

WHC/2023/001

WELSH HEALTH CIRCULAR

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Llywodraeth Cymru  
Welsh Government

**STATUS: ACTION**

**CATEGORY: PUBLIC HEALTH**

**Title:** Eliminating hepatitis (B and C) as a public health threat in Wales – Actions for 2022-23 and 2023-24

**Date of Expiry / Review:** A further circular will be issued in 2023.

**For Action by:**

Health Board Chief Executives  
Health Board Medical Directors  
Health Board Nurse Directors  
Health Board Chief Operating Officers  
Health Board Finance Directors  
Health Board Directors of Planning/Strategy  
Health Board Directors of Primary,  
Community and Mental Health  
Health Board Directors of Public Health  
Health Board Directors of Therapies and  
Health Science  
Health Board Directors of Workforce  
Hospital Principals and Chief Pharmacists  
Health Board Chairs  
Substance Misuse Area Planning Board  
Chairs  
Public Health Wales Chief Executive

**For information by:**

General Practitioners  
Community Pharmacies  
Harm Reduction Co-ordinators  
Liver Disease Implementation Group  
Hepatitis B and C Elimination Programme  
Oversight Group

**Sender: Sir Frank Atherton, Chief Medical Officer for Wales**

**DHSS Welsh Government Contact(s):** [HealthProtectionProjects@gov.wales](mailto:HealthProtectionProjects@gov.wales)

**Enclosure(s):**

Dear Colleague,

The Welsh Government remains committed to eliminating hepatitis B and C as a public health threat by 2030 at the latest. I last wrote to you in October 2017 setting out measures to be put in place to achieve this (WHC/2017/48 <https://gov.wales/attaining-who-targets-eliminating-hepatitis-b-and-c-whc2017048>). This update serves to refresh our commitment to eliminate hepatitis B and C and outlines key actions required by health boards, Area Planning Boards and Public Health Wales for 2022-23 and 2023-24.

Elimination of hepatitis B and C has significant benefits for the individual, population health and wider society. The benefits of prevention and treatment to individuals are clear in terms of their longer term physical and mental health. Preventing onward transmission of the virus to other individuals results in wider societal benefits. Elimination is highly cost effective as it prevents development of hepatitis related liver disease and all of its complications: end-stage liver disease (cirrhosis) and hepatocellular carcinoma which are extremely costly to manage, and require utilisation of scarce resource. As well as the cost savings that are realised, prevention and treatment of hepatitis B and C frees up hospital beds and liver transplants for people with other conditions.

This summer, the Seventy-Fifth World Health Assembly approved the new Global Health Sector Strategies including new actions and targets to eliminate viral hepatitis: [Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030 \(who.int\)](#). The World Health Organisation has also this year published updated guidance on hepatitis C infection: [WHO publishes updated guidance on hepatitis C infection – with new recommendations on treatment of adolescents and children, simplified service delivery and diagnostics](#)

The key strategic and operational tasks identified to eliminate hepatitis B and C are not new: increasing awareness, increasing funding, improving access to vaccination, testing and treatment. A key challenge for Wales will be reaching those currently not engaged with traditionally delivered healthcare services.

Hepatitis B and C interventions have traditionally been delivered through

hospital-based services and by specialists. While there will always be a role for specialised services, to eliminate hepatitis B and C we must simplify service delivery, including testing and treating at the most appropriate setting for the individual, whether that be in primary care, harm reduction services or settings such as prisons. Identifying individuals for testing and supporting linkage to treatment is crucial and will require investment in peer workers and patient navigators. Delivery of care and treatment needs to be increasingly undertaken by non-specialists, which could include primary care professionals.

In 2015 it was estimated there were between 12,000 and 14,000 people in Wales with hepatitis C. Since this time, and thanks to your efforts, we have successfully treated over 4,000 people. This has resulted in fewer individuals requiring treatment for hepatocellular carcinoma because of hepatitis C, when overall numbers requiring treatment for hepatocellular carcinoma have been increasing.

Routine screening for hepatitis B has been part of our antenatal screening programme since the early 2000s. In 2017, hepatitis B vaccination became part of our routine childhood vaccination programme. As a consequence of these interventions, acute hepatitis B in Wales is now rare in children, but it remains a problem among unvaccinated adults. Further work is required to understand the prevalence in Wales but similar adult groups to those described above will need to be reached.

Despite many successes to date, and the dedication that continues to be shown by staff providing key services, the elimination of hepatitis B and C remains challenging, exacerbated by the impact of the pandemic. Updated modelling for hepatitis C alone suggests there could be another 8,000 people in Wales who we need to reach. Without further action, elimination may not be achieved until at least 2040.

The Minister for Health and Social Services recognises the need to reinvigorate the drive to eliminate hepatitis B and C, as our services recover and adapt to meet the challenges caused by the pandemic. I accept the stress on our services during the pandemic has meant progress has been severely interrupted, and it will take a concerted effort to regain the ground that has been lost and make further progress. I must emphasise this will not only require the rapid recovery of services to pre-pandemic levels but also a significant increase in individuals being tested and treated, with a particular focus on populations at risk of hepatitis B and C including those from high prevalence countries and people who have ever, or currently inject drugs.

Recognising the scale of the challenge, the Welsh Government has established a Hepatitis B and C Elimination Programme Oversight Group to provide a renewed strategic focus on elimination. Chaired by the Welsh Government, membership includes relevant policy leads within Welsh Government, representatives from Public Health Wales, clinical services within NHS Wales (including existing groups/networks, such as the Liver Disease Implementation Group), key services outside the NHS, such as specialist substance misuse services and third sector organisations. The

group will report regularly to myself and to the Minister for Health and Social Services.

The first meeting of this group was held on the 15 November, and they have agreed a refreshed roadmap for elimination set out in this circular: your attention is particularly drawn to the 13 action points which the group will be monitoring. I look forward to your support and working with the group to ultimately eliminate hepatitis B and C as a public health threat by 2030 at the latest. A further circular updating on progress will be issued in 2023.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Frank Atherton', enclosed in a thin black rectangular border.

**Sir Frank Atherton**  
Chief Medical Officer for Wales

## **Hepatitis B and C Elimination Roadmap**

### **Hepatitis B and C - Progress in Wales**

To support local action, a range of national actions have been progressed:

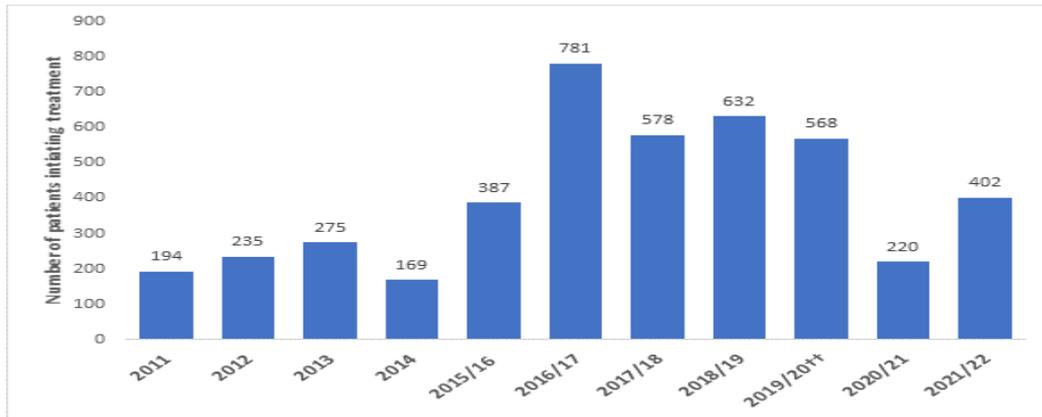
- The Welsh Government issued health boards with significant uplifts to their allocations for directly acting antivirals when they became available in 2014/15. NHS Wales has since negotiated more cost-effective funding deals with the pharmaceutical industry generating significant savings that could be reinvested in services.
- The Welsh Government invests almost £64m into tackling substance misuse, both through Area Planning Boards (APBs) and a ring-fenced allocation for every health board. Our [Substance Misuse Delivery Plan](#) is based on harm reduction principals, which includes work to tackle BBVs and hepatitis B and C elimination. In 2022/23 funding is being made available to secure significant supplies of point of care tests.
- All substance misuse services offer Blood-borne virus (BBV) testing, and every APB has a dedicated Harm Reduction Co-ordinator leading on a range of activities within which hepatitis B and C elimination is a priority.
- A Liver Disease Delivery Plan was in place from 2015 until 2022 and the Liver Disease Implementation Group (LDIG) has managed a £1m annual allocation to support its delivery. This has included funding for hepatitis B and C elimination, primarily focusing on funding a number of key national co-ordination posts.
- The Liver Disease Delivery Plan has been replaced by the Liver Disease Quality Statement. The quality statement, which was published on 30 November, sets out Welsh Government policy expectation and provides national pathways and service specifications for use in the NHS planning and performance regime. LDIG will oversee implementation of the quality statement.
- A vaccine against hepatitis B was introduced into our routine childhood immunisation programme in 2017. Babies at risk of developing hepatitis B infection from infected mothers are given extra doses of the hepatitis B vaccine at birth, four weeks and one year of age.
- Regional targets for control of hepatitis B through immunization have been reached which greatly contributes to the goal of elimination. Uptake of the 6-in-1 vaccine has remained stable at above 95% over the last few years. In the last quarter reported (July-Sept 2021), uptake of three doses of the 6-in-1 vaccine was 95.2% and was 95% or higher in four of the seven health boards and 15 of the 22 Local Authority areas.
- Infection control practices, such as the screening of blood, organ, and tissue donations, have done much to reduce hepatitis B and C spread in the population.

- BBV opt-out testing has been introduced in prisons in Wales, in addition to community substance misuse and allied services. Micro-elimination was for a time achieved in Swansea prison, which was a UK first. A strategy to achieve ongoing micro-elimination is now operational in Swansea, Cardiff and Berwyn prisons. Recent 'surge' testing at Parc Prison resulted in 1,600 people being tested in six days - this approach was evaluated as having been highly effective.
- A national hepatitis C patient re-engagement exercise has commenced (patients who were diagnosed at a time when either treatment wasn't available or wasn't well tolerated were re-contacted and invited for repeat testing and treatment). In phase 1 over 600 letters inviting patients for retesting, were issued which resulted in 140 contacting services and 62 completing treatment. Phase 2 was initiated in January 2022.
- Testing is being delivered in a small number of community pharmacies in accordance with a nationally agreed specification. The current service model will be reviewed to inform wider roll out.
- A key performance indicator (KPI) for APBs, focusing on the offer of a BBV test to all those accessing substance misuse services at risk, had been agreed with the initial target set at 50% .
- The Hep C Peer-to-Peer Follow-Me scheme is currently running in Cardiff and Vale University Health Board, with awareness raising in Cardiff homeless hostels and further training from a service user perspective being provided to staff. Once the Cardiff project is established, the Hep C Trust will look to train Hep C Trust volunteers to act as peers elsewhere in Wales, including supporting Salvation Army outreach services.

### **Impact of the pandemic**

#### **Impact on numbers of patients initiating treatment for hepatitis C**

Despite the progress described above, informal treatment targets (approx. 900 treatments per year) have never been achieved and the pandemic has had a significant impact on treatment numbers in 2020/21 and 2021/22:



### Impact on prevention services

Substance misuse services are key for both prevention and case ascertainment and have been significantly impacted by the pandemic. Needle and syringe programmes have faced significant reductions in individuals and transactions during and following the pandemic. Pre-pandemic (2019-20), 24,196 unique individuals accessed these programmes with 13,091 regular clients and 142,141 transactions, these numbers reduced significantly and continue to be 19% and 27% respectively lower in 2021-22, with a total of 97,337 transactions (a 31.5% reduction).

### Impact on testing in substance misuse services

In 2019-20, blood-borne virus (BBV) testing was being offered to 38.9% (4,094 individuals), and 33% (3,475 individuals) were tested against the initial target of 50%. In 2020-21 BBV testing all but ceased across Wales due to the Covid-19 pandemic and therefore numbers were much lower. In 2021-22, provisional data shows 16.2% were offered testing, of which 13.5% of all individuals were tested (2,333 individuals).

### Impact on testing in prisons.

Despite the impact the pandemic had on testing in Welsh prisons, there has been a significant increase in testing coverage since 2020. During 2021 50.1% of the prison cohort were tested for BBVs in comparison to 30.9% in the previous year. Testing coverage has nearly been restored to pre-pandemic levels, where 56.6% were tested in 2019.

## **Next Steps**

### **Action 1 – Develop Joint Recovery Plans**

Health boards must lead the development of Joint Recovery Plans for their respective areas, working with the Area Planning Boards and Public Health Wales. These joint recovery plans must be submitted by 31<sup>st</sup> March 2023 to [HealthProtectionProjects@gov.wales](mailto:HealthProtectionProjects@gov.wales) for assessment by the Hepatitis B and C Elimination Programme Oversight Group.

The joint recovery plans must cover the following actions:

- A named corporate lead for hepatitis B and C elimination in the health board.
- A list of posts which are resourced to deliver hepatitis B and C elimination and provide evidence of new or planned investment in services to support the elimination agenda (Action 2 below).
- Actions that will be taken to improve access to Needle and Syringe Programmes (Action 3 below).
- Actions that will be taken to improve outreach services including peer support services (Action 4 below).
- Actions that will be taken to improve testing in pharmacies, substance misuse services and prisons. Testing by GPs and testing in sexual health services should also be considered (Actions 5-9 below).
- Actions that will be taken to ensure those referred for treatment are seen in an appropriate time frame and receive treatment in a setting suitable to their needs. In many instances this will mean that patients need to be seen in the community within a few days of their diagnosis and started on treatment in a community setting. Health boards need to ensure that teams are appropriately resourced for this and set up to provide care in line with national rapid treatment guidelines. Achieving this will require reassurance that clinical teams will be adequately resourced to both treat individuals that need to be treated in clinical settings and support treatment in the community (Action 10 below).
- Acknowledgement that the hepatitis C treatment targets set for 2023-24 are minimum targets to be exceeded wherever possible (Action 11 below).
- Assurance on resource to support the national re-engagement programme (Action 12 below).
- Assurance that the e-form will be used for data recording (Action 13 below).

### **Action 2 – Provide sufficient funding to meet elimination targets**

Welsh Government will seek to secure ongoing funding for key national co-ordination posts to assist and enable key delivery partners to deliver against the elimination agenda.

Health boards, Area Planning Boards and Public Health Wales must provide evidence of new investment in services to support the elimination agenda.

### **Action 3 - Prevent Infection**

Health boards and Area Planning Boards must ensure substance misuse service and community pharmacy harm reduction services increase the provision and uptake of needle and syringe programmes (NSPs) across Wales to ensure 100% availability of sterile injecting equipment for every injecting event in line with NICE guidance in order to prevent ongoing transmission.

### **Action 4 - Increase case finding**

Health boards and Area Planning Boards must invest in effective and sustained outreach services to engage with individuals not currently in contact with services, including homeless and unstably housed, young people, those at risk of injecting initiation and sex workers.

The success of peer support workers has been demonstrated. The benefits of a peer support network include increased reach and increased credibility, which has resulted in an increase in individuals initiating and completing therapy in certain settings.

### **Action 5 - Improve testing models**

BBV testing should be available in a variety of settings including community pharmacy, community settings, NSPs, drug and alcohol services and prisons. The model of testing will vary by setting and health boards and Area Planning Boards must support the roll out of testing strategies that have proven to be effective including venepuncture, dried blood spot testing and point-of-care tests.

### **Action 6 - Improve testing in Community Pharmacies**

Testing is currently being delivered in a small number of community pharmacies. Introducing new point-of-care tests is a key way of improving testing in this community setting.

Health boards must ensure point-of-care tests are available in at least 100 community pharmacies from those with the highest numbers of needle and syringe exchange and opioid substitution therapy service users by April 2024.

Welsh Government will work with health boards to agree the priority pharmacies in each health board area.

### **Action 7 - Improve testing in substance misuse services**

The key performance indicator (KPI) for Area Planning Boards is being re-introduced. For 2023/24, a minimum of 50% of service users should be tested, with the longer-term aim of 100% of service users tested routinely (in line with micro-elimination targets).

### **Action 8 – Improve referral rates from substance misuse services**

For 2023/24, 100% of those who have tested positive on the initial screen should be referred for further investigation with a minimum of 80% of those successfully attending an assessment by clinical treatment services.

### **Action 9 – Improve testing and treatment in Prisons**

Micro-elimination of hepatitis C must be achieved and sustained in all Welsh prisons by March 2024. Micro-elimination is defined as:

- 100% of the prison population being offered a hepatitis C test.
- 90% of those having then been tested.
- 90% of those who been diagnosed with hepatitis C having started treatment.

### **Action 10 – Improve treatment times**

Health boards must ensure that individuals referred for further investigation and care should be seen expediently, preferably within days and in a setting suitable to their needs with provision being made for rapid access to therapy where required.

All clinical staff are required to use the e-form on the clinical portal for recording patient care pathways for this and other aspects of care to be monitored.

### **Action 11 – Increase number of patients successfully treated for hepatitis C**

The table below sets health boards annual minimum treatment targets for hepatitis C for 2023/24:

<b>Health Board</b>	<b>Minimum number treated per year</b>
<b>Aneurin Bevan University Health Board.</b>	<b>80</b>
<b>Betsi Cadwaladr University Health Board</b>	<b>205</b>
<b>Cardiff and Vale University Health Board</b>	<b>205</b>
<b>Cwm Taf Morgannwg University Health Board</b>	<b>135</b>
<b>Hywel Dda University Health Board</b>	<b>60</b>
<b>Powys Teaching Health Board</b>	<b>10</b>
<b>Swansea Bay University Health Board</b>	<b>205</b>
<b>TOTAL</b>	<b>900</b>

### **Action 12 – Deliver the national re-engagement programme**

Health boards to ensure that the remaining 3,000 individuals who may have current infection with hepatitis C are communicated with and are encouraged to come forward for testing. The expectation is that this exercise will be completed by late 2023.

### **Action 13 – Improve our data**

From 1 April 2023, all data on treated patients will be gathered via the e-form, and any not entered via this system will not be counted.

We are aware that there remains considerable uncertainty around the prevalence of both hepatitis C and HIV in Wales. Further evidence is required in this area so that we can truly understand the scale of the task, better understand who to target for testing and know when we have achieved our elimination aims.

Public Health Wales will undertake a seroprevalence survey that aims to estimate the overall prevalence in the general population; and the prevalence in all relevant sub-populations to inform targeted testing and clinical services going forwards. The results from this survey will inform future Welsh Health Circulars.