

Chair of the Committee
c/o The Secretary.

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I am a 68 year old pensioner living with HIV and HCV since 2006 and 2012.

I have been on HIV medication from date of diagnosis in 2006. My HIV is totally controlled with an excellent CD4 count but as yet I am not on any medication for my HCV which is well maintained and monitored by Infectious Diseases The Alfred Hospital Melbourne.

I have read with much interest the above strategy and I embrace and support its goals, objectives and targets. It is paramount that Prevention, Testing, Education, Care and Support be the focus of a comprehensive management for those of us who are living with Hepatitis C.

The Alfred Hospital is the keystone of my healthcare as it is for many others living with Hepatitis C. Due to budget constraints not all aspects of care and support can be addressed for different Genotypes of the Hepatitis C virus.

Those with Genotype 2 & 3 are more likely to be medicated sooner as they have a quicker response to treatment and therefore a shorter treatment period at a lower cost. Whereas those like myself (Genotype 1) need longer treatment time which is reflected by a higher cost base to Medicare. Invariably this means Genotypes 1 & 4 are more likely to be the least group supported due to the higher cost base of treatment.

We need to be considered for inclusion for all treatment options and programs, new and or improved medication and not bypassed or left waiting for that new 'once-a-day' drug to be developed. The newly developed and marketed (2013) Sofosbuvir. Compared to previous treatments, sofosbuvir-based regimens provide a higher cure rate, fewer side effects, and a two-to four-fold reduced duration of therapy. Without immediate government intervention there will be a steadily increasing burden of life threatening liver disease as a result of Hepatitis

C infection.

Whether for reasons of cost budget deficits or because of gender type prohibition. Action is needed to overcome the barriers that impede efforts to scale up Prevention, Testing, Management, Care and Support for people living with and at risk of blood-borne viruses and sexually transmissible infections is required now more than ever.

Yours sincerely,

Christopher J Brice.