

# National action plan against viral hepatitis in Luxembourg

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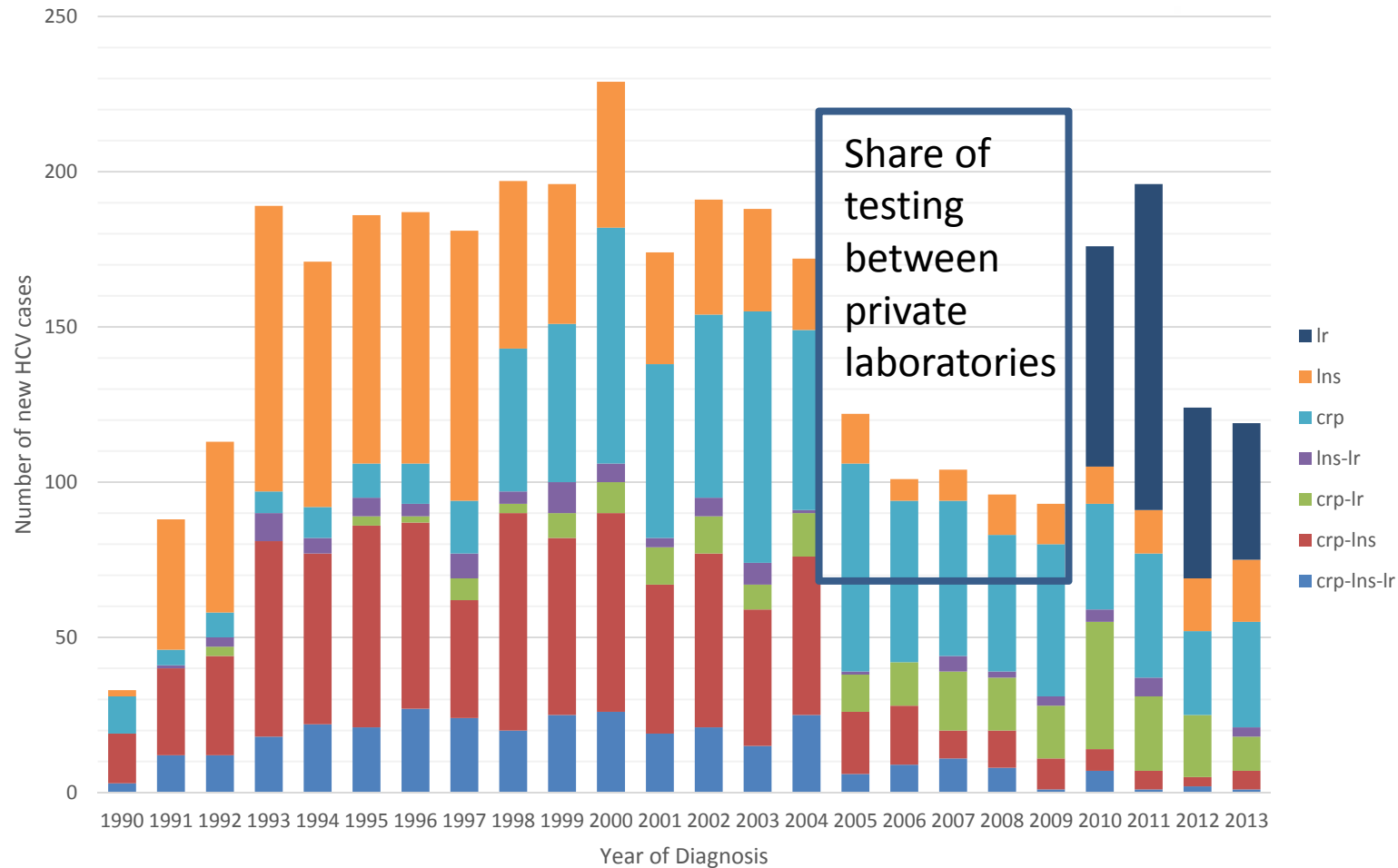
CHL

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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 axis1: 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 safersex / 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 iend 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 CHI : 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) .

		2016	2017	2018
<b>Hors axe</b>	Coordination nationale			
<b>stratégique 1</b>	Analyse des bases de données pseudonomysées			
	Analyser l'incidence actuelle de l'hépatite C			
	Analyser le nombre de patients traités			
<b>stratégique 2</b>	Renforcer l'information et les communications sur les hépatites			
	Formations sur les hépatites dans les lieux de rencontre			
	Formations d'éducateurs PEER			
	Création d'une vidéo pour les jeunes à partir de 16 ans			
	Formations dans les écoles, maisons des jeunes et centres socio-éducatifs			
	Actions lors de la journée mondiale de lutte contre les hépatites			
	Renforcer la réduction des risques de transmission chez les usagers de drogues et les MSM			
	Mise en route de programmes (sniff, tatouage, piercing) pour la population carcérale			
	Amorcer un changement du mode de consommation			
	Renforcer la réduction des risques de transmission chez les MSM			

stratégie 3	Réaliser une étude épidémiologique, clinique et comportementale	→				
	Augmentation de la présence du DIMPS de la Croix-Rouge Luxembourgeoise	→	→	→	→	→
	Renforcement du dépistage des hépatites B et C	→	→	→	→	→
	Optimiser la prise en charge avant et après les tests de dépistage	→	→	→	→	→
stratégie 4	Augmenter la couverture vaccinale contre les hépatites A et/ou B auprès des personnes atteintes d'une autre hépatite	→	→	→	→	→
	Création d'un réseau « hépatites »		→	→	→	→
	Traitements selon les guidelines actualisées de l'EASL	→	→	→	→	→
	Création d'une structure de logement		→	→	→	→
	Amélioration de la formation des professionnels de santé		→	→	→	→
stratégie 5	Surveillance et connaissance épidémiologiques (registre national, projet de thèse en épidémiologie)		→	→	→	→