

Ich habe den Test gemacht, und Du?

Fabian Unteregger, Arzt und Comedian

Hilf mit, Hepatitis
bis 2030 zu eliminieren.

Teste Dein Risiko auf
www.hepatitis-schweiz.ch

Annual Report

2018

TABLE OF CONTENT

1. Foreword	03
2. Swiss Hepatitis Strategy: New Structures and Measurable Goals	04
3. Symposium "Closing the Gaps"	05
4. Communication and media	07
a. Website www.hepatitis-schweiz.ch : Strong increase	07
b. World Hepatitis Day: Campaign with celebrities	07
c. Media: Controversy has disappeared from the media outlets	09
5. Flagship projects	10
a. Study HCV Screening Strategies	10
b. HepCare - Hepatitis C therapy for primary care patients	10
c. Follow Up Care	11
d. HepFree Label	11
6. Financial Statement	12
Balance Sheet	12
Income statement	13
7. Thank you	14

FOREWORD

by PD Dr. med. Philip Bruggmann, President Swiss Hepatitis

Switzerland has all the necessary instruments to eliminate hepatitis B and C by 2030. And yet there are still gaps in the provision of care which, to their current extent, stand in the way of elimination. There are many reasons why patients do not have access to existing care. But they are essentially based on two common factors: In contrast to the fight against HIV, in which Switzerland is an international pioneer, viral hepatitis lacks the political will to eliminate these diseases. This, in turn, can be explained by a lack of knowledge, the slow progress of the disease and a lack of lobbying.

Pioneer countries in the elimination of viral hepatitis, such as France, are leading the way: The use of existing structures, such as those in the field of HIV, makes it possible to combat hepatitis efficiently and successfully, and gives these infectious diseases the necessary weight and attention.

Swiss Hepatitis is therefore calling for hepatitis B and C to be combated in Switzerland at the same level and with the same resources as HIV and STIs, given the comparable burden on public health and the health system.

«The use of existing structures, such as those in the field of HIV, makes it possible to combat hepatitis efficiently.»

At the operational level, the flagship projects of the Swiss Hepatitis Strategy will specifically address gaps in the supply of viral hepatitis in various areas. In one of these projects, general practitioners will in future treat their hepatitis C patients themselves with the support of a network of specialists, thus ensuring low-threshold access to treatment. A special focus of this project is on patients undergoing opioid substitution therapy. Other projects focus on prison care, on the urgently needed expansion of the recommended risk-based test strategy, and on follow-up care for treated patients.

This expansion of our operating activities was only possible thanks to successful fundraising and the expansion of the personnel resources at our branch office. Bettina Maeschli, previously Communications and Fundraising Officer at Swiss Hepatitis, was recruited as Managing Director. She took up this new position in May.

2. SWISS HEPATITIS STRATEGY: NEW STRUCTURES AND MEASURABLE GOALS

A strengthening of the structures parallel to the creation of a management position also took place in the network. In the future, operational activities will mainly be carried out through projects for which sufficient third-party funds are raised in order to be able to guarantee the necessary personnel resources. With this step, the working groups of the network, all of which have been involved in the strategy on a voluntary basis since the beginning, were relieved of operational tasks. The task of the steering groups will now be to ensure that the topics entrusted to them are adequately covered in the projects and, if necessary, to propose new projects. The thematic content of the five groups remains the same in this transfer from working groups to steering groups: prevention, testing, therapy, high-risk groups, finances.

At the 10th network meeting in April we were guests at the Conference of cantonal health directors (GDK) in the House of Cantons in Geneva. Under the title "Focusing Resources", the flagship projects launched in November 2017 were presented and critically examined from the perspectives of the newly created steering groups. The following network meeting in October at the University of Zurich was held under the motto "Closing the Gaps" and gave the steering groups again space and time to critically examine the current activities according to their thematic content and to work out proposals for the opening up of the still existing gaps in care. The elimination targets of the Swiss hepatitis strategy were also reviewed and adjusted. So-called "Targeted Values" were developed on the basis of new findings from the situation analysis on hepatitis B and C published by the FOPH, and based on the WHO elimination targets from 2016. They should also improve the measurability of the strategy's success. The targets will be published in a new version of the Process Paper in early 2019.

3. SYMPOSIUM "CLOSING THE GAPS": JOINT APPROACH IN THE FIGHT AGAINST HIV AND HEPATITIS

Following the network meeting in the afternoon, Swiss Hepatitis invited to the Swiss Hepatitis Symposium at the University of Zurich. The platform has become well established for networking, meetings and exciting lectures with speakers from Switzerland and abroad. Keynote speakers included Michel Kazatchkine, an HIV pioneer from France and former Director of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, and the Australian infectious disease specialist Gregory Dore. National Councillor Barbara Gysi addressed a greeting to the participants.

"Internationally, it is clear where the wind blows from," said Michel Kazatchkine at the opening of the symposium. Hepatitis needs to be integrated into existing programs targeting risk groups. "Mainstreaming" is the keyword today. As it is crucial in the fight against HIV, the focus in hepatitis must also lie on the population groups mostly affected.

«'Integration' and 'mainstreaming' are the buzzwords for viral hepatitis» *M. Kazatchkine*

Andrea Bregenzer from the Kantonsspital Aarau and Claude Scheidegger, an infectious disease specialist from Basel, presented the alarmingly large gaps in the treatment cascade among high-risk drug users. The viral load in this group could be drastically and sustainably reduced by means of low-cost intervention. In men who have sex with men, the Swiss HCVree Trial, presented by infectious disease specialist Dominique Braun, gives hope for the microelimination of hepatitis C in this group. Andreas Lehner, Managing Director of the Swiss AIDS Federation, showed why it is important to know the behaviour of the community in order to carry out effective prevention work. The situation in Swiss prisons is also alarming. The widespread practice of non-sterile tattooing or the limited access to prevention, testing and therapies was impressively demonstrated by the prison physician Hans Wolff from Geneva. There is still a great deal to be done in this respect.

The second part was entirely devoted to elimination. Barbara Gysi, member of the Swiss parliament, pleaded for a joint approach to tackle HIV and hepatitis. The Federal Office of Public Health should be more active. Bettina Maeschli, Managing Director of Hepatitis Switzerland, presented the first successes of the strategy and pointed out that Switzerland will hardly achieve the elimination targets of the WHO if it does not succeed in improving testing and treatment. This, because the number of hepatitis C patients receiving treatment is declining again. Infectious disease specialist Jan Fehr made a committed plea for "passion and courage" also in the fight against hepatitis, just as it was and is the case for HIV. And finally, key note speaker Gregory Dore reported on Australia's exemplary elimination strategy. Australia developed a strategy against hepatitis C decades ago and is well on its way to elimination. The government was able to negotiate an innovative pricing system with the pharmaceutical companies: It has capped expenditure on therapies over a period of five years. The more therapies

there are, the cheaper the individual therapy will be. This leads to the incentive to diagnose and treat as many people as possible. In contrast to Switzerland, Australian general practitioners can also prescribe hepatitis C therapies. And there is a strong focus on risk groups. It was impressive to see how good the data situation in Australia is for monitoring elimination.

The conclusion of the symposium: Switzerland would have everything to play a pioneering role in hepatitis, as it did in HIV. But there is a lack of awareness of the problem and political will. As we have a unique opportunity to eliminate a dangerous infectious disease, we should tackle this.



Andrea Bregenzer, Barbara Gysi, Philip Bruggmann and Gregory Dore at the panel discussion

4 COMMUNICATION AND MEDIA

a. Website www.hepatitis-schweiz.ch: Strong increase

User numbers continued to rise last year, continuing the trend of the website attracting more visitors every year. Almost 50,000 people visited the platform, an increase of 41.6% compared to 2017. Sessions increased by 34% (58,000), page views by 33% (just under 180,000). 90 percent are new visitors, 10 percent returning visitors. Important to note: the interest in hepatitis B is increasing. Information on hepatitis B was the most visited site, ahead of hepatitis C and treatment options. Last year, the page on hepatitis C was the most visited. The risk test was slightly more frequently visited in 2018 than in 2017 (6,700 vs. 6,500 times).

b. World Hepatitis Day: Campaign with celebrities

World Hepatitis Day 2018 on 28 July was all about testing. Hepatitis Switzerland called on the population to inform themselves about their own risks and to get tested. The aim was to raise awareness among the general population, treatment centres and doctors for the hepatitis test and to increase the test rate for hepatitis B and C. With the the help of this activities, the quality of life of hepatitis patients should be improved the number of people tested for hepatitis B and C will be increased. For the campaign, the prominent faces of Fabian Unteregger, himself a physician and a comedian, and the writer Pedro Lenz could be motivated. With the question: "I got tested, and you?" they addressed the viewers and applied for the risk test on www.hepatitis-schweiz.ch.



Campaign material in the waiting room of a general practitioner

A total of 20,000 flyers and 500 posters in German, French and Italian were produced and sent to 130 addresses throughout Switzerland. During the campaign, over 10,000 flyers and 300 posters were distributed to our addresses and sponsoring partners via mailings. Flyers and posters are constantly being reordered.

A social media campaign ran from 16 July to 12 August 2018 with ads on Facebook and Youtube. In addition, Google ads were placed to advertise the risk test. Online banners were produced. Together with Patientube and the Swiss Hepatitis C Association, short videos were produced and distributed via Youtube and Facebook. On all channels together, the videos were viewed over 60,000 times. This led to over 4,300 new users on our website.

The advertising measures generated more than 1200 completed risk tests during the campaign period. This meant that the number of risk tests was lower in comparison to the previous year (1265 compared with 1960 in 2017). Nevertheless, the results of the campaign are positive, as they appear to have a lasting effect, as evidenced by the sharp rise in the number of online users. Since flyers and posters are also ordered and distributed continuously, the risk test is also diligently completed during the year.



Video «Andrea»: The campaign videos resulted in 60'000 clicks on youtube

c. Media: Controversy has disappeared from the media outlets

Compared to the previous year, reporting fell sharply. While 150 articles and reports on hepatitis were published in 2017, there were only 50 in 2018. The background is probably that in 2017 the topic of hepatitis was discussed controversially in connection with drug prices and was in the public eye. This is no longer the case today. Since the final lifting of the “so-called” limitation in October 2017, with which for all the patients therapies were reimbursed, not only for those who already are seriously ill, we have observed a sharp decline in media interest. The unanimous opinion is that the problem has been solved. Which is in fact not the case.

In the aftermath of World Hepatitis Day, we addressed this fact in a guest commentary in the NZZ entitled: [«Es ist still geworden um die stille Krankheit»](#). We were also able to publish [an article referring to the campaign in the Schweizerische Ärztezeitung](#) on World Hepatitis Day. We were also able to comment on the [underestimated risk of tattoos and piercing](#) on the online media portal Watson. Or to present our point of view at a [PULS broadcast of SRF](#) (a broadcast dedicated to health) in spring.

Tribüne

Hepatitis – die allzu stille Krankheit

Guestcommentar

von PHILIP BRUGGMANN und BETTINA MASCHLI

Hepatitis C war in den letzten Jahren immer wieder Thema in den Medien. Die hohen Medikamentenpreise und die Beschränkung der Vergütung der Therapien auf Fälle fortgeschrittener Erkrankung führten zu Protesten bei Patienten und der Ärztschaft. Patienten besorgten sich die Medikamente über das Internet aus Indien. Diese Zeiten sind zum Glück vorbei: Seit vergangener Oktober sind die neuen und hochwirksamen Therapien, die in über 95 Prozent der Fälle zur vollständigen Heilung führen, für alle chronisch Kranken verfügbar.

Hepatitis B und C sorgen noch immer für viel Leid und hohe Kosten im Gesundheitswesen. Unentdeckt und unbehandelt können chronische Infektionen zu Lebererkrankungen, also einer Vernarbung der Leber, und Leberkrebs führen. Mit Hepatitis C steigt zudem das Risiko für weitere chronische Krankheiten wie Diabetes oder Herz-Kreislauferkrankungen. Viele Betroffene sind von starker Müdigkeit und Konzentrationsminderungen betroffen, was ihre Leistungsfähigkeit mindert. Virale Hepatitis ist eine der wichtigsten Ursachen für Lebertransplantationen. Heute sterben in der Schweiz fünfmal mehr Menschen an Hepatitis als an HIV.

Die Schweiz ist in Bezug auf HIV/AIDS ein Musterland. Umfassende Massnahmen zur Bekämpfung von HIV haben unter dem Eindruck von sterbenden jungen Menschen frühzeitig eingestzt, die meisten HIV-Betroffenen sind heute unter erfolgreicher Therapie, jedes Jahr klärt eine millionenschwere Kampagne die Allgemeinbevölkerung über Ansteckungsrisiken und Folgen auf. Das ist gut, und die Schweiz nimmt zu Recht hier international eine Vorreiterrolle ein.

Leider lässt sich das in Bezug auf virale Hepatitis nicht sagen, obwohl die Krankheit viel häufiger, die Belastung des Gesundheitssystems grösser und die Sterberate aufgrund von Hepatitis höher ist als bei HIV. Wir hätten es in der Hand, dies zu ändern: Hepatitis C

**Wir haben die Chance,
virale Hepatitis zu eliminieren.
Doch dazu braucht es Taten
auf allen Ebenen.**

ist heilbar und Hepatitis B behandelbar. Es gibt eine sichere Impfung gegen Hepatitis B. Das gibt uns heute die Chance, virale Hepatitis zu eliminieren. Doch dazu braucht es Taten auf allen Ebenen.

Die Weltgesundheitsorganisation (WHO) will virale Hepatitis auf globaler Ebene bis 2030 eliminieren. In der Schweiz ist die Zivilgesellschaft aktiv geworden: Das Netzwerk Schweizer Hepatitis-Strategie, welches von Hepatitis Schweiz koordiniert wird, will dieses Ziel für die Schweiz umsetzen. Experten, Patientensprecher, Vertreter der Versicherer, der Wirtschaft und der Behörden wollen die Krankheit in der Schweiz eliminieren.

Aufseiten der Gesundheitspolitik läuft jedoch wenig. Dass das Bundesamt für Gesundheit (BAG) nach jahrelangem Preiskampf mit der Pharmaindustrie die Therapien für alle verfügbar gemacht hat, war ein sehr wichtiger und begrüssenswerter Schritt. Doch das reicht nicht. Da die Krankheit nur schleichend und oft ohne oder ohne klare Symptome voranschreitet, bleibt die Infektion in vielen Fällen unentdeckt. Bis es zu spät ist. Bei zu vielen Infizierten wird die Erkrankung nicht diagnostiziert. Von den Diagnostizierten werden zu viele nicht korrekt abgeklärt und zu wenige behandelt.

Virale Hepatitis hatte schon immer eine schwache Lobby. Druck aus der Zivilgesellschaft kam erst vor fünf Jahren mit der Einführung der neuen Therapien. Im Dreigesamtschritt wurden Massnahmen getroffen, die teilweise grossen. Doch diese Gruppe macht nur die Hälfte der Betroffenen aus.

Die Schweiz könnte auch bei der Bekämpfung von viraler Hepatitis eine Vorreiterrolle spielen, wie sie es heute schon bei HIV/AIDS tut. Wir haben das Wissen, die Instrumente und die Ressourcen. Doch es fehlt der politische Wille, diese Aufgabe anzupacken. Damit verpassen wir eine einmalige Chance, viel Leid zu verhindern, Gesundheitskosten zu sparen und am internationalen als führenden Pflager zu positionieren.

Philip Bruggmann ist Präsident von Hepatitis Schweiz und Leiter des Netzwerkes Schweizer Hepatitis-Strategie, Bettina Maschli ist Geschäftsführerin von Hepatitis Schweiz.



5. FLAGSHIP PROJECTS

The flagship projects were designed by the network members. They are intended to close the gaps on the way to elimination and serve to achieve the elimination goals. Working groups of network members and external experts were formed to advance the concept and implementation.

a. Study HCV Screening Strategies

The risk-based testing officially recommended today leads to unsatisfactory results. This is also shown by a recent model study by the FOPH published in autumn 2018. Alternative approaches are needed. A study led by the Inselspital Bern wants to compare birth cohort screening and universal screening with risk-based testing, with a focus on feasibility and acceptance by general practitioners and patients. The preparatory and conceptual work in 2018 will make the implementation possible in 2019.

b. HepCare - Hepatitis C therapy for primary care patients

Only specialists can prescribe hepatitis C therapies today. Due to the simplicity of antiviral therapies, which show excellent cure rates with low side effects and short therapy duration, this would be a thankful task for the family doctor. An expansion of the treatment pool could increase the number of hepatitis C therapies and sensitize and motivate primary caregivers to the topic. The HepCare project is building up a pool of specialists and motivating GPs to carry out the therapies themselves, accompanied by specialists. In 2018, pilot projects were launched and information material developed. In addition to the pharmaceutical industry, the Federal Office of Public Health is supporting the project financially as well. HepCare will start in 2019 in the cantons of Aargau, Zurich and Wil/SG with a focus on opioid-substituted patients.

HepCare HEPATITIS SCHWEIZ

Leitfaden für Ärztinnen und Ärzte in der Grundversorgung

Die Hepatitis-C-Therapie in der Hausarztpraxis

Eine chronische Hepatitis-C-Infektion ist heute unkompliziert heilbar. Eine Therapie mit antiviralen Medikamenten dauert 8–12 Wochen, führt in über 96 Prozent der Fälle zur Heilung und wird von der Grundversicherung übernommen. Mit der Begleitung durch eine Spezialistin oder einen Spezialisten kann die Therapie heute auch in der Hausarztpraxis durchgeführt werden. Einzig die Verschreibung muss über einen Spezialisten erfolgen.

Checklists and information material support general practitioners to carry out hepatitis C therapies themselves.

c. Follow Up Care

The aftercare for hepatitis C patients is not optimally solved. Despite recommendations to offer follow-up care to patients with advanced liver disease because of the increased risk of liver cancer, many patients are lost. The project aims to evaluate the data together with the hepatitis C cohort from St. Gallen and Ticino. Measures and recommendations for improved aftercare will also be developed.

d. HepFree Label

Prison is a place where many risk factors for an infection with hepatitis B and C come together. The idea of the HepFree label is to reward institutions that are particularly successful in preventing and providing access to treatment for viral hepatitis.

6. FINANCIAL STATEMENT 2018

Balance Sheet		
In CHF	31.12.2018*	31.12.2017
Assets		
Cash	212'191	65'886
Accounts receivable	110'000	2'000
Accrued income and prepaid expenses	2'214	634
Total Assets	324'405	68'520
Liabilities and equity		
Accrued expenses and deferred income	7'349	13'520
Fund Projects	248'302	0
Short-term liabilities	255'651	13'520
Provision	30'000	20'000
Long-term liabilities	30'000	20'000
Voluntary retained earnings	35'001	157'592
Profit	3753	-62'591
Equity	38'754	95'001
Total liabilities and equity	324'405	128'521

*Adjustment 2018

Equity at 31.12.2017: 95'001, Understated loss 2017: -60'000, correction of opening balance voluntary retained earnings 2018: 35'001, Equity at 31.12.2018: 38'754

Income statement		
In CHF	2018	2017
Income		
Fee income	112'250	266'580
Earmarked income	362'000	
Total income	474'250	266'580
Expenditures		
Total personnel expenses	69'015	28'617
Total expenses before funds and financial expenses	153'139	256'604
Fund allocation	248'302	
Financial expenses	41	3950
Total operating expenses	401'482	260'554
Total expenses	470'497	289'171
Net success	3753	-62'591

7. THANK YOU

Our work would not be possible without the generous support of our donors and partners. We thank Abbvie, the Swiss Aids Federation, Arud, Biotest, the Swiss Federal Office of Public Health, Gilead, the Cancer League, laborgemeinschaft 1, MD Doctors direct, medica, Patientube, Roche Diagnostics and SASL for their financial support.

Our thank you also go to the members of the Swiss Hepatitis Strategy Network who have already invested thousands of hours of unpaid work in our joint endeavour. Furthermore, we would also like to thank all the other donors who are supporting our work.