HepatitisWA are from people wanting to know when the new interferon-free treatments are going to be available and who they are going to be made available to. Well, without trying to add more confusion to the discussion we thought it might be useful to provide our readers with some information about what we do know – which is not a lot, but certainly there has been some very important movement relating to the approval of some of the new drugs. We know that a number of the drugs have been approved overseas for a couple of years and have been having great success, however, in order to get drugs approved in Australia there is a process, and we thought it useful to give you some background on this process.

### **The drug approval process**

For a new drug to be approved in Australia, it must first be assessed for safety by the Australian Drug Evaluation Committee (ADEC), which reviews drugs for listing by the Therapeutic Goods Administration (TGA). Product sponsors (usually pharmaceutical companies), who provide information about the drug for evaluation, can then apply to have their drug subsidised by the Federal Government through inclusion in the Pharmaceutical Benefits Scheme (PBS). This makes the drug much more affordable for patients and increases the market for it.

To be on the PBS, a drug must be assessed by the Pharmaceutical Benefits Advisory Committee (PBAC) for effectiveness and cost effectiveness, and the government must agree to fund it.

Until early 2011, if PBAC recommended a medicine, the Federal Health Minister approved it for PBS listing. Only medicines that cost more than \$10 million a year had to go to Cabinet for approval. But in February 2011, the Federal Health Minister announced that all PBAC recommendations would now need Cabinet review.

Which brings us to 2015 and the new hepatitis C treatments. Late last year (2014) a new drug by Janssen called simeprevir (Olysio®) was recommended by the PBAC. Simeprevir was approved for use in combination with pegylated Interferon and ribavirin for genotype 1. Simeprevir has basically taken the place of teleprevir and boceprevir with people appearing to be having a lot less side effects with simeprevir than the 2 previous treatments.

In April of 2015 the PBAC recommended a number of other drugs which included sofosbuvir (Solvaldi ®) by Gilead. This drug was recommended as a once a day tablet used in combination with pegylated interferon and Ribavirin for 12 weeks or ribavirin alone for 24 weeks to treat genotype 1. With genotype 2 it can be used without Interferon. With genotype 3, it is prescribed

both with and without Interferon. It can also be used in genotypes 4, 5, and 6.

Then sofosbuvir + ledipasvir (Harvoni®) by Gilead was recommended for treatment of genotype 1 without the use of interferon and ribavirin – so this became the first interferon free treatment to be recommended. This treatment has an overall success rate internationally and through trials of 95%.

Another drug which PBAC recommended was daclatasvir (Daklinza®) by Bristol-Myers Squibb for the use of treatment of all genotypes in combination with other drugs including, sofosbuvir, ribavirin and interferon. Once more this drug has a very high success rate internationally and through trials of over 95%.

In July, the drug company AbbVie will apply to the PBAC to have their drug Viekira PAK ®

(ombitasvir, paritaprevir, ritonavir & dasabuvir) recommended for use in genotype 1a and 1b. Once more this drug has had very successful rates internationally and through trials of 95%.

### **Current situation**

So what does that all mean? It means that these drugs have made it over a very big hurdle and now the pharmaceutical companies will enter into discussion with the government to negotiate price, to see if they can come to a mutual agreement which will allow these treatments to be PBS listed. How long this takes we don't know, but what we do know is that the discussions are in progress and that is a good thing. We hope that there is a genuine desire by all parties to reach the best possible outcome for those living with hepatitis C.

For those of you who are living with hepatitis C and don't know what you should be doing, our advice would be to speak to your hepatitis specialist who will monitor your liver to ensure that you and they can make informed decisions on the best course for you to take.

At **HepatitisWA** we also have a Support Officer who would be more than happy to speak to you further.

Hepatitis NSW has also developed a petition for **Equal Treatment Access** which you may wish to sign at [www.bit.ly/ETA2014](http://www.bit.ly/ETA2014). This petition will be open for the remainder of 2015.

### **Information taken from:**

<http://theconversation.com/why-medicines-take-so-much-time-to-get-listed-on-the-pbs-10902>

**by Sally Rowell**

# Eileen's Story



**I** successfully completed treatment for hepatitis C two and a half years ago. I had a terrible time while I was on the treatment, but it was all worth it. I am now extremely well both physically and mentally and I've done and am doing lots of great things. However, I know two people who are not so lucky, and of course there are many others.

My treatment was with Interferon, Riboviron and Boseprevir. It lasted 7 months and during that time I had to have blood transfusions, and I was so weak and ill that I couldn't work or do any of my usual activities. I also had depression, a maddening rash and two thirds of my hair fell out.

Now I am extremely fit and healthy. My hair has grown back and my liver is clear. I work, walk my dog, ride horses and bicycles and have a very active social life. I've also been overseas a couple of times since completing my treatment including on a horse riding safari in Botswana. That was a special trip because I planned it while I was on treatment to get me through the dark days.

When I felt really bad I would think about how I was going to see wild elephants when I was better and I did... from the back of a horse!

At regular intervals during my treatment I had to go to see my specialist or a nurse at the clinic. There is a short corridor that you have to walk down and there were times when I needed a person on either side of me to support me. Now I go for a six monthly check up and I stride down that corridor like superman.

Because I have been so lucky, I now volunteer at HepatitisWA. I wanted to contribute to others because so many people helped me and I don't know what I would have done otherwise. I've actually met some great people through doing that.

Two of my old friends were not as lucky as I was. They didn't have treatment and one of them died of liver cancer eighteen months ago leaving behind a wife and daughter. My other dear friend has been given six to nine months to live.

Some people don't have awful side effects like I did, but even if you do, treatment is definitely worth it. ■





“Some people don't have awful side effects like I did, but even if you do, treatment is definitely worth it.”



## WHO: EGYPT HAS HIGHEST HIGHEST PREVALENCE OF HEPATITIS C IN THE WORLD

**T**he World Health Organization (WHO) has found that Egypt has the highest prevalence of the hepatitis C virus (HCV) in the world, with approx. 22 percent of Egyptian blood donors testing positive for the deadly disease.

According to HCV Advocate, the main cause of exposure in Egypt appears to be due to inadequate infection control practices and injection therapy such as blood transfusions\*.

Lacking in infrastructure to deal with the virus, Egypt suffers from a particularly high morbidity and mortality rate, with 40,000 dying from the disease each year. It is estimated that roughly 15 million Egyptians currently suffer from hepatitis C. Every year there are 170,000 to 200,000 new HCV cases.

In response to the epidemic, Egypt has opened its first factory for the local production of “Sofosbuvir” – a drug that contains the active ingredient in “Sovaldi”, the US approved medication commonly used to cure the virus.

Pharmed Healthcare – a joint venture between Indian, UAE and Egyptian partners – is overseeing the factory opening, which took place on Sunday. The company successfully obtained

a license from American firm Gilead Sciences to manufacture and market the drug in Egypt. The CEO of Pharmed Healthcare, Muhammad Mabrouk, says that the medication will be available in Egypt from June of this year.

Last year, the health ministry secured a deal with Gilead Sciences to import the drug for \$US 900, a 99 percent discount compared to the US cost of \$US 84,000 for a three-month treatment.

Egyptian health minister Adel el-Adawi, who attended the factory opening, reassured that the ministry is working to lower the prevalence of the virus by raising awareness and treatment.

*\*Blood screening in Australia started in 1990*

BY DALIA GEBRIAL

May 04, 2015 Egyptian Streets.  
[www.tinyurl.com/hep-c-egypt](http://www.tinyurl.com/hep-c-egypt)

## GUIDELINES FOR

## HEPATITIS B SCREENING

## IN CANCER UPDATED

**H**ealthDay News — Guidelines for hepatitis B virus (HBV) screening among patients with cancer have been updated, according to a special article published online May 11 in the Journal of Clinical Oncology.

Jessica P. Hwang, MD, from the University of Texas MD Anderson Cancer Center in Houston, and colleagues provide an updated provisional clinical opinion based on the American Society of Clinical

Oncology panel consensus for HBV screening.

The authors note that patients should be screened for HBV infection before starting anti-CD20 therapy or hematopoietic cell transplantation. Patients with risk factors for HBV infection should also be screened. Screening should include hepatitis B surface antigen (HBsAg) and hepatitis B core antibody (anti-HBc), using the total anti-HBc or anti-HBc immunoglobulin G test. Antiviral therapy for HBsAg-positive/anti-HBc-positive patients should be started before or simultaneously with cancer therapy; HBsAg-negative/anti-HBc-positive patients should be monitored for reactivation with HBV DNA and alanine aminotransferase levels and treated with antivirals if reactivation occurs. For HBsAg-negative/anti-HBc-positive patients anticipating cancer therapies associated with a high risk of reactivation, clinicians can initiate antivirals, or they can monitor patients and initiate on-demand antivirals. HBV screening is not supported for patients who have neither HBV risk factors nor anticipate cancer therapy associated with a high risk of reactivation.

“Overall, the panel recommends collaboration between oncology and hepatitis B experts to identify key clinical and research areas to reduce the incidence of HBV reactivation and to disseminate and implement scientific discoveries,” the authors write.

BY WWW.EMPR.COM

May 14, 2015 MPR.  
[tinyurl.com/hepatitis-b-screening-cancer](http://tinyurl.com/hepatitis-b-screening-cancer)



## WHO RELEASES 2015

## ESSENTIAL MEDICINES LIST

## INCLUDING HCV DRUGS

The World Health Organization (WHO) has released the 2015 edition of its Model List of Essential Medicines, which includes the newest treatments for hepatitis C virus infection.

The list consists of two parts; a core list, which presents a list of the most efficacious, safe and cost-effective medicines for priority conditions, and a complementary list of essential medicines for priority diseases for which specialized diagnostic or monitoring facilities or specialist medical care and training are needed, according to the report.

Essential medicines for HCV include: Sovaldi (sofosbuvir, Gilead Sciences); Olysio (simeprevir, Janssen Pharmaceuticals); Daklinza (daclatasvir, Bristol-Myers Squibb); dasabuvir (AbbVie); and ribavirin. These medicines are included in the list based on current evidence, according to the report.

Pegylated interferon alfa-2a or 2b is listed under the complementary list and is meant to be used in combination with ribavirin, according to the list.

Essential antiviral fixed-dose combination therapies for HCV include: Harvoni (ledipasvir and

sofosbuvir, Gilead Sciences) and ViekiraPak (dasabuvir/ombitasvir/paritaprevir/ritonavir, AbbVie).

Also mentioned on the essential medicines core list were Baraclude (entecavir, Bristol-Myers Squibb) and Viread (tenofovir disoproxil fumarate, Gilead Sciences) for the treatment of hepatitis B virus infection.

The medicines list is updated every two years through a committee, whose goal is to examine the latest, most cost-effective and beneficial medicines to update and improve access to vital medications for both adults and children, according to the WHO website.

## BY MELINDA STEVENS

May 15, Healio.  
[tinyurl.com/2015-essential-drugs](http://tinyurl.com/2015-essential-drugs)

## HEPATITIS C IS EXPENSIVE

## TO TREAT, SO CURING IT

## COULD YIELD HUGE

## ECONOMIC BENEFIT

While a new generation of safer, more effective oral medications to treat hepatitis C patients may cost tens of thousands of dollars for a 12-week regimen, investing in these new therapies could generate savings estimated at more than \$3.2 billion annually in the U.S. and five European countries, according to a new study.

The higher cure rate and lessened side-effects of treating patients with an all-oral combination of ledipasvir and sofosbuvir (LDV/SOF) results in greatly reduced absenteeism and improved workplace productivity that can translate into enormous benefit, according to the new economic model used by researchers at Inova Fairfax Medical Campus, VA.

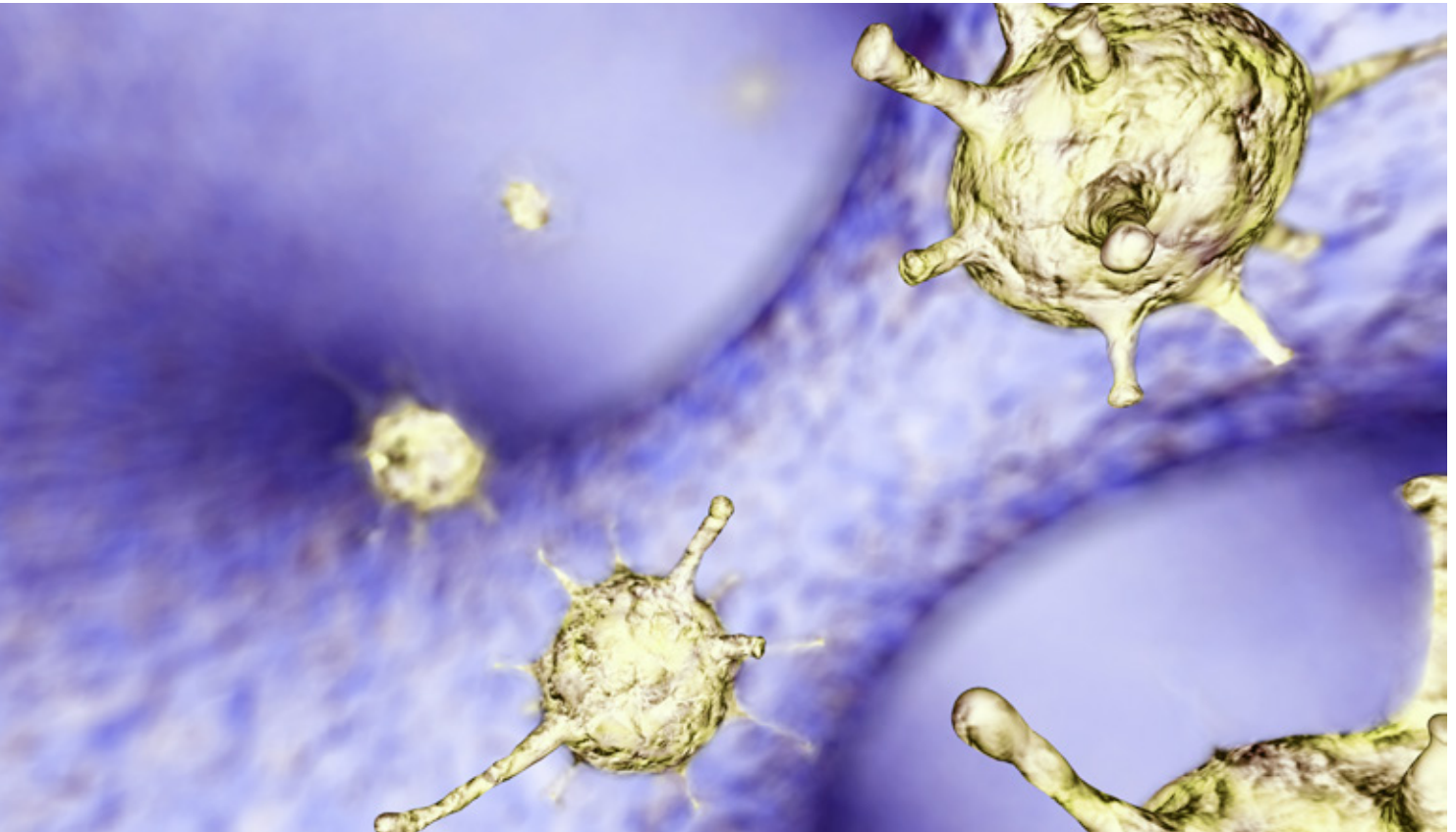
"From a clinical standpoint, we've long known about the devastating health impacts that chronic hepatitis C has on a patient," said Zobair Younossi, MD, chairman of the department of medicine at Inova and lead researcher on the study. "But given the significant side-effects previously associated with treating the disease, notably fatigue and neuropsychiatric side effects, we were interested in looking at the impact of new treatments on patients' ability to work, and in a broader sense, how this effects employers and overall economies."

"Chronic hepatitis C is more than just a problem for the patient -- it has a ripple effect that impacts society at large. While previous reports have found the cost of these drugs as certainly significant, the long term benefits of curing patients with hepatitis C makes this a worthwhile investment. We must begin to look at chronic diseases, such as hepatitis C, from every angle, which should inspire progress in developing more tolerable and effective cures," added Dr. Younossi.

## BY SCIENCE CODEX

May 17, Science Codex.  
[tinyurl.com/expensive-but-economical](http://tinyurl.com/expensive-but-economical)

# INTERFERON-FREE THERAPY CLEARS HEPATITIS C IN 93% OF PATIENT TRIALS (US)



**A 12-week dose of an investigational three-drug hepatitis C combination cleared the virus in 93 percent of patients with liver cirrhosis who hadn't previously been treated, according to a study in the May 5, 2015, issue of The Journal of the American Medical Association.**

Bristol-Myers Squibb funded the trial of the combination of three drugs—daclatasvir, asunaprevir, and beclabuvir. None of the three drugs are FDA-approved, but daclatasvir is currently under review by the FDA\*. Duke Medicine researchers collaborated on the design and analysis of the trial and authored the findings. The trial recruited patients with hepatitis C-related cirrhosis, or scarring of the liver, 112 of whom had not previously been treated for hepatitis C, and 90 who had previous unsuccessful therapies. For those with past failed therapies and potential resistance, the drugs were slightly less successful, eliminating the virus in 87 percent.



However, for those with past failed therapies, incorporating a fourth drug, ribavirin, appeared to enhance results. Ribavirin is a commonly used hepatitis C treatment. When added to the investigational regimen, success rates in previously treated patients reached 93 percent—on par with those receiving treatment for the first time.

No vaccine has been developed to protect patients from the hepatitis C virus, which is spread through blood and can lead to liver failure and death if untreated. Most who are infected don't know they have the disease until they have symptoms and have already sustained liver damage, said Andrew Muir, M.D., M.H.S., chief of the division of gastroenterology at Duke and the study's lead author. For this reason, Americans born between 1945 and 1965—baby boomers—should automatically be tested, he urged.

For most of the past 20 years, therapies for hepatitis C relied on interferon drugs, which require regular injections for as long as one year and trigger miserable, flu-like side effects that prompt many patients to quit the regimen. Some patients aren't eligible for this treatment if they have anemia, low platelets or other conditions, Muir said.

"Those with more advanced disease were unlikely to tolerate interferons, and many patients would decide against even getting treatment," Muir said. "For those who could tolerate it, it was only moderately effective."

Since late 2013, several drug companies have released new, interferon-free regimens. In many cases, these have proven to be more effective than previous treatments.

"The development of interferon-free treatments has been a tremendous step forward in the standard of care," Muir said.

**“ These drugs are highly effective and well-tolerated by patients at all stages of liver disease. ”**

The trial was conducted between Dec 2013 and Sept 2014 at nearly 50 sites across the United States, Canada, France, and Australia. All patients were infected with genotype 1 hepatitis, a common strain of the C virus in North America, Western Europe and Australia. The drugs had minimal side effects for most participants. Nine patients experienced serious adverse events three of which were considered related to treatment, the study states.

Among the study's limitations were the absence of a placebo group that could pinpoint the sources of side effects, and a lack of racial diversity, with 88 percent white participants. The study also did not statistically distinguish the impact of the addition of ribavirin to some participants' daily regimen. ■

\* Daclatasvir has been recommended by the PBAC in Australia.

# WORLD FIRST

## trials for hepatitis C wonder drug in Sydney's maximum security jails

**T**wo of NSW's maximum security jails are the location for a world-first trial of a new wonder drug that could stop the spread of the blood-borne disease hepatitis C through the prison populations.

Prisoners at the Lithgow and Goulburn jails are being recruited to take part in the treatment program, which it is hoped will eventually rid the institutions of the disease and potentially save the lives of thousands suffering chronic infections.

About a third of all prisoners in NSW jails are infected with chronic hepatitis C, which spreads rapidly through prisons by blood-to-blood contact including sharing of needles, syringes and other drug paraphernalia, tattoo equipment and from fights.

Prisons are the perfect environment to test a public health program known as "treatment as prevention" according to the scheme's principal researchers Professor Greg Dore from the Kirby Institute at the University of NSW (UNSW) and Professor Andrew Lloyd from the Inflammation and Infection Research Centre at UNSW. Two thirds of inmates are in jail for crimes relating to injecting drug use, which accounts for the high rates of hepatitis C.

Professor Lloyd said they chose maximum security prisons for the trial because they have stable populations, making it easier to test and monitor the inmates before and after they take the drug. He said they have not seen any reluctance by prisoners to come forward and most inmates with hepatitis C were keen to be free from the virus when they are released and go home to their families.

Professor Dore said the trial, which involves inmates taking one pill a day for 12 weeks, would "help break the hep C cycle in jails".

Former inmates have spoken out about injecting illegal drugs while in prison and about how they contracted the virus.

A former inmate known as John has written about his experiences, saying he contracted hepatitis C in jail. "There was just one fit and I wanted to use and I just

thought "f--- it, it's worth it". That doesn't mean I don't care about my health. I do."

In a recent drug users' newsletter, another former prisoner, Barrett wrote: "recently I shot up in jail. I had my own fit and I lent it out. Maybe I shouldn't have but maybe I wouldn't have needed it if I hadn't! I was really careful about cleaning it in Fincol [disinfectant] so I was really disappointed to find out I had hep C.

The Surveillance and Treatment of Prisoners with Hepatitis C (SToP-C) project is a collaboration between UNSW, Corrective Services NSW, Justice Health, and Forensic Mental Health Network, community organisations representing people with hepatitis C, and the pharmaceutical company Gilead Sciences, which makes the drug. The project has also received Australian government funding through the National Health and Medical Research Council.

The current interferon-based treatment for hepatitis C causes a lot of side-effects and requires significant health care resources to manage patients through six to 12 months of treatment.

The new drug treatment is expensive at \$84,000 for one person (for one pill a day, for 12 weeks). However, there are few, if any, side effects and a cure rate of more than 95 per cent. Gilead Science has donated the drugs for the trial.

Professor Dore said once they have rolled out the program in the maximum security jails they will expand it to several medium security jails.

The study is expected to take five years to complete. Phase one will involve 450 prisoners in each of two maximum security facilities. For the first year, study participants will undergo blood tests to monitor their hepatitis C status and be scanned for liver disease (an outcome of chronic hepatitis C infection). They will be interviewed about their risk behaviours and attend harm reduction education sessions.

Phase two of the trial will be conducted in several medium security facilities, to assess how effective a treatment-as-prevention strategy is in transient populations that move more frequently between prison and the community. ■



## **BUDGET SILENCE NOT A REJECTION OF HEPATITIS C THERAPY FUNDING**

**T**ens of thousands of Australians awaiting access to ground-breaking hepatitis C therapy should not despair that a PBS listing was not announced as part of the Federal Budget, according to Hepatitis Australia.

“Many in the hepatitis community are concerned that the Health Minister did not include new hepatitis C therapies in the pre-Budget announcement of \$1.3 billion to subsidise high-cost medicines,” said Helen Tyrrell, CEO of Hepatitis Australia.

“We are telling our members that while the PBAC has recommended a subsidy for three new hepatitis C medicines, final price agreements must be reached before the Health Minister can act,” she said.

“The good news is that the Minister confirmed on the weekend that the Abbott Government is committed to listing approved drugs as fast as possible. Minister Ley made it clear that other high-cost medicines – which we assume means the hepatitis C therapies – are now being considered for a government subsidy.”

“The ball will soon be in the Minister’s court and Government will have the opportunity to make 2015 a watershed year for hepatitis C and start us on the path to eliminating this deadly virus.”

Ms Tyrrell explained that new generation antivirals have cure-rates that exceed 90%, a shorter duration of treatment and are

much better tolerated than traditional interferon-based therapies. The level of desperation for these new treatments is reflected in reports of Australians planning trips to India or using overseas websites to purchase cheaper and potentially unreliable medicine copies.

“Australians with hepatitis C need certainty around a PBS listing date. They shouldn’t be wasting their money on counterfeit medicines, but nor should they put off treatment for too long and run the risk of irreversible liver disease,” she said.

“While the wait continues for new interferon-free treatments, people with hepatitis C should undergo regular liver health assessments and talk to their doctor to ensure they understand current and future treatment options.”

Sydney-based liver specialist Professor Jacob George added: “People who are actively seeking treatment should discuss the options with their treating doctor. The decision on whether to commence therapy now or wait for interferon-free treatment will depend on each person’s circumstances.”

**ENDS**

**For further information please contact:  
Helen Tyrrell - CEO Hepatitis Australia**

**Telephone:** (02) 6232 4257

**Web:** [www.hepatitisaustralia.com](http://www.hepatitisaustralia.com)

# HEPATITIS

PREVENT HEPATITIS: IT'S UP TO YOU

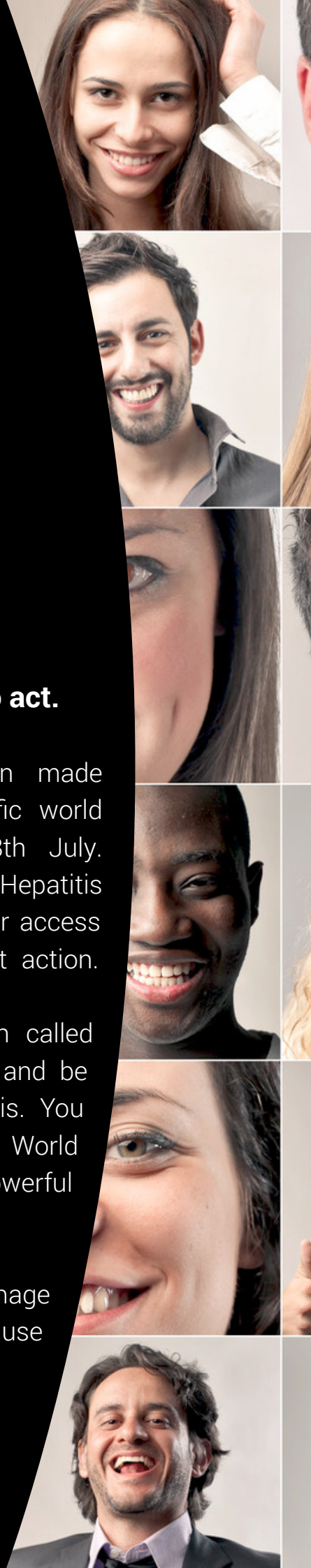
## JULY 28TH IS WORLD HEPATITIS DAY 2015

**Viral hepatitis can be prevented. It's up to all of us to act.**

That is why in 2010 the World Health Organization made *World Hepatitis Day* one of only 4 official disease-specific world health days, to be celebrated each year on the 28th July. Millions of people across the world now take part in World Hepatitis Day, to raise awareness about viral hepatitis, and to call for access to treatment, better prevention programs and government action.

The World Health Organization is promoting a campaign called **4000 Voices**. They are asking 4,000 people to stand up and be counted in the quest to raise awareness of viral hepatitis. You can provide a voice for the 4,000 lives that will be lost on World Hepatitis Day this year. Together your voices become a powerful symbol for the need for action to prevent future deaths.

Simply tweet using the hashtag **#4000voices** or upload an image to contribute your Twitter avatar or photo to our collage and use your voice to call for action.

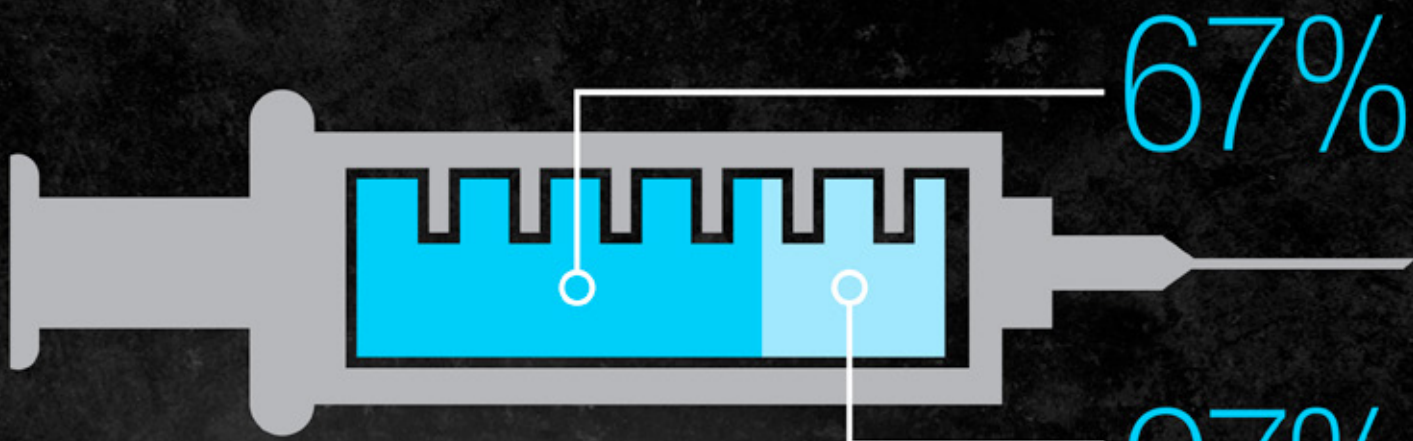








# PREVENT HEPATITIS: HARM REDUCTION



Globally, 67% of people who inject drugs are infected with hepatitis C<sup>1</sup>. In some countries it is as high as 97%<sup>2</sup>



10 million

people who inject drugs worldwide have hepatitis B or C<sup>3</sup>

Vaccination rates for hepatitis B among people who inject drugs are lower than in the general population<sup>3</sup>



Unlike many other infections hepatitis can be transmitted from surfaces.

The hepatitis C virus can survive outside the body at room temperature, on environmental surfaces, for at least 16 hours<sup>4</sup>

★ Stigma and discrimination of people who use drugs stops them getting tested and treated

## PREVENT HEPATITIS: IT'S UP TO YOU

Don't share:



Spoons



Straws



Bank notes



Pipes



Needles



Syringes



1.2 million injecting drug users have hepatitis B.<sup>2</sup>

**Demand vaccination.**

The World Health Organization estimates that harm reduction interventions reduce hepatitis C virus transmissions among people who inject drugs by 75-80%<sup>5</sup>

**TAKE ACTION:**  
**PREVENTION – GET VACCINATED**  
**SCREENING – GET TESTED**  
**TREATMENT – GET BETTER**

### References

1. World Health Organization. Guidelines for the screening, care and treatment of persons with hepatitis infection. April 2014
2. Nelson et al. Global epidemiology of hepatitis B and hepatitis C in people who inject drugs: results of systematic reviews. The Lancet 2011; 378: 571-83
3. World Health Organization. Guidance on Prevention of viral Hepatitis B and C among people who inject drugs. 2012
4. Centre for Disease Control: <http://www.cdc.gov/knowmorehepatitis/hepc-faq.htm> [Last accessed April 2015]
5. World Health Organization: [http://www.who.int/entity/injection\\_safety/global-campaign/injection-safety\\_brochure.pdf?ua=1](http://www.who.int/entity/injection_safety/global-campaign/injection-safety_brochure.pdf?ua=1) [Last accessed April 2015]

**HEPATITIS**  
PREVENT HEPATITIS: IT'S UP TO YOU



World Hepatitis  
Alliance



# PREVENT HEPATITIS: KNOW THE FACTS

**400** million people  
infected worldwide<sup>1</sup>  
4,000 deaths a day<sup>2</sup>



Hepatitis causes **80%**  
of liver cancer deaths<sup>3</sup>  
600,000 deaths a year<sup>3</sup>

Hepatitis C virus is

**10x**

more infectious than HIV<sup>4</sup>

HEPATITIS CAN AFFECT ANYONE



**25%**  
of patients felt  
unable to even  
tell their family  
& friends

## PREVENT HEPATITIS: IT'S UP TO YOU

If you know how hepatitis is transmitted,  
you can reduce the risks:



Sharing toothbrushes  
and razors



Sharing drug  
using equipment



Unscreened  
blood transfusions



Unsafe injections



Unprotected sex



Mother to child

### TAKE ACTION:

#### GET VACCINATED

Hepatitis B is  
vaccine preventable



#### GET TESTED

Testing is quick,  
simple, and  
painless



#### GET TREATED

New hepatitis C treatments  
cure 90-95% of patients<sup>5</sup>

Hepatitis B cannot be  
cured but it can be treated



### References

1. Centre for Disease Control and Prevention: <http://www.cdc.gov/features/WorldHepatitisDay/> [Last accessed April 2015]
2. Centre for Disease Control and Prevention: <http://www.cdc.gov/hepatitis/B/bFAQ.htm> [Last accessed April 2015]
3. So, S. et al. Making the Link: Hepatitis B and Liver Cancer: [http://liver.stanford.edu/Public/presentations/patientconferenceSam\\_So\\_HBV\\_and\\_Liver\\_Cancer\\_06.pdf](http://liver.stanford.edu/Public/presentations/patientconferenceSam_So_HBV_and_Liver_Cancer_06.pdf) [Last accessed April 2015]
4. Budd, J. et al. Hepatitis C and general practice: the crucial role of primary care in stemming the epidemic. Br J Gen Pract. 2005 Apr 1; 55(513): 259-260 [Last accessed April 2015]
5. Breaking the Hepatitis C Social Stigma: [http://www.hepatitiscentral.com/news/breaking\\_the\\_he/](http://www.hepatitiscentral.com/news/breaking_the_he/) [Last accessed April 2015]
6. Poordad, F. et al. ABT-450/r-Ombitasvir and Dasabuvir with Ribavirin for Hepatitis C with Cirrhosis N Engl J Med 2014; 370:1973-1982

**HEPATITIS**  
PREVENT HEPATITIS: IT'S UP TO YOU



World Hepatitis  
Alliance



# PREVENT HEPATITIS: VACCINATION



**240 million**  
people chronically infected with  
hepatitis B<sup>1</sup>

Around **780,000**  
people die each year from hepatitis B<sup>1</sup>  
Including 300,000 deaths a year from  
liver cancer caused by hep B<sup>2</sup>

Vaccinating  
children for  
hepatitis B  
is incredibly  
important



Risk of becoming  
chronically infected is as high as  
**90%** for infants infected  
during their first  
year<sup>1</sup>

Hepatitis B vaccine is three or  
four separate doses

**TAKE ACTION:  
GET VACCINATED  
GET PROTECTED**

## PREVENT HEPATITIS: IT'S UP TO YOU

Hepatitis B is vaccine preventable  
It can help protect against liver cancer

Some groups of people are more at  
risk than others, these include:



Prison populations



People who  
inject drugs



Close contacts of  
people with chronic  
hepatitis B infection



People with multiple  
sexual partners



Healthcare workers



Travellers to high  
risk countries

### References

1. World Health Organization: <http://www.who.int/mediacentre/factsheets/fs204/en/> [Last accessed April 2015]
2. Global, regional, and national age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet (2014) [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61682-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61682-2/fulltext) [Last accessed April 2015]

**HEPATITIS**  
PREVENT HEPATITIS: IT'S UP TO YOU



World Hepatitis  
Alliance



# 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  
[hepbcd@hepatitiswa.com.au](mailto:hepbcd@hepatitiswa.com.au)



# INQUIRY INTO HEPATITIS C AUSTRALIA

**Australia** has just seen the first Parliamentary inquiry into hepatitis C undertaken. Following a referral received from the Minister for Health, The Hon Peter Dutton MP, the Standing Committee on Health has been inquiring into and will subsequently report on Hepatitis C in Australia.

The Committee invited interested persons and organisations to make submissions addressing the terms of reference with the deadline for those submissions being by Friday, 27th of February 2015.

## Terms of Reference:

In light of the recent release of the Australian Government's Fourth National Hepatitis C Strategy, the Standing Committee on Health will inquire into and report on:

- a). prevalence rates of Hepatitis C in Australia
- b). Hepatitis C early testing and treatment options available through:
  - i. primary care
  - ii. acute care
  - iii. Aboriginal Medical Services
  - iv. prisons
- c). the costs associated with treating the short term and long term impacts of Hepatitis C in the community
- d). methods to improve prevention of new Hepatitis C infections, and methods to reduce the stigma associated with a positive diagnosis through:
  - i. the public health system

- ii. public health awareness and prevention campaigns to reduce morbidity and mortality caused by Hepatitis C
- iii. non-government organisations through health awareness and prevention programmes.

## Committee Members

### Chair

Mr Steve Irons MP – Liberal Party of Australia  
Swan WA

### Deputy Chair

Mr Tim Watts MP – Australian Labor Party,  
Gellibrand VIC

### Members

Ms Lisa Chesters MP – Australian Labor Party,  
Bendigo VIC

Ms Jill Hall MP – Australian Labor Party,  
Shortland NSW

Ms Sarah Henderson MP – Liberal Party of  
Australia, Corangamite VIC

Mr Stephen Jones MP – Australian Labor  
Party, Throsby NSW

Mr Andrew Laming MP – Liberal Party of  
Australia, Bowman QLD

Dr Andrew Southcott MP – Liberal Party of  
Australia, Boothby SA

Mrs Ann Sudmalis MP – Liberal Party of  
Australia, Gilmore NSW

Mr Ken Wyatt AM, MP – Liberal Party of  
Australia, Hasluck WA

The house of Representatives Health Committee provided a number of opportunities for interested persons and organisation to address the committee. A public roundtable hearing was held in Melbourne on 21st Jan 2015 and in Sydney on 22nd Jan 2015.





A public hearing was then held by the committee in Perth on the 10th of March. Committee Chair Steve Irons MP said that

“The Perth hearing would allow the committee to focus on the transmission of hepatitis C in prison populations and other high risk groups, and will provide us with more information on options for identifying infections and increasing uptake in treatment.”

Organisations that presented to the committee included HepatitisWA, the WA Government, the National Drug Research Institute, the Liver Foundation of WA and a Hepatology nurse from RPH.

Another public hearing was then held in Canberra on the 20th of March. This hearing was focused on treating and preventing hepatitis C inside and outside prisons: Prior to this meeting Committee Chair Steve Irons MP said “It is important that the Committee has a full appreciation of the issues surrounding hepatitis C transmission in prisons, and we look forward to hearing the perspective of the representatives of prison officers from several different jurisdictions. The Committee pursued other issues including the role for alternative modes of care, such as those provided by nurses and through pharmacies’.

A final roundtable on hepatitis C in prisons was held in Canberra on the 4th of May 2015. This roundtable focused on the prevention, prevalence and treatment of hepatitis C in Australia’s prisons and participants of the roundtable included public health advocates and union representatives.

The Chief Executive from the Public Health Association of Australia, Mr Michael Moore, commented ‘... given the ongoing and well-documented disproportionate rates of hepatitis C among people in custodial settings, PHAA continues to support the implementation of needle and syringe programs in prisons as a means of preventing the spread of Hepatitis C in the broader community’.

The Community and Public Sector Union stated, ‘The CPSU’s members in prisons occupy roles in a work environment unparalleled in terms of the risk of occupational violence compared to any other across the country... The proposal of any needle and syringe exchange program however represents one step too far away from the protection of those in the correctional system in what our members consider is already a delicate balance’.

Chair of the Committee, Mr Steve Irons MP, stated ‘Hepatitis C in Australian prisons is a significant public health concern due to the dynamic movement of people in and out of custody. While the Committee is cognisant of the fact that prisons are funded by states and not the Commonwealth, the potentially high prevalence of hepatitis C in prisons has highlighted the need to examine the prevention, prevalence and treatment in this environment. This roundtable is an opportunity for the Committee to understand the debate between public health advocates and prison officers’ unions about the most appropriate methods to tackle this issue’.

All hearings and roundtables are completed and the Committee is currently in the process of putting together a report and recommendations which they hope to release by the end of the financial year. ■

# Disclosure of your hep C status...

**D**isclosure means giving personal or sensitive information to other people – in this case, telling people you have hepatitis C. For some people disclosing that they have hepatitis C is not easy. Others may be more comfortable with disclosing.

Telling people that you have hepatitis C can be daunting. You may be worried about how those you tell will react and that you will be treated differently or discriminated against once people know you have hepatitis C. There can also be benefits to telling people you have hepatitis C. Disclosing can allow others a greater understanding of your health and enable friends and family to be a source of support.

In most situations, whether or not to disclose that you have hepatitis C is entirely up to you. In making the decision whether or not to disclose, it may help to consider how the person or people you disclose to may react, how this may affect you and how you might deal with any negative reactions.



## *When do I have to disclose?*

- There are a small number of instances when you may be required by law to tell others that you have hepatitis C. You are required to disclose your hepatitis C status in the following circumstances:
- If you are giving blood to the blood bank and you know you have hepatitis C, you are required to disclose this to them and your blood will not be accepted for donation. When blood is donated it is also screened for a range of infections, including hepatitis C. You may also be required to disclose if donating bodily organs or other bodily fluids, such as sperm.
- If you are a health care worker who conducts exposure prone procedures and you have hepatitis you may be required to notify your employer. Disclosure requirements differ from state to state. HepatitisWA or the local health department will be able to provide you with more information about local requirements.
- Some insurance policies, particularly life insurance, require that you disclose any infections, disabilities or illnesses you have that might influence the insurance company's decision to insure you. If you don't disclose this information it may affect future claims you may make. Be sure to read all insurance policies carefully and seek advice if you feel you need to.
- If you are a member of the Australian Defence Force and you have hepatitis C, you will have to disclose this. You may be required to leave the forces if you have hepatitis C, although this is determined on a case-by-case basis. You are also required to disclose any existing medical conditions on application to enter the Australian Defence Force.

## *Do I need to disclose to sexual partners?*

- Hepatitis C is transmitted via blood-to-blood contact and is not classified as a sexually transmissible infection. In rare cases where hepatitis C may be passed on during sexual contact, it is most likely to be through blood-to-blood contact. Where there is a risk of blood-to-blood contact during foreplay or sex, or where there is a risk of the transmission of sexually transmissible infections, it is recommended you practice safer sex.
- Because of the low risk of infection during sex, if you are practicing safe sex, whether or not to disclose to a sexual partner is your choice.

## *Do I need to disclose to healthcare workers?*

- You do not have to tell any healthcare worker that you have hepatitis C unless you intend to donate blood, other body fluids or body organs. All healthcare workers are required to follow standard infection control procedures.
- You may wish to consider whether disclosing that you have hepatitis C will affect the quality of care you receive. There have been some reported cases of healthcare workers discriminating against people with hepatitis C and you may decide not to disclose if your quality of care isn't going to be affected by your hepatitis status.
- Some medications may be damaging to a liver that is affected by hepatitis C and if you are given any medications it is in your best interest to ask about the likely affect on your liver.

## *Should I disclose at work?*

- Unless you work in, or are thinking of working in, the Australian Defence Force or are a healthcare worker who performs exposure prone procedures you do not have to tell your employer or anyone you work with that you have hepatitis C unless you want to.
- Any information that you give to your employer or other people you work with about your health is private and confidential and is not permitted to be passed on without your permission.



# MINESTRONE SOUP

**VEGAN, GLUTEN FREE, SUGAR FREE, PALEO**

A true 'soothe your soul' type soup, Minestrone reminds me of being at my Nonna's house in NSW during winter time. Such a beautiful, comforting recipe that is so easy to make and a great way to use up all the left over vegetables in your fridge at the end of the week.

Having a soup like this means you are getting a whole host of nutrients, fibre and antioxidants into your system at once. Feel free to add pasta, parmesan cheese or a touch of chilli to suit your taste!



## INGREDIENTS

1 tbsp. extra virgin olive oil  
 1/2 leek, finely chopped  
 2 cloves garlic, crushed  
 2 stalks celery, finely diced  
 2 carrots, finely diced  
 2 tbsp. tomato paste  
 2 tsp dried oregano flakes  
 1 x 400g tin organic crushed tomatoes  
 1 royal blue potato, cut in half (skin left on)  
 1 small sweet potato, cut into thirds (skin left on)  
 1 small zucchini, diced  
 1/4 cauliflower, cut into small florets  
 2 cups cabbage, finely shredded  
 2L water  
 1 x 400g tin red kidney beans, rinsed  
 1 x 400g tin borlotti beans, rinsed  
 2 tbsp. fresh basil, finely shredded  
 1/2 cup fresh parsley, chopped  
 Sea Salt & Cracked Black Pepper

## METHOD

1. In a large, deep saucepan heat olive oil and saute leeks until they start to soften
2. Add garlic, celery, carrot, tomato paste and oregano and allow to cook for about 3 minutes
3. Add tinned tomatoes, potatoes, zucchini, cauliflower, cabbage and water and bring to the boil
4. Reduce to a simmer and allow to cook for about 25 minutes
5. Using a spoon, find the chunks of potato, remove them from the soup and place in a separate bowl
6. Using a fork mash the potatoes until soft and add them back to the soup (this will make the soup nice and thick)
7. Add beans, fresh herbs and season to taste
8. Serve immediately or store in the fridge for up to a week

## ADDITIONAL INFO\*

Serves: 6

Time: 1 hour

Difficulty: Easy

\*\* You can add pasta to this soup if you like or freeze it in small batches to save you cooking during the week \*\*

**STAY WARM  
THIS WINTER  
WITH THIS  
RECIPE**



ABN 42743157642

# ANNUAL MEMBERSHIP RENEWAL FORM 2015/2016

## TAX INVOICE

Please complete your details below in block  
print, cut-out and return with payment

First Name (Mr/Mrs/Ms/Dr): \_\_\_\_\_

Last Name: \_\_\_\_\_

Agency/Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Please tick your membership category

Unwaged ☐ \$11.00 incl. GST

Waged ☐ \$22.00 incl. GST

Associate/Organisation ☐ \$55.00 incl. GST

### Payment options

**1 - Attach cheque or money order made payable to  
HepatitisWA**

**or 2 - Attach or email a copy of EFT receipt to  
vivb@hepatitiswa.com.au**

**BSB 066118 Acct 10021906 HepatitisWA**

**and Mail to:**

HepatitisWA (Inc) PO Box 67 Francis St,  
Northbridge WA 6865

**or 3 - Pay in person at**

**HepatitisWA 134 Aberdeen St, Northbridge**

HepatitisWA (Inc) is an income tax exempt charitable entity and deductible gift recipient.  
Your membership and financial support enables us to continue our work in responding to hepatitis.  
Our quarterly newsletter, the HepatitisWA Newsletter, which carries the latest information on  
hepatitis C and related viral hepatitis, is forwarded to all our members.



HepatitisWA (Inc) PO Box 67 Francis St, Northbridge WA 6865  
t (08) 9227 9802 f (08) 9227 6545 email info@hepatitiswa.com.au  
Information (08) 9328 8538 Metro - 1800 800 070 Country  
Web www.hepatitiswa.com.au

# HARM REDUCTION STRATEGIES

**I**n everything we do these days there is an element of risk. From driving a car, flying by aeroplane or just catching a bus near a busy street, all have a risk factor. Being involved in relationships brings another set of risks, such as having to make sure there are boundaries so that others do not take advantage of any weaknesses the other may have. Elements of law are in place to reduce the risk of danger towards the community. For example, road rules such as speed limits and road signs are there in place to reduce the amount of accidents on the roads. For nearly every situation we are involved in, there are harm reduction strategies or messages to help keep us safe. Therefore, it makes sense when it comes to our health that there are also strategies to help keep us safe and enjoy a long life. For people who inject drugs, there are other messages and harm reduction strategies that can add a degree of safety during drug taking practices.

The explanation for harm reduction strategies being in place for people who inject drugs is because there are harms and hazards associated with injecting drugs. Endocarditis, HIV, hepatitis B and C, abscesses, dirty hits and chronic vein damage are all reasons why there needs to be a lot of support and correct information given to all peers using drugs. Delivering strategies in an understandable way is necessary so peers can go on to disseminate this safer injecting information onto their drug using networks. WASUA's team are always looking at the latest information so as to keep up with latest harm reduction strategies. These start from the first steps of preparing drugs.

**Swabbing and Filtering;** These two processes are essential to have a mix that lowers chances of a dirty hit by removing dirt, chalk and bacteria from the mix. Sterilizing the injection site beforehand by swabbing, will all contribute to a safer hit.

**Single Use Needle & Syringes;** When it says single use it means "Use one time only" Each time a syringe is re-used there is a risk of contamination from bacteria and, if shared, raises the risk of transmitting a blood-borne virus (BBV) like hep C or HIV. It is important to have a safe disposal container available for all used needle

and syringes so that they are safely disposed of and not accidentally used again. Vein care is extremely important. Rotating injection sites will help alleviate track marks and scarring tissue and give time for the body to repair some of the damage arising from hitting the same spot.

**Never share any injecting equipment;** All equipment used for mixing and using substances should be your own, fresh from its package. If using with friends it is important to stay vigilant with making sure your syringe stays with you all through the process so there cannot be any confusion over whose fit it is. There is always a danger in groups with multiple needles being passed around from mixer to user – the problem being the mixer accidentally swapping your needle for another's who could have a BBV. A better situation would be for the substance to be prepared individually so that everyone is then responsible for himself or herself.

**Regular medical checks;** It is very important that people who inject drugs stay alert to drug related harm reduction messages. With the harms and hazards that surround injecting drugs it is very easy to find oneself in a situation needing further medical attention. Each time somebody shares a needle with a person they should be tested for a BBV. Another defence against injection infection is to think of the entire population possibly having a BBV – that way there is no safe person to share with. Regular HIV and hep C testing is a responsible measure in which to stay aware of your blood status. Magazines like this and publications generated from different user groups with linked websites all intend to disseminate many harm reduction messages about the issues arising for people who inject drugs. The favourable situation would be for each message to reach where it is needed and be available on hand for people who need specific resources.

There are constantly new messages and strategies being developed around safer using and injecting for the drug using community. A good way to keep up with these between medical checks is to stay in touch with groups like WASUA who are all too happy to talk about the best strategies regarding safer using and awareness around BBVs that will work best for you, and your family's situation. ■





# KEEP CALM AND REDUCE THE HARM

Written by Mikayla-Jay McGinley  
Hepatitis C Educator, WASUA.

PERTH  
(08) 9321 2877  
[www.wasua.com.au](http://www.wasua.com.au)



**WASUA**  
WA's DRUG USER ORGANISATION  
*"if you would judge, understand" L.A. Seneca*

SOUTH WEST  
Van Phone 0417 973 089  
Office (08) 9791 6699

97 Spencer St, Bunbury (entry via Rose st)  
Opening Hours: Monday to Friday 10am - 2pm.

**Perth NSEP**  
Mon - Weds: 10am-5pm  
Thurs - Fri: 10am-8pm  
Sat & Sun: 11am-4pm

**Clinic Hours**  
Tues & Thurs: 10am-4pm  
Closed Public Holidays

**South West Mobile** provides a mobile Needle Syringe Exchange Program (NSEP) at the following locations and times:

WASUA provides a number of services on premises at 519 Murray Street, West Perth, including:

- NSEP (Needle and Syringe Exchange Program)
- Free hep A and B vaccinations for hepatitis C positive people
- Free blood testing in a friendly confidential environment
- Drug treatment support and referral
- Peer education and training
- Street-based outreach
- Advocacy and support for users
- Safe injecting and safe disposal education and resources
- Hepatitis C/blood borne virus information and resources

Margaret River  
Busselton  
Jaycee Park, Bunbury  
Hudson Road, Bunbury  
Bunbury Hospital  
Manjimup  
Harvey  
Donnybrook  
Collie

Tues: 1pm-2pm  
Tues: 5pm-7pm  
Wed: 4:30pm-5:30pm  
Wed: 5:45pm-6:45pm  
Wed: 7pm-8pm  
Thurs: 5pm-6pm  
Thurs: 6pm-7pm  
Fri: 4pm-5pm  
Fri: 6pm-7pm

Hospital Carpark  
Kevin Cullen Community Health  
Jaycee Park  
WA Country Health Service  
Dental Clinic Carpark  
Hospital Carpark  
Hospital Carpark  
Hospital Carpark  
Ngalang Boodja  
(Corner Forrest St & Atkinson St)

A confidential delivery service is also available throughout the southwest from Monday to Friday, for people who cannot attend the site locations.  
Phone **0408 946 762** to arrange a suitable time.

hepatitis *wa*

# Hepatitis Awareness Liver Healthy Lunch

Wed 29th July  
11am - 2pm

Russell Square, Northbridge

\* DISCLAIMER: PENDING WEATHER CONDITIONS & CITY OF PERTH FINAL APPROVAL

Free Hepatitis Testing + Vax Clinic  
Soup Van Entertainment  
Fruit & salad bar  
Performance by  
Bernardine



Special thanks to Bernardine

RUAH



*passages*



WASDA  
WA'S DRUG USER ORGANISATION

