

hepatitis^{wa}

Newsletter

Issue 15 | March 2016



Hep C treatments have changed

New hepatitis C treatments have been listed on the PBS from 1 March 2016.



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Republished with permission
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Please email any inquiries to
mikaylamcginley@wasua.com.au.

LETTER FROM THE EDITOR

As this newsletter goes to print, Australia has already made a momentous move by offering 3 new hepatitis C treatments, subsidised by the federal government through the Pharmaceutical Benefits Scheme (PBS). By listing the drugs on the PBS, this drops the price of the drugs to the consumer from around \$100,000 to just \$6.20 for concessional patients and \$38.30 for non concessional patients. The medicines also have a cure rate of over 90% and in most cases can be taken orally for 8 to 12 weeks. The consensus is if you have been living with hepatitis C, or suspect you have it, you can now go to your regular GP and ask to get tested. Your GP will be able to test you and also directly prescribe the treatments to you without you being referred to a specialist (however in more complex cases, a specialist may still be required). There's no better time to get tested and treated!

The personal perspective in this issue comes from a US physician – Dr Navin Vij who shares his story on how he discovered he was hepatitis C positive.

Our "Going Viral" news section shares articles about viral hepatitis around the globe, and of course our main feature articles this month revolve around the new era of hepatitis C drugs in Australia, as well as an interesting article about local man Matt Whitby who accepted a liver transplant from a hepatitis B positive man to save his life.

In our "Health & Lifestyle" section, we publish an article on tips to exercise safely, along with a healthy Mexican burrito bowl recipe.

Lastly, WASUA reopens their clinic and talks about the exciting new treatments available.

Felicia Bradley
Editor

stay **connected**



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Editor Felicia Bradley
Graphic Artist Felicia Bradley

Board of Management

Executive Members
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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

hepatitis*wa*'s MANAGEMENT

HepatitisWA welcomes the announcement of the availability of the new hepatitis C medicines to the community through the Pharmaceutical Benefit Scheme (PBS) as of the 1st of March 2016. This is great news for people living with and affected by hepatitis C, and the general community. We congratulate Federal Health Minister the Hon. Sussan Ley for achieving this outcome. The availability of new hepatitis C medicines marks the beginning of a new era for hepatitis C treatment. HepatitisWA looks forward to contributing to ensuring the management of the availability and accessibility of the new treatments benefits all Western Australians who require them.

HepatitisWA project highlights for 2015 (July to December) are summarised below:

Support Services continues to conduct a monthly support meeting for a small number of people living with viral hepatitis. The number of face to face interactions with people living with or affected by hepatitis C has increased with the majority of interest in the new hepatitis interferon free treatments. HepatitisWA's relationships with the tertiary liver clinics continues to be productive for referring clients and providing effective follow up. The pilot project at Bandyup Women's Prison to work in collaboration with prison clinical staff to inform and support women who are interested in accessing hepatitis C treatments has continued successfully.

The Needle and Syringe Program (NSP) has reported a (40%) increase in client interactions as the service profile and client rapport continue to grow. The NSP staff are effectively engaging with clients which is reflected in the (68%) increase in informal education sessions across the period. Aboriginal clients numbers have increased and account for (29%) of all interactions. The NSP/Volunteer Program has conducted successful health promotion events, including the Hepatitis Awareness Week 'Lunch in the Park' and 'Overdose Awareness Day'. The Volunteer Program is operating very effectively with (100%) retention of volunteers during the period.

The Health Promotion Project has increased its attendance at school and community events and a steady stream of invitations continues to be received. A number of new relationships have been formed with youth services, which provides opportunities for viral hepatitis education and project expansion. Our work with the Alcohol and Drug Rehabilitation Services remains constant and provides a valuable setting for myth busting about hepatitis C. Participants have been very interested in the availability of the new interferon free hepatitis C treatments.

Multicultural Services hepatitis B workshops have increased their reach to include more community agencies, TAFE's and universities. A community consultation took place to determine the best ways to reach communities with high prevalence of hepatitis B. The Project is continuing to liaise and work with key stakeholders including ASHM and Cancer Council WA to provide ongoing education and training for GP's. The Project is also educating staff who attend the multicultural networks in the Perth metropolitan area, to raise awareness of hepatitis B and gain access to their CaLD groups.



The Workforce Development Project conducted 60 workshops for a range of workforce groups, which engaged 1168 people to viral hepatitis awareness education in Western Australia. The Project participated in a successful partnership with the Kimberley Aboriginal Medical Service (KAMS) and the WA AIDS Council (WAAC), which involved an extensive training roadshow through part of the Kimberley Region. It resulted in 18 educational opportunities amongst relevant workforce and community groups. HepatitisWA also collaborated with the Population Health Unit in Kalgoorlie, providing a comprehensive training day focusing on blood borne viruses and needle and syringe programs operating in the Goldfields. HepatitisWA has assisted numerous agencies with the formation of appropriate policies and procedures, most notably Life Without Borders and the Challenger Institute. This has led to the development of a set of sample policies and procedures related to disclosure and confidentiality.

The Marketing and Resources Project has marketed HepatitisWA's brand and profile through the dissemination of resources, social media, web communications and paid advertising. We reached over 50,000 people through marketing and promotional strategies from our social media pages and website, with over 25,000 downloads/interactions of digital resource items. We implemented the ***"Testing for hepatitis – Easy as ABC"*** campaign and commissioned direct advertising through five major billboards in Perth. As a result, this helped to raise HepatitisWA's profile as well as the profile of hepatitis C during Hepatitis Awareness Week. It has been estimated that this campaign has been sighted over 4 million times (which includes multiple sightings by individuals). HepatitisWA had also developed over 10 new resource items from July to December, producing in excess of 20,000 (physical and digital) items in total, and distributing more than 30,000 physical resources into the community. Our official website continues to promote HepatitisWA's profile effectively, and although there had been an overall decrease in visitors declining to 7,249 from 8,626 this period, the time spent on the website slightly increased implying that visitors spent more time reading content and staying on the website longer.

by Frank Farmer

As a physician, I have often found myself struggling with the concept of why some things happen to certain patients and not to others. When trying to find answers to such questions, I have often turned to the words of my mother: “Everything happens for a reason. The challenge in good and bad is to find out why.” Anyone who has been a patient has struggled with this idea.

My own struggle dates back to 2009, when I was in the first year of my medical residency training as a physician. While performing a procedure on a patient in the hospital, I was stuck by a needle. Despite my initial reluctance, I went to our employee health services as a routine precaution. A few days later, I received a phone call telling me, “You have hepatitis C.”

My world stopped. As an internal medicine and pediatric physician, I knew a lot about hepatitis C (HCV), a potentially life-threatening viral infection.”

Immediately, I asked myself, how could this be? Do I have liver damage? Do I have cirrhosis? Do I need a liver transplant? Am I going to die?

HCV is an infectious disease of the liver. Passed through direct contact with blood, HCV is often asymptomatic. Most patients live for years without developing any symptoms, while the virus is silently causing inflammation and damaging the liver. Over time, those infected can develop cirrhosis, complete liver failure or liver cancer. In the United States, HCV-related liver failure remains

the leading indication for liver transplants.

Over the next several months, I would learn that my own experience with HCV dated back to the summer of 1983, when I was born prematurely. I spent several months in the neonatal intensive care unit, receiving various treatments, including blood transfusions. This was in the era before the blood supply was routinely screened for HCV, which started to occur regularly in the 1990s. When I received that phone call informing me of my diagnosis, I had been living with hepatitis C for more than 26 years.



HEP C'S HIDDEN DANGERS

A PERSONAL PERSPECTIVE

After meeting with a liver specialist, I decided to undergo treatment. Not long after my birthday in June 2010, I began my treatment journey with one of the older forms of therapy, four pills of one medication daily and a self-injection of another once weekly.

It was rough. I lost weight, had a rash and felt delirious and depressed at times. At one point, my white blood cell count fell so low that my HCV therapy had to be adjusted. However, despite the side effects, I got through it and was fortunate to learn in the summer of 2011 that I was cured.

An estimated 3 to 4 million people are living in the United States with HCV, and approximately one-half to two-thirds are not aware that they are infected. In 2012, the Department of Public Health in Cleveland reported that nearly 440 cases of chronic HCV were diagnosed that year, representing an incidence of 34 for every 100,000 people. Hepatitis C is a very real problem in northern Ohio, and yet it is one we can do something about.

When I think back to my mom's words and about my own experience with HCV, I realize that getting stuck with a needle happened for a reason. It meant that I was lucky to be diagnosed with HCV,

which I had silently carried for nearly three decades. I was lucky to have access to treatments and the support to get through it. And I was lucky to be cured.

Over the last decade, and in particular the last four years, new therapies have emerged that have completely revolutionized the treatment of chronic HCV. Patients are now being cured at rates of 95 percent, in a shorter time period and with fewer side effects than I endured. Ask your doctor, nurse practitioner or other health care provider whether you should be tested. Because getting tested means being one step closer to treatment and to the day when you too can say, "I'm cured."

Dr. Navin Vij is a physician in the Department of Internal Medicine at the Seidman Cancer Center at University Hospitals Case Medical Center, an assistant professor at Case Western Reserve University's School of Medicine and a member of the board of directors of the American Liver Foundation's Heartland Division.

▶ SOURCE:

Story reprinted from Cleveland.com.

tinyurl.com/physician-personal-perspective

****Disclaimer: Blood donated in Australia has been screened for hepatitis C since 1990.***

GOING VIRAL



A ROUND-UP OF ARTICLES ON VIRAL HEPATITIS

PAKISTAN TO IMPORT

'GAME-CHANGING'

HEPATITIS-C DRUG:

ISLAMABAD: Pakistan has just authorised the import of an expensive hepatitis C drug from the United States to improve treatment for the estimated eight million people carrying the blood infection, officials said Monday.

Hailed by experts as a game-changer, Sovaldi, which has been on the market since 2013, costs around \$1,000 per pill in the US or \$84,000 for a single course of treatment, according to a US Senate report released last December.

Alarming statistics: 'Over 4% of Pakistanis suffer from Hepatitis C'

The drug is now being sold nationally in a Pakistani pharmacy chain for around \$314 per 28 tablets, while the government is urging local manufacturers to produce generic copies on an urgent basis.

"It is estimated that some eight million people are suffering from Hepatitis-C in Pakistan and each year about 80,000 people will die," a senior health ministry official told AFP.

"These deaths are caused by advanced liver disease spanning over a period of 20-30 years," he added.

"The government had to act urgently and even before the formal registration of the drug in the country, it gave special permission to import Sovaldi tablets from the US."

Another official at the drug registration authority said the government was exploring the option of cheaper alternatives.

"We are encouraging local manufacturers to produce generic drugs on a priority basis which are safe, efficacious and affordable," the official said.

Last October Pakistan's drug authority received 61 applications from pharmaceutical firms to produce Sofosbuvir tablets, the generic name of the drug, of which 14 manufacturers were finally approved.

9 firms allowed to sell cheaper hepatitis C pills

Gilead Sciences, which makes Sovaldi, has been criticised in the US for the drug's cost.

The lofty price, set by Gilead, placed Sovaldi and its follow-up drug Harvoni out of reach of many consumers, the US Senate report said.

Hepatitis C is a blood infection transmitted via contaminated needles, sexual intercourse*, and from pregnant mothers to their unborn children.

**The chance of transmitting hep C via sexual intercourse is unlikely.*

BY THE EXPRESS TRIBUNE

Feb 22, 2016 The Express Tribune.
tinyurl.com/pakistan-hep-c-drugs

MORE CASES OF LIVER

CANCER CAUSED BY

HEPATITIS B:

SINGAPORE: The Republic is seeing an upward trend in liver cancer cases caused by hepatitis B, Tan Tock Seng Hospital (TTSH) said.

It said such cases now make up more than half of the total number of liver cancer patients, and 80 per cent of these are men.

According to statistics from the National Registry of Diseases Office, there were about 1,700 male patients with liver cancer nationwide between 2003 and 2007, but there were 2,200 cases between 2010 to 2014 - about 30 per cent more.

For both time periods, liver cancer was the fourth most common type of cancer among men, after colorectal, lung and prostate cancer. It was not one of the top ten most common types of cancer for female patients during either time period.

HEPATITIS B VACCINE COULD REDUCE RISK OF LIVER CANCER

Doctors told Channel News Asia that while 90 per cent of hepatitis B carriers will recover, 10 per cent might develop infections in the long run which may result in their livers hardening, increasing the risk of liver cancer.

Hepatitis B, which men above 60 years old have a high risk of contracting, is transmitted through blood and infected bodily fluids. The virus can thus be spread through activities such as sex and childbirth.

Its symptoms are not obvious and those who have it might not even be aware they are carriers of the virus, they added.

Snr Consultant at Singapore's TTTSH's Diagnostic Radiology Department Adjunct Assistant Professor Pua Uei said it may take 30 to 50 years in some cases for a patient who has untreated Hepatitis B to develop cirrhosis and to develop hepatocellular carcinoma, a common form of liver cancer.

"Therefore, before the vaccination programme in the 80s kicked in, the patients who have hepatitis B would actually manifest much, much later in life, which is about this decade right now, when they are about 60 over years old," he said.

Associate consultant at TTSH's Travellers' Health and Vaccination Clinic, Dr Lee Tau Hong said a hepatitis B vaccine, usually delivered in three doses over six months, is about 95 per cent effective in healthy individuals.

"This vaccination programme is started at birth, and then given up till six months of age. The efficacy of the vaccine actually reduces with age, so the success rate or the response rate actually reduces when the person gets older," he said.

"At 60 years old, it's best to do a blood test to check whether you have hepatitis B infection in the first place. If you're tested negative for hepatitis B infection, then you can discuss with your doctor or healthcare provider on whether you should receive the hepatitis B vaccine."

BY YEO KAITING

Feb 23, 2016 Channel News Asia
tinyurl.com/liver-cancer-more-cases

GLOBALDATA: CHINA TO

REMAIN THE LARGEST

HEPATITIS B MARKET

CHINA: Will remain the largest major hepatitis B market over the next decade, rising from just under \$923 million in 2014 to over \$1.4 billion by 2024, according to research and consulting firm GlobalData.

The company's report, which covers the eight major markets of the US, France, Germany, Italy, Spain, the UK, Japan and China, states that China will continue to dominate the hepatitis B treatment space, as its market share rises from 38.8% in 2014 to 47.2% by 2024.

Daian Cheng, Ph.D., GlobalData's Analyst covering Infectious Disease, says this hepatitis B market trend will be largely down to natural population growth and China's huge and increasing drug-treated population, which currently makes up 80% of treated cases across the eight major markets.

Cheng explains: "China's proportion of treated cases is much higher than its market share because hepatitis B therapeutics cost much less compared with other regions. Indeed, it is the sheer increase in the number of drug-treated patients that will drive market growth.

"The projected increase of patients alone, nearly 300,000 between 2014 and 2024, is much more than the total number of treated patients in the US, which is around 100,000. Thus, the increase in therapeutic sales will be considerable and China will hang on to its market dominance, even with lower drug prices."


Efforts to improve screening and public awareness of hepatitis B

Despite the relatively high rates of hepatitis B among the Chinese population, infants are screened for the infection as part of health checks at birth, and at various points throughout their lives, a practice which is mostly organised by schools and employers.

Cheng explains: "There are clear efforts being made in China to improve screening and public awareness. However, we will anticipate that poorer citizens will have limited access to drugs and information over the forecast period, which will be a barrier to market growth and perpetuate the country's hepatitis B problem."

BY 4-TRADERS

Feb 24, 2016 4-traders.
tinyurl.com/China-and-hep-B



"I didn't think something you could buy online or just over the counter did the damage that it did to me."

CLOSE TO *DEATH*

Matthew Whitby wanted to get fit. It almost cost him his life.

Like many young men, Matthew Whitby started working out to get fit and gain strength. He never thought it could cost him his life. But within three months, the young father would be in intensive care in a Perth hospital with doctors telling him he had two weeks to live.

Doctors said the most likely culprits were a protein powder containing green tea extract linked to liver failure in certain people and possibly a diet supplement containing garcinia cambogia.

"I didn't think green tea could cause that to a liver," he said.

With his liver failing fast, the Geraldton man's only choice was to accept a liver transplant from a man who had hepatitis B.

"To get so close to death to being here now being able to raise my two daughters. It's changed the way that I look at life. I didn't think something you could buy online or just over the counter did the damage that it did to me. They didn't say anything about 'could cause liver failure'."

Since the operation, Mr Whitby has had to return to hospital after his donated liver herniated. He will have to take hepatitis B medication and anti-rejection drugs for the rest of his life. It has been more than a year and only now is he about to return to work, most likely on light duties.

"It was only about a month ago I could start picking up my daughter," he said. "That's pretty hard. I can't just go grab a beer with a mate because they don't recommend you drink with a transplant. I look back all the time and think, where would I be now if I didn't take the product."

Authorities have long warned about the dangers of buying supplements from overseas. But when Mr Whitby could not find what he wanted in local shops, he thought buying supplements online from a Melbourne-based site would be safe. He researched the products online and asked friends for advice. He ended up buying a protein powder containing green tea extract produced by an Australian company and sold on an Australian website. The garcinia cambogia supplement was from a website with an Australian postal address which claimed to have TGA approvals.

However experts suggest for susceptible individuals, the actual makers of the green tea extract is unlikely to matter. He took half-doses at first, and with food, to be safe. When he drank the shakes he got a fever, but it passed soon after.

"After about two-and-a-half weeks, I stopped taking it," he said.

"That's when I got weakness, fatigue... a month or two after I got the jaundice, yellow eyes and skin. I just felt weak. Just everyday activities were getting pretty hard. I just wasn't getting through the day without a nap and stuff and I knew something was pretty wrong at that point."

By Christmas Day 2014, Mr Whitby was so unwell his wife and mother forced him to go to hospital.

"They said I only had two weeks left to live and they would put me on a high priority for a transplant. It really didn't click in until I woke up and then I realised with all these cords on me in ICU how severe it was."

Mr Whitby's health crisis could not have come at a worse time. His partner Kiara Slater had just given birth and was trying to care for their two young daughters.

"It was really, really scary especially because we didn't know what was wrong with him," she said.

"It was really shocking when we found out what it was from. Even when we tell people now they're like 'how can that happen?'"

Mr Whitby's case was written up in the Medical Journal of Australia, but he has spoken out publicly to warn others.

"Just be more aware," he said. "Do a bit of research. Don't just do what everyone else is doing. Find out what's in the products. See a doctor first and ask if that supplement would be okay to take."

BY ABC NEWS

Feb 14, 2016 ABC News
tinyurl.com/close-to-death-liver-failure



NEW ERA

IN HEPATITIS C TREATMENTS

There has never been a better time to treat and cure hepatitis C.

- New interferon-free hepatitis C medicines* are now available on the Pharmaceutical Benefits Scheme to treat the most common genotypes of the virus.
- New generation hepatitis C therapies have exceptionally high cure rates that exceed 90 per cent, shorter treatment durations and avoid the debilitating side-effects associated with older therapies.
- These new therapies present a major opportunity to upscale treatment rates. Despite 230,500 Australians living with hepatitis C, only one per cent of people with the virus receive treatment each year, leaving thousands at risk of developing hepatitis-related serious liver disease, including liver cancer, liver cirrhosis and liver failure.

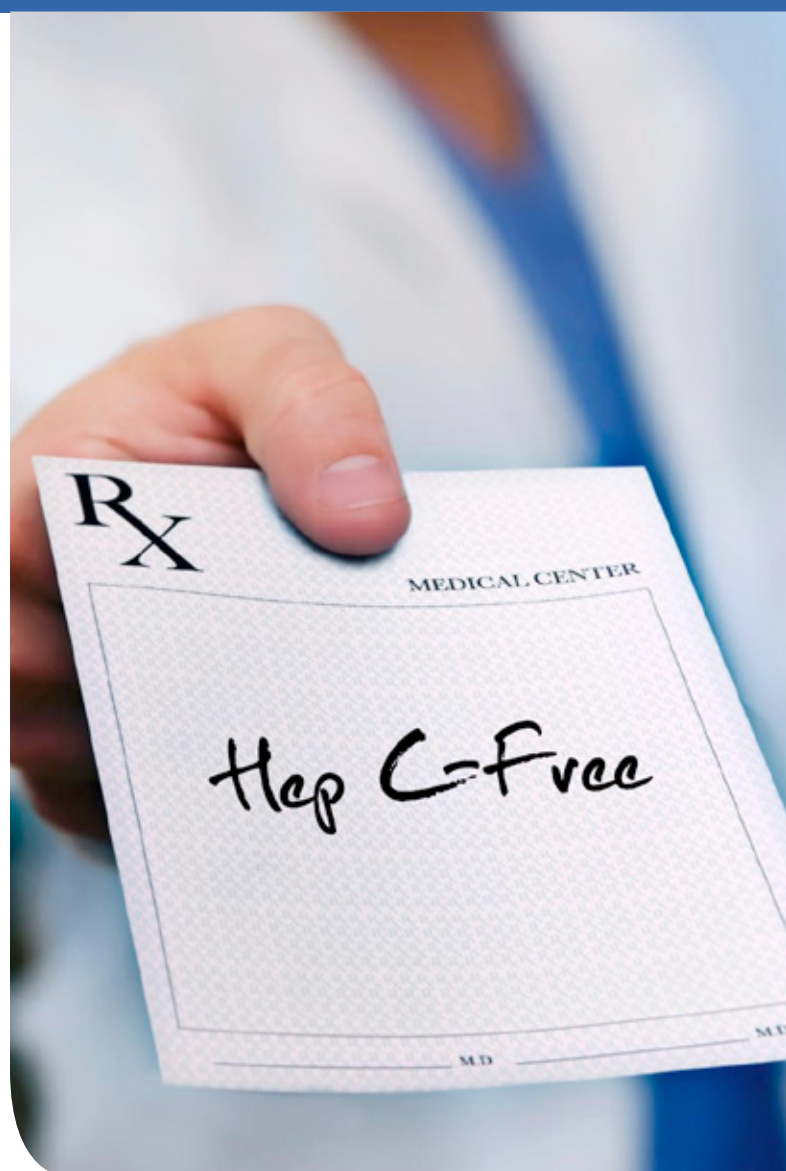
Australians who have previously been diagnosed with hepatitis C, or who may have been exposed to the virus, should speak to their doctor.

- There has never been a better time for people living with hepatitis C to speak to their doctor about treatment.
- New therapies can cure the virus in as little as 12 weeks without the side-effects of older therapies.
- For people living with hepatitis C, an important first step is to ask for a liver check-up, which is simple, easy and can save lives. A liver check-up is the only way to monitor the liver and enables decisions to be made on the best time to start treatment.

GPs and specialists will work together to increase hepatitis C treatment rates.

- GPs can now prescribe new interferon-free hepatitis C medicines in consultation with a specialist (gastroenterologist, hepatologist, or infectious disease physician) who is experienced in the treatment of hepatitis C. This GP consultation can take the form of an email, teleconference, letter or videoconference.

- GPs should be on the lookout for people who are living with hepatitis C so they can re-engage them in care, including monitoring their liver function and discussing treatment options.
- A new consensus statement and other tools are now available on the GESA ALA website to assist GPs to understand the different treatment regimens.
- Prior to prescribing antiviral therapy, patients with hepatitis C need to be assessed to determine the extent of their underlying disease (cirrhotic versus non-cirrhotic), along with their genotype and treatment history, as treatment regimens will vary according to these factors.
- Ongoing GP consultation with a specialist with expertise in hepatitis C is essential as patients with liver cirrhosis remain at risk of liver failure and liver cancer even after being cured of the virus.



The Federal Government is to be congratulated on making breakthrough hepatitis C medicines available

- The Federal Government is investing a record \$1 billion over the next 5 years to make new breakthrough treatments readily available to cure hepatitis C.
- These medicines hold the key to arresting serious liver disease including liver cancer, liver cirrhosis and liver failure, and puts Australia on the path to eliminating hepatitis C within a generation.
- It is important that the investment in new medicines is supported by efforts to increase treatment rates, as well as prevent hepatitis C infections.

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

HepatitisWA is advising people who are living with hepatitis C to talk with their GP and make sure they are up to date on the latest developments. Alternatively contact HepatitisWA on (08) 9328 8538. ■

NEW HEP C MEDICINES

FACTSHEET FOR PATIENTS & CONSUMERS

The Turnbull Government has set aside over \$1 billion over five years to subsidise a range of breakthrough medicines on the Pharmaceutical Benefits Scheme (PBS) that could all but eradicate Hepatitis C in Australia within a generation.

What is Hepatitis C?

Hepatitis C is an infectious disease that attacks the liver, causing its inflammation, and may lead to cirrhosis, end-stage liver disease, and liver cancer and in some cases death. Six different genotypes of hepatitis C have been identified, some of which have subtypes. Genotypes 1 and 3 are the most common causes of hepatitis C in Australia and together make up 90% of all cases.

How many Australians are affected by Hepatitis C?

Hepatitis C is the most prevalent blood-borne virus in Australia and is estimated to affect approximately 1% of the population, with around 230,000 sufferers.

Who gets Hepatitis C?

Hepatitis C is caused by a blood-borne virus and can be transmitted through infected blood, for example through exposure to contaminated blood products, breakdowns in infection control in healthcare, mother to child transmission, unsafe tattooing or body piercing practices, or sharing of injecting equipment.

Why is the Government making new medicines available for Hepatitis C on the PBS?

Recent advances in antiviral treatment have led to development of new medicines, which have a cure rate of greater than 90 per cent. Treatment with the medicines is also shorter in duration, less complex and much better tolerated than traditional treatments.

When will these treatments be available?

The new treatments for patients with chronic hepatitis C will be made available through the PBS from 1 March 2016.

Are the new treatments being made available for all patients with Hepatitis C?

Yes. The new treatments are being made available through the PBS for all patients with chronic hepatitis C infection, across all disease genotypes and disease severities. However, the treatments which are available for a particular patient will depend on the patient's disease genotype and whether they have previously had treatment for their hepatitis C.



Who can prescribe these new medicines?

General practitioners (GPs) will be able to prescribe these medicines in, or following, consultation with a specialist physician. Specialists will also be able to prescribe these medicines.

Speak with your doctor for more information about whether you should be prescribed these medicines.

Can prisoners access these medicines?

It is usually a state and territories responsibility to fund the health care of people in custodial settings. However, the Government, recognising that prisoners are a priority population for treatment of hepatitis C, has agreed to fund the cost of these medicines for prisoners through the PBS. The state and territory health and justice departments will ensure that there are processes in place so that prisoners are prescribed and provided with these medicines.

What does treatment with the new medicines involve?

The treatment regimens for the new medicines range between 8 and 24 weeks for a complete course of treatment, depending on the patients genotype and treatment history and the drugs which the prescriber chooses to use.

The most common course of treatment lasts 12 weeks.

Some treatments require only 1 to 2 tablets once or twice a day. For some treatment regimens, up to three medicines may be required to be used together.

A small number of patients may need to use an injection as well as taking tablets.

Will these treatments have side effects?

The new hepatitis C medicines are better tolerated than traditional treatments.

However, all medicines have the potential for side-effects. Talk to your doctor or pharmacist if you have concerns about this.

How much will it cost patients to access these medicines through the PBS?

Patients will pay no more than the relevant PBS co-payment at each dispensing of each medicine.

The current patient co-payment amounts are available on the PBS website at:

www.pbs.gov.au/info/about-the-pbs#What_are_the_current_patient_fees_and_charges

The amount of co-payment is adjusted on 1 January each year in line with the Consumer Price Index (CPI).

Where can I get further information about these medicines?

Talk to your doctor or pharmacist if you want to get more information about the new treatments for hepatitis C.

The Department of Health has information about hepatitis C on its website at:

www.health.gov.au/internet/main/publishing.nsf/Content/portal-Hepatitis%20C

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
BRENNAN on (08) 9227 9802
cdo@hepatitiswa.com.au**



hepatitis*wa*

facilitates a peer
support service for
people living with hepatitis.



The peer support group assists people to achieve better health and well being through discussions and activities. The monthly meetings are confidential, free and provide opportunities to share experiences and thoughts with peers in a friendly and non-judgemental way.

Healthy and tasty snacks will be provided.

For more information, please contact Amineh
on 9328 8538 or support@hepatitiswa.com.au

Stay healthy, stay happy ...

Exercising regularly has a wide-range of physical, emotional and social health benefits.

When you exercise safely, you remain healthy and injury-free. If it's safe and painless, you're more likely to stick to it! Exercising safely is about using common sense and understanding basic techniques while listening to your body.

See your doctor for a check-up before you embark in any physical activity. Your doctor, physiotherapist or the local sporting club can offer you tips about staying safe while exercising.



10

TIPS TO EXERCISE SAFELY

Here are some tips to stay safe and injury-free:

- 1. Be aware of your body.** Think about how the particular exercise is making you feel. If something doesn't feel right, stop immediately and seek medical advice.
- 2. Warm up and cool down.** Try slow stretches and go through the motions of your sport or activity before starting. Cool down with slow stretching.
- 3. Pace yourself.** Have at least one recovery day each week to rest. If you are experiencing pain, rest until the pain has gone.
- 4. Mix it up.** Try other sports and exercises to reduce the risk of overtraining.
- 5. Strap or tape.** If a joint is prone to injury, consider strapping or taping it before exercising. Even better, see an exercise physiologist or physiotherapist to obtain a program to strengthen the injured area and get advice on proper taping techniques.
- 6. Stay hydrated.** You can lose around one and a half litres of fluid for every hour of exercise; so drink water before, during and after a session.
- 7. Be weather aware.** Take it easier in hot weather and wear clothing and sunscreen to protect yourself from the elements.
- 8. Do it right.** Try to get the technique right from the beginning, to ensure you are using your muscles correctly.
- 9. Check your gear.** Make sure your shoes and equipment fit properly and are right for the activity. Look after your equipment and check it regularly for safety.
- 10. Be sensible,** especially at night or in secluded areas. Take a friend or your dog, stick to well-lit areas and wear bright or light-reflective clothing so drivers can see you.



FRESH, FILLING & FAST

350-CALORIE MEXICAN BURRITO BOWL

Summer is here, and we would like you to mix things up and try out this Mad Mex chicken burrito bowl recipe! This is a quick and delicious meal that you can make at home in less than 15 minutes! A pre-cooked chicken breast, fresh produce and a few healthy staples are all you need for this nutrient-dense, low-calorie meal that will satisfy your Mexican fast-food cravings. Keep reading for this quick and tasty recipe.

INGREDIENTS

1/4 cup black beans
1 teaspoon chicken broth
Pinch of cumin
Pinch of cayenne
Pinch of garlic powder
1/2 cup red cabbage, sliced thin
85 grams pre-cooked grilled chicken breast, sliced thin
2 tbs non-fat Greek yoghurt
2 tbs fresh salsa
Fresh cilantro, for garnish
Sliced green onions, for garnish

PREP TIME

10 mins

COOK

15 mins

METHOD

1. Microwave black beans with chicken broth, oregano, cumin, cayenne, and garlic powder on high for 30 to 45 seconds until heated. Set aside.
2. Add red cabbage to your bowl, and spoon the black beans on top. Layer sliced chicken, Greek yoghurt, salsa, and cilantro and green onions, and enjoy immediately!

NUTRITION (PER SERVING*)

Calories	350
Saturated Fat	0.2g
Tot Fat	3.8g
Trans Fat	0.0g
Cholesterol	77mg
Sodium	241mg
Tot Carbohydrates	36.3g
Dietary Fiber	8.3g
Sugars	4.4g
Protein	42.6g



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



"IT'S ABOUT THAT TIME"

Hepatitis C treatments have improved dramatically and will continue to improve with shortened treatment duration, higher cure rates (97%), and less side effects. As from March 1st 2016, the new direct anti-viral (DAA) treatment drugs will be listed on the PBS. Being listed on the PBS means the Government pays most of the cost and patients pay a smaller subsidized price. The new DAA's listed are Sofosbuvir (Sovaldi); Sofosbuvir and Ledipasvir (Harvoni); Daclatasvir (Daklinza). There have been a small number of people who have already accessed the new drugs on compassionate grounds or have been involved in clinical trials. The new treatments are a major breakthrough for people not wanting to be treated with interferon, or with harder to treat strains, or those who have not responded to treatment in the past, commonly known as non-responders. These treatment regimens have fewer side effects and come in a tablet form, NO MORE INJECTIONS!

There are some key issues to consider before commencing treatment. It is most important you develop a good rapport with your clinicians so that they can keep up with any developments during treatment. It may be the case that you need personalised changes in doses, or in some cases adding another DAA. Knowledge of hepatitis C and treatments will give you the information you may need for some serious decision-making, lifestyle changes and building of support networks.

Changing your diet to suit a healthier lifestyle will help strengthen your body, giving you a stronger immune system, lessening the risks of chronic diseases like obesity and diabetes, which can speed up the progression of the hepatitis C virus. The more self-care during hep C treatment the better, including a lot of rest with a balanced exercise routine and support from family and friends when needed.

If possible stop the amount of alcohol you consume, and keep trying to minimise the amount of fatty foods you eat. All fried foods are cooked in saturated fat (oil). Saturated fat stores in your body and interferes with proper digestion.

Bump up your fruit and vegetable intake and make sure you are getting the right amount of proteins, carbs, fish, dairy.

Drinking plenty of water will keep you hydrated and help flush toxins from your body. Not keeping water levels up will put you at risk of dehydration with bad side effects. Reducing things like full fat milk to a low fat content and maybe reading up on good nutrition will help inform you of a well-balanced diet.

Have your support networks in place when you are undergoing treatment. You may experience some side effects, making it hard to find the stamina to leave your home. At times like these you will benefit from having support to take you to appointments or go to the shops. If you do not have support of that kind, it may make treatment difficult, so ask for help when you need it. Linking in with associations like Hepatitis WA, liver clinics or WASUA's Nurse and Hep C Educator before you start treatment will give you the opportunity to find out as much information as you can, and access appropriate referrals if needed.

Many people have said their positive attitude gave them the extra boost they needed. Studies show a positive attitude is beneficial in a number of illnesses and treatment situations. Sometimes it can be hard to keep positive, so having strategies in place to maintain a positive attitude will be helpful. Some people have found keeping a diary and writing their experiences down helps. You could share these experiences with your supports or keep them for yourself. Be nice to yourself, maintain a good level of self-care such as; enough sleep for healing, enjoying a good diet, as alcohol free as possible, and exercise.

Importantly, remember the hard work you are putting into your treatment and reflect on the result as an incentive. Acknowledge the positive and negative things each day brings. Validate how your feeling and keep moving on.
"All the Best"

For anybody considering treatment and who would like more information, you're welcome to contact WASUA's Hep C Educator and Clinic Nurse. ■

BY WASUA

Mikayla-Jay McGinley – Hep C Educator



THE WASUA CLINIC HAS RE-OPENED!!!

See the Nurse at **WASUA**
519 Murray Street, West Perth

Tuesday and Thursday

**10.30am to 1pm
2pm to 4.30pm**

For BBV & STI testing, vaccinations, vein care and wound dressings



No appointments necessary
Ask at reception for more details



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

PERTH
(08) 9321 2877
www.wasua.com.au

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

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

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

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

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
Colлие

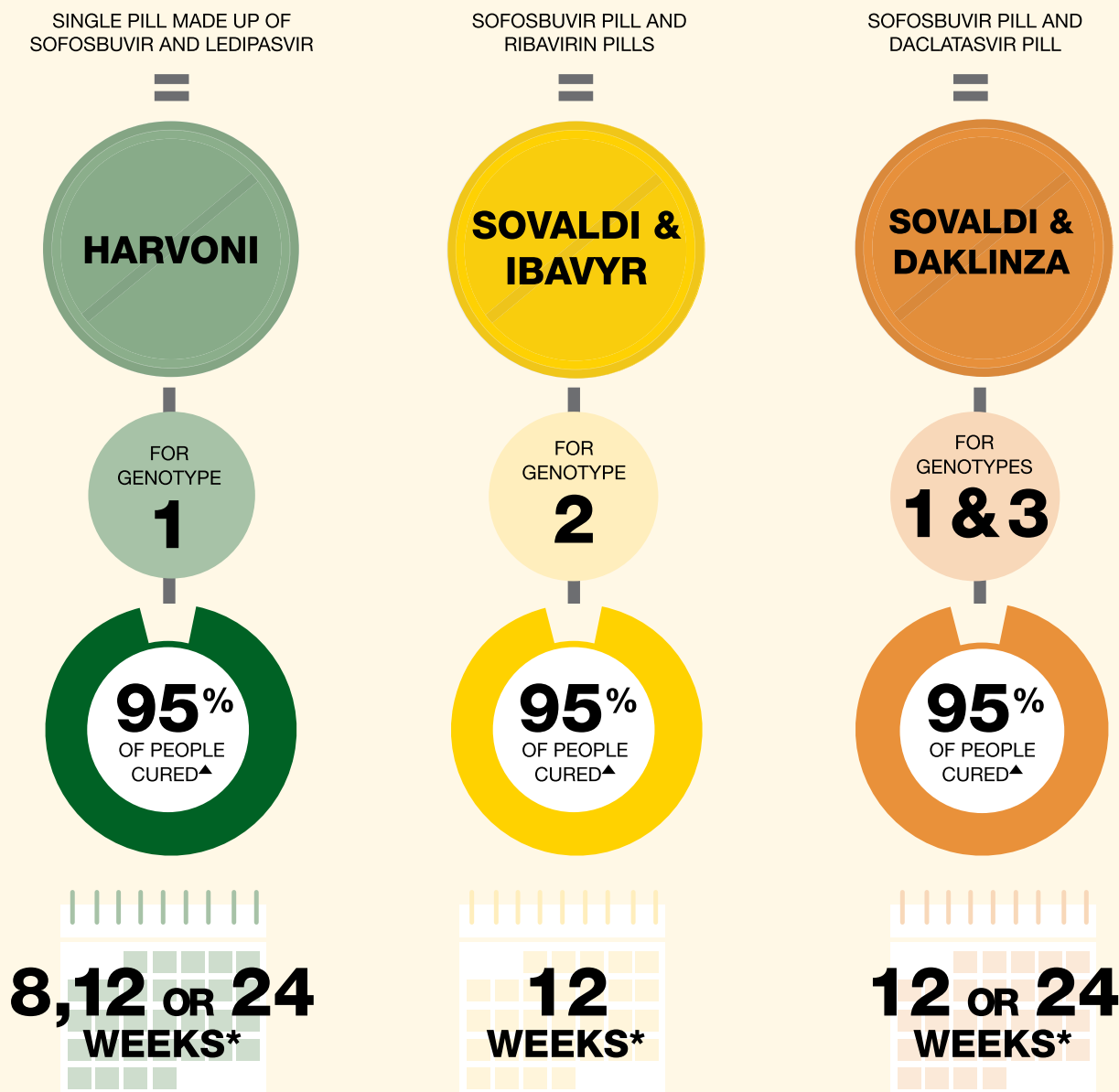
Tues: 1pm-2pm
Tues: 5pm-7pm
Wed: 4:30pm-5:30pm
Wed: 5:45pm-6:45pm
Wed: 7pm-8pm
Thurs: 5pm-6pm
Thurs: 6pm-7pm
Fri: 4pm-5pm
Fri: 6pm-7pm

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.

THE NEW HEP C TREATMENTS

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



WHO ARE THEY FOR?

ANY ADULT WHO HAS 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 ONLY ONCE A DAY FOR 12 WEEKS

WANT TO KNOW MORE?

**Call our Hepatitis Helpline (08) 9328 8538
or visit our website www.hepatitiswa.com.au**

hepatitiswa



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