

hepatitis *wa*

Newsletter

Issue 13 | Sept 2015

*Tips to help you
manage your hep C*

Underdiagnosed

Advanced liver damage in hepatitis C patients grossly underestimated & underdiagnosed (USA)

More Plans for Success

After its hepatitis C success, Gilead is holding its lead in viral treatments

Together We Can See Our Future

Hepatitis Australia's publication on personal stories of Australians who have been impacted by hepatitis C

FREE!

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LETTER FROM THE EDITOR

Welcome to the September 2015 edition of the HepatitisWA Newsletter. In this issue, we summarize the outcome of World Hepatitis Day (July 28th) along with Hepatitis Australia's 'Time For Action' campaign. Keeping on topic, WASUA discusses their involvement of the Hepatitis Awareness 'Liver Healthy Lunch' event on July 29th in which several organisations partnered to offer free services, information, resources, food and entertainment for Hepatitis Awareness Week.

The feature articles in this issue include Hepatitis Australia's launch of the publication 'Together We Can See Our Future'. HepatitisWA's volunteers Eileen and Natásha talk about their involvement on the book and their experience at the launch in Canberra. Other features include US articles on Gilead's future plans after their success of its hepatitis C medications, as well as an article on 'Advanced liver damage in hepatitis C patients grossly underestimated and underdiagnosed'.

The personal perspective story is entitled 'I've just been to a funeral'. Eileen shares the harsh reality of her friend's death caused by his untreated hepatitis C. Lastly, our 'Health & Lifestyle' section explores 'Tips to help you manage your hepatitis C', plus a must-try rustic baked eggs with spinach and tomato recipe.

Felicia Bradley

Editor

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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

June marks the end of our financial year and the reporting period for our funders, so I am happy to report that all the projects at HepatitisWA have performed very well across the year. Our Needle and Syringe Program continues to go from strength to strength with increasing client numbers and equipment output. The Workforce Development Project has had a busy year and has secured some new clients including the West Australian Police. The Workforce Development Project also visited the Kimberly and Pilbara Regions. There has been growth in the Health Promotion Project and exceptional momentum in the Multicultural (Hepatitis B) Project. Support Services continues to provide valuable support for people living with and/or affected by viral hepatitis, and has begun important support work with Bandyup Prison, assisting in the assessment of clients interested in undertaking hepatitis C treatment.

With the support of The Sexual Health and Blood Borne Virus Research and Education Network (SiREN) we employed a consultant to work with staff for six months to develop operational plans for the projects, with an emphasis of improving evaluation and feedback mechanisms, which will enhance outcomes in the future. I extend my thanks to Sally Rowell, the Community Services Manager, for co-ordinating this important initiative.

We successfully negotiated the renewal of a four year contract with the Department of Corrective Services to provide prevention education to inmates through the Health In Prisons – Health Outta Prisons (HIP HOP) Project. We will continue to deliver this project to male and female inmates in all metropolitan and outer metropolitan prisons. The new contract also contains improved evaluation measures which will enhance our work in the future.

HepatitisWA provided a written submission to the Federal Parliamentary Committee on Hepatitis C and presented at the Perth Committee hearing. We also contributed to the development of the State Hepatitis B and C Strategies.

We collaborated with Hepatitis Australia and the other state and territory hepatitis organisations to facilitate the production of a book which tells the personal experiences of people living with, or who have lived, with hepatitis C. The book is aimed at raising awareness, particularly amongst politicians, and to that end was launched at Parliament House in Canberra. HepatitisWA was able to support two contributors to the book to attend the launch. Their reflections on the experience are recorded in this edition.

The Pharmaceutical Board Advisory Committee recommendations to make available the new interferon free treatments for hepatitis C on the Pharmaceutical Benefit Scheme, without restrictions, as soon as an acceptable price can be negotiated, came as a welcome surprise. We are hopeful that there will be positive developments on the availability of these groundbreaking treatments in 2016. Access to the new treatments will revolutionise our response to hepatitis C and provide people living with hepatitis C life changing, and in some cases, life saving opportunities.

by Frank Farmer

TIME FOR ACTION...



*W*orld Hepatitis Day (WHD) was recognised across the globe on July 28th.

It is estimated that there are almost half a million Australians living with hepatitis B or C. Close to 1,000 Australians die each year due to viral hepatitis. Urgent action is required to prevent these deaths; ensuring all Australians with chronic hepatitis B and C are diagnosed, undergo regular liver check-ups and receive appropriate treatment. This is critical to avert a liver disease crisis in Australia.

HepatitisWA, along with peak body organisation Hepatitis Australia and fellow member organisations across Australia conducted various activities and events on WHD to raise awareness of viral hepatitis and influence positive change for all people affected by viral hepatitis.

The national campaign 'Time for Action – Test, Check, Treat', (which was developed and coordinated by Hepatitis Australia) was heavily promoted across all states through various mediums such as social media, print advertising, radio interviews etc.

This year, HepatitisWA, along with partner agencies also sponsored a public event at the local park across from our premises. Agencies offered free services and resources to people, including information, support, healthy food, and a walk-in clinic for hepatitis B vaccination and hepatitis B and C testing.

Ten community organisations across WA were given Hepatitis Awareness Week grants to help educate, promote and create awareness around viral hepatitis. The organisations implemented various activities during the week leading up to WHD.

I've just been to a funeral...

I've just been to a funeral. I'd known "Tom" for 40 years and now he's gone. He died of liver cancer caused at least in part by untreated hepatitis C. His funeral was beautiful. There were about 150 people, mostly friends from across the years. I've never seen so many men weeping. Women too. People were in shock. He had been at work the day before. He had seemed fine. He wasn't.

I'm so sad, but I'm also very, very angry. He didn't need to die so early. If only he had got tested years ago. He could have had treatment. I did. He could have been okay. I am.

At the funeral many people spoke – friends from different periods of his life, his sister, his boss. They all talked of his generosity, his kindness, his thoughtfulness. It was all true. Some of them recounted funny stories from his school days and his youth. He was naughty. He pushed boundaries. This is also true. As I listened, there was an eight-year old boy near me sobbing. He is no relation to Tom, but he remembers a big man who always played with all the kids. A big man not big anymore, small and thin and yellow, lying in that box before us.

We hung out together as teenagers. When I was diagnosed, why didn't he get

tested? When I had my treatment and came out the other end with a second chance, why didn't he do the same? He was smart. How could he have been so dumb? For that matter why didn't I get tested earlier? What made me think I was bulletproof? How can we be so ignorant and so apathetic about our own health? How can we risk so unnecessarily what is so precious?

If you have a history of risky behaviour, even if it was only once, get tested now! If you have ever shared injecting equipment, had a dodgy tattoo or piercing, get tested. It's quick, you can be tested for free at HepatitisWA, it doesn't hurt and it could save your life. If you don't do it for yourself, think of the people that you leave behind, the ones that will grieve when you are gone. There may be many more of them than you think.

If your test comes back negative, great – you have peace of mind. If it comes back positive and the doctor says you need treatment, it is your choice, but don't wait, don't hide, don't procrastinate. Many people don't have a hard time with treatment, but even if it is very difficult as it was for me, it has an end and then you get better and live the years you are meant to live with the people who love you.

Eileen



GOING VIRAL



A ROUND-UP OF ARTICLES ON VIRAL HEPATITIS

ANCIENT HEPATITIS B

STRAIN ONLY FOUND IN

NORTHERN TERRITORY

A 53,000-year-old strain of hepatitis B (HBV) unique to the Northern Territory is giving new hope for preventative treatment against liver cancer.

New research has suggested the C4 strain of HBV entered Australia tens of thousands of years ago.

That subtype has not been found anywhere else in the world outside of the Northern Territory, where there are high rates of liver cancer among Indigenous Australians.

Dr Josh Davis, from Menzies School of Health Research, said the strain seemed to be “more aggressive than the strains found elsewhere”.

“This particular C4 virus is quite ancient and probably entered Australia around 53,000 years ago. That also happens to be when we also think that people entered Australia based on the fossil records,” he said.

“So this virus has probably co-evolved with anatomically modern humans since leaving Africa and this particular strain has branched off just before Indigenous people came to Australia.

“Like all organisms, HBV can be divided into subtypes, and in all other regions of the world there are several subtypes of HBV within the population.

“However in the NT, there is only one subtype of HBV, and this has only ever been found in northern Australian Indigenous people.”

Dr Davis said researchers uncovered the rare strain while undertaking “genetic fingerprinting” research among Territorians infected with hepatitis B.

“There was a previously rare or rarely described subtype of hepatitis B that we found in every single person we have tested,” he said.

Researchers also discovered the subtype appeared to make sufferers more susceptible to liver cancer.

That means researchers can now focus on diagnosing the disease early so it can be effectively treated to prevent cancers developing, Dr Davis said.

‘Nothing to do with the behaviour of the individual’

While liver disease and hepatitis B are often assumed to be caused by environmental, social and lifestyle factors, including alcohol use, this research shows that is not always the case, Dr Davis said.

“People sometimes don’t realise... it’s a very common infection in northern Australia and in Indigenous people. Between 5 and 10 per cent of adults have this virus.”

“It’s generally acquired at birth or during early childhood. In other words, [it has] nothing to do with the behaviour of the individual.

“It shouldn’t be seen as a stigma. It’s been around at least 50,000 years.”

One to 1.5 per cent of the broader Australian population have chronic hepatitis B.

The findings, from the Characterising Hepatitis B in Northern Australia Through Molecular Epidemiology project (CHARM), were released as part of World Hepatitis Day.

BY **NADIA DALY**

July 28, 2015 ABC News.
tinyurl.com/ancient-hep-b

HEPATITIS C PATIENTS IN

ENGLAND DENIED

LIFESAVING LIVER DRUG

Thousands of people in England with a chronic form of liver disease are being denied access to life-saving drugs that are available to patients in Wales, Scotland and Northern Ireland.

Despite being recommended by European regulators and

available in countries such as France and Germany, draft guidance recently issued by the National Institute for Health and Care Excellence (NICE), the body that advises NHS England on whether to fund certain drugs, recommends restricting the use of Daklinza in England. The stance will affect the treatment of adult patients with a particular strain of hepatitis C.

The move has dismayed health experts and liver disease charities who say it will mean a large subset of the sickest and most at risk patients in England will not receive the treatment they need to prevent them from potentially fatal liver failure or cancer.

They have urged NICE to rethink and take into account the results of trials as well as clinical practice that, they say, have proved the drug's efficacy against a disease that is estimated to affect more than 200,000 people in the UK but remains undiagnosed in tens of thousands.

Hospital admissions and deaths due to hepatitis C, a virus spread by contact with infected blood that infects the liver, are predicted to continue rising in England until around 2030, according to health officials.

About a third of people infected with the virus eventually develop cirrhosis, where normal liver tissue is replaced by scar tissue. A few people with chronic hepatitis C and cirrhosis also go on to develop liver cancer.

Last year the European regulator approved Daklinza for use, in conjunction with other drugs, as a treatment for four main strains of hepatitis C genotypes. But NICE has not recommended it for the treatment of patients with the genotype 3 of the disease, which accounts for around 45% of all cases in England. People from south Asia are particularly affected by the genotype 3, which causes an aggressive form of the disease.

Current alternative treatments for genotype 3 cannot be given to people with the most advanced forms of the disease because of their toxicity. They can also result in hair loss and flu-like symptoms that discourage people from completing the full course, or even seeking treatment in the first place.

NICE, which is consulting on the use of Daklinza, says that prescribing the drug for genotype 3 patients is not cost-effective. A full course of Daklinza can cost up to £48,700.

But Dr Anna Maria Geretti, professor of virology and infectious diseases at the University of Liverpool, said studies had shown that, when used in combination with other drugs, almost 100% of patients taking Daklinza were cured. She said studies in 2014 of nearly 500 patients in the UK at 17 centres had also shown that it worked better than alternative treatments.

She said: "NICE has left us with

a situation where we are not able to follow the European guidelines, despite them making a strong recommendation. We are not able to offer treatment to a substantial proportion of our patients with genotype 3 who need it and cannot take the more toxic therapy."

She suggested that up to 1,000 people in England could benefit from the drug, although NICE is understood to put the figure at nearly 3,000.

"My message to NICE is that I would like the evidence coming from our experience of treating nearly 500 people with very advanced hepatitis C infections – including over 100 with genotype 3 – to be taken into account, so some new treatment options may be allowed for people that have genotype 3 and are not able to receive the alternative, more toxic drugs," Geretti said.

Bristol-Myers Squibb, which makes the drug, said: "Nearly 100,000 patients in the UK are thought to have hepatitis C genotype 3. This group could suffer severe treatment inequality from this decision. BMS will be working closely with NICE to see if a solution can be found, and hope that this decision can be urgently reassessed so that patients do not suffer."

BY JAMIE DOWARD

August 16, *The Guardian*.
tinyurl.com/denied-liver-drug

Gilead Sciences Plans After Hepatitis C Success *USA*

Much is being said about the future plans of Gilead Sciences, Inc. after the massive success of its hepatitis C medications. While the company has expanded into diverse therapeutic areas including hematology/oncology, cardio-vascular and inflammatory/respiratory diseases, it is expected that the biotech giant will also continue working on maintaining its lead in anti-viral therapies.

Gilead generated over 91% of its total product sales in FY14 from antiviral treatments, out of which 41.3% was contributed by HCV drug Sovaldi. In FY15, analysts expect Gilead to earn nearly 45% of its product sales from an advanced combination treatment of Sovaldi, Harvoni. According to the World Health Organization, chronic HCV affects over 350 million people globally, making it a very lucrative market for drug-makers. Gilead has established itself as an indisputable leader in the sphere, with a nearly 95% share in the US HCV market (consisting of roughly 3.2 million patients).

The remaining anti-viral therapies in Gilead's portfolio target HIV and hepatitis B virus (HBV). The two diseases present a much smaller market opportunity, with HIV affecting an estimated 35 million people globally and hepatitis B prevalent among almost 150 million people worldwide. However, while Gilead's Sovaldi and Harvoni have managed to reduce HCV treatment time to 12 weeks, from a prior 24-48 week period, HIV and HBV still require longer treatment durations.

Harvoni has also removed the need for interferon or ribavirin for HCV patients,

ridding them from many adverse side-effects. The only remaining goal for Gilead in the field is to work on shortening HCV treatment time even further.

Gilead's Research In HCV

The company has been experimenting with two new drug candidates, GS-5816 and GS-9857, in combination with Sovaldi. In an early-stage trial, the drug cocktail managed to report cure rates of 93% within six weeks in previously untreated HCV1 patients, but failed to do the same in four weeks' time.

Gilead has also forged a partnership deal with Achillion Pharmaceuticals, Inc. to jointly research and develop more efficient HCV drug candidates. Achillion has previously reported 100% cure rates in a mid-stage, six-week-long clinical trial, in combination with Sovaldi.

HIV Research

Gilead already enjoys a leadership position in the HIV market, with nearly 80% of all new patients prescribed the company's drug. Among Gilead's HIV drugs, Atripla and Truvada contributed nearly 14% each to total product sales in FY14. The company's aging HIV drug, Viread, is due to face generics in December 2017; Gilead plans to roll out its improved version based on TAF by then. TAF-based Viread has been found to present the same efficacy at one-tenth the dose and with minimal side-effects.

Meanwhile, Gilead is also researching a cure for HIV; a not-so-easy feat considering that the HIV virus is known to lie latent during



treatment, and emerge back once the treatment is discontinued. Nonetheless, the company has developed a drug candidate, GS-9620, found to activate latent cells to trigger immune response in preclinical trials. GS-9620 is now being tested in humans, with early-stage results expected in the first half of FY16.

HBV Research

GS-9620 has also shown promise in curing HBV, another virus known to hide from the patient's immune system. The experimental drug has so far provided a "functional cure" within four weeks in woodchucks and long-term disease suppression in chimpanzees. Gilead has now moved the drug on to human trials.

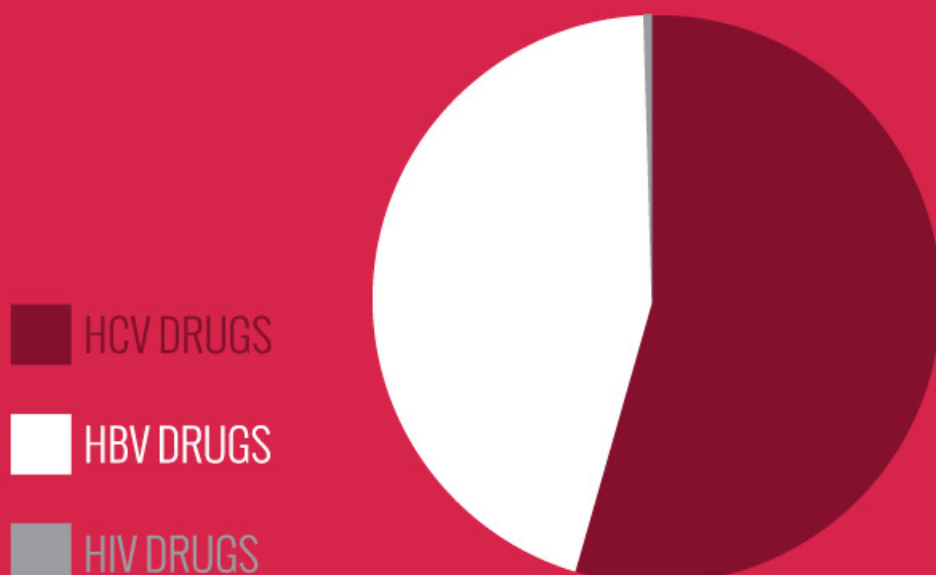
Mergers And Acquisitions

Another expansion route for Gilead will be

acquisitions. The company has indicated in prior interviews and earnings calls that strategic M&A may be on the cards. In March, Gilead bought a privately held Danish company, EpiTherapeutics ApS, for \$65 million for gene therapy research into cancer.

Gilead currently boasts free cash flow amounting to \$17.8 billion, with \$16.3 billion expected in FY15, \$17 billion in FY16, and \$16.8 billion in FY17. The debt payable by the company in FY16 amounts to \$1 billion, with no payment due in FY17. This leaves ample cash on the table for Gilead to venture into large-scale acquisitions for growth and R&D expansion. It must be noted that the company's main success story, Sovaldi, was itself based on a compound acquired in the purchase of Pharmasset Inc. in 2012.

GILEAD'S ANTIVIRAL PRODUCT SALES IN FY14





HepatitisWA collaborated with **Hepatitis Australia** and the other state and territory hepatitis organisations to facilitate the production of a book which tells the personal experiences of people living with, or who have lived, with hepatitis C.

The book is aimed at raising awareness, particularly amongst politicians, and to that end was launched at Parliament House in Canberra. HepatitisWA was able to support two contributors to the book to attend the launch. Their reflections on the experience are as follows.

TOGETHER WE CAN SEE OUR FUTURE

I just had the opportunity to attend the breakfast launch of 'Together We Can See Our Future' in Canberra in June. The participants included contributors to the book, federal politicians and members of government and non-government agencies involved in hepatitis treatment and prevention. There were two speakers from the government committee dealing with HIV, Hepatitis C and Blood-Borne Viruses. Dean Smith and Lisa Singh, senators from different sides of politics united in a strong desire to make a difference in this area. The unity of purpose was heartening. However, the most inspiring and effective part of the breakfast was when two of the contributors to the book spoke movingly and articulately about their situations and experiences. One had undergone a lengthy series of painful and arduous treatments including two liver transplants. His courage, persistence and sheer will to live were truly inspiring. The second contributor is still living with the virus and is unable to undergo the treatments currently available on the PBS. Her only hope is for the new drugs which do not have the serious side effects of current treatments. Her speech was nothing short of a plea for her life, not as a helpless victim, but as a person with a problem, committed to finding a solution. Nobody who listened to these speeches, including the politicians, could fail to be moved by these speakers and their authentic human desire to live.

- Eileen.

Writing an article for a magazine is an honour... being asked to write another article for Hepatitis Australia, a book being presented to parliamentarians was a whole new honour... once the article was finished, a few weeks later I received a phone call inviting me to attend the book launch 'Together We Can See Our Future' at Parliament House in Canberra. I delightfully accepted the invitation, and as the time drew near to fly out, a whole new realm of being scared and excited at the same time gathered momentum with anticipation of attending such an event.

My identity was no longer going to be anonymous; the stigma of hepatitis was

going to be tested in its entirety, head on! I had no idea what to expect.

Joining State Managers of the Hepatitis organisations, other book contributors and associates for dinner the evening prior the launch at Parliament House was an experience I will be forever grateful for. I no longer felt alone, to be guarded, I was with "others" who fully understood what it meant to work with, live with, and be cured of hepatitis C. To sit around together at dinner and discuss openly all things pertaining to the virus was an eye opener, and gave me a sense of calm and connectedness to the world once again. I was beginning to see the bigger picture; I was beginning to feel more comfortable in my own skin.

Sitting amongst everyone at the book launch in Parliament House was to say the least an invigorating moment in time. My confidence had been boosted from the night before, being amongst people who were quite comfortable with themselves, thus arming me with the courage I had longed for. Listening to the sincerity and heartfelt words and experiences of the guest speakers of their battles living with and managing hepatitis C was truly touching and inspirational. Meeting, mingling and conversing with people who were making change, people who were so open about their experiences with hepatitis C, exchanging information with people from the government put me at ease in a way I had not known before, I could sense and feel this was my stepping stone to freedom!

Since the book launch I have been able to slowly begin to openly talk about and share living with and being cured of hepatitis C. The stigma attached still exists, nowhere near the strength it used to be. I encourage all people living with hepatitis to talk about it and share their experiences with friends, family and others. Joining support groups and social gatherings definitely assists in breaking down those barriers. No one deserves to live or feel alone, we all have the right to feel comfortable and more at ease with whom we are. SHARE YOUR STORY TODAY, with someone, and be free.

- Natasha.

TIPS TO HELP YOU MANAGE HEPATITIS C

It's important for people with hepatitis C to take control of their health. There's a lot you can do on a day-to-day basis to protect your liver from damage and keep you feeling good.



STAY HEALTHY

Other viruses that damage your liver, like hepatitis A or B, are especially dangerous to people with hepatitis C. Your doctor may tell you to get vaccinated against them. HIV weakens your immune system. That could allow hepatitis C to progress more quickly. If you have more than one sexual partner, you need to use condoms. Not only do they prevent you from transmitting what you have, they also protect you from other STIs.

GET ENOUGH SLEEP

People with hepatitis C often have a hard time sleeping, especially during treatment. You may not think it's a big deal, but getting enough sleep matters. Hepatitis C symptoms like fatigue can be worse when you don't. There's no special cure for insomnia caused by hepatitis C or its treatment. But there are steps you can take to get a good night's rest:

- Go to bed at the same time and get up at the same time.
- Keep the room cool.
- Use soft fabrics for PJs, sheets and blankets.
- Avoid exercise, large meals or alcohol within 2 – 3 hours before bedtime.



LOOK OUT FOR YOUR LIVER

Hepatitis C can make it harder for your liver to do its main job: break down and filter out substances from your bloodstream. As a result, medications, herbs, drugs and alcohol may stay in your system longer, and have a more powerful effect. Some substances pose the risk of serious liver damage. Common painkillers and cold remedies with aspirin and acetaminophen can be toxic to people with damaged livers, especially if you take them with alcohol. Even large doses of vitamins – like A and D – can be harmful. Be careful with herbal remedies, too. They can be powerful medicine, and some of them can do real harm. Always talk to your GP before taking any medication.



Advanced liver damage in hepatitis C patients grossly underestimated & underdiagnosed

The number of hepatitis C patients suffering from advanced liver damage may be grossly underestimated and underdiagnosed, according to a study led by researchers at Henry Ford Health System and the U.S. Centers for Disease Control and Prevention.

The findings were the result of a study of nearly 10,000 patients suffering from hepatitis C, and could have a significant effect on patient care and healthcare policy regarding the chronic disease.

"Knowledge of the prevalence of liver damage will help decision making regarding screening for the effects of hepatitis C, when to start anti-viral therapy, and the need for follow-up counseling," says Stuart Gordon, M.D., lead researcher and Director of Hepatology at Henry Ford Hospital.

The Chronic Hepatitis Cohort Study is an analysis of records from a large, geographically and racially diverse group of 9,783 patients receiving care at four large U.S. health systems: Henry Ford Health System in Detroit; Kaiser Permanente Northwest in Portland, Oregon; Kaiser Permanente in Honolulu and Geisinger Health System in Danville, Pennsylvania.

The records analyzed by the researchers indicated evidence of liver damage, or cirrhosis, in 29% or 2,788 of the hepatitis C patients included in the study. But surprisingly, 1,727 of those 2,788 patients, or 62% of those suffering from liver damage, had no formal documentation in their medical records that they had cirrhosis.

The results suggest cirrhosis may be underdiagnosed in a large segment of the population, he added. Clinicians typically rely on liver biopsies to diagnose cirrhosis. But in the hepatitis C patients studied, only 661 patients were diagnosed with cirrhosis through a liver biopsy.

"Our results suggest a fourfold higher prevalence of cirrhosis than is indicated by biopsy alone," says Gordon.

The researchers discovered highly likely signs of liver damage by calculating the patients' liver enzymes, platelet counts and age in a previously validated test called a FIB-4 score.

"It's an under-appreciated, easily obtained and, widely available test done through lab work that can point out there's a problem," says Dr. Gordon. "It's a simple test not routinely used by clinicians. A lot of patients in our study had cirrhosis and probably didn't know they had cirrhosis. In addition, electronic medical record reports may not be a reliable indicator of just how many hepatitis C patients may be suffering from cirrhosis."

Hepatitis C is a viral infection that causes inflammation and infection of the liver. The U.S. Centers for Disease Control and Prevention's Division of Viral Hepatitis estimates 2.7 to 3.9 million people in the United States currently suffer from chronic hepatitis C. Without treatment, the virus over time can cause liver cancer or cirrhosis, which can lead to liver failure.

"Sometimes the clues of liver damage or cirrhosis are very subtle - a dropping platelet count, a spleen size that is slightly increased on an ultrasound," says Dr. Gordon. "It is not unusual for patients with hepatitis C to come in and they have liver cancer, and they didn't even know that they had cirrhosis that led to their cancer."

The results could have wide impact on the treatment of those with hepatitis C, a disease now curable in many cases with oral antivirals.

"People with hepatitis C need to find out the severity of their underlying liver disease, because they may not realize that they have cirrhosis," says Dr. Gordon. "Obviously, treatment can slow down the progression."

BAKED EGGS WITH SPINACH & TOMATO

A rustic dish with a delicious combination of flavours and just four ingredients. Try whipping it up for brunch!

INGREDIENTS

100g bag spinach
400g can chopped tomatoes
1 tsp chilli flakes
4 eggs

PREP TIME

5 mins

COOK

15 mins

METHOD

1. Heat oven to 200C/180C fan/gas 6. Put the spinach into a colander, then pour over a kettle of boiling water to wilt the leaves. Squeeze out excess water and divide between 4 small ovenproof dishes.

2. Mix the tomatoes with the chilli flakes and some seasoning, then add to the dishes with the spinach. Make a small well in the centre of each and crack in an egg. Bake for 12-15 mins



or more depending on how you like your eggs. Serve with crusty bread, if you like.

TIP

** Heat 1 tbsp olive oil in a frying pan with a lid. Fry 50g chopped chorizo for 2 mins. Add a 400g can chopped tomatoes, 1 sliced onion, 1 tsp smoked paprika and a handful black olives, then bubble for 8 mins until thick. Make four wells in the mix, then crack in 4 eggs

and cook over a low heat for 6-8 mins until the eggs are cooked. Serve with crusty bread. **

NUTRITION (PER SERVING)

Kcalories 114
Protein 9g
Carbs 3g
Fat 7g
Saturates 2g
Fibre 2 g
Sugar 2g
Salt 0.43g

AUSTRALIA ON CUSP OF NEW ERA OF TREATMENTS FOR CHRONIC HEPATITIS C

SYDNEY August 2015 – New generation antiviral therapies used to treat a highly prevalent and difficult to treat type of hepatitis C are one step closer to receiving a Federal Government subsidy.

AbbVie Australia today confirmed that the Government's expert advisory committee (the Pharmaceutical Benefits Advisory Committee) has recommended the PBS listing of VIEKIRA PAK® and VIEKIRA PAK-RBV® (ombitasvir/paritaprevir/ritonavir tablets; dasabuvir tablets with or without ribavirin (RBV)). Thea therapies are approved by the Therapeutic Goods Administration (TGA) for use by people with genotype 1 chronic hepatitis C virus (HCV) infection, including those with compensated liver cirrhosis.

"We know the Government wants to address the burden of hepatitis C and prevent more people with the virus progressing to serious liver disease. We are looking forward to working collaboratively with the government to realise access for patients," said Kirsten O'Doherty, general manager, AbbVie Australia.

Hepatitis C is a blood-borne virus that affects approximately 230,000 people in Australia, with around 58,000 of these Australians already living with moderate-to-severe liver disease. Left untreated, hepatitis C can cause cirrhosis of the liver, liver cancer and liver failure and is responsible for more than 600 deaths annually in Australia. Currently, only one percent of people living with hepatitis C in Australia are treated each year.

"The development of all-oral, interferon-free hepatitis C treatments is one of the major advances in healthcare in recent decades. These regimens have the capacity to benefit the vast majority of people with hepatitis C in Australia, and halt the escalating burden of serious liver disease including liver failure and liver cancer," said Professor Greg Dore from the Kirby Institute in Sydney.

Taken as tablets twice daily for 12 weeks by most patients, VIEKIRA PAK contains three direct-acting antivirals that work together to attack the virus at three separate stages of the disease lifecycle to inhibit it from reproducing. Doctors consider hepatitis C cured if the patient has undetectable levels of the virus 12 weeks after completing treatment – this is known as a sustained virologic response.

In Phase 3 clinical trials with VIEKIRA PAK and VIEKIRA PAK RBV, the most commonly reported adverse events were fatigue, nausea, pruritus and insomnia. Anaemia and pregnancy are important safety considerations when using RBV. Prescribers should also consider drug-drug interactions prior to treatment.

Australians with chronic hepatitis C are encouraged to see their doctor to have their liver health assessed and discuss management and treatment options. A number of new therapies for chronic hepatitis C have now been approved for use in Australia and have been recommended for a PBS listing.

IMPORTANT INFORMATION ABOUT VIEKIRA PAK®
VIEKIRA PAK® is a prescription medicine containing 2 different types of tablets: paritaprevir/ritonavir/ombitasvir 75/50/12.5 mg combination tablets; and dasabuvir 250 mg tablets. It is used to treat chronic hepatitis C infection in adults including those with cirrhosis (scarring of the liver).

VIEKIRA PAK includes medicines referred to as direct-acting antiviral agents. VIEKIRA PAK has risks and benefits. You must not take it if you are allergic to any of the medicines contained in VIEKIRA PAK, or to any of the inactive ingredients. Do not take it if you have severe liver impairment (Child-Pugh C); if you are taking ethinylestradiol-containing medicinal products such as e.g. oral contraceptives or contraceptive vaginal rings; if you are taking certain drugs broken down in the liver, including medicines containing: alfuzosin, amiodarone, quinidine, carbamazepine, phenytoin, phenobarbital, astemizole, terfenadine, cisapride, colchicine (if you have kidney or liver problems), gemfibrozil, rifampicin, blonanserin, ergotamine, dihydroergotamine, ergonovine, methylergonovine, St. John's Wort (*Hypericum perforatum*), lovastatin, simvastatin, salmeterol, pimozone, efavirenz, sildenafil if you are taking it for pulmonary arterial hypertension (PAH), ticagrelor, triazolam, midazolam, fusidic acid, mitotane, enzalutamide. Do not give VIEKIRA PAK to children and adolescents under 18 years of age. Your doctor will ask you to stop or change to a different method of birth control if you are taking an oral contraceptive pill containing ethinylestradiol. Let your healthcare provider know if you develop: fatigue, weakness, nausea, vomiting, loss of appetite, yellowing of your skin or eyes, or darkening of your urine while on treatment with VIEKIRA PAK. Do not take VIEKIRA PAK if you

are breastfeeding or plan to breastfeed. Some medicines and VIEKIRA PAK may interfere with each other, so tell your doctor if you are taking medicines containing any of the following: sulfasalazine, valsartan, digoxin, erythromycin, imatinib, warfarin, dabigatran etexilate, smephenytoin, trazodone, ketoconazole, voriconazole, fexofenadine, gemfibrozil, amlodipine, diltiazem, verapamil, nifedipine, furosemide, atazanavir, darunavir, lopinavir, rilpivirine, efavirenz, rosvastatin, pravastatin, ciclosporin, tacrolimus, repaglinide, deferasirox, teriflunomide, omeprazole, esomeprazole, lansoprazole, alprazolam, levothyroxine. Tell your doctor or pharmacist if you notice anything that is making you feel unwell. Some of the more common side effect of VIEKIRA PAK include: fatigue, nausea, pruritus, insomnia, asthenia. Please refer to the Consumer Medicine Information, CMI, available from your pharmacist, by contacting AbbVie Pty Ltd directly or from the TGA website www.tga.gov.au.

IMPORTANT INFORMATION ABOUT VIEKIRA PAK®-RBV

VIEKIRA PAK is a prescription medicine containing 3 different types of tablets: paritaprevir/ritonavir/ombitasvir 75/50/12.5 mg combination tablets; dasabuvir 250 mg tablets; and ribavirin 200 mg or 600 mg. It is used to treat chronic hepatitis C infection in adults including those with cirrhosis (scarring of the liver). Viekira Pak-RBV includes medicines referred to as direct-acting antiviral agents. VIEKIRA PAK has risks and benefits. You must not take it if you are allergic to any of the medicines contained in VIEKIRA PAK-RBV, or to any of the inactive ingredients. Do not take it if you have severe liver impairment (Child-Pugh C); if you are taking ethinylestradiol-containing medicinal products such as e.g. oral contraceptives or contraceptive vaginal rings; if you are taking certain drugs broken down in the liver, including medicines containing: alfuzosin, amiodarone, quinidine, carbamazepine, phenytoin, phenobarbital, astemizole, terfenadine, cisapride, colchicine (if you have kidney or liver problems), gemfibrozil, rifampicin, blonanserin, ergotamine, dihydroergotamine, ergonovine, methylergonovine, St. John's Wort (*Hypericum perforatum*), lovastatin, simvastatin, salmeterol, pimozone, efavirenz, sildenafil if you are taking it for pulmonary arterial hypertension (PAH), ticagrelor, triazolam, midazolam, fusidic acid, mitotane, enzalutamide. Ribavirin may cause birth defects and/or death of an unborn baby. Extreme care must be taken to avoid pregnancy during treatment and for 6 months after completion of treatment with ribavirin. Therefore, you must not take VIEKIRA PAK-RBV if you are pregnant or, if you are a man, and your female partner is pregnant; Do not take it if you have a history of severe, pre-existing cardiac disease, including unstable or uncontrolled cardiac disease; severe liver disease or decompensated liver disease; red blood cell disorders, like thalassaemia, sickle-cell anaemia. Do not give Viekira Pak to children and adolescents under 18 years of age. Your doctor will ask you to stop or change to a different method of birth control if you are taking an oral contraceptive pill containing ethinylestradiol. Note that two reliable forms of contraception must be used during this time. Let your healthcare provider know if you develop: fatigue, weakness, nausea, vomiting, loss of appetite, yellowing of your skin or eyes, or darkening of your urine while on treatment with Viekira Pak. Do not take Viekira Pak if you are breastfeeding or plan to breastfeed. Some medicines and Viekira Pak may interfere with each other, so tell your doctor if you are taking medicines containing any of the following: sulfasalazine, valsartan, digoxin, erythromycin, imatinib, warfarin, dabigatran etexilate, s-mephenytoin, trazodone, ketoconazole, voriconazole, fexofenadine, gemfibrozil, amlodipine, diltiazem, verapamil, nifedipine, furosemide, atazanavir, darunavir, lopinavir, rilpivirine, efavirenz, rosvastatin, pravastatin, ciclosporin, tacrolimus, repaglinide, deferasirox, teriflunomide, omeprazole, esomeprazole, lansoprazole, alprazolam, levothyroxine. There is the potential for interactions specific to ribavirin, incl. zidovudine, stavudine, didanosine, azathioprine. These effects may persist for up to 2 months after cessation of therapy. Tell your doctor or pharmacist if you notice anything that is making you feel unwell. Some of the more common side effects of Viekira Pak-RBV include: fatigue, nausea, pruritus, insomnia, asthenia, anaemia, diarrhoea, vomiting, decreased haemoglobin, decreased appetite, headache, dizziness, sleep disorder, cough, dyspnoea, dry skin, rash. Please refer to the Consumer Medicine Information, CMI, available from your pharmacist, by contacting AbbVie Pty Ltd directly or from the TGA website www.tga.gov.au.

For further information on AbbVie visit www.abbvie.com.au.

ENDS

For further information please contact:

Jay Pleass (0412 623 578) or Chris Adams (0412 584 414)

Ethical Strategies

HEPATITIS AWARENESS

WEEK 2015

This year HepatitisWA held an event for Hepatitis Awareness week at Russell Square in Northbridge. HepatitisWA provided an abundance of healthy food and the Red Cross soup van provided wholesome soup at the event. This ensured that everyone who attended was provided with a healthy lunch to promote liver health.

HepatitisWA provided a nurse service for the day that provided sexual health and BBV screenings including hepatitis C testing. This gave access to testing for those who may have felt uncomfortable about visiting a GP or sexual health clinic in the past, or who may have been unaware of the need to be tested.

HepatitisWA brought several agencies together who each had stalls in a marque in Russell Square for this year's event including RUAH, Passages, Magenta and WASUA. HepatitisWA even booked a guitarist/vocalist who contributed to a good atmosphere and a great time was had by all.

RUAH opened their doors for client's to access their services and they gave away essential items such as warm clothing and toiletries on their stall. Magenta workers handed out free condoms and sexual health information & resources to help reduce the harms and risks associated with unsafe sex.

All agencies, including Passages and WASUA had a great opportunity to talk to people on a one-to-one basis throughout the day. They all distributed their resources and shared information with their peers and the broader community to increase hepatitis awareness and reduce

harm. Through this event many people were able to receive the latest information on hepatitis C and the new treatments that we hope will be available next year.

There were many great opportunities to connect with the community and in some cases refer people for sexual/BBV testing. The main idea was for those who attended to be aware of the support services that are available in the community and feel comfortable to link in with them where needed.

WASUA was able to engage with members of the community, informing them of the services that we provide, including a Hepatitis C Educator and Sexual Health Clinic. It was encouraging to see a high number of people attend the event and talk to the WASUA staff on the stall. The WASUA Hep C Educator was able to answer questions, provide information and inform people that they are able to access WASUA's Hepatitis C and other services without fear of judgement and discrimination.

WASUA is a peer organisation and there were people who attended the event who have never used peer services in the past. Those people gave fantastic feedback to all of the agencies who were involved. One person who is new to accessing peer services and was overjoyed at meeting a non-judgemental and welcoming service at HepatitisWA was quoted as saying,

“THERE IS NOW, NO BARRIER
BETWEEN ME AND FIXING
UP MY LIVER!”

WASUA will continue to be involved with Hepatitis Awareness Day into the future, providing harm reduction and safer injecting education to the public in order to help reduce hepatitis C amongst the drug using community. WASUA provides information and education on hepatitis C to drug using peers and to the broader community. The WASUA Hep C Educator is available to discuss any issues that you may have regarding hepatitis C, your liver health and WASUA's other services in a confidential, non-judgemental manner.

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



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

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

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

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

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.

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.

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

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

