“Scottish research has found pharmacist prescribing of HCV treatment increased test uptake and approximately doubled the numbers treated.”

Screening for hepatitis C needs to be rolled out in pharmacy and needle exchange programmes if New Zealand wants to eliminate the life-threatening disease, says Ed Gane, a liver specialist and co-author of a study published in the *New Zealand Medical Journal* last Friday.


Targeting customers with risk factors, a point-of-care test was carried out to detect antibodies of hepatitis C virus (HCV). Results were available in five minutes, and if positive, patients were given a lab form to get a blood test, and subsequent treatment from a GP.

The Waitematā DHB-funded study says almost 40,000 New Zealanders have HCV with the rate of infections growing by 1000 a year. An estimated 20,000 don’t know they have it.

Dr Gane told *Pharmacy Today* with the new drug Maviret (glecaprevir-pibrentasvir) now funded for all hepatitis C patients, there’s no reason why New Zealand cannot reach its goal of elimination by 2030.

**Fewer being treated**
Liver specialist Ed Gane

When Maviret, which has a 98 per cent cure rate, first became available nearly two years ago, 6000 patients a month were being treated. This has slowed to around 600 a month.

“We’ve run out of people who know they’re infected,” he says. But to reach the thousands of New Zealanders with undiagnosed hepatitis C, he says testing in pharmacies and needle exchange centres must be considered.

Results of the study published in the *NZMJ* show, of the 192 participants, seven tested positive in the screening test. Five of them tested positive to HCV in a blood test and four went on to treatment.
Pharmacies were paid $25 for each test, and the authors noted most of the pharmacists were pleased to be involved in the screening and wanted it to continue. The pharmacies involved were: Unichem Medi-centre Pharmacy; Unichem Massey Pharmacy; Kelston Pharmacy; Birkdale Pharmacy; Life Pharmacy Henderson; Life Pharmacy Glenfield; Ranui Pharmacy; Unichem Torbay Pharmacy; Glenfield Seven-Day Pharmacy; and Unichem Lynnmall Pharmacy.

**Access and raising awareness**

Pharmacist and senior honorary research fellow at the University of Auckland School of Pharmacy Natalie Gauld

While the number of positive tests was not high, Dr Gane and Dr Gauld say the study was looking at feasibility of screening in pharmacy.

Dr Gauld, senior honorary research fellow at the University of Auckland School of Pharmacy, says the pharmacy setting helps to access people who don’t want to visit their GP to get tested, while also raising awareness about hepatitis C and the need for testing.

“I think this is a really important piece of the puzzle,” she says. “I would like to see it expanded. It’s not for every pharmacy,” she adds, but those with high foot traffic, and those which run a needle exchange programme or belong to a community where there’s higher rates of hepatitis C could benefit.

**Testing and treating**

But both she and Dr Gane say the real benefits of pharmacy testing come when pharmacists are able to treat as well.

In Scotland, where hepatitis C is well on the way towards elimination, testing and treating by pharmacists has been credited with being a large part of the success.
The authors say, “Scottish research has found pharmacist prescribing of HCV treatment increased test uptake and approximately doubled the numbers treated when using pharmacist screening and prescribing versus pharmacist screening and a conventional nurse-led pathway.”

A proposal has been put to the Northern Regional Alliance, representing the four most northern DHBs, to get a test-and-treat-in-pharmacy scheme under way, and it’s currently being considered.

**Testing at needle exchanges**

Also published in the *NZMJ* last week was “Point-of-care rapid testing for hepatitis C antibodies at New Zealand needle exchanges”, a study by Geoff Noller, research coordinator at the Needle Exchange Services Trust in Christchurch, and Jenny Bourke, a hepatitis C clinical nurse specialist.

More than 200 people were tested at three South Island needle exchanges. Of these, 131 people (64 per cent) tested positive for HCV antibodies. This led to 14 diagnoses of HCV with seven people starting treatment.

Researchers says people who inject drugs (PWID) are often difficult to reach, and peer staff at needle exchanges are ideally placed to provide rapid HCV testing, and to encourage and support their clients into treatment.

They also noted, through the interactions involved in testing participants, needle exchange staff reported strengthened relationships with clients.