Hepatitis C elimination in Belgium

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### Historical inputs used to generate epidemiological data

<table>
<thead>
<tr>
<th>Historical Input</th>
<th>Estimate</th>
<th>Estimate Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-HCV Prevalence</td>
<td>0.87%</td>
<td>1994</td>
<td>Beutels 1997</td>
</tr>
<tr>
<td>Age and Gender Distribution</td>
<td>Shown Above</td>
<td>2004</td>
<td>De Maeght 2008, WIV</td>
</tr>
<tr>
<td>Spontaneous Clearance Rate</td>
<td>80.0%</td>
<td>2009</td>
<td>Deltenre 2010</td>
</tr>
<tr>
<td>Percent Diagnosed (anti-HCV)</td>
<td>58%</td>
<td>2009</td>
<td>Deltenre 2010</td>
</tr>
<tr>
<td>Annual Newly Diagnosed</td>
<td>2,850</td>
<td>2010</td>
<td>Gerkens 2012</td>
</tr>
<tr>
<td>Annual Number Treated</td>
<td>710</td>
<td>2010</td>
<td>Gerkens 2012; IMS Health</td>
</tr>
</tbody>
</table>

- HepC Report, WIV, Peillaboratoria 2010
- Gerkens S, Martin N, Thiry N, Hulstaert F. [Hepatitis C: Screening and Prevention] HEPATITIS C: SCREENING EN PREVENTIE. Belgian Health Care Knowledge Center (KCE); 2012.
Country: Hepatitis C burden of disease

• Epidemiological data:
  • Relatively recent consensus with local experts in HCV and in epidemiology
  • Accurate? To be validated in the future

P Bruggman. J of Viral Hepatitis, 2014, 21, (Suppl. 1), 5–33
Hepatitis C Epidemiology in Belgium
Treatment of chronic hepatitis C

Number of patients in need of treatment?
Number of patients treated: 710 (2014) and 900-1300 (2015):

- Prevalence (Viremic): 70,000
- Diagnosed: 35,000
- Under treat care: 10,500
- Treated/year: <2%

Journal of Viral Hepatitis, 2014, 21, (Suppl. 1), S-33; IMS data April 2014; * BASL letter to authorities
Belgium: National hepatitis plan 2014-2019

- Published and brought out by the Minister of Health on **14 May 2014**
- Developed through collaboration between government, hepatotologists, HIV specialists, patient groups, Harm reduction groups, professional groups of gastro-enterologists
- Goals of the plan:
  - Reduce transmission, increase the number of HCV + persons aware of their diagnosis and enhance patients’ care pathway and quality of life
- Short overview of the planned activities: low level of implementation:
  1. Prevention: NA
  2. Testing: NA
  3. **Linkage to care and Health care pathway**: Implemented through the reimbursement criteria of new all new DAAs:
     - **A10** development of an HCV expert network: HCV working group meetings to plan the future of HepC care- Nov’14-April ‘15
     - **A12** liverbiopsy no more mandatory: Liverbiopsy not mandatory, evaluation of fibrosis still needed, other tools
     - **A14** evaluation of fibrosis staging for all genotypes, adapted to goal: liverbiopsy or combination of 2 non invasive tests: radiologic & blood test
  4. Hep A and Hep B vaccination: Implemented since >10 years
  5. Scientific Research: ????
Country: Health care system

- Describe the health care system in view of the hepatitis prevention and control
Process of drug reimbursement in Belgium

CTG
- focus on innovative products

Risiv: focus on budgetary efficiency to allow innovation

BE Govt scope: focus on sustainable public health and need for innovation

EU scope: focus on sector regulation

Short term | Medium term | Longer term
What does your country expect from the international organisations in the support of control and treatment of viral hepatitis?

• Coordination throughout Europe regarding prevention and education

• Participation to the development of a campaign to identify undiagnosed HCV+ patients

• Help to develop a model of prevention regarding the risk of reinfection
Belgium: Hurdles towards HCV elimination

• Identify undiagnosed HCV+ (50% of 70,000?)
  • 70% are the babyboomers born between 1951 and 1975 (Public Health model)

• Access to treatment
  • F0-F1-F2

• Control onward transmission:
  • Growth of epidemic mainly new cases of HCV+ in
    • Migrants;
    • PWIDs (Persons Who Inject Drugs), including former IV or paraphenal drug use
    • MSM @ high risk of HCV transmission

• ......