

HCV Elimination Mini Policy Summit

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Eliminating HCV: the case of France

- Disclosures
 - Roche
 - BMS
 - Gilead
 - AbbVie
 - MSD

Positive background

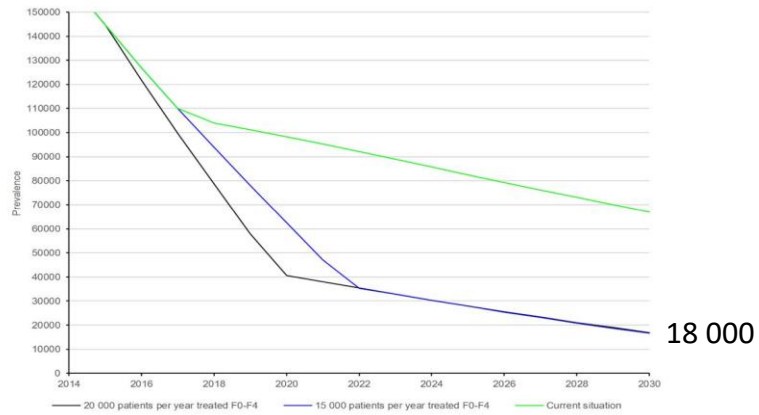
- Three successive national programmes (1999 – 2012)
 - Aiming at improving prevention, identification and management of hepatitis C
- Availability of all new DAAs
- Rapid evolution of treatment indication
 - Priority to F3-F4 stages in 2014
 - To universal treatment in early 2017
- Estimation of the HCV burden
 - Survey in general population in 2004
 - Actualisation by direct method on 2011 data
 - Models for estimation in 2014

Limiting factors towards HCV elimination

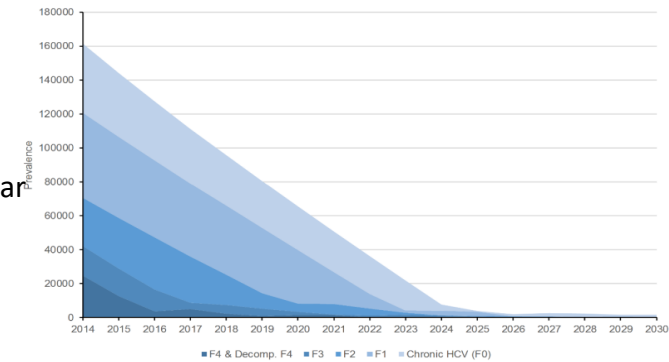
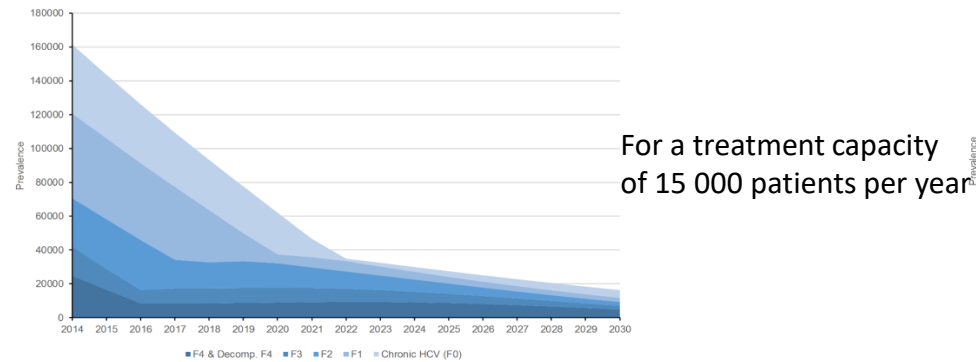
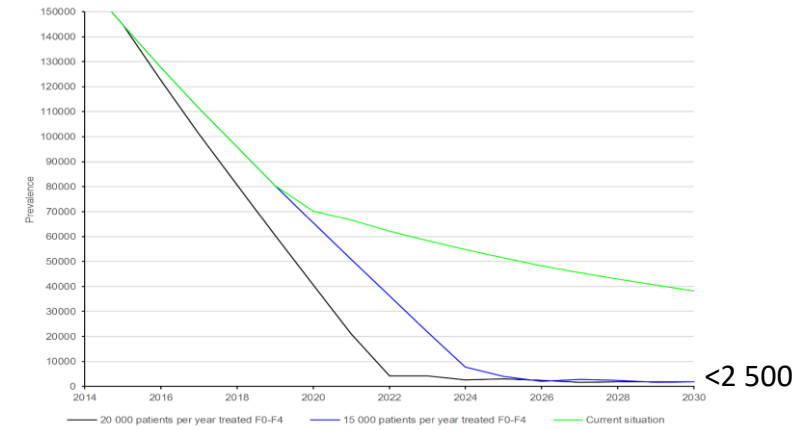
- Undiagnosed patients
 - Estimated at 101,000 in 2004 (47% of RNA+ patients)
 - Modeling giving still 74,100 undiagnosed patients in 2014
 - The rate of screening is strongly related to the capacity of eliminating HCV
 - Models comparing different rates
 - With impact on the number of patients treated each year

Prevalence and distribution of fibrosis stage

Rate of screening: 4% per year



Screening rate allowing universal treatment



F Roudot-Thoraval, Forum Hépatite, Nice 2016

How to modify HCV epidemiology in DU ?

COUSIEN ET AL.

HEPATOLOGY, April 2016

= TasP (Treatment as prevention)

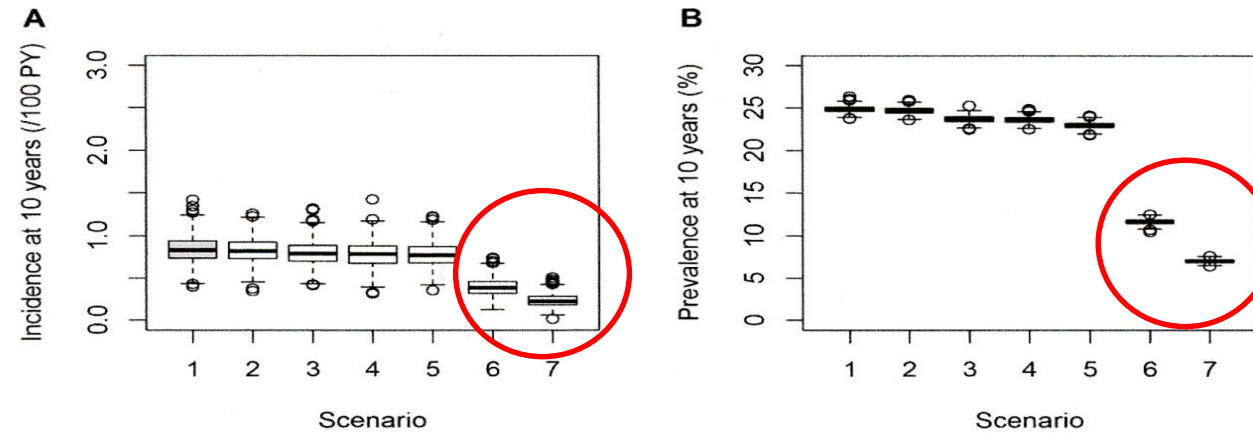


FIG. 3. Boxplots of the outcomes of the model according to the different scenarios. (A) Prevalence at 10 years; (B) incidence at 10 years. The black line represents the median, the box represents the interquartile range. Whiskers maximum distance is 1.5 times the interquartile range. The scenarios are: 1, current cascade of care (reference); 2, improvement of HCV testing; 3, improvement of LTC; 4, improvement of testing and LTC; 5, improvement of adherence to treatment; 6, treatment initiated from F0; and 7, improvement of the entire cascade of care (combination of scenarios 4, 5, and 6).

A Cousien et al, Hepatology 2016

Practical approach in France

- Large pilot study in the Parisian area:
 - Create a large network for the collaboration of:
 - Care settings for DU and precarious people, medical units for prisoners, GPs involved in opioid substitution,
 - Reference centers (hospitals) where treatments are prescribed
 - Improve cascade of care:
 - Strong promotion of testing
 - Rapid link to care : consultation with specialist within ≤one week
 - Help from social mediators, nurses in therapeutic education, ...
- Similar approaches expected in other regions
- Several experiences of advanced specialized consultation in care settings for DU

French recommendations for HCV screening

- **Reinforce screening targeted on populations at high risk:** drug users, precarious people, migrants, prisoners
- Use of rapid tests and point-of-care tests for populations difficult to reach
- **Enlarge HCV screening to all adults at least once in their life,** and associate HBV and HIV testing.

Conclusions

- Knowledge of HCV epidemiology and undiagnosed people
- Screening recommendations have been endorsed
- Actions have been launched towards difficult to reach populations, for testing and link to care and treatment
- Best treatment available for all patients whatever fibrosis stage and social/addiction background
- Efforts should be maintained to reach HCV elimination by 2030