

INHSU NEWSLETTER

Welcome to this special Conference wrap-up edition of the INHSU Newsletter. The quarterly INHSU Newsletter endeavors to provide members with interesting research, updates in the global work of the network and upcoming events. This issue will cover the 2018 INHSU Conference and its associated events, including the Joint Action Policy Day, the launch of the new-look INHSU website, a spotlight on upcoming international education delivery as well as recent trial data and real world studies. As the final newsletter for 2018, we would like to thank you again for being involved with this community of like-minded individuals, dedicated to sharing information on HCV prevention and care for people who use drugs.

Thank you to everyone who everyone who attended the INHSU 2018 Conference!

The 7th International Symposium on Hepatitis Care in Substances Users (INHSU 2018) was held 19 - 21 September 2018, Cascais, Portugal. The symposium covered the latest advances on hepatitis C epidemiology, management and treatment of viral hepatitis among people who use drugs, with a specific focus on hepatitis C.

The conference had a truly international focus attracting delegates from around the world, including health professionals (doctors, nurses and allied health), researchers, representatives from community organisations, people who use drugs and policy makers.





Symposium Photos

Photos of the symposium are available on [Flickr](#).



56 Countries were represented at this years INHSU Conference, with representation from all 6 World Health Organisation (WHO) regions.

Click [Play](#) on the video below for a 2 minute tour of INHSU 2018



Presentation slides, abstracts and video recordings are now available through the [symposium programme](#).

Community Scholarship Report - backs

Read reports from the conference by some of the community scholarship recipients:

[Jude Byrne](#)

[Ole Jørgen](#)

[Camila Fontano Roman](#)

INHSU / UNITE Joint Action Policy Day 2018 and the launch of the Global Declaration to Eliminate Hepatitis C in People Who Use Drugs



On Tuesday the 18th of September, a Joint Action Policy Day was held at the Portuguese National Parliament, co-hosted by INHSU and the UNITE Network. The session focused on integrating drug user health, drug policy, and hepatitis C prevention and care for people who use drugs, and brought together a community of people working together to eliminate hepatitis C. President of the UNITE Network Ricardo Baptista- Leite summarized the key messages from this day in [an interview](#) to NEWSFARMA, reiterating the counter-productive nature of drug criminalization, the importance of harm reduction as a public health measure and the need to integrate innovative best practices.

The meeting ended with the launch of the ['Global Declaration to Eliminate Hepatitis C in People Who Use Drugs: A call for political leaders to take action'](#)

The declaration is available online and we encourage you to sign and pledge your support.

[SIGN THE PLEDGE HERE](#)

Community Spotlight:

HEP - C Community Summit

Held on the 18th of September, the 2nd HEP- C Community Summit, organized by the [Correlation European Harm Reduction Network](#) in close collaboration with INHSU, highlighted the needs, current gaps and opportunities to make hepatitis C treatment available for all people. The summit brought together people from the affected communities, advocates, researchers, healthcare providers, harm reduction practitioners, and policymakers to discuss and to develop an enduring cooperation for building the road to HCV elimination.

Pictures and presentations from the day can be accessed on the Community Summit website [HERE](#)



INHSU WEBSITE REDESIGN

INHSU is excited to announce the recent launch of its new-look website! Check out <http://inhsu.org/> for all the latest INHSU information including the INHSU Education Program, the annual Conference, advocacy work and publications led by the Network.



Spotlight on: INHSU Education in France

This November, INHSU is launching the *Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program* in France, with workshops taking place in Strasbourg, Paris, and Montpellier. Earlier this year, France announced the goal of eliminating hepatitis C by 2025, 5 years before the worldwide elimination goal set by the WHO. To attain this, we will hopefully see prescribing of DAAs opened up to addiction medicine specialists and general practitioners in 2019, at which point the education program is ideally timed to train health professionals working in alcohol and other drug services to start testing and treating hepatitis C in their settings. The program has been endorsed by the Fédération Française d'Addictologie and the Fédération Addiction.

More information about the France Workshops and the links to register can be found on the [INHSU Website](#). Additional workshops will take place in 2019; watch the INHSU education webpage in the new year for details.

Strasbourg, Hotel Hilton Strasbourg, 28 November 2018

Paris, Novotel Paris Centre Bercy, 29 November 2018

Montpellier, Crowne Plaza Corum, 10 December 2018



Direct-acting antiviral treatment for hepatitis C among people who use or inject drugs: a systematic review and meta-analysis

Behzad Hajarizadeh, Evan B Cunningham, Hannah Reid, Matthew Law, Gregory J Dore, Jason Grebely

Amongst concerns around poorer response to direct-acting antiviral (DAA) therapy for HCV infection in

people who use drugs (PWUD), this systematic review and meta-analysis assessed DAA treatment outcomes among people with recent drug use and those receiving opioid substitution therapy. 3634 participants from 38 eligible studies were included; among individuals with recent injecting or non-injecting drug use, treatment completion was 97.5% and SVR was 87.7%. Among individuals receiving opioid substitution therapy, treatment completion was 97.4% and SVR 90.7%.

While international guidelines recommend DAA therapy for people who inject drugs, some countries continue to implement restrictions for reimbursement of DAA therapy based on drug use. Additionally, some clinicians are hesitant to prescribe DAA therapy for PWUD due to concerns regarding adherence and poor response to HCV treatment. However, as this study indicates, when people who were lost to follow-up are excluded, responses to therapy exceed 90% in PWUD and those receiving OST. Irrespective of recent injecting drug use, these data highlight that these populations respond favourably to HCV therapy both in clinical trials and in the real world.

To access the full publication click [HERE](#)

Hepatitis C virus reinfection after successful treatment with direct-acting antiviral therapy in a large population-based cohort

Carmine Rossi, Zahid A. Butt, Stanley Wong, Jane A. Buxton, Nazrul Islam, Amanda Yu, Maryam Darvishian, Mark Gilbert, Jason Wong, Nuria Chapinal, Mawuena Binka, Maria Alvarez, Mark W. Tyndall, Mel Krajden, Naveed Z. Janjua

Recognizing that larger population-level reports of reinfection rates after DAA therapy were lacking, this study measured reinfection rates among recent and former PWID using data from the British Columbia Hepatitis Testers Cohort. Analyzing this data, which included ~1.7 million individuals screened for HCV in British Columbia, Canada, the authors conclude that HCV reinfection rates remain elevated among people who recently injected drugs due to ongoing exposure risk, and that among people who inject drugs, daily use of opioid-agonist therapy was associated with a lower risk of reinfection.

Reinfection rates were higher among recent (3.1/100 PYs; IRR 6.7; 95% CI 1.9- 23.5) and former PWID (1.4/100 PYs; IRR 3.7; 95% CI 1.1 - 12.9) than non-PWID (0.3/100 PYs). Engagement of PWID in harm-reduction and support services is needed to prevent reinfections.

To access the full publication, click [HERE](#)

2018 Annual Meeting of the American Association for the Study of Liver Diseases

The Liver Meeting® 2018 was held at the Moscone North and South Convention Center in San Francisco November 9-13, 2018. Thousands gathered to exchange the latest in liver disease research and discuss treatment outcomes; practice changing data included:

[*ANCHOR: High SVR12 Rates With 12 Weeks of SOF/VEL in Persons Who Inject Drugs Receiving Colocalized HCV, Opioid Substitution, and HIV PrEP Services*](#)

The ANCHOR study indicates that PWID with HCV and ongoing IDU have high rates of adherence, treatment completion, and SVR, even with imperfect adherence.

Conference Abstract [HERE](#)

[VA HCV Registry: High Real-World Efficacy of SOF/VEL/VOX in DAA- Experienced Patients With Genotypes 1-4 HCV Infection](#)

In real-world cohort of patients with HCV infection, genotypes 1-4, direct-acting antiviral (DAA) experienced patients, use of sofosbuvir (SOF)/velpatasvir (VEL)/voxilaprevir (VOX) was associated with overall SVR rates of 90% to 100%. Advanced liver disease had minimal effect on SVR except for GT3 where SVR rates were lower

Conference Abstract [HERE](#)

