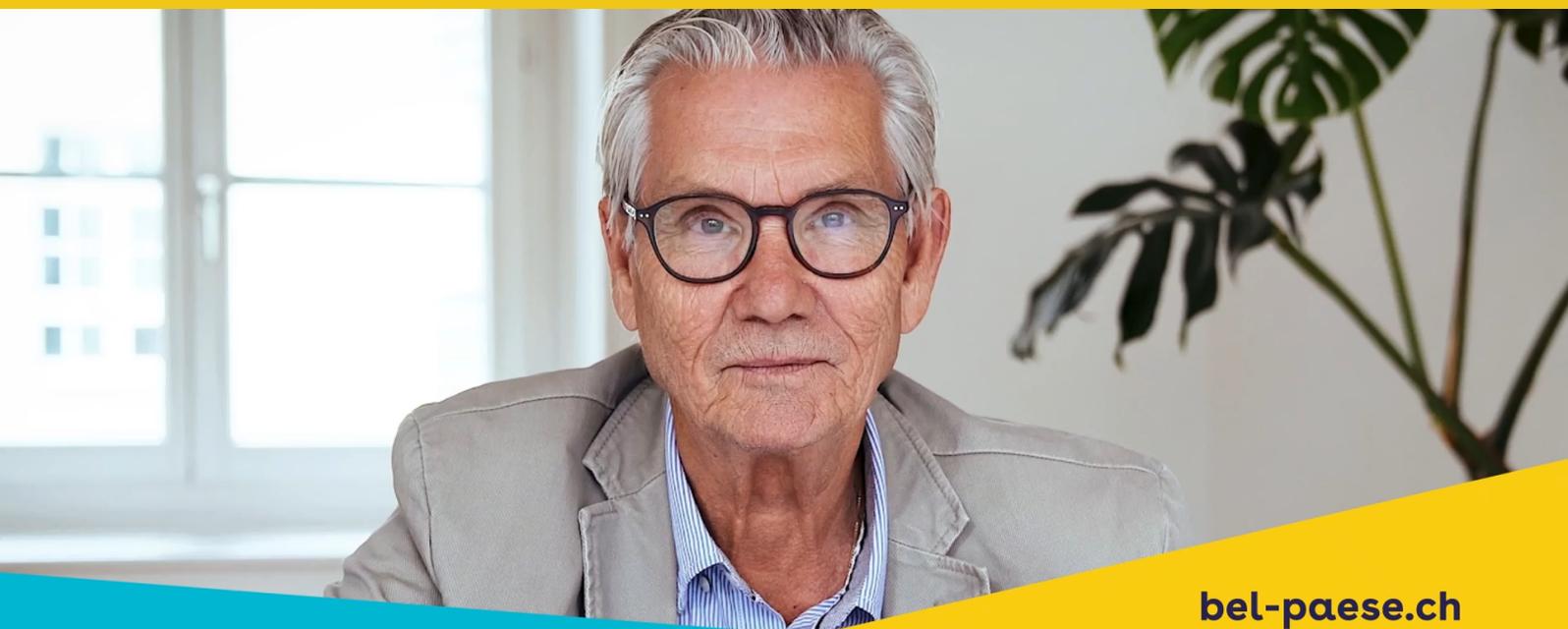


SWISS HEPATITIS

Annual Report 2021



bel-paese.ch

Epatite C, la cura c'è!

EPATITE SVIZZERA

Foreword

Ready to Move Forward



After two years of major restrictions on our activities and projects due to the Corona pandemic, we are ready and well positioned to move forward with great motivation.

The implementation of the integration of viral hepatitis into the national HIV/STI program which was approved by the national parliament, is on the horizon, as well as the further implementation and regional expansion of our care and education projects HepCare, SHiPP and Bel Paese.

A highlight of the past year for me was a presentation at the Conference of Swiss Prison Physicians. The noticeable commitment of these colleagues to combat hepatitis C in their field is an important motivation for me to continue the long path of small steps toward the elimination of

hepatitis B and C. It is also gratifying to see how colleagues from primary care actively participate in HepCare and thus not only do something good for their hepatitis C patients, but also broaden their horizons.

The experiences in the clinical routine show me that our work is important and far from finished: All the time, I see hepatitis C patients who already have advanced liver disease when they start therapy. Every "late presenter" is one too many, given the ease of diagnosis and the highly effective hepatitis C drugs that have now been available for seven years.

It was not easy to endure the pandemic-related standstill. We are more pleased that we can now move on, with the goal of hepatitis elimination on the horizon.

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

POLICY

Waiting for the national program

Unfortunately, there have been few encouraging developments regarding the successor program to HIV, which, according to the will of politicians and the recommendations of experts, should also contain elimination targets for viral hepatitis. In August, the Federal Council decided to continue with the current program for another two years, after it had already been extended by four years in 2017.

Switzerland now has to work with an outdated program on HIV and viral hepatitis for two more years. This is problematic, as the world looked different a decade ago when the current program came into effect: Neither the well-tolerated and always curative antiviral hepatitis C drugs nor the prevention prophylaxis PrEP, which so effectively protects at-risk groups from HIV infection, were available at the time. Hardly anyone was talking about elimination back then.

We very much regret the postponement and hope that the time will be

well used: Projects that are in line with the Roadmap for the Elimination of HIV and Hepatitis of the Federal Commission for Issues relating to Sexually Transmitted Infections should already be supported by the federal government now, without waiting for the new program.

Abolition of the prescriber limitation

Another hurdle has fallen in access to hepatitis C therapies: From the beginning of 2022, all therapies can now be prescribed by primary care physicians themselves. Previously, only specialists could issue prescriptions.

For some time now, primary care physicians have been able to treat their hepatitis C patients themselves thanks to HepCare. This project of Swiss Hepatitis mediates spe-

cialists who, based on a consultation of the patient's file, establish the indication for therapy and issue a prescription for the medication.

HepCare will continue to support the general practitioners and, if desired, refer them to specialists who can issue prescriptions. This will also help to avoid discussions with health insurance companies about the index.

SYMPOSIUM

Late Presenters with Viral Hepatitis

After last year's Swiss Hepatitis Symposium was held entirely online due to Corona, we were able to hold our symposium as a hybrid event this year. About half of the approximately 70 participants were connected online, the rest gathered in the beautiful small auditorium of the University of Zurich.

Hepatitis in prison

Hepatologist Joaquin Cabezas, who travelled from Santander, Spain, demonstrated that Micro-elimination of hepatitis C in prisons is possible. This has a positive effect on the community and is cost-efficient. With multidisciplinary teams, telemedicine support, and testing and treatment strategies holistically focused on inmate health needs, the researchers were able to achieve impressive results. Consequently, the prevalence of hepatitis C was reduced and further spread outside prisons was halted.

Claude Scheidegger of Swiss Hepatitis presented a new screening

and treatment initiative in prison in Switzerland. The Swiss HepFree in Prisons Program (SHiPP) prison project provides support for testing and treatment programs for viral hepatitis and other infectious diseases in prisons. As Scheidegger points out, the prison landscape in small Switzerland is diverse, with about 100 prisons ranging from ten to several hundred places. The goal of SHiPP is to collect ten best practice cases in prisons.

A first prison has started such an initiative within SHiPP. Prison doctor Christa Geissmann from Glarus presented her experience. She emphasized that the processes are simple and the support from Swiss Hepatitis is good. However, it is important to go through the clarification process quickly if a test comes back positive, otherwise a lot of time can elapse. For example, the RNA test option should be filled in at the same time as the laboratory test, so that in the event of a positive anti-

body test, the RNA is automatically determined. Registration for a fibroscan for clarification of liver damage can also be made early. The first hepatitis C patient has already been successfully treated by the family doctor.

Late diagnosis

The second half of the afternoon was devoted entirely to the topic of "Late Presenters with Viral Hepatitis". The infectious disease specialist Jürgen Rockstroh from the University Hospital in Bonn, who is co-author of the first "Consensus Definition of Late Presentation", emphasized that in the HIV field a

definition of late presenters, i.e., persons diagnosed at a late stage of the disease, has been used for more than a decade. This helps estimate how many people are undiagnosed and which patient groups are difficult to reach. In Germany, an evaluation of the hepatitis C cohort shows that about a quarter of hepatitis C patients are diagnosed at a late stage.

Such data are lacking for Switzerland. Axel J. Schmidt of the Swiss Federal Office of Public Health showed the situation regarding new diagnoses of acute and chronic hepatitis B and C using the mandatory



reporting system. The number of hepatitis C patients in Switzerland has fallen steadily over the years. Over the years, a constant decrease in the number of hepatitis B and C reports can be seen. However, there are gaps in reporting and tracking over time is not possible.

Prof. Beat Müllhaupt and Dr. med. Montserrat Fraga from the University Hospitals of Zurich and Lausanne, respectively, presented a total of six cases of late presenters, one of which was a case of co-infection hepatitis B and D. Two of the patients have since recovered. Two of the patients have since died, one is cured, one is untreated, and two others are awaiting liver transplantation.

In the final panel discussion, panelists agreed that "Late Presentation" can and must be prevented today. And that figures on "Late Presenting" should be collected regularly so that an overview of the care situation is available, and measures can be taken to address these gaps in care.

The presentations can be downloaded from the Swiss Hepatitis website www.hepatitis-schweiz.ch.



Network Meetings

New projects in planning

Our network members met again twice in 2021: In spring because of Corona online, in fall a physical meeting was possible.

We devoted the first meeting to a strategy update: the elimination targets are to be reviewed and adjusted. We also discussed the estimated number of people affected by chronic hepatitis C in Switzerland. Since the situation analysis in 2017, a number of patients have been cured. The figure of 40,000 of the 2017 estimate will be adapted to

32,000. This also corresponds to a new analysis published in the meantime.

At the second network meeting, network members discussed two new project ideas: Screening and diagnosis of viral hepatitis in pharmacies and closing gaps in HBV vaccination in sex work. Swiss Hepatitis is taking the initial thoughts on these projects with it and will examine in 2022 to what extent the project ideas can be turned into concretely implementable projects.

Communication

Campaign and media

a. Campaign "Hepatitis C is deadly but curable"

Our awareness campaign entered its third round this year. Our message is still valid and remained the same: Hepatitis C is deadly, but curable. One-third of people infected with the hepatitis C virus are unaware of their own infection. That is why it's important to educate people about the risks and encourage testing.

To help more people know about their disease, the campaign is calling on everyone to learn about the risks and, if necessary, get evaluated and treated.

A list of testing sites and further information can be found at: hep-check.ch.

We say it with flowers

We were particularly pleased to complement our digital measures this year with a rose distribution campaign at three major Swiss train stations in all three language re-

gions: In Lugano, Geneva and Zurich, volunteers, affected persons and doctors handed out roses to passers-by and answered questions about hepatitis C. In Ticino, we did this in cooperation with Epatocentro Ticino, in Geneva, together with Groupe Santé Genève and in Zurich with the "Arud Peers".

b. Website and social media

On our websites hepatitis-schweiz.ch, hepcare.ch, hep-check.ch and shipp.ch, we recorded visits from a total of around 56,000 users in 2021, who made a total of 122,000 page views. We reached



Our rose event put a smile on people's faces

485,000 people via our Facebook page.

c. Media

Corona dominated the news coverage and suppressed many things, including viral hepatitis. Nevertheless, we were able to initiate some articles:

Sonntagszeitung, 20.6.2021:
Seriously ill without knowing it.

Schaffhauser Nachrichten,
29.7.2021: Hepatitis: A wolf in sheep's clothing

SRF Tagesschau, 24.11.2021:
Sexually transmitted diseases are on the rise again

Praxis Depesche, 21.6.2021:
Hepatitis C: Update on clarification and therapy

Schweizerische Ärztezeitung,
4.8.2021: Why we should think of the Italians.



Doctors answer the questions of passers-by on hepatitis C

Projects

Flagship projects

a. Study HCV Screening Strategies

The corona pandemic further delayed the HCV Screening Strategies study. We were able to conduct a qualitative survey of participating primary care physicians: on the feasibility and acceptability of screening. The results are expected to be published in 2022 and the overall study completed.

b. HepCare - Hepatitis C therapy for primary care physicians

Once again, it was not an easy year. However, despite the pandemic, we were able to attend 10 quality circles, online and face-to-face. We reached 223 primary care physicians and other primary care providers.

For 9 patients, consultations with specialists were requested, including three patients in drug substitution. Three patients came from the prison setting. This shows that the offer of HepCare can be well integrated into other projects of Swiss

Hepatitis, such as the prison program SHiPP and the project Bel Paese.

This year we were also able to complete a first interim evaluation. As part of this, a focus group was conducted with primary care physicians who have experience with HepCare. Two of them agreed to give a video testimonial about their experience with HepCare. The evaluation draws a positive conclusion and recommends that HepCare be continued and expanded to other cantons.

c. Follow-Up Care for Hepatitis C Patients

We were able to write recommendations on follow-up care with a group of authors. Another publication on the results of a qualitative study surveying the needs of cured patients has been completed. The publication is planned for early 2022. This will conclude this project.

d. Swiss HepFree in Prisons Program SHiPP

Our prison project is picking up speed - despite Corona. A first prison from the canton of Glarus was able to present its experiences at the Swiss Hepatitis Symposium. These were positive throughout. Although the Glarus prison is small with 10 places, a first inmate with hepatitis C could already be treated. Further submissions from interested prisons have been made or are imminent.

e. Bel Paese

We are also making progress in our latest project "Bel Paese", which is aimed at first-generation migrants from Italy: With "Epatite C - la cura c'è" we have developed a catchy slogan. We have set up a landing page on hepatitis-schweiz.ch with comprehensive information about the project. It can be accessed at bel-paese.ch. We also developed a flyer and sent it to 30 Italian-speaking general practitioners in Zurich. We were allowed to record a video with our testimonial, a 76-year-old



A flyer targeting first-generation migrants from Italy

ex-patient from Rorschacherberg, in which he talks about his experiences with hepatitis C therapy. As part of the hepatitis C awareness campaign in September, we also placed online ads on Italian news portals. Furthermore, we designed a series of lectures and contacted various Italian organizations in Zurich. The first lectures are planned for early 2022.



General practitioners talk about their experience with HepCare



Our prison project picks up speed

Thanks

Our sincere thanks go to the donors and sponsors who support our activities and projects financially and logistically. Namely, in 2021 these were:

- Abbvie
- Arud Zentrum für Suchtmedizin
- Federal Office for Public Health FOPH
- Gesundheitsdirektion Kanton Zürich
- Gilead Sciences Switzerland Sàrl
- medica medizinische Laboratorien, Zürich
- Swiss Association for the Study of the Liver SASL

Our heartfelt thanks also go to foundations and institutions that support us and do not wish to be named. Without this commitment, our work would not be possible.

A big thank you is also due to our partner organizations who are part of the Swiss Hepatitis Strategy Network and who also support our work repeatedly with contributions

in kind or communication services. And finally, the network members who make up our base, have been instrumental in developing the strategy and are constantly developing it further. They all work unpaid and have invested over 1000 hours in the strategy in 2021.

Team

Board members

Christophe Bösiger (since 2019)

PD Dr. med. Philip Bruggmann
(President, since 2017)

Prof. Dr. med. Andreas Cerny
(since 2017)

Dr. med. Montserrat Fraga
Christinet (since 2018)

David Fehr (since 2019)

Olivia Kaiser (since 2021)

Dr. med. Daniel Lavanchy,
(since 2017)

Prof. Dr. med. Francesco Negro
(until 2021)

Dr. Patrizia Künzler-Heule
(since 2021)

Dr. med. Catrina Mugglin
(since 2021)

Dr. med. Claude Scheidegger, Basel
(since 2017)

PD Dr. med. Christine Thurnheer
(since 2020)

Petra Wessalowski (since 2021)

Office

Bettina Maeschli
Managing Director

Christophe Bösiger
Project Coordinator HepCare

Claude Scheidegger
Project Manager Swiss HepFree in
Prisons Program SHiPP

Erminia Gagliotta
Project Coordinator Bel Paese

Secretariat (in mandate)

Alexandra Suter

Balance Sheet

	31.12.2021	31.12.2020
ASSETS		CHF
Cash	567'303	560'165
Other short-term liabilities	32'600	16'400
Prepayments and accrued income	390	2'835
Assets	600'293	579'401
LIABILITIES AND EQUITY		
Payables from goods and services	25'669	12'690
Accrued liabilities and deferred income	56'106	12'616
Current liabilities	81'775	25'306
Fund capital	448'986	484'947
Tied capital	30'000	30'000
Free capital	39'532	39'147
Organisation capital	69'532	69'147
Liabilities and equity	600'293	579'401

Statement of Operations

	2021	2020
OPERATING INCOME		CHF
Donations received	269'350	312'000
Contributions from public authorities	50'000	62'400
Operating income	319'350	374'400
OPERATING EXPENSE		
Project expenditure	-293'055	-312'908
Fundraising and general advertising expenses	-5'775	-7'408
Administrative expenses	-56'097	-77'560
Operating expense	-354'926	-397'875
Result before change in fund capital	-35'576	-23'475
Allocation to project funds	-216'600	-263'900
Appropriation of project funds	252'561	266'376
Change in fund capital	35'961	2'476
Annual result	385	-20'999

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www.hepatitis-schweiz.ch



SWISS HEPATITIS