

A stylized illustration of a person with their arms raised in a celebratory gesture. The person has black hair, is wearing an orange top and dark blue pants. The background is a solid teal color. The text 'Hepatitis C ist tödlich – aber heilbar.' is overlaid on the person's torso.

Hepatitis C ist tödlich –  
aber heilbar.

**Annual Report 2019**

## PREFACE

# Breakthrough at the political level

According to the goals of the Swiss hepatitis strategy, hepatitis B and C should be eliminated within ten years. In other words, the rates of new infections, secondary diseases and deaths should be massively reduced by then. In order to achieve these goals, some efforts are still needed.

A basis for making the elimination of hepatitis B and C a reality was laid at the political level last year. Long-standing contacts between the Swiss Hepatitis Strategy network and national parliamentarians resulted in successful initiatives in parliament and a personal meeting with Federal Councillor Alain Berset. However, the goal of integrating viral hepatitis into the national HIV programme is not only supported politically, but also by experts: the Federal Commission for Sexual Health FCSH adopted a roadmap for the elimination of HIV and hepatitis B and C at the end of 2019.

Numerous stakeholders from the hepatitis sector are now also involved in the workshops for drawing up the national HIV/STI follow-up programme. The synergies are to be used to join forces to eliminate these infectious diseases – which are similar in many areas – by 2030.

This political work was resource-intensive and, in addition to the ongoing major projects, could only be achieved by increasing the percentage of the employees at the office and in the project management area.

I am convinced that we can achieve the goals of the Swiss Hepatitis Strategy over the next 10 years if we succeed in ensuring that all the players in Switzerland pull in the same direction. The signs are good thanks to the successful work of the past year.

PD Dr. med. Philip Bruggmann,  
President Swiss Hepatitis

# The Swiss Hepatitis Strategy and Politics

**The year 2019 was dedicated to the integration of viral hepatitis into existing programs and structures. A breakthrough was achieved in the second half of the year with the motion in the Council of States on this subject and a recommendation by the Federal Commission for Sexual Health.**

At our Swiss Hepatitis Symposium 2018, Michel Katzatchkine, former Director of the Global Fund to Fight HIV, Tuberculosis and Malaria, had a clear message: viral hepatitis must

be integrated into existing programmes in order to achieve elimination. The network members took this to heart. They met for two meetings, in April and early December. Both meetings focused on the topic "Integration of viral hepatitis into existing programs and structures". In order to achieve the elimination of viral hepatitis in a resource-saving way, synergies are to be used. To this end, functioning structures in the health sector are



being sought and hepatitis is being integrated into them.

First and foremost, the idea was to use the next national HIV programme, which will run from 2022 to 2030, for this purpose. Swiss Hepatitis will bring these ideas to the various committees and to health policy.

Other programmes such as the Addiction Strategy should also be examined for possible integration, as well as screening programmes such as colon cancer, which has a major interface with hepatitis C in terms of the risk group. In general, cancer stakeholders should also be more closely involved.

At the second meeting, the successes of these efforts could then be presented: National politicians took up the issue and a motion calling for the integration of viral hepatitis into the next national HIV programme was recommended for adoption by the Federal Council and approved by the Council of States.

The Federal Commission for Sexual Health FCSH had assembled a working group in the summer with representatives of Swiss Hepatitis. This resulted in a roadmap which is targeting the elimination of viral

hepatitis and HIV by the year 2030. It will serve as a basis for the development of the next HIV programme.

## SYMPOSIUM

# Micro-Elimination

**Quick-witted, charming and with a lot of speed, presenter Fabian Unteregger, who is a doctor and comedian himself, led through the afternoon. The well-attended symposium – about 100 people found their way to Welle7 in Bern – started with two presentations on interventions for men who have sex with men.**

### **Micro-Elimination in men who have sex with men and in prison**

Benjamin Hampel from Checkpoint Zurich showed the impressive findings of the Swiss HCVree trial, which resulted in a significant reduction of HCV in HIV-positive MSM. With the pre-exposure prophylaxis Prep, more men who have sex with men have sex without a condom as they are protected from HIV infection, and hence the risk of HCV infection in HIV-negative MSM increases. Prep users are therefore tested for HCV every 6 months, so far without evidence of increasing HCV infection. He also addressed the stigma that affects HCV-positive

men in the MSM community nowadays even more than HIV-positive men.

Nursing scientist Patrizia Künzler showed the results of a behavioural intervention. Study participants were sensitized to risks in discussions about their behavior. The intervention had an effect, but in different ways. While one group intensified condom use and took drugs more safely, others minimised transmission risks by reducing the number of sex events or social media dates, but without using condoms more frequently.

Nathalie Vernaz and Laurent Gétaz from the University Hospital of Geneva spoke about the prison setting. Many prisoners have no health insurance and therefore no access to the expensive hepatitis C drugs. Importing cheap generic drugs through a Buyers' Club offers a pragmatic solution in Geneva. The prevalence of HCV in prisons is greatly increased because a high

proportion of prisoners come from countries where hepatitis viruses are more widespread. Drug use and tattooing are also common. In Geneva prisons, a test-and-treat-approach for HBV, HCV and syphilis is being pursued with an opt-out option. The most important hurdles are that patients refuse blood tests for fear of stigma, that the continuity of treatment, for example on discharge, is not guaranteed and that access to treatment and the question of costs are not clarified.

### Science goes Politics

Corina Wirth from the Swiss Society for Public Health and Bettina Maeschli from Swiss Hepatitis explained in an interview with moderator Fabian Unteregger why the cooperation between the two organisations is having an effect. Scientific evidence and figures are important, but only if they are prepared and communicated in a clear and comprehensible form can they have an impact at the health policy level.

Felix Gutzwiller, former member of the Council of States and a Professor for Public Health, agreed and praised the excellent political work

of the Swiss Hepatitis Strategy. The integration of hepatitis into the next HIV programme is a milestone, he said. But even if the Federal Council had said yes to this, we must not rest on our laurels now, but must ensure that this is implemented correctly in concrete terms.

### Start with micro-elimination, end with complete elimination

International guest Jeffrey Lazarus showed impressive projects in Denmark and Barcelona, especially outreach work with drug addicts. The central idea is to bring the services of this group directly to the people, i.e. tests, examinations and then also treatment. It is not realistic for this group to go several times to the hospital for tests and then to the pharmacy. A full-service care should be provided in one place. He showed the criteria that a group should have in order to successfully promote micro-elimination. Especially a clear definition of the group, clear goals and indicators and monitoring are central. For him, micro-elimination is a way to achieve success relatively quickly. But for total elimination, an overall strategy is also needed.

Politician Ursula Zybach concluded by showing that viral hepatitis and the burden of these infectious diseases are public health-relevant and reiterated the support of the Swiss Society for Public Health in this area.

### Working together to eliminate HIV and hepatitis

The final podium discussion focused on the question of where Switzerland stands today and what needs to be done. Even though participants not entirely agreed about the way forward, it was clear to all: dialogue and cooperation must and

will continue. Micro-elimination of hepatitis B and C in clearly defined populations or settings is an efficient way to use the time until the joint national HIV and hepatitis programme comes into effect.



# Communication

## a. Hepatitis-C-Awareness-Campaign

Since 2015, the Swiss Hepatitis Strategy and Hepatitis Switzerland Network has been conducting campaigns on hepatitis B and C aimed at the general public. Thanks to the generous support of sponsors, however, we were able to launch a broader campaign for the first time in 2019, which was not only online, but could also be seen on eboards in the streets.

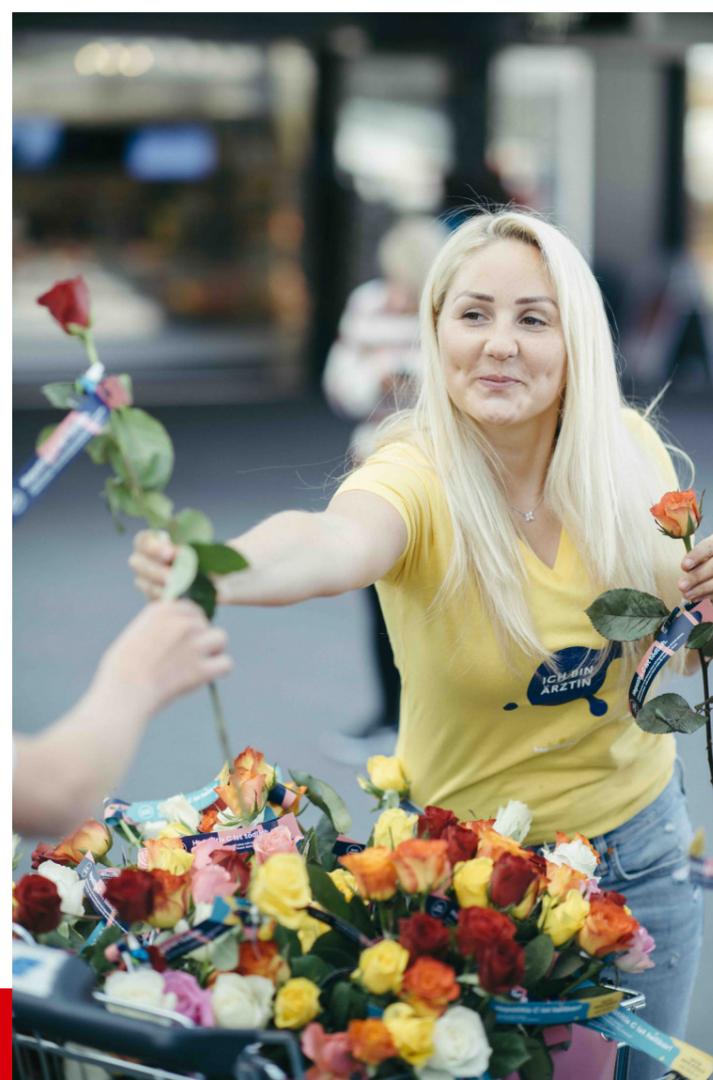
The basic idea of the campaign was to draw attention to the curability of hepatitis C. From numerous conversations with patients, but also with general practitioners, we know that in many people's minds the fact that hepatitis C can be cured today in an uncomplicated way with few side effects has not yet been accepted. But the danger of the infection is also underestimated. We therefore rely on a three-stage message:

"Hepatitis C is fatal, hepatitis C is curable, take the test now".

An animated and eye-catching key visual was developed. The appear-

ing colours and the jumping figure make you want to deal with the topic and are ideally suited for use in online channels.

The campaign was placed as ads on news platforms as well as on Facebook and YouTube. Thereby, people with an increased risk of infection were specifically targeted.



## Quantitative values:

2'800'000 Impressions of ads

31'000 clicks on ads

180'000 views of video ads

366'000 individuals reached on facebook

112'000 video views on facebook

30'000 Interactions with posts

10'000 roses distributed in 5 cities

60'000 e-boards impressions in 11 cities

15'000 flyers to 120 addresses

25'000 page visits on hep-check.ch

During the week of the campaign launch, we also distributed 10,000 roses with the campaign appeal at stations in five cities in all language regions. In addition, we sent 15,000 flyers to treatment centers and doctors throughout Switzerland.

The conclusion was consistently positive. The campaign achieved above-average click rates. The partner laboratory reported an increase in hepatitis C tests of around 10 percent during the two months following the campaign.

## b. Online presence

In 2019 we were able to further expand the reach of our online activities and reach more people than in previous years. For example, our websites [www.hepatitis-schweiz.ch](http://www.hepatitis-schweiz.ch), [hep-check.ch](http://hep-check.ch) and [hepcare.ch](http://hepcare.ch) had a total of over 58,000 users (2018: 49,000, up 16 percent).

Last but not least, thanks to the campaign, our number of Likes on the Facebook page increased. In total, we were able to reach over 360,000 people with our posts.

## c. Media: Selected reports

The media again accompanied the elimination efforts and the events on the political level. Some selected reports with statements from Swiss Hepatitis:

### **NZZ, 28 November 2019: Hepatitis B und C: eine Elimination ist möglich (Hepatitis B and C: Elimination is possible)**

Our guest commentary on the situation: The life-threatening infectious diseases hepatitis B and C are neglected by the health authorities. However, any new infection and thus any liver cancer due to viral hepatitis would be avoidable today.

**NZZ am Sonntag, 19 October 2019: Hilfe für «Drögeler und Knackis» bei Hepatitis-C-Erkrankungen (Help for drug users and prison inmates with hepatitis C diseases)**

Background information to the motion by Damian Müller, member of the Council of States, on the integration of viral hepatitis into the next HIV programme. More federal funding for the fight against hepatitis.

**Blick, 17 August 2019: Krankenkasse verweigert einem Versicherten Hepatitis-C-Therapie (Health insurance company refuses hepatitis C therapy to an insured person)**

Portrait of an affected person whose health insurance company refused a second therapy.

**Sonntagszeitung, 26 May 2019: Bund knausert bei tödlicher Krankheit (Federal government stingy on deadly disease)**

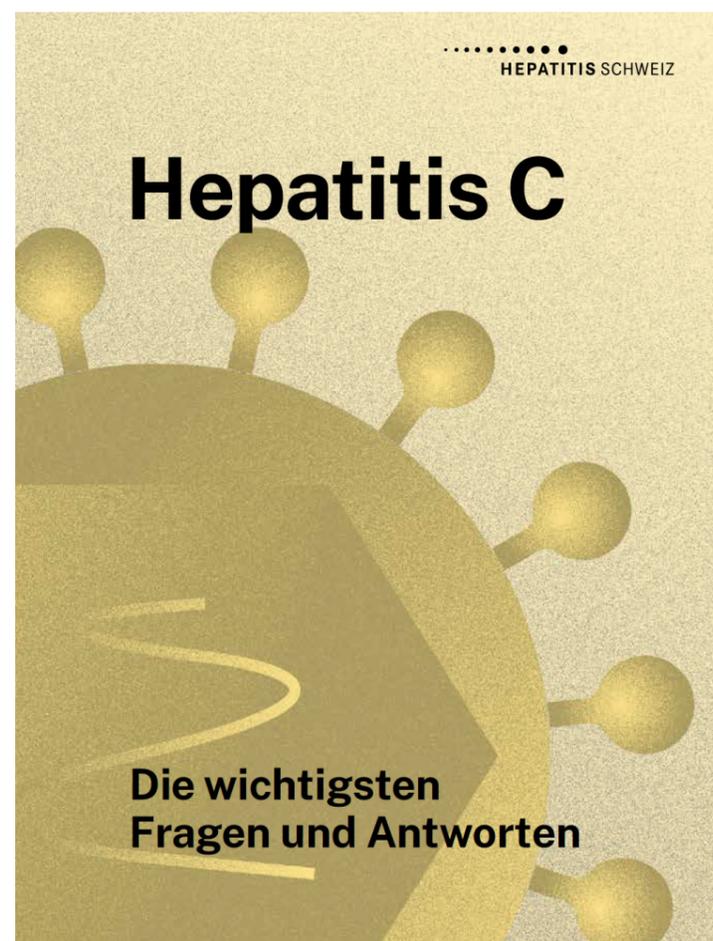
Report on the interpellation by Damian Müller, member of the Council of States, on the resources used by the Confederation to combat viral hepatitis.

**SRF Tagesschau, 30 May 2019: Kampf gegen Hepatitis (Fight against hepatitis)**

Report on the controversy over the testing strategy for hepatitis C.

**d. New edition of the hepatitis C brochure**

The German version of the hepatitis C brochure was out of print. It was given a new, modern look and the content was also completely revised and updated. The brochure "Hepatitis C - the most important questions and answers" can be ordered via the shop of the Swiss Aids Federation ([www.shop.aids.ch](http://www.shop.aids.ch)).



# Flagship-Projects

**1. Study «HCV-Screening-Strategies»**

The study "HCV Screening Strategies" aims to find out which testing strategies for viral hepatitis are most efficient and best accepted by patients and general practitioners. The study protocol has been written and the "go" has been obtained from the ethics committee: the study is scheduled to be completed in early 2020.

**2. HepCare: Hepatitis C therapy in primary care**

HepCare has started: With HepCare, family doctors can treat their patients for hepatitis C themselves, even if the therapies still have to be prescribed by a specialist. The pilot project has now been launched in the cantons of Aargau and Zurich. The first patients have already been treated via HepCare.

Further information:  
[www.hepcare.ch](http://www.hepcare.ch).

**3. Follow Up Care for hepatitis C patients**

In hepatitis C patients with advanced liver damage, there is an increased risk of developing liver cancer even after the hepatitis infection is cured. The project aims to analyse the situation regarding aftercare and develop current guidelines for aftercare.

**4. Swiss HepFree in Prisons Programme SHiPP**

In 2019, the foundations were laid for the project "Viral Hepatitis and HIV: Prevention, Clarification and Treatment in Swiss Prisons" (Swiss HepFree in Prisons Programme SHiPP). The project aims to promote testing and treatment of viral hepatitis in the setting of prisons. To this end, contact has been established with about 10 prisons in different language regions and of varying sizes to clarify your needs and possibilities. Based on this, sustainable testing and treatment programmes are to be developed.

# Thank you

Our sincere thanks go to the donors and sponsors who support our activities and projects financially. In particular, these were in 2019:

- Abbvie
- Swiss Aids Federation
- Arud Centre for Addiction Medicine
- Biotest
- Federal Office for Public Health FOPH
- Health Department of the Canton of Zurich
- Gilead
- md doctors direct
- Medica medical laboratories, Zurich
- mediservice
- National strategy against cancer
- Roche
- Swiss Competence Center for Corrections SKJV



- Swiss Association for the Study for the Liver SASL
  - Swisslos Canton Aargau
- and other institutions and foundations that do not wish to be named. Without this commitment our work would not be possible.
- We would also like to thank our partner organizations, which are part of the Swiss Hepatitis Strategy Network, and which support us time and again with contributions in kind or communication services. And last but not least to the network members who form our basis, who have played a key role in developing the strategy and who are constantly refining it. They all work for free and have invested over 1000 hours in the strategy in 2019.

# Board and Management

## Board:

Christophe Bösiger, Maître de Cabine, Secretary Swiss Hepatitis C Association, Oberglatt

PD Dr. med. Philip Bruggmann, Head physician Internal medicine, Arud Zentrum für Suchtmedizin (President), Zurich

Prof. Dr. med. Andreas Cerny, Head physician, Epatocentro, Lugano

Dr. med. Montserrat Fraga Christinet, hepatologist, University hospital Lausanne CHUV

David Fehr, Business economist, CEO, Arud Center for Addiction Medicine

Prof. Olivia Keiser, Epidemiologist, University of Geneva

Dr. Daniel Lavanchy, Epidemiologist and councillor WHO

Prof. Dr. Francesco Negro, Hepatologist, University hospital Geneva

PD Dr. med. Andri Rauch, Infectious disease specialist, Inselspital, Berne

Dr. med. Claude Scheidegger, Infectious disease specialist and general practitioner, Basel

Prof. Dr. med. Dr. nat. phil. Nasser Semmo, Hepatologist, Inselspital Berne

## Office:

Bettina Maeschli, Managing Director

Christophe Bösiger, Coordinator project HepCare

In a mandate:

Annina Haefelin, Head administration

Claudia Füllemann, Assistant administration



# Financial Statement

In CHF	2019	2018
<b>Revenues</b>		
Restricted allocations	635'071	362'000
Unrestricted allocations	111'500	112'250
Other revenues	9'563	0
<b>Total revenues</b>	<b>756'134</b>	<b>474'250</b>
<b>Operating expenses</b>		
Personnel expenses	145'346	69'014
Expenses publications	5'687	12'915
Meetings/Events	31'462	82'935
Material costs projects	311'419	0
Other operational expenses	1'617	57'331
Total operational expenses	495'620	222'195
<b>Profit before changes in fund capital</b>	<b>260'514</b>	<b>252'055</b>
Allocation to project funds	-635'071	-248'302
Withdrawal project funds	395'950	0
<b>Total profit for the year before allocation of free capital</b>	<b>21'393</b>	<b>3'753</b>

# Balance Sheet

In CHF	31.12.2019	31.12.2018
<b>Assets</b>		
Cash	478'155	212'191
Accounts receivable	110'000	110'000
Accrued income and prepaid expenses	2'238	2'214
<b>Total Assets</b>	<b>590'393</b>	<b>324'405</b>
<b>Liabilities and equity</b>		
Accrued expenses and deferred income	12'823	7'349
<b>Short-term liabilities</b>	<b>12'823</b>	<b>7'349</b>
<b>Fund capital</b>	<b>487'423</b>	<b>248'302</b>
Free provisions	30'000	30'000
Free capital	38'753	35'001
Annual result	21'393	3'753
<b>Equity</b>	<b>90'146</b>	<b>38'754</b>
<b>Total liabilities and equity</b>	<b>590'393</b>	<b>324'405</b>