National action plan against viral hepatitis in Luxembourg

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Projet d’une stratégie nationale et d’un plan d’action national de lutte contre les hépatites au Grand-Duché du Luxembourg

- *Strategic axis 1*: situation analysis
- **specific objective**
  - 1.a.: specify the magnitude of the problem and describe the epidemiological characteristics of the population concerned
- Priority actions:
  - baseline analysis of pseudonymized databases of public and private laboratories to estimate the number of patients currently living with HCV (Drs Devaux and Mossong, LIH and LNS)
Number of new confirmed HCV cases in 3 laboratories in Luxembourg

- Overall 3626 laboratory cases identified between 1990 and 2013
- From 1993 to 2004, an average of ~200 new lab confirmed HCV cases
Strategic axis 1, cont’d

• to analyze the annual incidence of hepatitis C: presupposes that the hepatitis component of the new law on reportable diseases through diagnostic laboratories be activated; presupposes the creation of a hepatitis registry, as part of a national health observatory.

• to analyze the number of patients treated with the new hepatitis C treatment regimens and the results of these treatments; presupposes that these data can be collected anonymously from the CNS (caisse nationale de santé) registries
Strategic action 2:

primary prevention: to reduce the incidence of hepatitis C

• Priority actions:
  • Strengthen information and communication on hepatitis and the means of protection and treatment (campaigns, brochures etc.) in the general population and among young people (film for schools, in the framework of / in partnership with the project on emotional and sexual education (MS + MEdu)
  • Strengthen prevention in target groups of drug users, MSM, prison population and migrants: targeted brochures;
    – changes in drug consumption patterns « from push to smoke »;
    – reinforcement of safer sex / safer use with these groups (messages on online dating sites and via social networks)
  • Strengthen the prevention of blood exposure accidents in the professional (health) and tattoo / piercing settings
**Strategic axis 3:** secondary prevention: promotion of screening

- **Specific objectives:** *promote early diagnosis of target populations through screening*
- **Priority actions:**
  - conduct an epidemiological, clinical and behavioral study of 1,000 active and ex-drug users. Study started end of 2015; expected results end of 2016 (interim analysis) and end of 2017 2018 (final analysis)
  - trace former drug users through the media and general practitioners to identify and define their stage of fibrosis
  - proactive screening in other target groups: MSM, transfusion recipients before 1990; tattoos and piercing under conditions of uncertain hygiene / sterility; preoperative checkups; pregnant women; migrant populations.
  - Increased supply of rapid diagnostic orientation tests (TRODs)
HCV-UD: epidemiological, clinical and behavioural study in PWIDs in Luxembourg

• Target: 1000 active or former PWIDs
• Objectives:
  – Prévalence of HCV, HBV, HIV, Syphilis
  – % of spontaneous cure
  – Genotypes
  – fibrosis stages and indication for treatment
  – % of double/multiple infections
  – Correlation of social, démographic and behavioural determinants with HCV infection
HCV-UD: current status

- **359 inclusions:**
  - Abrigado: 241
  - CHL: 63 (biais, quasi tous infectés)
  - JDH: 22 (17 à Esch, 2 rue d’Anvers + 3 à Ettelbruck)
  - JDH Kontakt 28: 33

- **Prévalence HCV Générale:** 269 positifs/352 (76,4%)
  - Si on enleve le site CHL: 208+/289 (71.9%)
  - **Abrigado** seul: 175/234 (74.8%) dont 31 HCV nx découverts
  - **JDH:** 16/22 (72.7%) dont 5 découverts lors de l’étude
  - **Kontakt 28:** 17/33 (51.5%) dont 1 seul découvert par l’étude
HCV-UD: preliminary analysis

- Viral loads: 270 available, among 273 HCV+
  - 106/270 untectables (39,5%); spontaneous cure or previous treatment
  - 163/270 viremic (60,5%)
- Genotypes:
  - **GT1**: 53%
  - GT2: 2%
  - GT3: 38%
  - GT4: 8%
- Fibroscan: 338 résultats: portable equipment, taken to drug injection site
  - 68% F0-1
  - 15% F2
  - 10% F3
  - 7% F4
Strategic axis 4: access to health care

- Tertiary prevention: facilitating early access to care and standardizing approaches to reduce the morbidity and mortality associated with HCV infection by creating a multidisciplinary "hepatitis network"
  - Priority actions:
    - Refer all eligible patients to physicians / specialized teams
    - Treat all eligible patients according to the updated recommendations of EASL
    - Improve access to care for people / populations in precarious situations or social breakdown (solidarity fund, social security)
    - Improve and facilitate access to drug withdrawal and addiction therapies and social re-integration of PWIDs and alcoholics with chronic viral hepatitis and thus prevent re-infections in people treated.
    - Facilitate access to housing for drug users in an unstable situation (homelessness)
Strategic axis 5: Surveillance, research and evaluation

• This axis is the extension in time of the axis 1: analysis of the situation.
• The national plan will be evaluated continuously during its implementation, following the main indicators selected. This continuous monitoring system will guide the coordination of the plan in the decisions to be taken.
• It is based on the creation of a national hepatitis registry as part of a health observatory.
• A PhD student will be recruited at the LIH to carry out the various epidemiological studies in collaboration with the departments "Infection and Immunity" (Dr. Carole Devaux), and the National Laboratory of Health (Dr. Joel Mossong).
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