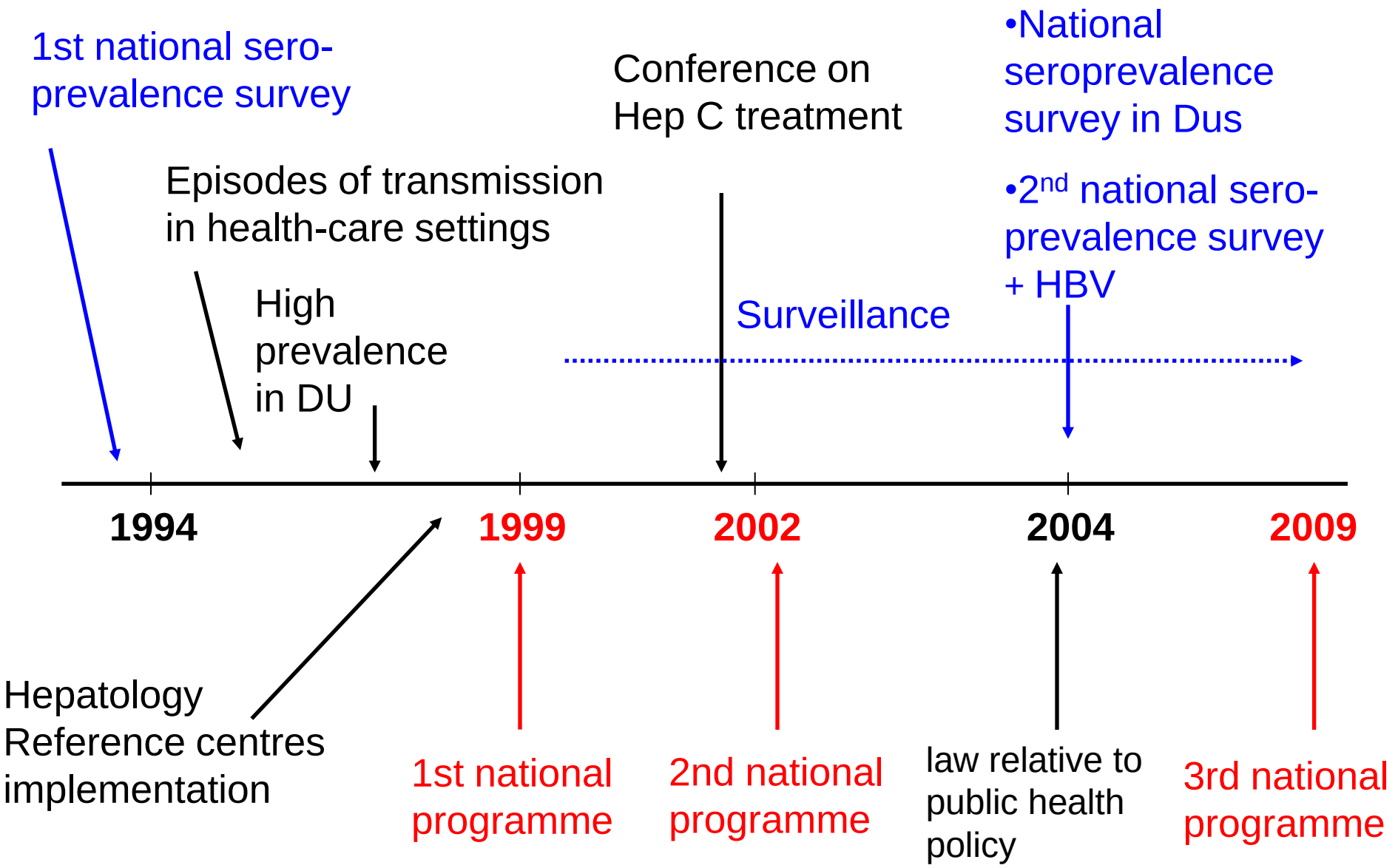
Hepatitis prevention and control programmes: country experiences France

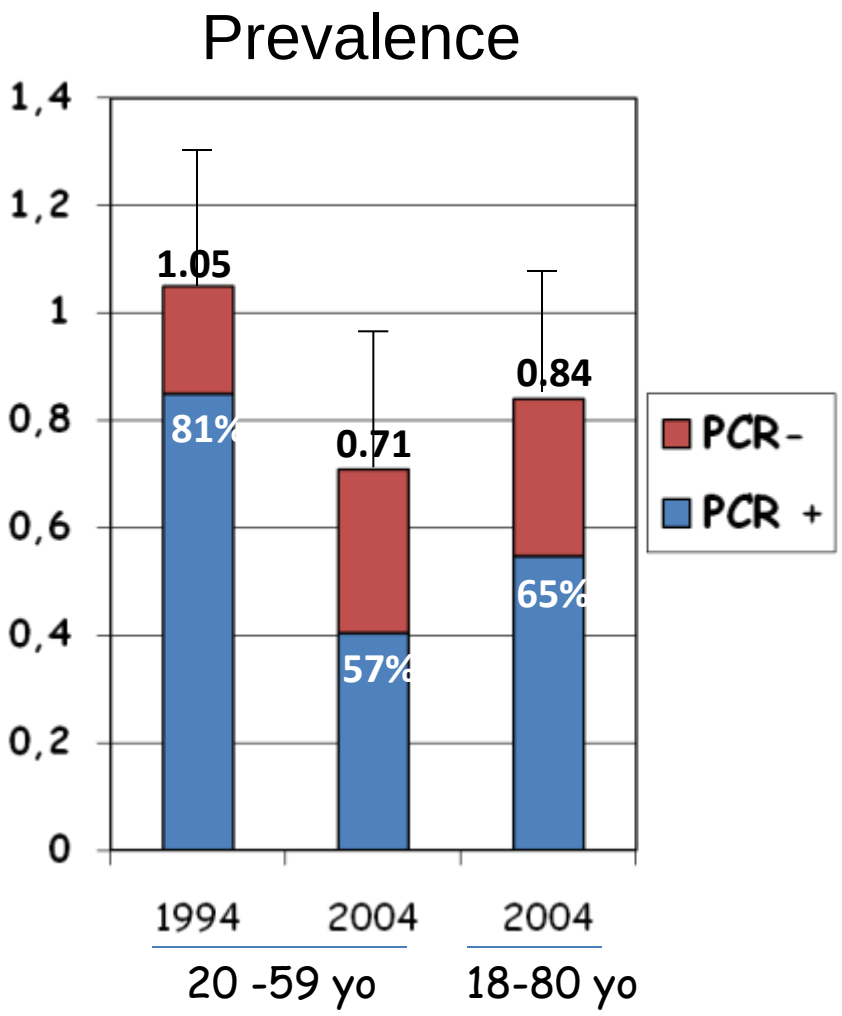
Summit Conference, Hepatitis B and Hepatitis C, Brussels, 14-15 October 2010

Elisabeth Delarocque-Astagneau,14 Oct 2010

HCV studies and responses :Timeline



Burden of HCV infection



Meffre et al J Med Virol. 2010

- Anti-HCV prevalence in 2004

0.84 **%** [95%CI: 0.65-1.10]

- Number of chronically infected persons:

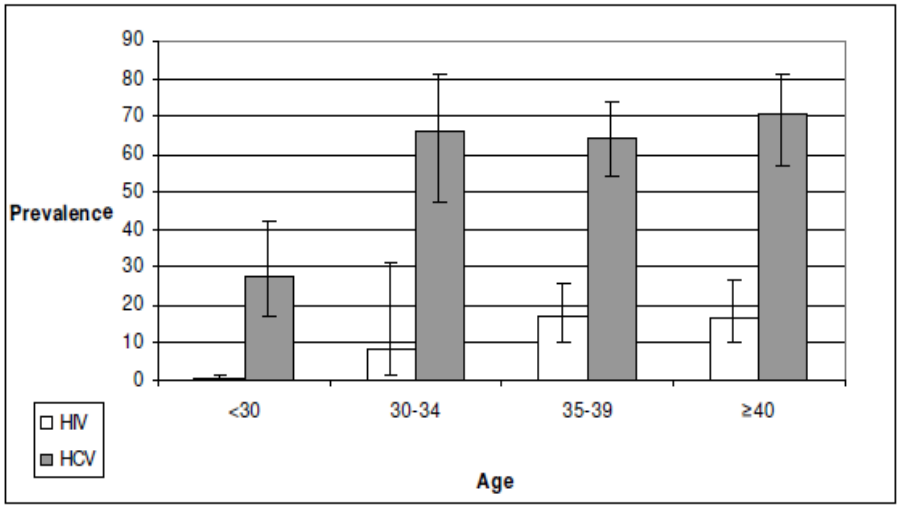
  232,196

  [95%CI: 167 869–296 523]

- Prevalence varied according to age, country of birth and precariousness

Burden of HCV infection

HIV and HCV seroprevalence by age among DUs, ANRS-Coquelicot study, France 2004–2005 (N =817 DUs tested).



- Harm reduction policy
  - Fully implemented since 1994
    - Improvement of accessibility to sterile syringes: SEPs, kits…
    - Widespread access to substitution treatments
  - Updated in the national programmes

Overall prevalence:
HIV: 10,8 %, HCV: 59,8 % (95%CI:50.7-68.3)
HIV/HCV dual infection:
10.2% (95%CI:6.3-15.9)

Jauffret-Roustide M. BMC Infect Dis 2009

“Clinical”stages of patients newly referred for HCV infection in hepatology reference centres

	2001* (*n* = 3906)		2004* (*n* = 3417)		2006* (*n* = 2729)	
	n	%	*n*	%	*n*	%
Normal ALT values	601	15.4	498	14.6	330	12.1
Chronic hepatitis	2397	61.4	1988	58.2	1687	61.8
Cirrhosis	318	8.1	283	8.3	273	10.0
Decompensated cirrhosis	49	1.2	54	1.6	42	1.5
Hepatocellular carcinoma	26	0.7	30	0.9	26	0.9
Acute hepatitis	15	0.4	26	0.8	15	0.6
Resolved	–	–	266	7.8	211	7.7
Unknown stage	500	12.8	272	8.0	145	5.3

10%

12%

26 centres

24 centres

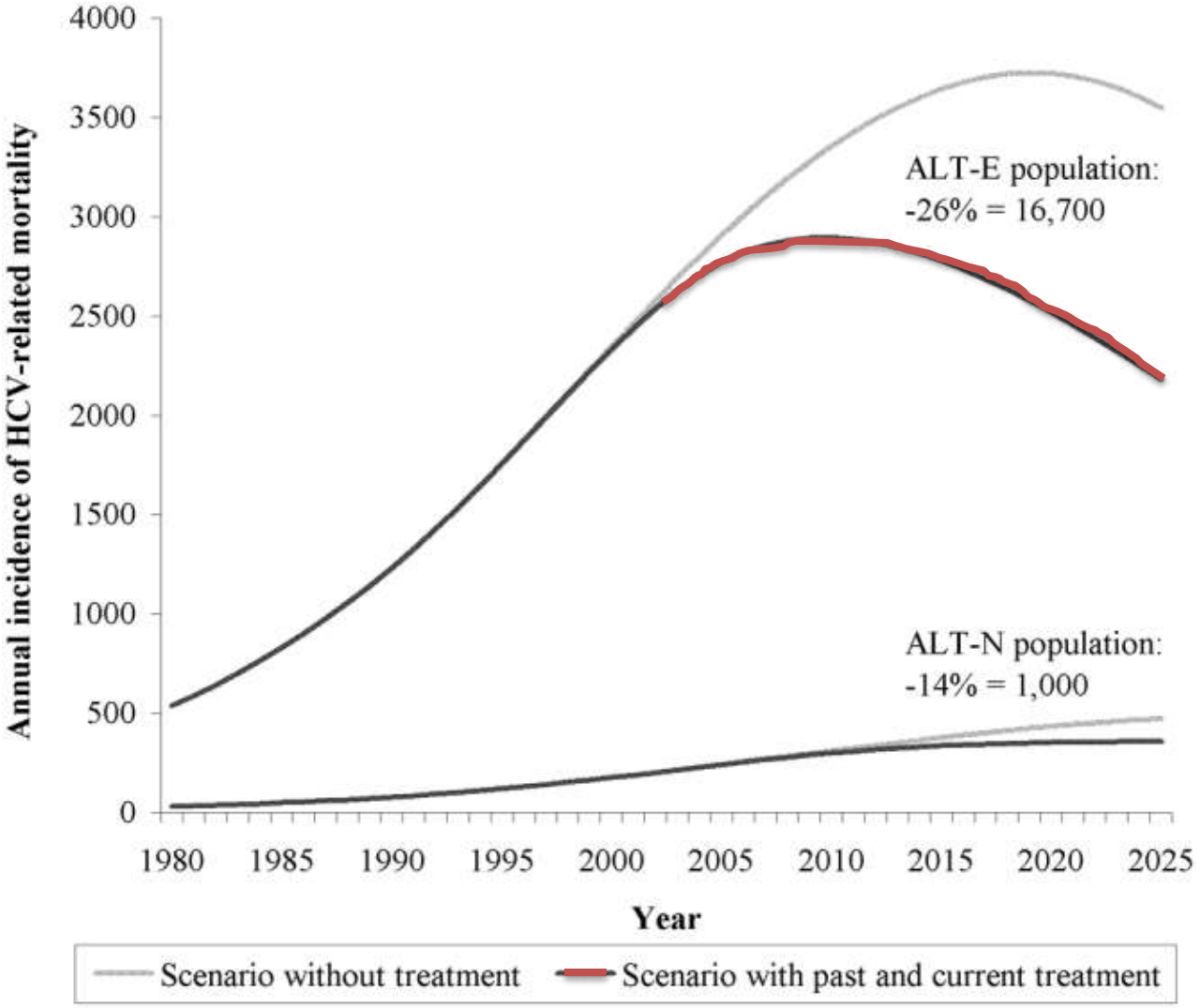
E Delarocque-Astagneau et al,J Viral Hepatitis 2009

Burden of HCV infection

- Mortality 2001
  - Number of deaths attributable to HCV:
    - 2,646 (95%CI: 1641-3650)
  - Estimation fits well with predictions from mathematical modelling
  - Cofactors associated with HCV mortality
    - Excessive alcohol consumption, HIV co-infection important

Marcellin et al J Hepatol. 2008.

Modelling of HCV related mortality: impact of the treatment



S. Deuffic-Burban et al, Hepatology 2009

Burden of HBV infection

- Incidence (2004-2007)
  - 2,578 (95%CI: 2 320-2 845) new infections/year = 4.1/100,000
- Prevalence 2004:
  - Anti-HBc : 7.3% (95%CI: 6.5-8.2)
  - HBs Ag: 0.65% (95% CI: 0.45-0.93)
    - Men : 1.1%, women 0.21**%**
    - Strongly related to continent of birth, e.g. Sub-Saharan Africa: 5.2%
- Mortality:
  - Number of deaths attributable to HBV (2001):
    - 1,330 (95% CI: 463-2192)

Antona *et al* BEH 2009 n°20-21; Meffre et al J Med Virol. 2010; Marcellin et al J Hepatol. 2008.

Screening strategy

- Targets populations known to be at risk of infection, in order to:
  - Avoid household / sexual transmission
  - Allow earlier access to appropriate care in order to prevent complications
- Goals:
  - % of patients aware of positivity: 80% HCV; 65% HBV
  - 30 % reduction in HCV/HBV related morbi-mortality (law of the 9/08/2004 relative to Public health policy)

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Screening programme

Target population

- HCV : recommendations of the French Agency of evaluation (2001)
- HBV:
  - Pregnant women (mandatory)
  - At risk populations, before vaccination

Identification procedure

- First line : GPs
- Social security medical centre
- All physicians
- Self-request

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Screening programme
Implementation

- Awareness campaigns
  - general public and health care professionals (media, newspapers, posters)
- Guidelines, leaflets at free disposal for physicians and for patients
- Training programmes

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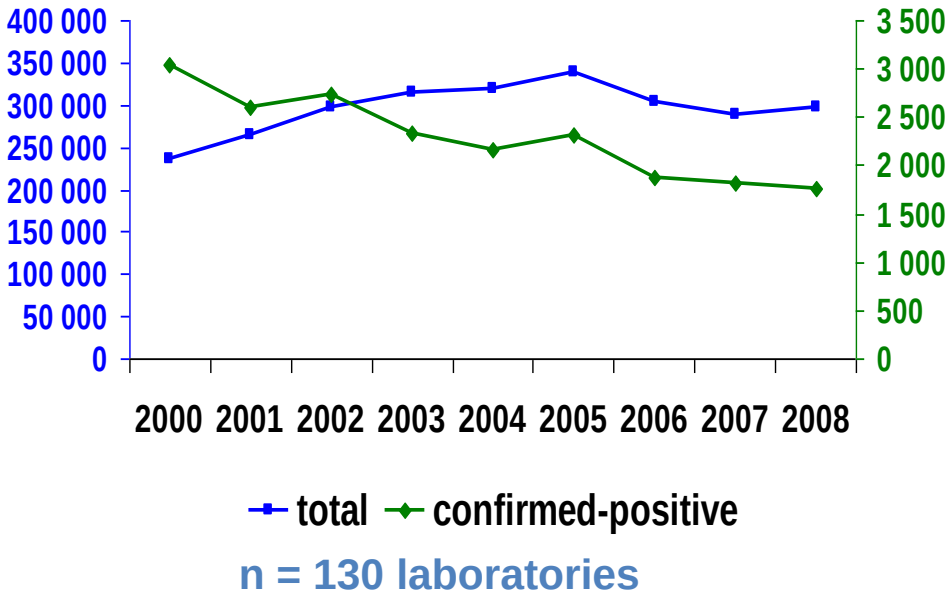
Screening programme
"Results"

- Proportion of patients aware of their HCV positivity
  - from 24% in 1994 to 56% in 2004
- Of note, HBV:
  - Proportion of patients aware of HBs Ag positivity: 46% in 2004

Laboratory network. Anti-HCV tests. ***Source : InVS***



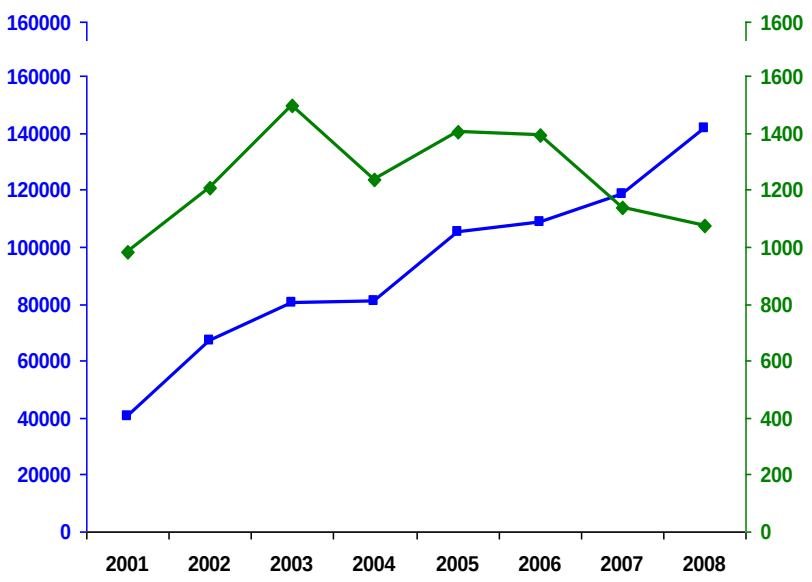
n = 130 laboratories

~5.5 million of anti-HCV tests in 2005

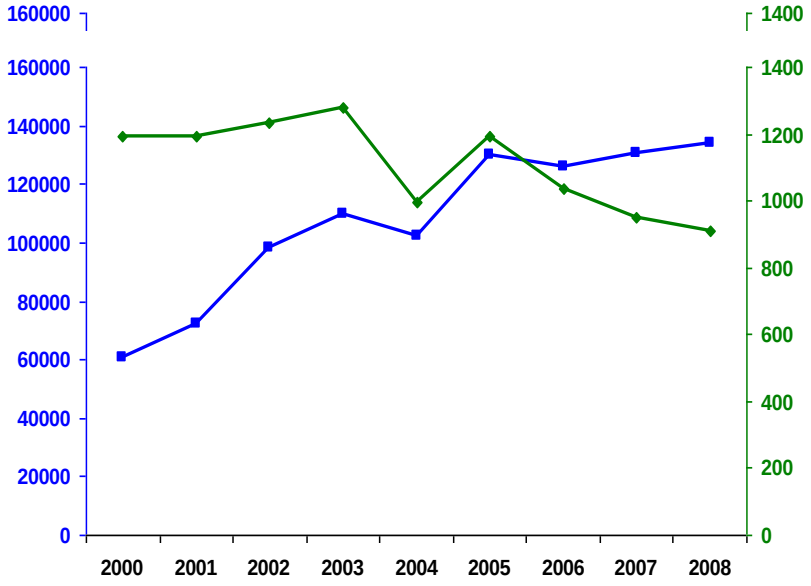
(Poirier E, BEH 2007)

Screening programme
"Results"

HBsAg tests



Anti-HCV tests



total **positive**

Anonymous & free test sites network 2000-2008

Source : InVS

Cumulative treatment rate in 21 countries (end of 2005), according to national sources of prevalence

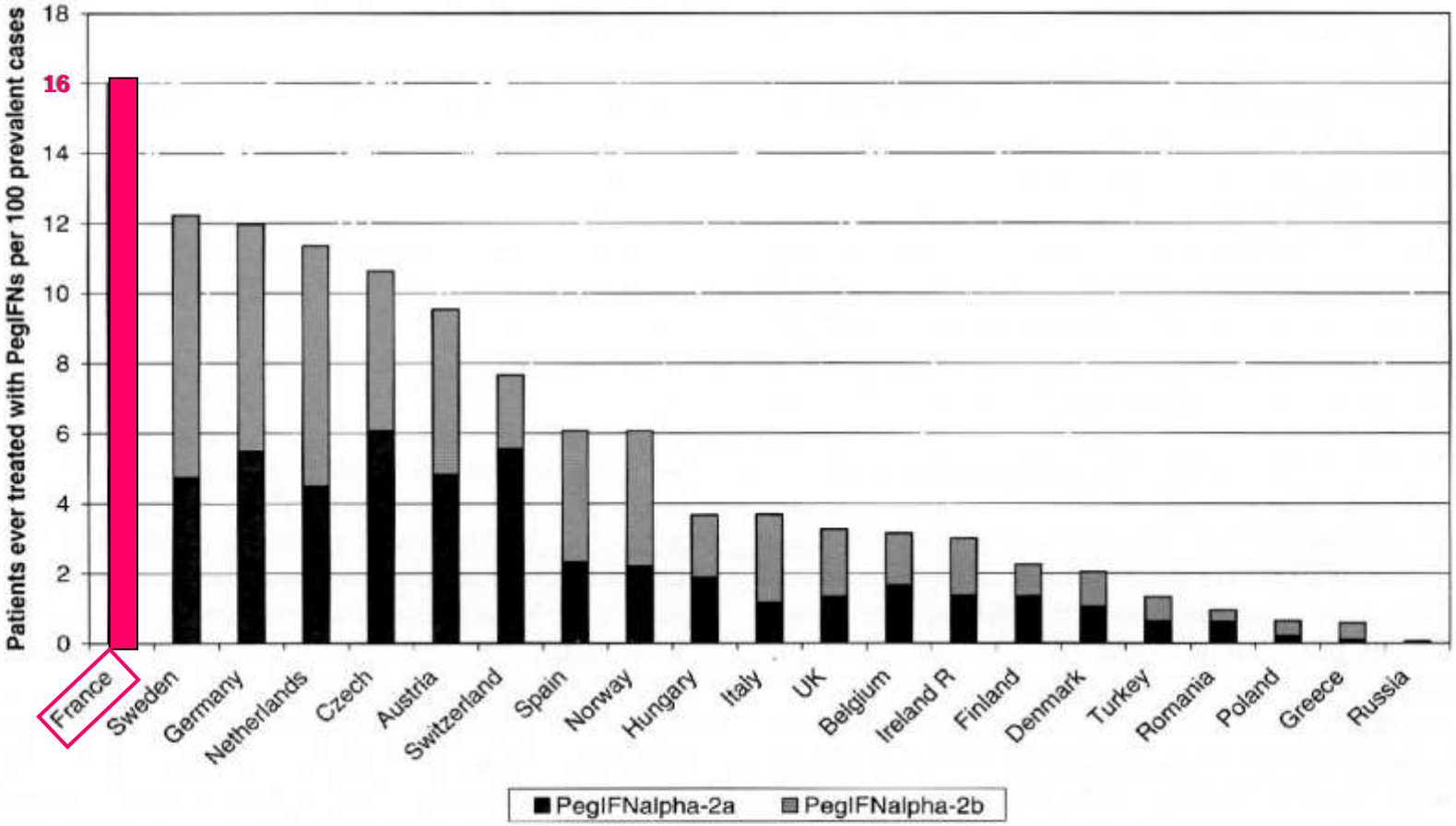


Fig. 4. Country-specific cumulative treatment rate indicating the number of patients ever treated with peginterferons per 100 prevalent HCV cases (HCV prevalence rates in the 21 countries according to national sources: Austria 0.75%, Belgium 1.00%, Czech 0.20%, Denmark 0.70%, Finland 0.60% (estimated from neighbouring countries), France 0.84%, Germany 0.55%, Greece 1.05%, Hungary 0.80%, Rep. Ireland 0.71%, Italy 3.00%, the Netherlands 0.25%, Norway 0.60%, Poland 1.50%, Romania 4.50%, Russia 1.45%, Spain 1.50%, Sweden 0.50%, Switzerland 0.75%, Turkey 1.00%, United Kingdom 0.55%; Overall 1.29%. Source: Muhlberger, 2008, unpublished observations [2]) by country until end of 2005.

B Lettmeier, J Hepatol 2008

Costs of screening programme and the follow up

Payment of the screening programme	Payment of follow-up
• HCV: screening test is free of charge for individuals, with 100% coverage by the Social Health Insurance • HBV: 65 % of the cost of markers used for screening (HBs Ag anti-HBs and HBc Ab) is reimbursed by the SHI; New guidelines and screening algorithm are being developed to allow full (100%) coverage by the SHI	• Patients with chronic active liver disease and patients with cirrhosis are eligible to full coverage of their treatment and follow up by the SHI

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Treatment strategies (1)

- HCV:
  - Reference therapy (PEG-IFN & Ribavirin) can be offered to all patients eligible for treatment, following the recommendations of the French Conference of consensus (2002);
  - Indications have been extended to patients with normal ALT, non responders or relapsers to a first treatment;
  - Contraindications to treatment have been progressively reduced with the use of adjuvant treatments.
  - First prescription is restricted to specialists
  - Preliminary eligibility to full coverage by the SHI

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Treatment strategies (2)

- HBV:
  - All antiviral drugs currently approved by the EMEA are available in France.
  - First prescription restricted to specialists
  - Patients eligible to full coverage by the SHI
- Follow-up of HCV/HBV treatment
  - shared management by specialists and GPs in order to lighten the burden for hospitals
  - Currently, mainly carried out by hospital specialists

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Impact of the screening strategy on the health care system

- Need for:
  - Strengthening network between hospitals, GPs, physicians in special settings
  - Balance between health care system and influx of newly diagnosed patients
- Screening/treatment programme is costly
  - Cost of testing
  - If successful, cost of treatment
  - Leading in long term to saving money
- Slight impact on the prevalence of HCV infection

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Evaluation of screening, follow-up and treatment strategy

Strengths	Challenges

• Good results for HCV:
  • % patients diagnosed
  • % patients treated
  • Impact on morbi-mortality already visible
• Surveillance system,
  • To monitor trends
	• Improve HBV screening
	• lead the populations the most at risk to screening:
	  • Migrants in regular **and** irregular situation
	  • Drug users
	• Achieve an appropriate management of these patient
	• Improve management of “co-morbidities”

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Evaluation of screening, follow-up and treatment strategy

- 2009-2012 National Plan for hepatitis B and C:
  - Reinforce HBV and HCV screening, especially towards migrants, precarious populations and prisoners
  - Actions will be planned at a regional level by the new regional health agencies
  - Committee in charge of the follow-up and boost of the actions
  - Evaluation conducted by the end of the plan period
  - Quantitative goal : 65% and 75% of patients with HBV and HCV infection respectively will be aware of their infection

Follow-up of the programme

- To reinforce the role of the patients associations?

Committee in charge of the follow-up of the programme

Thanks to

- Françoise Roudot-Thoraval, Public health department, centre hospitalier universitaire Henri-Mondor, Créteil, France
- Christine Larsen, Institut de Veille Sanitaire
- Denise Antona, Institut de Veille Sanitaire
- Daniel Dhumeaux, Committee in charge of the follow-up of the programme
- Patients associations