

# **Evaluation of viral hepatitis prevention and control measures-prospects In France**

***What still needs to be done ?***

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# Introduction

- **Quite a lot has been or is done : treatment, prevention, control, surveillance and research**
- **National program for control and prevention of hepatitis B and C with political commitment**
- **Things done that :**
  - **went or are going well**
  - **went wrong**
  - **are done but need improvements**
- **Things that are not done that should be done**
- **Unresolved questions for which further research/policies are needed**

# HCV (1)

- **What has been done :**
  - prevalence and risk factors
  - incidence in IVDU
  - surveillance is organized
  - prevention programs
  - screening policy
  - effective treatments are available
  - management is organized
  - research is promoted and organized
  - national program with political commitment

# **HCV (2) : remaining questions**

- **How to reduce incidence among IV drug users**
  - harm reduction : some but limited impact
  - continue current harm reduction strategies
  - new strategies are needed and must be evaluated
  - prevention of transmission via IV drug use in prisons
- **Nosocomial transmission can still be reduced**
- **Reduce barriers to screening & treatment**
- **Design strategies to improve treatment compliance**
- **Quality of life with HCV infection**
- **More implication of general practitioners**
- **Alternative treatment strategies for non-responders**
- **Evaluate the impact of the national program**
  - short term indicators including quality of life
  - incidence of end stage liver disease and mortality
  - efficiency

# HBV

- **Improve epidemiological knowledge**
  - improve surveillance of acute infection
  - prevalence of infection in general and at risk groups
- **Improve prenatal screening and prophylaxis of transmission to new born**
- **The monitoring of vaccine coverage is done**
- **Failure of the HepB vaccination**
  - how to get out of it ?
  - need of political commitment at the highest level
  - re-establish public confidence
  - design socially acceptable strategies
  - promote the use of the hexavalent vaccine

# HVA

- **Data quite limited**
- **No surveillance of acute infection (one of the only EU country without surveillance)**
  - trends ?
  - risk factors
  - outbreak detection
- **Immunization available and recommended for high risk group**
- **Evaluate immunization coverage among high risk groups**

# Co-infections

- **Prevent severe morbidity from hepatitis C and B**
- **Screen as early as possible**
- **Treat earlier**
- **Management of addiction(s)**
- **Needs of further clinical research**
- **Evaluate new treatment strategies**

# Vaccine adverse events

- **Passive surveillance is necessary but not enough**
- **Develop**
  - active surveillance
  - pharmaco-epidemiology databases
- **Re-establish the public health balance**
  - the unproven possible risk of MS versus
  - long term benefit of immunization

# Research needs

- **Hepatitis research is organized, promoted and funded by public institutions**
- **An “H” in “ANRS”**
- **More research capacity is needed**
- **Multi-disciplinarity**
- **Independent trials from industry**
- **Promote more research for hepatitis B**
- **More public health research : epidemiology, social sciences, quality of life, medico-economic evaluation...**

# Conclusions (1)

- **Things that went wrong :**
  - the national hepatitis B immunization program
- **Things that are done but need improvements**
  - prevention of mother to child transmission
  - surveillance of Hepatitis B
  - prevention of HCV among IDUs
  - prevention and care in prisons
  - screening of health care workers for HBV and HCV
  - earlier management of co-infection
  - more active promotion of management of alcohol intake and obesity in the treatment of chronic hepatitis B and C
  - short term evaluation

# Conclusions (2)

- **Things that are not done that should be done**
  - **HBV immunization**
  - **Hepatitis A surveillance**
  - **long term evaluation**
    - **impact on long term morbidity/mortality**
    - **from an health economic perspective**

# Conclusions (3)

- **Unresolved questions for which further data/research/policies are needed**
  - new strategies for HCV prevention among IV drug users
  - specific prevention and treatment strategies for inmates
  - reduce “barriers” to access to care and treatment
  - understand the “French HepB immunization failure”
  - what are now days socially acceptable immunization programs and how to implement them ?
  - new treatment strategies for co-infected, non-responders...
  - long term evaluation