



Oifig an Stiúrthóra Cúnta Náisiúnta  
Clár Cúraim Pobail Feabhsaithe &  
Conarthaí Príomhchúraim  
Feidhmeannacht na Seirbhíse Sláinte

Urlár 2, Páirc Ghnó Bhóthar na Modhfheirme,  
Bóthar na Modhfheirme, Corcaigh, T12 HT02

Office of the Assistant National Director  
Enhanced Community Care Programme &  
Primary Care Contracts  
Health Service Executive

Floor 2, Model Business Park,  
Model Farm Road, Cork, T12 HT02

[www.hse.ie](http://www.hse.ie)

T: 021-4928512

E: [primarycare.strategy@hse.ie](mailto:primarycare.strategy@hse.ie)

**Deputy Duncan Smith**

**Dáil Eireann,**

**Leinster House,**

**Dublin 2.**

**5<sup>th</sup> December 2022**

***PQ 56597/22: To ask the Minister for Health if he will provide an update on his Department's progress in making hepatitis C a rare disease; and if he will make a statement of the matter.***

Dear Deputy Smith,

I refer to your parliamentary question referenced above with regard to the National Hepatitis C Treatment Programme, established in 2015, with the aim of making chronic hepatitis C virus infection a rare disease by 2030. This is in line with the WHO elimination goals for chronic viral hepatitis, which are to be achieved by 2030. On the basis of current estimates it is anticipated that we will reach these goals by 2026, which is in line with other Western countries e.g. Australia and the United Kingdom.

Hepatitis C virus infection is acquired when blood or blood products are transferred from an infected person to another individual. Since its inception the NHCTP has provided treatment to over 7,000 people in Ireland using Direct Acting Antiviral Medication with cure rates in excess of 95%. Antiviral therapy is now simple and highly effective. The virus can be eliminated in > 95% of cases with 8-12 weeks oral treatment and side effects are very rare.

The main source of infection in Western countries is now through intravenous drug use. It is estimated that at a significant portion of the potential number of people in Ireland with hepatitis C are not aware of their diagnosis. In this regard, the objective of the NHCTP is to raise awareness in order to identify and provide treatment that cures the majority of people living with hepatitis C in Ireland over the coming years by focusing on identifying the population and case finding.

It should be noted that the size of the un-diagnosed cohort in the community is unknown. In this regard the NHCTP engaged in a formal epidemiology study to determine the prevalence and to facilitate informed decisions regarding screening. The results of which have been forwarded to HIQA who plan to put the results into the cost-effectiveness model used in the health technology assessment. This study will provide robust data on the population prevalence of active hepatitis C virus infection to designing a programme which will reach the higher risk relatively disadvantaged sections of society.

In addition, the NHCTP is engaged in an on-going national birth cohort sero-prevalence study and it is anticipated that this may provide some information in this regard. The programme has however, observed a marked decline in numbers of newly diagnosed infections in recent years and a significant increase in the numbers of patients successfully completing treatment which suggests that the treatment as prevention may be working.

The NHCTP current focus is on identifying patients who may not be aware of their infection and encouraging those, previously identified, into treatment. Many of the latter patients have



particular challenges including addiction issues, homeless, mental illness, incarceration etc. These patients represent a reservoir for infection and it is important to identify and treat them for the sake of their own health and to reduce the risk of transmission to others. It is important to realise that alcohol or substance abuse issues are not a barrier to treatment. The patient just needs to be stable enough to take the medications.

The HSE is committed to the evolving needs in treating hepatitis C patients, these include screening, testing, integration of treatment etc. and not just simply provision of treatment - case finding and implementing national hepatitis C screening guidelines are key. To ensure that the NHCTP meets the WHO elimination target the NHCTP has implemented the following:

- Progression of a more intensive phase of 'seek and treat policy' in the community and case finding in prisons. The programme is also expanding the treatment availability within the community provided by General Practitioners and corresponding participating community pharmacists to include the non-opioid patients
- The online testing for hepatitis C is due to go live in January 2023 with a proactive media campaign. This new service will enable hepatitis C testing to be more available throughout Ireland. This is designed to engage individuals who are aware they may have a risk factor but do not wish to approach their family doctor
- Development of an out-reach testing service from the liver unit St. Vincent's Hospital
- Enhance test and treat in Cloverhill Prison and out-reach in Cork, Limerick and Castlerea Prisons
- Screening in needle exchange programme: The NHCTP has provided funding for a community hepatitis C nurse based in Cork University Hospital to conduct a pilot screening project in Cork using OraQuick tests

I trust this is of assistance.

**Yours sincerely,**

A handwritten signature in blue ink, appearing to read 'G. Crowley', written over a horizontal line.

---

**Geraldine Crowley,  
Assistant National Director,  
Enhanced Community Care Programme &  
Primary Care Contracts**