

**FRENCH NATIONAL PROGRAMME  
FOR PREVENTION AND CONTROL  
OF VIRAL HEPATITIS  
PRELIMINARY RESULTS**

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# Hepatitis C in France

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- **Programme national de lutte contre l'hépatite C**
- **National campaign for screening**
- **National network for management of patients**
- **National network of surveillance**
- **Research program (ANRS)**
- **Consensus conferences**

# **Programme National de Lutte Contre l'Hépatite C**

# Programme National de Lutte Contre l'Hépatite C

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- **First programme: 1999-2001**
  - National network with 31 reference centers
  - Networks around reference centers
  - National campaign for screening (free)
  - Easy access to treatment (free)
  - Research program
  - Total budget = 227 million Euros
- **Pitfalls:**
  - High incidence in IVDUs
  - Insufficient participation of practitioners
  - Insufficient access to treatment

# Programme National de Lutte Contre l'Hépatite C

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- **Second programme: 2002-2005**
  - Reinforce the objectives of first program
  - Include Hepatitis B
  - Focus on the IVDUs population
  - Enhancement of management of patients outside of University Hospitals
  - **Objective: 30% reduction of mortality by 2008**

# Screening

# National Campaign for Screening

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- **Objective: 80% of patients diagnosed by 2002**
  - Free testing
  - Large definition of groups at risk
  - Wide advertising (newspapers, radio)
  - National day of screening (1500 labs)
  - National mailing to 67 000 GPs (brochures)
  - Result: 60% diagnosed?
- **Objective: 100% of patients diagnosed by 2005**



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# **Actions to Enhance Screening**

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- **Centres for anonymous screening (CDAG)**
  - **2001: n = 76 000; 1.6% positive**
  - **Screening: 20% (hospital); 80% (in town)**
  - **Increase in tests: + 20%/year between 1998 and 2002**
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# **Network for Care Management**

# National Network

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- **31 Reference Centres**
  - Regional University Hospitals (GI units)
  - Trials, treatment of difficult patients, care of complications, liver transplantation
- **Coordination of Regional Networks**
  - GPs and specialists: can prescribe treatment
  - Networks for IVDUs, alcohol, HIV patients...
- **Coordination by a National Network**
  - Definition of guidelines and teaching
  - Surveillance
  - [www.fnprrh.com](http://www.fnprrh.com)

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# Surveillance Network: Source of Infection

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|               | <u>1991-1993</u> | <u>2000</u> |
|---------------|------------------|-------------|
| •             |                  |             |
| • Transfusion | 37%              | 34%         |
| • IVDU        | 25%              | 38%         |
| • Unknown     | 48%              | 28%         |

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# Severity of Chronic Hepatitis

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|                      | <u>1991-1993</u> | <u>2000</u> |
|----------------------|------------------|-------------|
| •                    |                  |             |
| • Mild               | 29%              | 38%         |
| • Moderate or severe | 51%              | 51%         |
| • Cirrhosis          | 20%              | 11%         |

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# Number of Patients Treated

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- 1999 10 400
  - 2000 7 500
  - 2001 10 500
  - 2002 12 000
  - 2003 20 000?
  - 2004 ?
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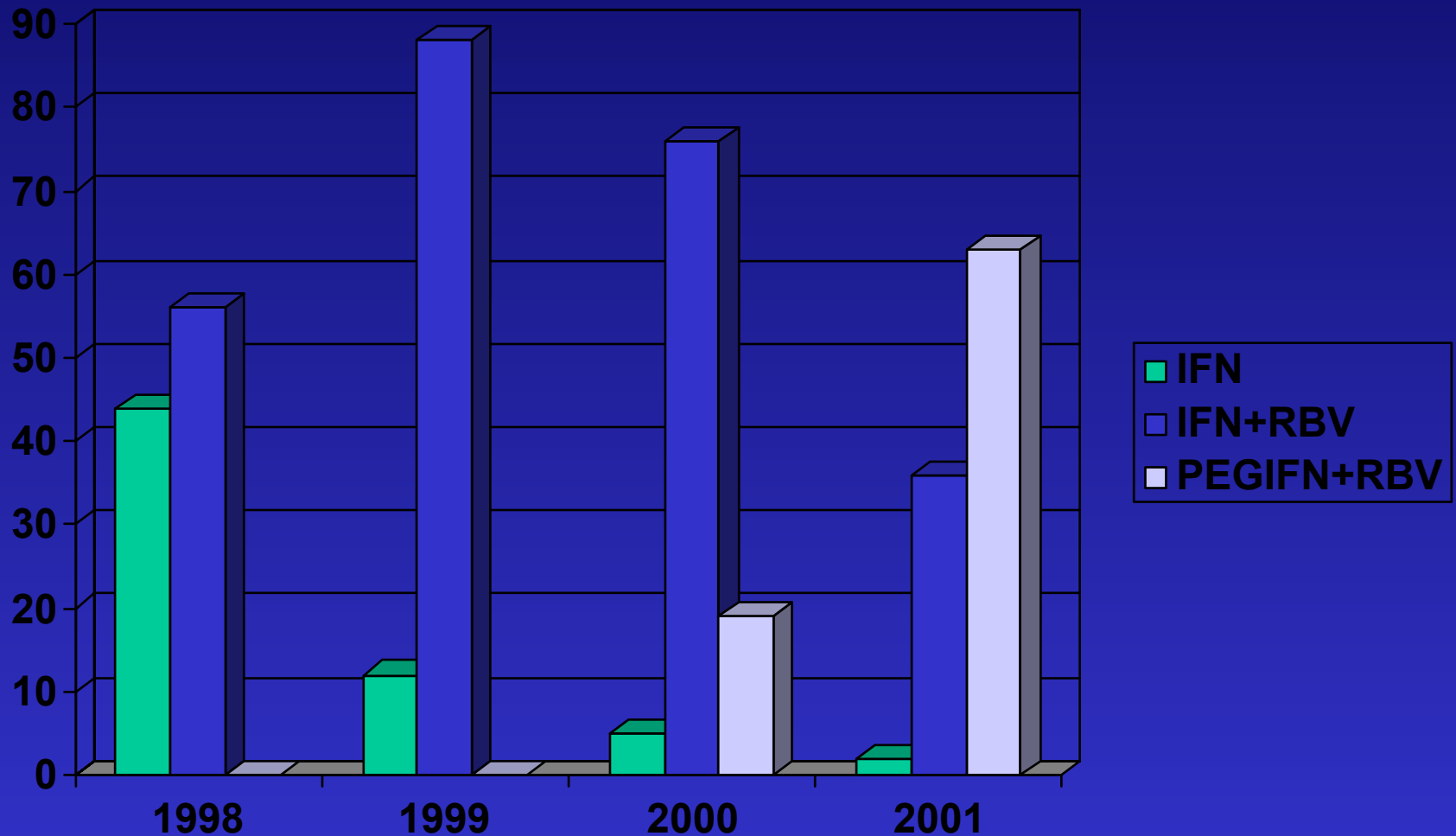
## Treated Patients (1999)

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- Overall 10,400
  - Naive 5,800 (56%)
  - Non responders 2,200 (21%)
  - Relapsers 2,400 (23%)
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# Evolution of Treatments

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# Who Treats the Patients?

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- **Treatment and follow-up free**
  - **Prescription by specialists (hospital or not)**
  - **Then prescription by GPs**
  - **Drugs available in hospitals and in town**
  - **Flexibility in indications**
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# Surveillance

# National Network of Surveillance

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- **Institut National de Veille Sanitaire (InVS) + Federation Nationale des Pôles de Reference et Reseaux Hepatites (FNPRRH)**
  - 27 reference centers
  - Collect all new cases
  - Statistics on characteristics of patients
  - Proportion treated and type of treatment
- **Network of 257 laboratories**
  - Collect all new anti-HCV positive cases
  - Characteristics of new cases

**Research**

# Research Programme

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- **Coordinated by ANRS (ANRSH?)**
  - **Scientific committees: clinical trials, epidemiology, physiopathology, basic research...**
  - **> 70 projects financed since 1999**
  - **8% of the total budget (92% for HIV)**
  - **Since 2004: includes basic research and hepatitis B**

# Research Programme

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- **Limitations**

- Limited budget

- Not suitable for large trials

- Depending on collaboration with BMI  
(availability and cost of drugs)

- Insufficient management team  
(biostatistics, monitoring ...)

# Guidelines

# Consensus Conferences

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- **ANAES: Good clinical practice**
- **Consensus Conference on hepatitis C: 1997**
- **Consensus Conference on the treatment of hepatitis C: February 2002\***
- **Guidelines followed in 70 - 80% of cases**

# Consensus Conference on the Treatment of Hepatitis C (February 2002)

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## – Jury = 15 members

- hepato-gastroenterologists
- Epidemiologist
- Medical journalist
- Infectious disease specialist
- General practitioner
- Internist
- Virologist
- Nurse

## – Statement

- Gastroenterology Clinique et Biologique 2002
- [www.fnprrh.com](http://www.fnprrh.com)

# MAIN CONCLUSIONS

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- Comparison of French and NIH statements
- Indication mainly based on liver biopsy
- Liver biopsy if increased ALT
- Treat if >A1 or > F1 (metavir)
- Liver biopsy not necessary if G2 or G3
- Maintenance therapy in non responders

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# **The French Experience**

## **Good news**

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- **Active national programme**
  - **Effective screening campaign**
  - **Effective networks**
  - **Research programme**
  - **Easy access to therapy (fully covered)**
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# **The French Experience**

## **Bad news**

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- **Ongoing epidemic (IVDA)**
  - **Specialized centres saturated**
  - **Slow development of networks outside of specialized centres**
  - **Insufficient means for most severe patients (cirrhosis, LT, HCC)**
  - **Insufficient means (ANRS) for research (long term projects, large trials)**
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