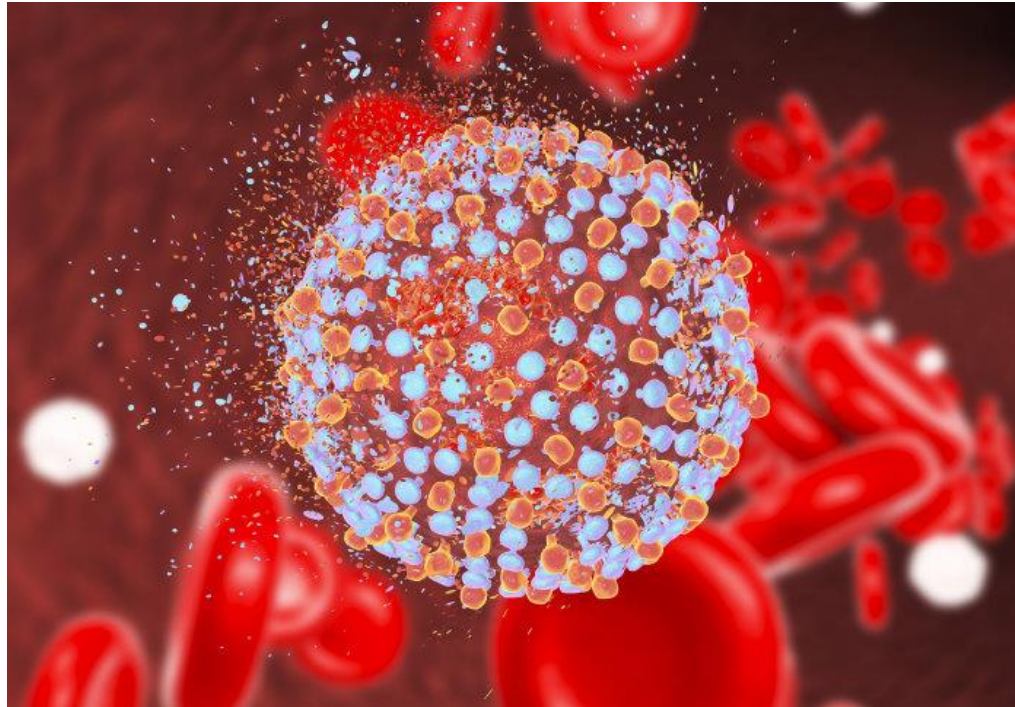




Cardiff and Vale University Health Board
Hepatitis (B and C) Elimination Action Plan
2026-2028+

Contents

Foreword	3
Glossary of Key Abbreviations	4
1 Background and context	5
2 Where we are now	6
2.1 Structures and processes (inputs)	6
2.1.1 Infection prevention	6
2.1.2 Case-finding and testing	7
2.1.3 Treatment	12
2.1.4 Re-engagement	12
2.2 Outcomes	14
2.2.1 Infection prevention	14
2.2.2 Case-finding and testing	15
2.2.3 Treatment	18
2.2.4 Re-engagement	19
2.3 Current Challenge Areas	20
3 Where we want to be	21
4 How we will get there	22
4.1 Action Areas	22
4.2 Action Plan	22
4.3 Resources required	26
4.4 Implementation, monitoring and reporting mechanisms	27
References	28

Foreword

This Action Plan for Cardiff and Vale University Health Board 2026-2028+ sets out the actions we will take to achieve prevention and elimination of hepatitis (B and C) by 2030, in line with the aims of Welsh Government and the World Health Organization (WHO).

Hepatitis B and C are discrete forms of viral hepatitis. Both cause acute and chronic liver disease and have significant associated mortality and morbidity. The global burden of disease because of these infections continues to be of concern. The modern hepatitis B vaccine, available since 1986, renders >98% of people immune and has been part of the standard UK childhood immunisation schedule since 2017, yet we are still seeing new disease.

Unfortunately, at this time there is no similar vaccine for hepatitis C. Natural infection with hepatitis C does not confer long-lasting immunity so reinfection in certain populations is a significant clinical burden. The advent of highly efficacious, tolerable, orally administered, directly-acting antiviral drugs around 2014 has changed the landscape for those living with hepatitis C. Over 95% of people will be cured of their hepatitis C infection following the appropriate therapy.

Over the past decade, the Infectious Diseases service, which heads up the Blood Borne Virus (BBV) team, has made significant in-roads in testing, case-finding and administration of therapy. However, to achieve the vision of elimination and prevention we need efficient, effective, joined-up partnership working across organisations, both regionally and nationally.

This latest version of the Action Plan has been developed in partnership with those key individuals, organisations and other stakeholders who are able to identify key areas needing progress as we aim to move to elimination in 2030. We have made significant progress since the first plan was published in 2023, but there is still more to do; this refreshed plan builds on previous years with a new set of wide-ranging actions. We look forward to implementing these in Cardiff and Vale and striving towards prevention and elimination of hepatitis (B and C).



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Glossary of Key Abbreviations

APB	Area Planning Board
BBV	Blood Borne Virus
CAVDAS	Cardiff and Vale Drug and Alcohol Service
CAVHIS	Cardiff and Vale Health Inclusion Service
DoSH	Department of Sexual Health
MDT	Multidisciplinary Team
NICE	National Institute for Health and Care Excellence
NSP	Needle Syringe Programme
PHW	Public Health Wales
SMTF	Substance Misuse Treatment Framework
SVR	Sustained Virological Response
UHB	University Health Board
WCP	Welsh Clinical Portal
WDS	Welsh Demographic Service
WHDM	Welsh Health Data Mart
WHO	World Health Organization

1 Background and context

In line with the World Health Organization (WHO) target, we are working to prevent and eliminate infectious hepatitis. The WHO¹.

Hepatitis B and C are infections of the liver caused by the hepatitis B and C viruses, which can lead to significant liver damage and health implications.

Approximately 95% of new hepatitis B diagnoses in the UK are amongst people who acquired the infection outside of the UK in their country of origin, either at birth or in early childhood². The virus is predominantly transmitted via unprotected intercourse, blood-to-blood contact (such as sharing of needles and needlestick injuries), and perinatal transmission from mother to child³. There is currently no cure, but vaccination against it has been part of the routine UK childhood vaccination schedule since 2017. The vaccine is also available for close contacts of confirmed cases of hepatitis B, with additional early doses also given to babies born to mothers with hepatitis B. Routine screening for hepatitis B has been part of the antenatal screening programme since the early 2000s. Due to these interventions, acute hepatitis B in children in Wales is now rare, but it remains a problem among unvaccinated adults.

Hepatitis C was present in an estimated 12-14,000 individuals in Wales in 2015, with half of people who inject drugs thought to be infected⁴. Injecting drug use, current or previous, accounts for the majority of new and chronic hepatitis C infection in the UK⁵. There is currently no vaccine, but it is curable with oral treatment that is over 90% effective⁵. Past infection provides no significant lasting immunity, therefore reinfection, particularly amongst individuals who continue to participate in high risk behaviours, poses a significant problem.

Prevention and elimination of hepatitis B and C has significant benefits for the individual, population health and wider society. The benefits of prevention and treatment to individuals are clear in terms of their longer term physical and mental health. Preventing onward transmission of the virus to other individuals results in wider societal benefits. Elimination is highly cost effective as it prevents development of hepatitis related liver disease and its complications; end-stage liver disease (cirrhosis) and hepatocellular carcinoma. In addition to the direct economic benefits, prevention and treatment of hepatitis B and C frees up limited resource, including inpatient hospital beds and liver transplants.

Welsh Government is committed to eliminating hepatitis B and C as a public health threat by 2030 at the latest⁴. A Welsh Health Circular was released in October 2017 setting out measures to be put in place to achieve this⁶. A further Welsh Health Circular was released in January 2023 to refresh Welsh Government's commitment to elimination and outline key actions required by health boards, Area Planning Boards and Public Health Wales for 2022-23 and 2023-24⁴.

Welsh Government has established a Hepatitis B and C Elimination Programme Oversight Group to provide a renewed strategic focus on elimination. Chaired by the Welsh Government, membership includes relevant policy leads within Welsh Government, representatives from Public Health Wales, clinical services within NHS Wales, key services outside the NHS, such as specialist substance misuse services and third sector organisations. The group reports to the Chief Medical Officer and to the Minister for Health and Social Services.

2 Progress on Previous Plan

The Cardiff and Vale Hepatitis (B and C) Elimination Oversight Group was first established in March 2023 and has facilitated the development of each of the Hepatitis (B and C) Action Plans for Cardiff and Vale University Health Board.

The Group continues to meet every two months and has made significant progress against the most recent plan. Many actions have now been marked as successful or complete or have moved into a business-as-usual model. This has included;

- Video-observed therapy is in place.
- The purchase and use of Cepheid Gene Expert for point of care confirmatory screening in community services.
- The establishment of a mobile outreach van run by the Cardiff and Vale Drug and Alcohol Service (CAVDAS) offering testing and treatment in targeted areas.
- Opt-out blood borne virus testing protocols in all substance misuse services.
- A pilot project in selected primary care practices to identify at risk individuals who were identified as having/at risk of having hepatitis B or C infection.
- The recruitment of a Criminal Justice Peer Lead to support case finding and through the gate care
- The use of the Hepatitis C Trust Peer Support Services to improve re-engagement
- Phase 1 of the re-engagement list complete and phase 2 commenced with regular monitoring and evaluation of the list, and ongoing monitoring of data quality/compliance for activity recorded via the Harm reduction database.
- A vaccination & screening pilot conducted by CAVHIS, which due to success is now a fully implemented weekly clinic, as part of business-as-usual operations.

Other areas of work identified within the plan continue to make progress, including;

- Continuing to work towards restarting point of care testing for hepatitis C in HMP Cardiff, which has stalled due to capacity and staffing issues, with the aim of achieving micro-elimination in the prison;
- Task and finish group established to plan vaccination pathways for individuals at higher risk from hepatitis B;
- As part of our communications plan, the development and sharing via social media of a video case study of one individual's experience of hepatitis C testing and treatment, which has been well-received;
- Continued work with community pharmacies to raise awareness of hepatitis C testing;
- A pilot project to assess accessibility and efficacy of opt out BBV testing in Cardiff & Vales emergency department has been approved and is in the implementation phase;
- Working towards establishing point of care testing teams within each area that are able to drive testing forward;
- Working towards establishing a presence with CAVHIS (when new premises are commissioned) to ensure cohesive care in vulnerable high-risk populations;
- Ensuring that probation services form part of our core work within supporting elimination/ vaccination in criminal justice services as a whole i.e. not just prisoners
- Continued to embed Hepatitis C Trust Peer Programme across APB structures and treatment systems.
- Discussion being taken through VPW governance structure for discussion with health board colleagues across Wales on the recording of vaccinations and the vaccination of service users for Hepatitis B.

- Seeking assurances that BBV opt-out screening processes have been fully embedded across Substance Misuse Services and throughout the entire treatment pathway
- Continue exploring opportunities for case finding, working with communities from high prevalence countries/participating in events for outreach (e.g. Cardiff Mela etc.).
- Awareness raising via regular communications pieces, including PHW resources being developed (with contributions based on lived experience, and a focus on health literacy)

2.1 Structures and processes (inputs)

2.1.1 Infection prevention

Infection prevention action is in the form of hepatitis B vaccinations and Needle Syringe Programmes (NSP).

Hepatitis B vaccination is part of the childhood immunisation programme, given by a General Practitioner (GP) or Practice Nurse, or at a maternity unit after birth for children born to mothers with hepatitis B. It should also be offered to individuals at high-risk, such as prisoners and service users of Substance Misuse Service, close contacts of acute cases, and people who care for high-risk individuals. It can be provided at GP surgeries, the Department of Sexual Health (DoSH), His Majesty's Prison (HMP) Cardiff, Cardiff Addictions Unit (CAU), the Drug and Alcohol Treatment Team (DATT), and maternity units for individuals at high risk.

Hepatitis B vaccinations are recorded on the Harm Reduction Database, and on System One in HMP Cardiff.

NSPs are the first line service to prevent infections by enabling the provision of single-use sterile injecting equipment (and sharps' disposal bins) for every injecting event. Attendance is anonymised, open access, and non-conditional in line with National Institute of Clinical Excellence (NICE) guidelines⁷. NSP paraphernalia and sharps bins are drawn from the All-Wales Paraphernalia contract managed by NHS Wales Shared Services Partnership, specified in line with NICE/Welsh Government Substance Misuse Treatment Framework⁸. BBV testing is provided at Specialist NSP sites, with no testing in Pharmacy NSP sites; from these, individuals are signposted to substance misuse services, specialist NSPs or DoSH.

NSP activity is recorded live via the Harm Reduction Database Wales using service-user generated reference numbers. Further intervention (e.g. screening) is recorded using full patient details. Declinations cannot be recorded due to the anonymised nature of NSP intervention. Injection-risk data is recorded on the Harm reduction Database.

Needle Syringe Programmes (NSP) are located at 19 different sites:

- 4 Specialist sites (Riverside, Huggard, Barry, Cardiff Royal Infirmary) delivered via frontline substance misuse teams.
- 13 non-specialist providers in Pharmacies, with Pharmacist/Technician.
- 4 resident-only services located within third sector hostels, delivered via hostel staff

NSP delivery (HCT) in CAV is also delivered on an outreach basis via our lived experience peer volunteers and lived experienced staff.

2.1.2 Case-finding and testing

A mapping exercise of service structures involved in testing and/or treatment was completed.

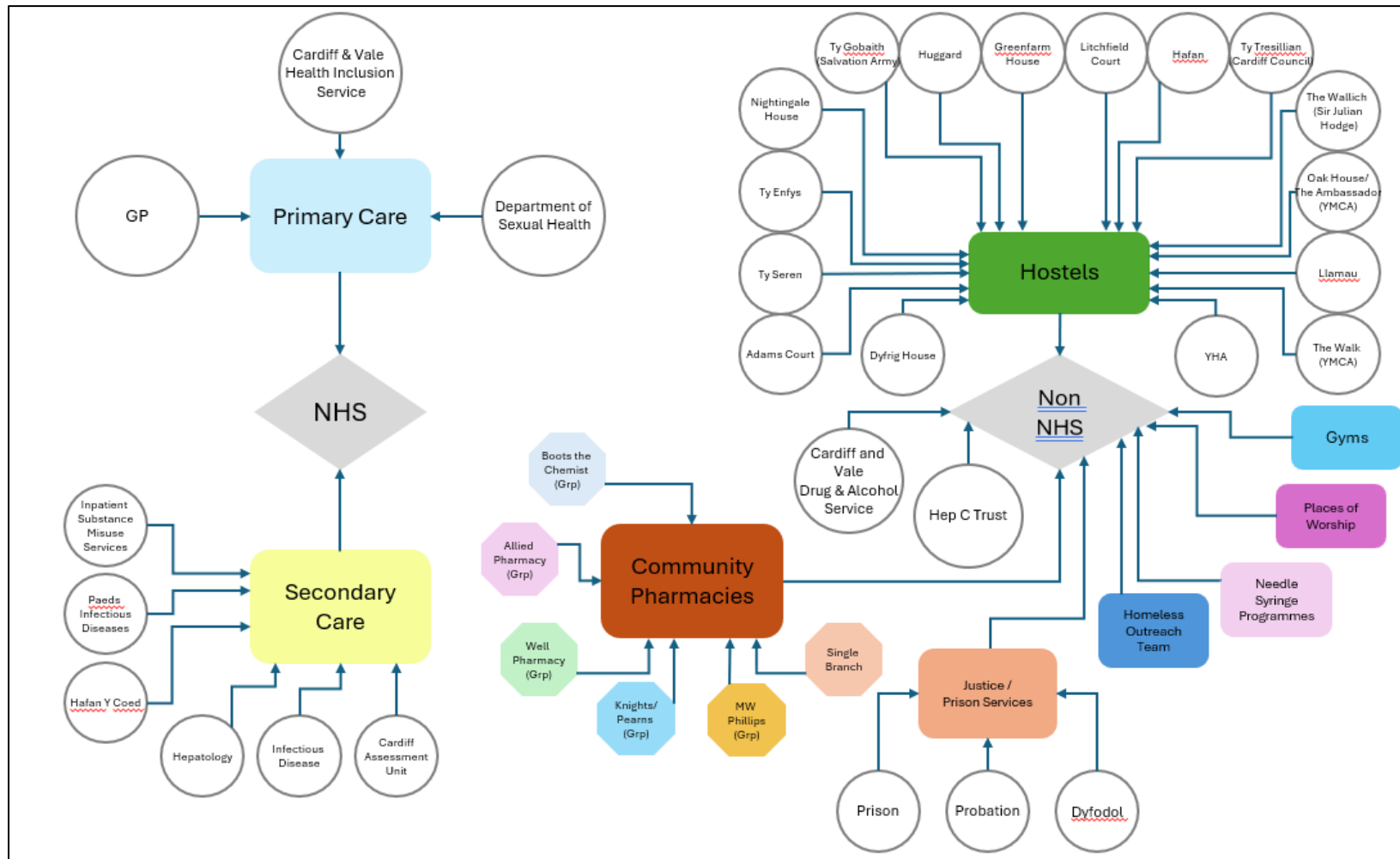


Figure 1: Services in Cardiff and Vale UHB area providing hepatitis C testing and/or treatment.

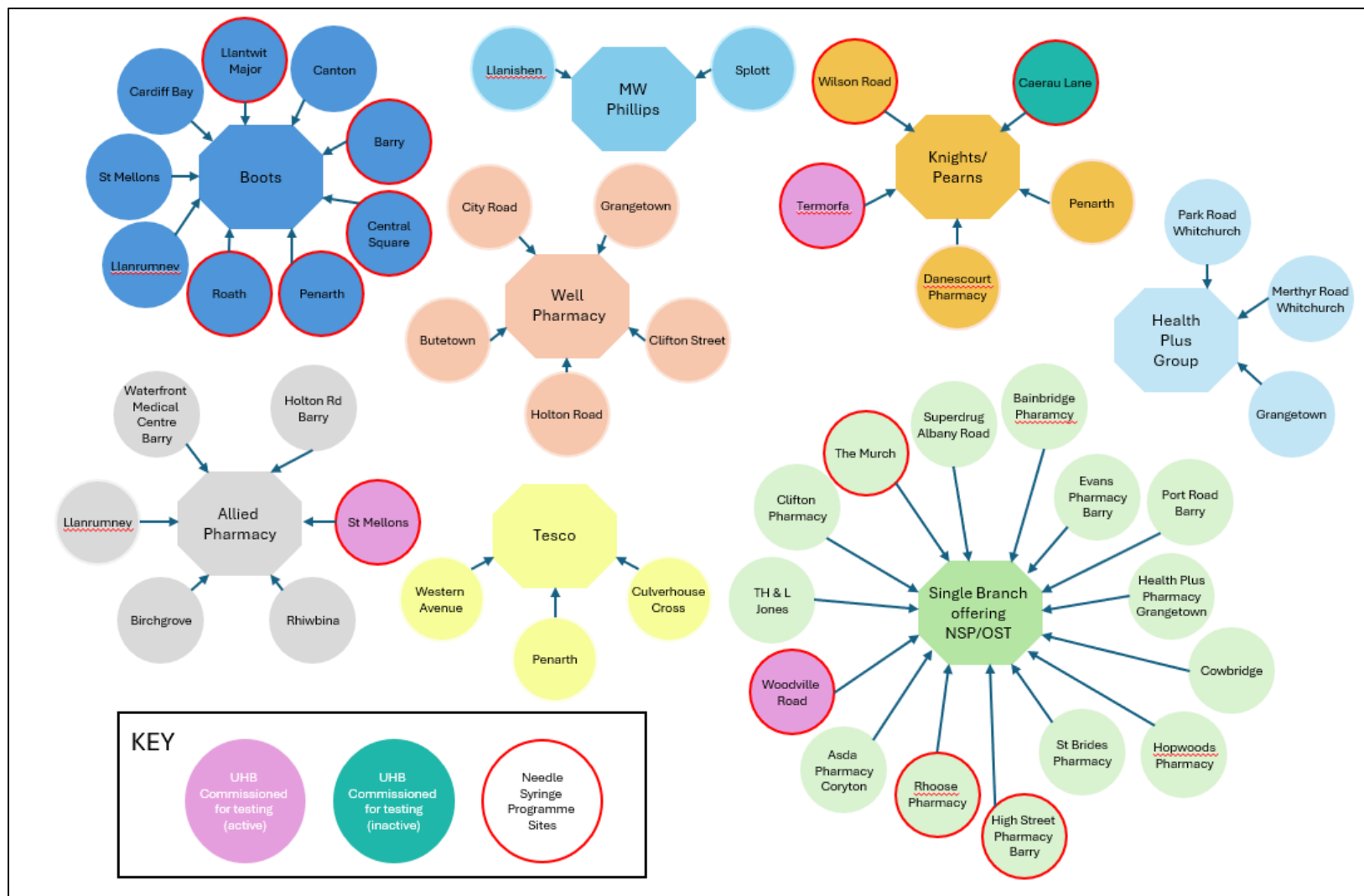


Figure 2: Community pharmacy sites with links to hepatitis work in Cardiff and Vale UHB, including those currently commissioned for BBV testing and Needle Syringe Programme sites.

The Infectious Diseases service, based at University Hospital of Wales, provides a core group of clinicians that make up the BBV team. The BBV Team are the primary service for hepatitis (B and C) activity, alongside their wider BBV work, with clinics and outreach activities. Current staffing for the infectious diseases service includes 3.8 Consultants in Infectious Disease (1 with a hepatitis focus); approximately 3 Specialty Registrars at any given time; 4 Specialist Nurses (2.5 WTE); 2 Clinical Pharmacists (0.2 WTE time for hepatitis C work); a Data Manager; 2 Hepatitis C Trust Peer Support Leads; and 1 Hepatitis C Trust Programme Manager.

High-risk individuals for screening are identified from high-risk populations and groups, including;

- Migrants from high prevalence areas
- Male circumcision performed outside of healthcare
- Victims of Female Genital Mutilation
- Recipients of blood products
- Recipients of tattoos/piercings from unregulated parlours or individuals
- Invasive medical or dental care outside of the UK
- Men who have sex with men (MSM)
- Children born to high-risk individuals
- Prison populations
- Sex workers
- People who use drugs
- Traveller Communities; Romani Groups; Van lifers

Screening for hepatitis C virus (HCV) infection is a two-step process. Identification for markers of anti-HCV reactivity (hepatitis C antibody positive) indicate evidence of exposure to the virus. Reactive anti-HCV samples are then tested for presence of viraemia (HCV-RNA), and if positive, the patient is diagnosed with active infection requiring treatment. A weekly report is sent to the BBV Team from Public Health Wales containing all tested individuals' results.

Current test methods include the following, with turnaround times indicated:

- Venepuncture (4week wait)
- Point of Care Testing (POCT) mouth swab for antibodies (20-minute wait)
- Polymerase Chain reaction (PCR) bloodspot (6week wait)
- POCT Cepheid machine (40-minute wait)

Testing is accessed and completed via the following routes:

- HMP Cardiff: opt-out. Paused in October 2022 in HMP Cardiff due to resource capacity limitations and restarted in early 2025 using health board immunisations staff as testers. The oversight group action plan includes the identification of a sustainable model for this service.
- Substance Misuse Treatment and Support Services: opt-out (including Criminal Justice Intervention Teams, and NSPs).
- Hepatitis C Trust Peer-to-Peer Follow-Me scheme.
- Health Board BBV community clinic/outreach service.

- Public Health Wales Laboratory: high intensity testing events.
- Community pharmacy sites: 4 commissioned sites, with 3 active (see *Figure 2*). National service review underway, updated specification due later this year.
- Screening of blood, organ and tissue donations.
- Sexual Health Wales test and post scheme: Public Health Wales, in collaboration with Welsh Government and Health Board sexual health services, established a postal testing service for BBVs and sexually transmitted infections. Tests are requested online via questionnaire completion and guidance. Turnaround times are approximately 7 days, but often less. Negative results are notified via text message. People screened positive are referred to appropriate specialist services for confirmatory testing and treatment (if indicated).
- Sexual health clinics: BBV testing may be offered if an individual is symptomatic or at risk.

Negative test results are notified to patients along with harm reduction advice. Positive results are given to patients verbally, along with commencement to the treatment pathway. All HCV-RNA positive cases are referred for clinical assessment and treatment.

Testing activity is recorded on the Harm Reduction Database, with the exclusion of HMP Cardiff, sexual health clinics, the test and post scheme, and screening of blood, organ and tissue donations.

2.1.3 Treatment

The BBV Team are the primary service for hepatitis (B and C) treatment, with clinics and outreach activities. Staffing levels are provided in section 2.1.2.

Treatment is offered to all patients testing positive for current active hepatitis C. They will receive a clinical assessment, followed by individualised treatment plans dependent on various patient and disease factors such as chronicity of infection, liver staging, genotyping, contraindications to drugs and appropriateness. If the clinical case is straightforward, treatment is usually 8 or 12 weeks in duration, which may or may not be monitored. If the case is not straightforward, additional tests will take place.

At 12 weeks post treatment completion, an SVR test will take place. If SVR is achieved, the patient is deemed 'cured' and discharged with advice. A certificate of achievement is given, and they are encouraged to join a peer-support group.

Rapid treatment pathways are in place for those unwilling or unlikely to attend further assessments after the initial contact. If appropriate, these individuals will be provided with their full prescription at contact.

If treatment is unsuccessful, or there is past history of treatment, resistance testing will be performed, and more complex therapy options explored.

Treatment activity is recorded on the E-form database, which then feeds into the Welsh Clinical Portal (WCP) and Welsh Health Data Mart (WHDM).

2.1.4 Re-engagement

The Public Health Wales Hepatitis C Re-engagement Programme is currently in place for the identification of positive cases who have not completed treatment. A re-engagement list (Phase 1) was produced by Public Health Wales and acted on by the BBV Team. The list is created from the E-form database and cross-referenced with the Harm Reduction Database. Phase 1 of the re-engagement list is complete, and phase 2 has been completed with regular monitoring and evaluation of the data set now part of a business-as-usual process.

There is a mix of service teams and databases involved in re-engagement activity: the BBV Team, Public Health Wales, ICNET, the Harm Reduction Database, the E-form Database, and the Welsh Health Data Mart (WHDM).

Re-engagement with individuals is attempted with the following process:

1. Attempt to locate via the Welsh Demographic Service (WDS) or other engaged services.
2. Make contact.
3. Deploy Outreach team, peers and wider multidisciplinary team to help engage.
4. Consultation: repeat full BBV screen and assessment.
5. Review and treat as per pathway. If cirrhotic refer to the Hepatology team for ongoing surveillance.

Significant reinfection rates remain in Cardiff. Work is underway to address this, in the form of a project working alongside colleagues from the Area Planning Board (APB).

2.2 Outcomes

Outcome data on testing, treatment and infection prevention activity were obtained from the BBV annual report 2024 (Public Health Wales CDSC)⁶, for Cardiff and Vale UHB and Wales, and from clinical teams within the Health Board.

2.2.1 Infection prevention

All babies in the UK born on or after 1 August 2017 are offered three doses of hepatitis B containing vaccine as part of the NHS routine childhood immunisation programme. In 2024/25, the ‘6 in 1’ DTaP/IPV/Hib/HepB1 vaccine uptake (all three doses) in children reaching their first birthday decreased slightly to 94.1%, compared to 94.2% in the previous year ⁹.

Table 1 presents the latest annual data (year ending 2023) available on hepatitis B vaccination uptake in children born to mothers with hepatitis B, in Service Misuse Services, and in prisons⁶. It is important to note that the recording and reporting mechanisms may not currently be accurate or up to date, with improvements to outcome data reporting being one of the key action areas set out in this plan.

Outcome	Cardiff and Vale UHB	Wales
Uptake of 3 doses of HepB in children born to HepB-positive mothers (latest year reported, 2024)		97%

Table 1: Hepatitis B vaccination uptake in the childhood immunisation programme, Substance Misuse Services and prisons in Cardiff and Vale UHB and Wales⁶. Grey indicates data not provided. Note: Cardiff and Vale UHB substance misuse service immunisation data may not be up-to-date or reported correctly.

Needle and Syringe Programmes

NSP data is presented in a quarterly Harm Reduction Interventions Activity report, produced by the APB Support Team. Table 2 presents the latest annual data available on NSP activity as reported via the Harm Reduction Database Wales (HRD)¹⁷. These data are monitored routinely as part of the Cardiff and Vale APB’s routine contract and performance monitoring.

Table 2: NSP activity in Cardiff and Vale UHB, 2025-26.¹⁷

Outcome	Cardiff and Vale UHB	Wales
Needle Syringe Programme clients (number)	2,343	16,945
Needle Syringe Programme clients (rate per 100,000)	606.2	689.6
Needle Syringe Programme interactions	12,161	59,556
Needle Syringe Programme syringes dispensed	265,337	1,560,338

Of those People Who Inject Drugs (PWID) regularly attending NSP services across Cardiff and Vale of Glamorgan it is currently estimated that 42.1% reported the use of opioids (e.g. heroin), 20.5% stimulants (e.g. amphetamines, cocaine), and 46.5% Image and Performance Enhancing Drugs (IPEDs e.g. anabolic and androgenic steroids, human growth hormones, peptides, fat-loss drugs, and tanning agents). Compared to other regions of Wales it is suggested that Cardiff and Vale have the highest rates of PWID reporting use of opioid and stimulants.

Across Wales coverage estimates vary depending on estimate methodology and ranged from 18.6 per cent for typical service access (median-based) to 63.4 per cent for overall service provision (mean-based), assuming 1 injection per day. This highlights the unequal distribution of syringes across clients and that coverage remains very low overall, representing a clear risk for bacterial infections and transmission of blood borne viruses through reuse and sharing of injecting equipment.

2.2.2 Case-finding and testing General Population

Data on hepatitis B and C testing activity for 2025 in the general population in Cardiff and Vale UHB and Wales is shown in *Table 3*⁶.

All individuals who are anti-HCV reactive should have a confirmatory HCV-RNA test, but in Cardiff and Vale the proportion meeting this was 86% (although higher than the Wales proportion of approx 80%).

	Outcome	CaV	Wales
Hep B	Number of individuals with no prior history of infection tested for HBsAg	16,792	105,709
	Number and proportion of individuals testing positive for HBsAG (proportion is of those tested)	66 (0.39%)	305 (0.29%)
Hep C	Number of individuals with no prior history of infection tested for anti-HCV	16,348	86,849
	Number of individuals PCR tested for HCV-RNA	739	3,486
	Number and proportion of individuals testing positive for HCV-RNA	113 (15.3%)	461 (13.2%)
	New HCV-RNA cases	52	268

Table 3: Hepatitis B and C testing activity and outcomes for Cardiff and Vale UHB and Wales, 2025-26⁶.

Note: Cardiff and Vale-specific figures are presented using population rates and comparative descriptors in line with Public Health Wales surveillance reporting practices. Absolute screening counts by Health Board are not consistently published for all indicators.

Substance Misuse Services

In 2019 Welsh Government established a Key Performance Indicator (KPI) for all APBs seeking they demonstrate “*All clients who are in contact with substance misuse services to be routinely tested for blood borne virus infection (hepatitis B, hepatitis C and HIV), at least on an annual basis.*” Currently the **KPI target requires 50% of individuals** who are in active/awaiting substance misuse treatment are tested annually for hepatitis C.

Recent publication of KPI 6: Blood Borne Virus for the 2025/26 period demonstrates that 46% of individuals (n=1,279) in active/awaiting substance misuse treatment across Cardiff and Vale of Glamorgan (N=2,779) were tested for hepatitis C. Annual comparisons show that performance against the KPI in CAV has steadily increased over recent years, where 29.4% of individuals in active/awaiting substance misuse treatment were tested for hepatitis C in 2024/25, and 19.5% of individuals in 2023/24. However, regional performance remains below KPI and Hepatitis B & C Elimination requirements. It should also be noted that across the region local authority differences can be observed;

- **Cardiff** - 37% of individuals were tested (n=822). Sitting below KPI target and the national average (40%)
- **Vale of Glamorgan** - 83% of individuals were tested (n=457). Exceeding the KPI target

Note the KPI only reflects individuals tested who were in active/awaiting substance misuse treatment and does not reflect total testing activity including that taking place in low-threshold services e.g. needle and syringe programme services, assertive outreach activities. Total activity can be observed in Table 4.

Table 4: Testing activity and outcomes for Substance Misuse Services and allied services in Cardiff and Vale UHB and Wales 2025-26⁶

Outcome	CaV	Wales
Number of individuals tested for anti-HCV	1,161	7,329
Number and proportion of individuals tested reactive for anti-HCV	61 (5.3%)	435 (5.9%)
Proportion of PWID tested reactive for anti-HCV	26.9%	24.7%
Number of individuals PCR tested for HCV-RNA	427	1,952
Number and proportion of individuals tested positive for HCV-RNA	24 (5.6)	149 (7.6%)
Proportion of PWID tested positive for HCV-RNA	18.1%	15.9%

Note: Number and proportion of individuals testing reactive/positive for anti-HCV and HCV-RNA is dependent on a valid test result having been uploaded onto the Harm Reduction Database Wales (HRD)

Prisons

Routine opt-out testing stopped in HMP Cardiff in October 2022, explaining the lower testing coverage, but restarted in early 2025 and identifying a sustainable model for testing going forwards forms part of this action plan. Data on HM Prison testing and outcomes is shown in *Table 5*⁶.

Table 5: Testing activity and outcomes in prison settings in Cardiff and Vale and Wales⁶.

Outcome	Cardiff and Vale UHB	Wales
Prison BBV testing numbers, 2025 (HMP Cardiff for Cardiff and Vale UHB data)	HBsAg: 219 Anti-HCV: 219 HCV-RNA: 44	HBsAg: 8,428 Anti-HCV: 8,425 HCV-RNA: 893
Prison reactivity and positivity of individuals tested, 2025	Anti-HCV: 14.2% HCV-RNA: 15.9%	Anti-HCV: 7.1% HCV-RNA: 11.0%

Sexual Health Clinics

There have been substantial changes in the provision and processing of STI data derived from sexual health clinics and the Test and Post service in Wales over the last year. Ongoing systematic data issues within Cardiff and Vale University Health Board (CVUHB) have resulted in underreporting of clinical data for 2025⁶.

Community Pharmacy

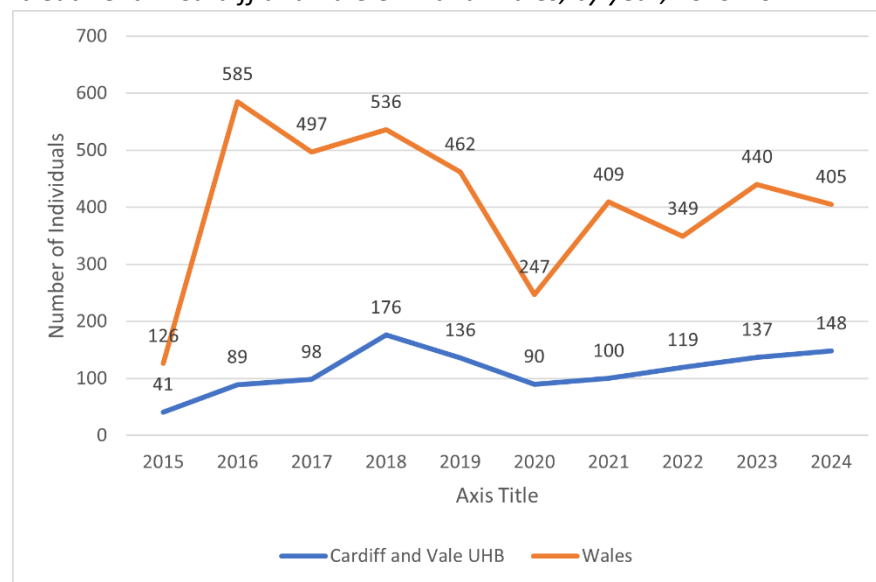
No testing occurred within community pharmacy settings in 2025-26. (Source: Harm Reduction Database via Community Pharmacy service).

2.2.3 Treatment

The BBV Team is able to produce outcome reports from the Welsh Health Data Mart (WHDM) on an adhoc basis in-house. There is currently no routine reporting to identify numbers being referred to treatment, commencing treatment, completing treatment and achieving Sustained Virological Response (SVR). Currently there are also variations in completeness of data recording, meaning that outcomes may be under-reported.

The number of individuals commencing hepatitis C treatment in Cardiff and Vale and Wales from 2015 to 2024 is shown in *Figure 5*⁶. This data may not be accurate however, and it is not known what proportion of those commencing treatment went on to complete treatment under current data reporting formats.

Figure 5: Number of individuals commencing HCV treatment in Cardiff and Vale UHB and Wales, by year, 2015-2024⁶.



2.2.4 Re-engagement

The re-engagement list was received from PHW in December 2023, with Cardiff and Vale UHB having 245 individuals on the list. This project has now completed, and a rapid impact evaluation report produced.

Patients who still require follow-up from the Phase 2 re-engagement lists have now been transferred to a business-as-usual (BAU) dataset. These BAU spreadsheets are updated with testing data every 2–3 months, with Public Health Wales aiming to increase this to monthly updates in due course. Patients are categorised across three tabs: those requiring PCR testing following a positive antibody result, those requiring SVR testing post-treatment, and those requiring treatment.

2.3 Current Challenge Areas

Following completion of the mapping of current services and identification of our Structures, Processes and Outcomes, the following challenges to elimination of hepatitis (B and C) were identified by the group:

Challenge Area 1: Infection prevention

- The hepatitis B childhood vaccine (6in1) uptake is currently <95% in Cardiff and Vale UHB. The reasons behind this are not understood.
- For babies born to parents at high-risk of hepatitis B, mothers with hepatitis B are successfully and efficiently identified and managed, however, if the father has hepatitis B, this is not identified at an early stage.
- Improvements are required regarding accessibility, coverage and attendance at Needle Syringe Programme sites, with the reasons behind a decrease in attendance being observed since the COVID-19 pandemic requiring further investigation. This issue is not isolated to CAV and as such PHW are currently undertaking a three phased exploration with key stakeholders - Pharmacy NSPs, Specialist NSPs and lived experience. Early analysis would attribute changes to drug consumption patterns (e.g. emergence of Crack Cocaine), expansion of Buvidal OST, and workforce development requirements since COVID pandemic.

Challenge Area 2: Case-finding and testing

- Identification of individuals at high-risk is challenging due to gaps in data and awareness of different sub-populations in the area and the prevalence of hepatitis amongst these groups.
- There is a lack of awareness of all those at high-risk for case finding, amongst both healthcare staff and the public.
- Testing:
 - There are issues regarding the supply chain of resources for staff to undertake testing.
 - There is a lack of easy access to tests for individuals seeking to self-test via online resources.
 - Not all those at high-risk who are offered testing will accept it.
 - There is a lack of accessible testing pathways outside of those that are perceived to be high-risk.
 - There is a reluctance to perform testing in generically accessed healthcare settings such as out-of-hours services, GP services and Emergency Departments.
 - There is low engagement with testing at community pharmacy sites, both from pharmacy staff and from service users. The reasons behind this are not fully clear, although some have been explored for incorporating into a new service specification.
 - There is a gap between the number of individuals with reactive anti-HCV tests and the proportion of these that receive a confirmatory HCV-RNA test.

Challenge Area 3: Treatment

- Tracking individuals to provide test results, treatment, and engagement can be difficult due to the chaotic lifestyles of some individuals.
- Time from test to treatment: there are delays due to lab turnaround times, with currently up to six weeks' wait for a PCR result. Some substance misuse services are unable to access timely results, and hard copies of results are at risk of going missing. Third sector services don't have access to Welsh Clinical Portal, and as such are reliant on paper results via post or other services to provide them with results.
- Treatment compliance, in terms of commencement, adherence, and completion, is not always achieved, leading to disengagement from the treatment pathways.

Challenge Area 4: Re-engagement

- There can be challenges with engagement/re-engagement with services and support by individuals at high-risk. This challenge area now has processes in place as part of business-as-usual operations.

Challenge Area 5: Data

- There are challenges around access to outcome data, and some data gaps in the Harm Reduction Database. Work has been undertaken to develop data tools, the BBV PET tool and DOE-D, which are now available to specified NHS staff who require access and are updated on a regular basis as part of business-as-usual operations.

3 Where we want to be

Where we want to be, in terms of our aim and objectives, is outlined below in *Figure 6*.

Themes		Infection prevention	Case Finding & Testing	Treatment	Re-engagement	Data
Where we want to be	Our Aim	National: Elimination and prevention of Hepatitis (B and C) in Wales by 2030. Regional: Elimination and prevention of Hepatitis (B and C) in Cardiff and Vale of Glamorgan by 2030.				
	Our Objectives	- Achieve and sustain >95% uptake childhood 6in1 vaccination. - Offer and provide hepatitis B vaccination to individuals at high risk. - Increase Needle Syringe Programme attendance and paraphernalia coverage.	Identify, screen and confirmatory test all individuals at high risk in Cardiff and Vale of Glamorgan.	Complete treatment with all positive cases of hepatitis C in Cardiff and Vale of Glamorgan.	Re-engage with all people who have hepatitis C who have not completed treatment and achieved Sustained Virological Response (SVR) in Cardiff and Vale of Glamorgan.	Record and collate data accurately and completely, with accessible tools for monitoring and evaluation of service performance and outcomes.

Figure 6: Where we want to be: our aim and objectives for the prevention and elimination of hepatitis (B and C).

4 How we will get there

4.1 Action Areas

Following a review of ‘where we are now’, and the challenges areas for getting to ‘where we want to be’, we have updated our plan with 19 actions across 3 action areas to facilitate the achievement of our aims and vision:

- Action Area 1: Infection Prevention
- Action Area 2: Case-finding and testing
- Action Area 3: Treatment

The work on these action areas forms part of the Cardiff and Vale Integrated Health Protection Partnership’s new system model for an integrated and sustainable health protection approach in Cardiff and Vale.

Some aspects of the action areas will require collaborative partnership working on a national level with the other Health Boards, Public Health Wales and the Cardiff and Vale Area Planning Board (APB), whilst others are specific actions for Cardiff and Vale UHB, with partners at the regional level.

4.2 Action Plan

Details on the five action areas are outlined below in our action plan. This will be a live document forming the basis of the implementation group’s activities, with further details added to it as the work progresses. This will include further details around the measures of success provided.

Action area	Action	Lead	Measure of success
1. Infection Prevention	1.1 Review ongoing delivery of mobile NSP outreach services following implementation of CAVDAS Har Reduction Van to ensure effective coverage and access across CAV.	Substance Misuse Service	Summary of existing activities and approach, gap analysis, and future delivery plan
	1.2 Re-establish delivery of Lived/Living Experience Peer-2-Peer harm reduction programme, and ensure effective succession plan in place to mitigate attrition.	Substance Misuse Service	Peer-2-Peer programme re-established and supporting distribution of NSP supplies across Cardiff and the Vale of Glamorgan
	1.3 Implement recommendations identified by Public Health Wales' National Review of Pharmacy and Specialist NSP Services	Substance Misuse Service	Report on NSP attendance explanations with actions.
	1.4 Utilise immunisation barrier report to explore improvement opportunities for hepatitis B immunisation	Health Protection & Imms Team	Discuss at Imms Mgt Group to explore pilot opportunities
	1.5 Explore the potential for a sustainable staff hepatitis B vaccination model with the mass imms team and health board Occupational Health team.	Health Protection & Imms Team w/ collaboration from Occupational Health	Agreed referral pathway for vaccination produced.
2. Case-finding and testing	2.1 Improve understanding of high-risk populations in Cardiff and Vale, in terms of numbers, demographic details and point prevalence surveys, building on the high-risk populations mapping work undertaken to date and linking with the inclusion health, substance misuse, DoSH and other relevant teams. This action area will include exploration of methods for identifying pregnant women where the father has hepatitis B, prior to birth, and hepatitis vaccinations for household contacts.	Local Public Health Team	Report on the make-up of populations at high risk in Cardiff and Vale, including mapping illustrations.
	2.2 Deliver two annual awareness case studies in collaboration with key partners, including the Hepatitis C Trust – one focused on Hepatitis B and one on Hepatitis C – to increase awareness amongst healthcare staff and the public of populations at risk of viral hepatitis and the support available, with a particular focus on challenging the misconception that only people who inject drugs are affected.	Local Comms Team w/ Public Health	Target of 1 Hep B & 1 Hep C Case Study to be shared annually.
	2.3 Explore the potential of increasing the number of community pharmacy test sites; provided either by pharmacy staff or via in-reach peer-to-peer provision within pharmacy settings. Identification of additional sites will require investigation of the most effective locations to facilitate, subject to funding.	Pharmacy	An increased number of active community pharmacy test sites.
	2.4 Continue to expand and optimise community-based BBV testing through utilisation of Cepheid technology (CAVDAS Outreach van Cephid in place; audit testing activity and highlight opportunities to increase testing uptake and access & CAVHIS have secured funding for an onsite CEPHID machine to be utilised in their new customised premises).	Infectious Diseases Team	Completed report on feasibility with recommendations.

	2.5 CAVDAS Alliance Leadership Team (ALT) to develop strategy to ensure BBV opt-out screening is fully implemented across ALL teams. Strategy to be tied to ALT led risk register, and assurance reporting mechanism	Substance Misuse Service	<i>Strategy developed and presented to APB Support Team and implemented across CAVDAS service</i>
	2.6 CAVUHB Community Additions Unit (CAU) to develop assurance mechanisms in which they are able to demonstrate that BBV opt-out screening is fully embedded throughout treatment pathway	Substance Misuse Service	<i>Assurance mechanisms developed and presented to APB Support Team. Effective opt-out screening demonstrable through developed mechanisms</i>
	2.7 Canol Service (Substance Use Recovery Interventions for Justice Services) to develop assurance mechanisms in which they are able to demonstrate that BBV opt-out screening is fully embedded throughout treatment pathway	Substance Misuse Service	<i>Assurance mechanisms developed and presented to APB Support Team. Effective opt-out screening demonstrable through developed mechanisms</i>
	2.8 Investigate/Develop resource to manage ongoing POCT testing in HMP Cardiff.	Infectious Diseases team	Active BBV testing in HMP Cardiff with data.
	2.9 Develop a robust resource to follow up with those released from HMP Cardiff into the community for treatment/vaccination/screening.	Infectious Diseases team	Development of process following release.
	2.10 Local Authority to consider broader implementation of opt-out testing (in collaboration with Hep C Trust) across hostel and homelessness services, as implemented by Salvation Army.	Local Authority	Achievement of opt-out testing processes in hostels and homeless services.
	2.11 Explore use of POCT as an opportunistic approach, alongside current outreach work.	Infectious Diseases team	Mapping/report completed on POCT opportunities within services
	2.12 Undertake a pilot of opt-out BBV testing within the Emergency Department at the University Hospital of Wales to assess feasibility, acceptability, testing outcomes and resource requirements for wider implementation	Infectious Diseases team	Completed pilot of emergency department testing with write-up and recommendations.
	2.13 Identify mechanisms and partnership opportunities to expand prevention and testing activities targeted towards injecting populations who don't frequently attend substance misuse services i.e people using image and performance enhancing drugs (IPEDs), and those engaging in ChemSex	APB Support Team / CAVDAS	Completed report outlining partnerships developed, and activities undertaken to expand targeted delivery.
3. Treatment	3.1 Cardiff and Vale APB to review and agree commissioning and funding arrangements for the Hepatitis C Trust Follow Me Peer Programme operating across Cardiff and the Vale of Glamorgan beyond the 2026/27 period. Decisions to be informed by the final service evaluation undertaken by Kinbee Ltd on behalf of the APB.	APB Support Team	Commissioning and funding arrangements for 2027/28 period and beyond approved by CAV APB

4.3 Resources required

The facilitation and implementation of the actions outlined in the 5 action areas will require resources for delivery. This will require a combination of using current services and staff within the system to incorporate the additional pieces of work, as well as likely requiring additional new staff and other resources on top of these. The work on these action areas will form part of the Cardiff and Vale Integrated Health Protection Partnership's new system model for an integrated and sustainable health protection approach in Cardiff and Vale.

In terms of current system resources, the services and teams involved, or who could be involved, in the Cardiff and Vale hepatitis work are outlined in *Figure 1*, along with the following key stakeholders including:

- Cardiff and Vale Area Planning Board (and Support Team)
- The Integrated Cardiff and Vale Health Protection service
- The BBV Team
- Substance Misuse Services (Third Sector, Health Board and Criminal Justice)
- The Department of Sexual Health
- Primary Care services
- Her Majesty's Prison Services
- PHW Point of Care Testing Team at WSVC
- Public Health Wales
- Health Protection & Health Inclusion
- Community Pharmacies
- Hepatitis C Trust Peer Support Services
- Local Authority
- Third Sector Specialist Housing and Outreach teams
- Police Crime Commissioners Office
- Potential: Shared Regulatory Services Health Protection Officers

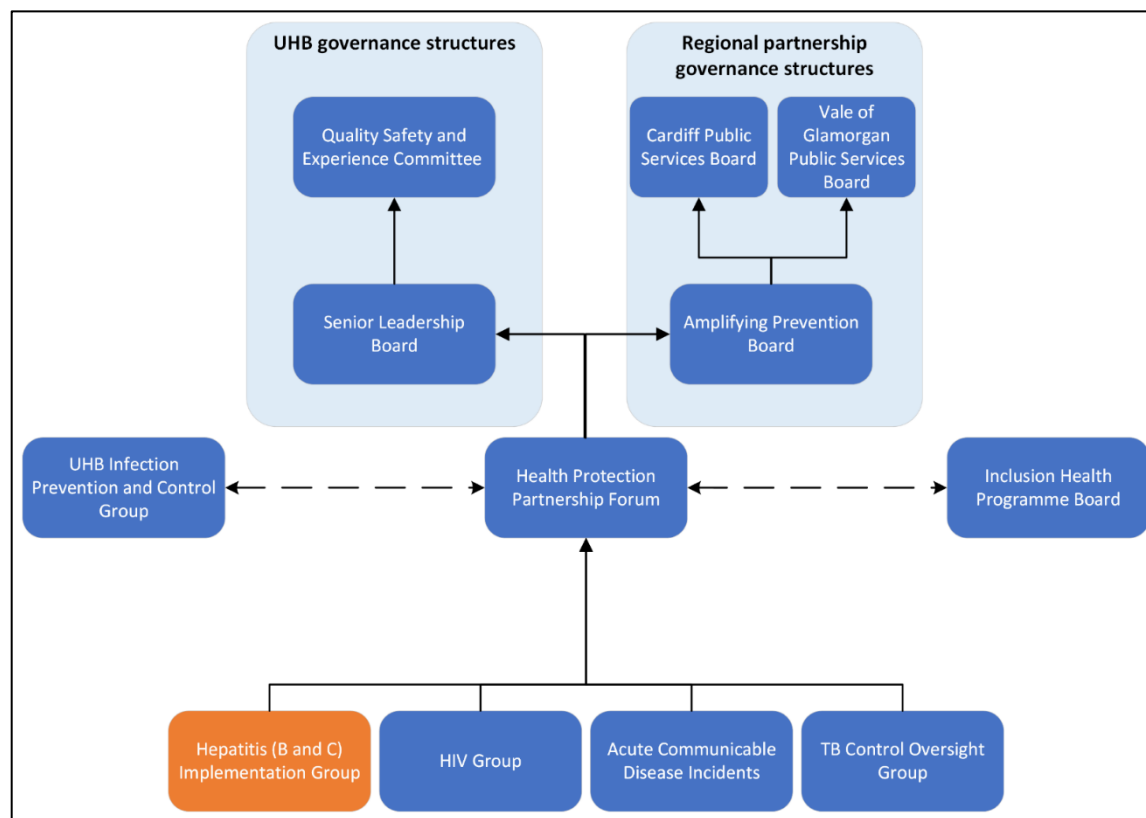
In addition to these current resources, the implementation work will require the following additional posts and roles:

- Health Protection Manager (as part of the Integrated Health Protection Team development)
- Prison site staffing for test and treat services: in the form of a Specialist Nurse
- Peer Support Workers: for outreach services and POCT

4.4 Implementation, monitoring and reporting mechanisms

The implementation of the actions set out in this plan will be taken forward by a hepatitis (B and C) implementation group, which will form a subgroup of the Cardiff and Vale Integrated Health Protection Partnership. The reporting mechanisms are shown in *Figure 7*, which highlights where this work will sit within the overarching health protection work.

Figure 7: The reporting mechanisms for the hepatitis (B and C) implementation group.



Progress of the implementation group against the action areas, and the broader prevention and elimination targets, will ultimately be monitored and reported via the information tool to be developed as part of action 5.2 nationally, and the internal data reporting processes already available within the Health Board regionally.

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