

Identification and management of persons with chronic viral hepatitis in Europe

France

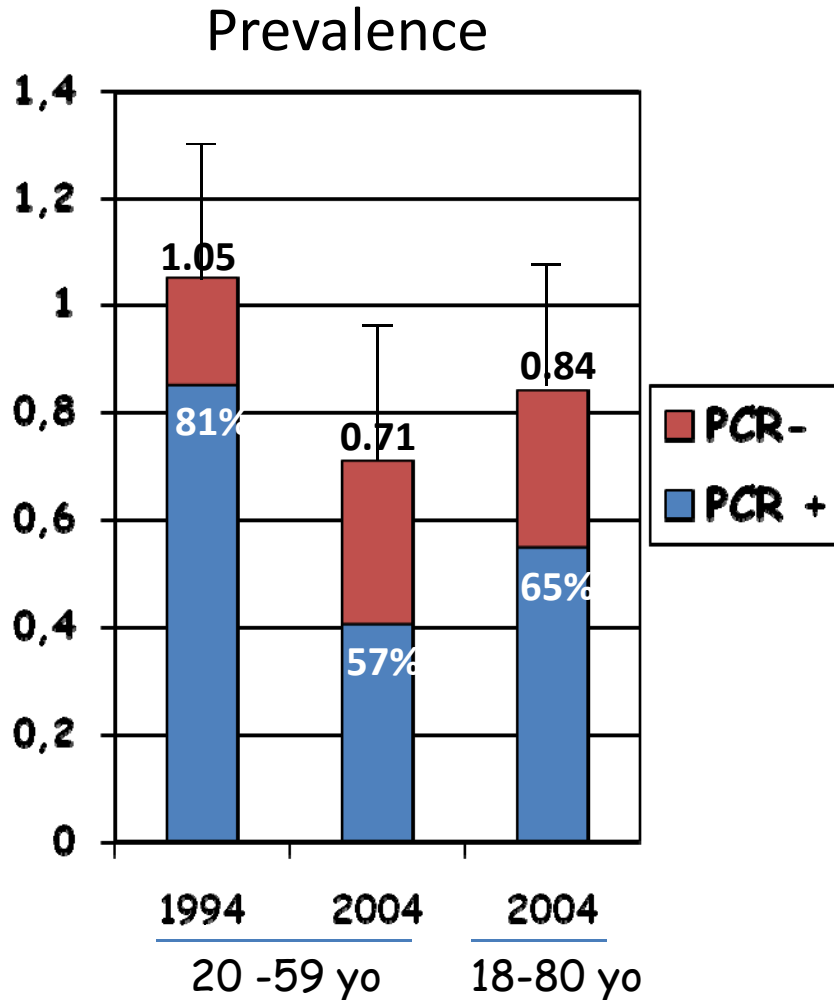
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VHPB meeting "identification and
management of chronic viral hepatitis in
Europe" 18-19 march 2010, Budapest,
Hungary.

Burden of disease (1)

- HCV infection
 - 2 national cross sectional population-based serosurveys of adults residing in metropolitan France: 1994 & 2004
 - Estimation of HCV ab and HCV-RNA prevalence,
 - Data on risk factors
 - Awareness of HCV infection
 - Surveillance network of hepatology reference centres: 2001 - 2007
 - Modelling of the epidemic: 2004, revised 2009

Burden of HCV infection



- Prevalence varied according to age, country of birth and precariousness
- Number of chronically infected persons: **232,000**
- Estimated annual incidence: **2,700 – 4,400**
- Number of deaths attributable to HCV (2001): **2,646**

Clinical stages of patients newly referred for HCV infection in hepatology reference centres

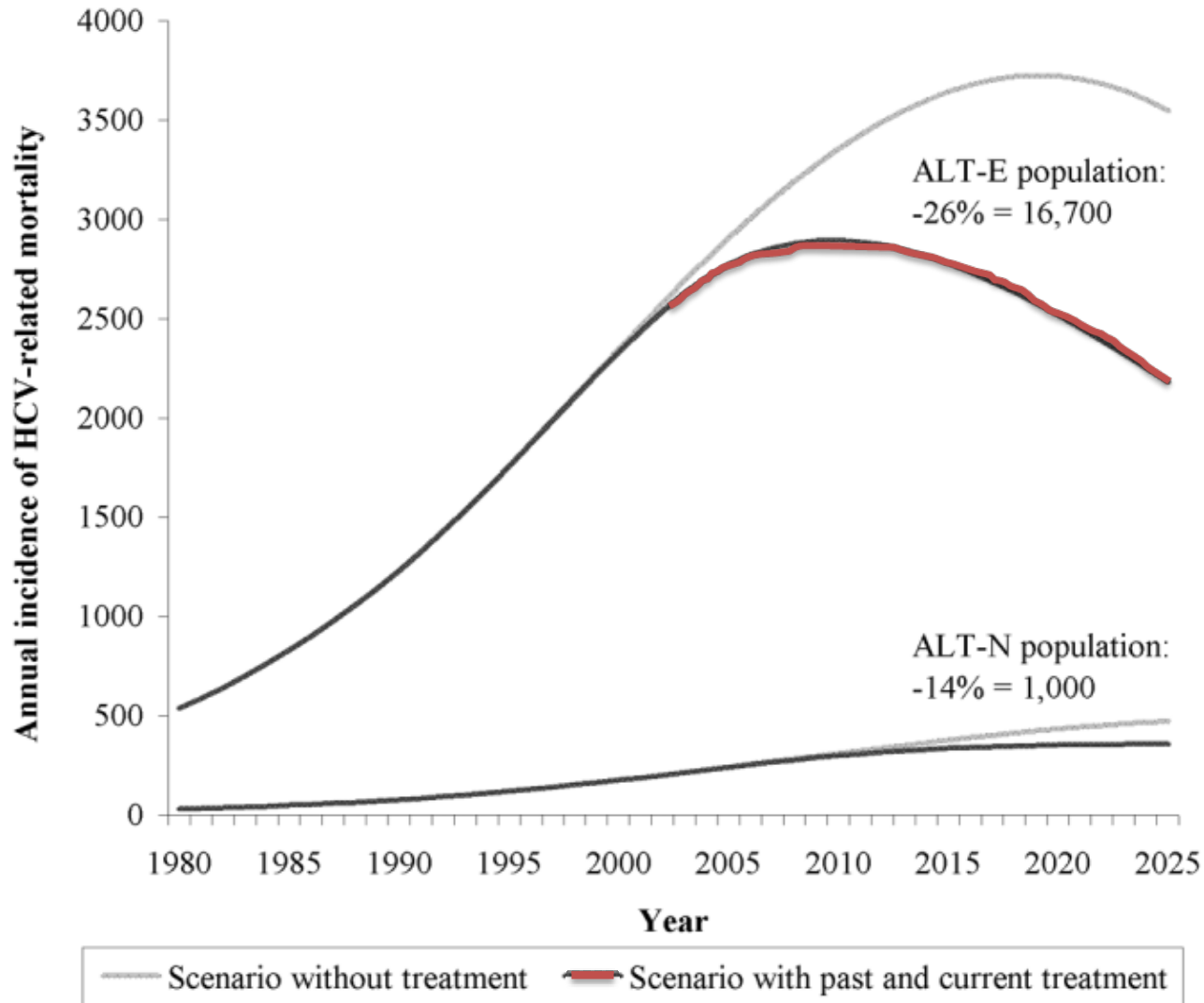
	2001* (n=3906)	2006* (n=2729)
Normal ALT values	15.4 %	12.1 %
Chronic hepatitis	61.4 %	61.8 %
Cirrhosis	8.1 %	10.0 %
Decompensated cirrhosis	1.2 %	1.5 %
Hepatocellular carcinoma	0.7 %	0.9 %
	10%	12%

* 26 centres en 2001, 24 in 2006

E Delarocque-Astagneau et al, J Viral Hepatitis 2009

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Modelling of HCV related mortality: impact of the treatment



Burden of disease (2)

- HBV infection
 - No recent epidemiological data since 1990s
 - 1 national cross sectional population-based serosurvey of adults residing in metropolitan France: 2004
 - Estimation of HBs Ag and anti-HBc Ab prevalence
 - data on risk factors
 - Awareness of HBs Ag chronic carriage
 - Mandatory notification of acute hepatitis B: 2004
 - Surveillance network of hepatology reference centres: started in 2008 (in substitution of HCV surveillance)

Burden of HBV infection

- Prevalence:
 - Anti-HBc : 7.3%
 - HBs Ag carriage: 0.65%
 - Men : **1.1%**, women **0.21%**
 - Strongly related to continent of birth, e.g. Sub-Saharan Africa: **5.25%**
- Incidence:
 - 2,580 new infections/year = 4.1/100,000
- Mortality:
 - Number of deaths attributable to HBV (2001): **1,330**
- Surveillance network :
 - 78% of newly referred patients come from endemic countries

Screening strategy

- Targets: Populations known to be at risk of infection, in order to:
 - Avoid transmission to household, sexual or occupational contacts
 - Allow earlier access to appropriate care in order to prevent complications (cirrhosis and cancer)
- Goals:
 - achieve a 30 % reduction in HCV/HBV related morbi-mortality (law of the 9/08/2004 relative to Public health policy)

Screening programme

Target population

- HCV : recommendations of the French Agency of evaluation (2001)
- HBV:
 - Pregnant women (mandatory)
 - Before proposal of vaccination of at risk populations

Identification process

- First line : GPs
- Social security medical centre
- All physicians
- Self-request

Screening programme

Implementation

- Campaigns for the general public and health care professionals (media, newspapers, posters)
- Booklets at free disposal for physicians and for patients
- Training programmes

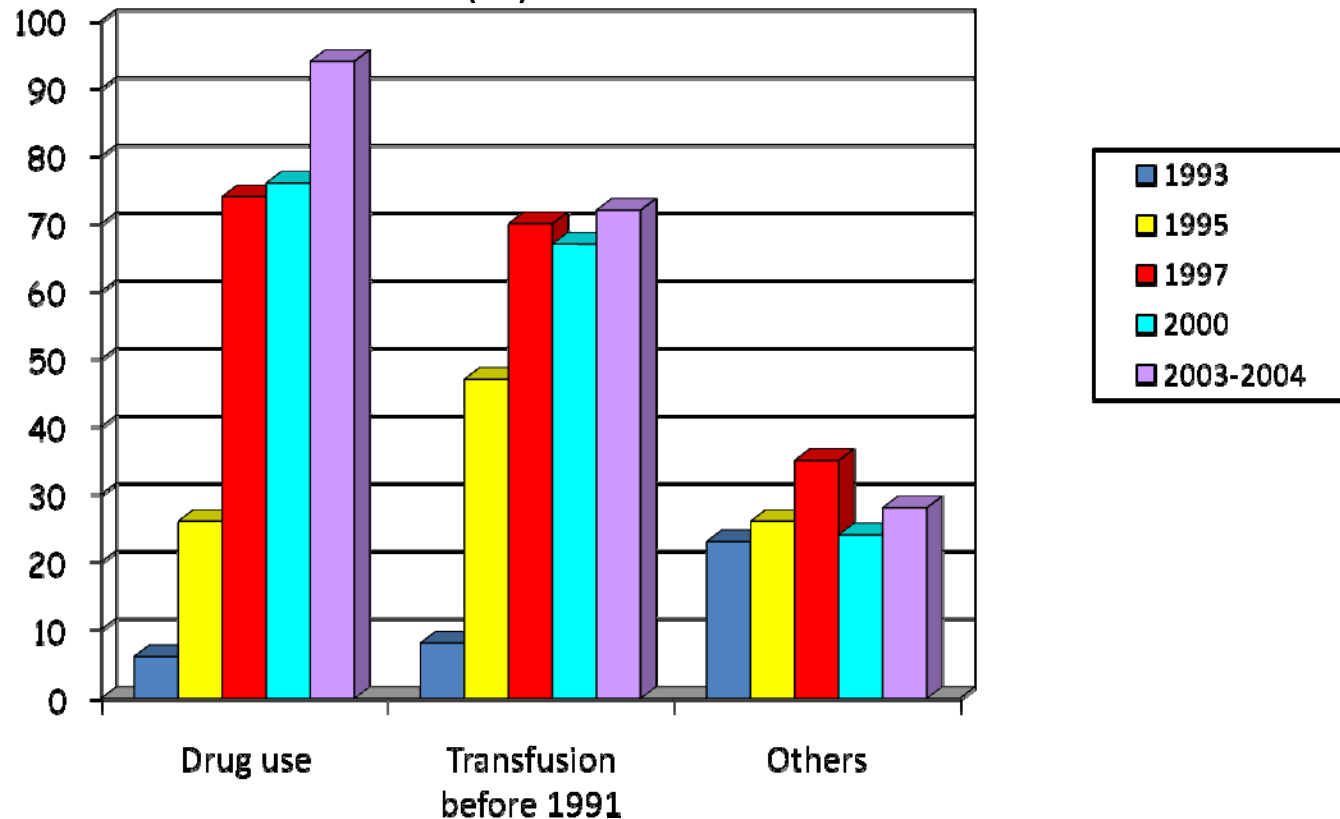
Screening programme

Results

- HCV:
 - Proportion of patients aware of their HCV positivity evolved from 24% in 1994 to 56% in 2004
 - Highest proportion of treated patients among European countries

Proportion of patients aware of their HCV status according to source of infection

Awareness of HCV infection (%)



Cumulative treatment rate in 21 countries (end of 2005), according to national sources of prevalence

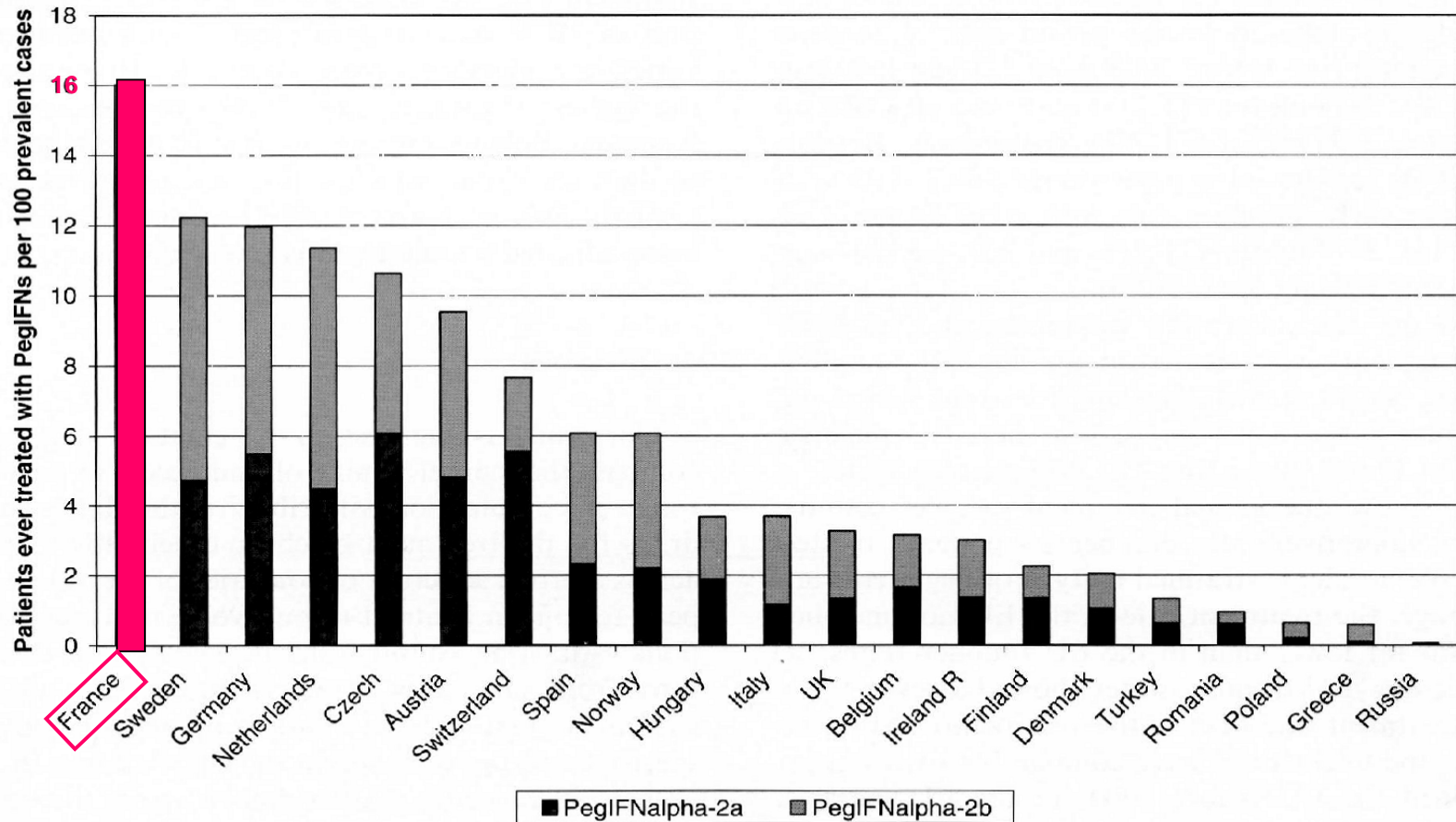


Fig. 4. Country-specific cumulative treatment rate indicating the number of patients ever treated with peginterferons per 100 prevalent HCV cases (HCV prevalence rates in the 21 countries according to national sources: Austria 0.75%, Belgium 1.00%, Czech 0.20%, Denmark 0.70%, Finland 0.60% (estimated from neighbouring countries), France 0.84%, Germany 0.55%, Greece 1.05%, Hungary 0.80%, Rep. Ireland 0.71%, Italy 3.00%, the Netherlands 0.25%, Norway 0.60%, Poland 1.50%, Romania 4.50%, Russia 1.45%, Spain 1.50%, Sweden 0.50%, Switzerland 0.75%, Turkey 1.00%, United Kingdom 0.55%; Overall 1.29%. Source: Muhlberger, 2008, unpublished observations [2]) by country until end of 2005.

Screening programme

Results

- HCV:
 - Proportion of patients aware of their HCV positivity evolved from 24% in 1994 to 56% in 2004
 - Highest proportion of treated patients among European countries
- HBV:
 - Proportion of patients aware of HBs Ag positivity: 46%

Costs of screening programme and the follow up

Payment of the screening programme

- **HCV:** screening test is free of charge for individuals, with 100% coverage by the Social Health Insurance
- **HBV:** 65 % of the cost of markers used for screening (HBs Ag anti-HBs and HBc Ab) is reimbursed by the SHI; new guidelines and screening algorithm are being developed to allow full (100%) coverage by the SHI

Payment of follow-up

- Patients with chronic active liver disease and patients with cirrhosis are eligible to full coverage of their treatment and follow up by the SHI

Treatment strategies (1)

- HCV:
 - Reference therapy (PEG-IFN & Ribavirin) can be offered to all patients needing a treatment, following the recommendations of the French Conference of consensus (2002);
 - Indications have been extended to patients with normal ALT, non responders or relapsers to a first treatment;
 - Contraindications to treatment have been progressively reduced with the use of adjuvant treatments.
 - First prescription is restricted to specialists
 - Preliminary eligibility to full coverage by the SHI

Treatment strategies (2)

- HBV:
 - All antiviral drugs currently approved by the EMEA are available in France.
 - First prescription restricted to specialists
 - Patients eligible to full coverage by the SHI
- Follow-up of HCV/HBV treatment
 - shared management by specialists and GPs in order to lighten the burden for hospitals
 - Actually, mainly by hospital specialists

Impact of the screening strategy on the health care system

- Need for:
 - a better network between hospitals, GPs, physicians in special settings
 - Balance between health care system and influx of newly diagnosed patients
- Screening/treatment programme costs a lot
 - Cost of testing
 - If successful, cost of treatment
 - Leading in long term to saving money
- Slight impact on the prevalence of HCV infection

Evaluation of screening, follow-up and treatment strategy

Strengths

- Good results for HCV:
 - % patients diagnosed
 - % patients treated
 - Impact on morbi-mortality already visible
- Efficient system of surveillance
 - Follow up of the epidemics

Challenges

- Improve the level of HBV diagnosis
- lead the populations the most at risk to screening:
 - Migrants in regular and irregular situation
 - Drug users
- Achieve an appropriate management of these patients

Evaluation of screening, follow-up and treatment strategy

Lesson learnt/ opportunities

- 2009-2012 National Plan for hepatitis B and C:
 - In the continuity of previous plans
 - Reinforce HBV and HCV screening, especially towards migrants, precarious populations and prisoners
 - Actions will be planned at a regional level by the new regional health agencies
 - Committee in charge of the follow-up and boost of the actions
 - Evaluation conducted by the end of the plan period
 - Quantitative goal : 65% and 75% of patients with HBV and HCV infection respectively will be aware of their infection