

# Identification and management of persons with chronic viral hepatitis in Europe

## Scotland

Professor David Goldberg  
Health Protection Scotland

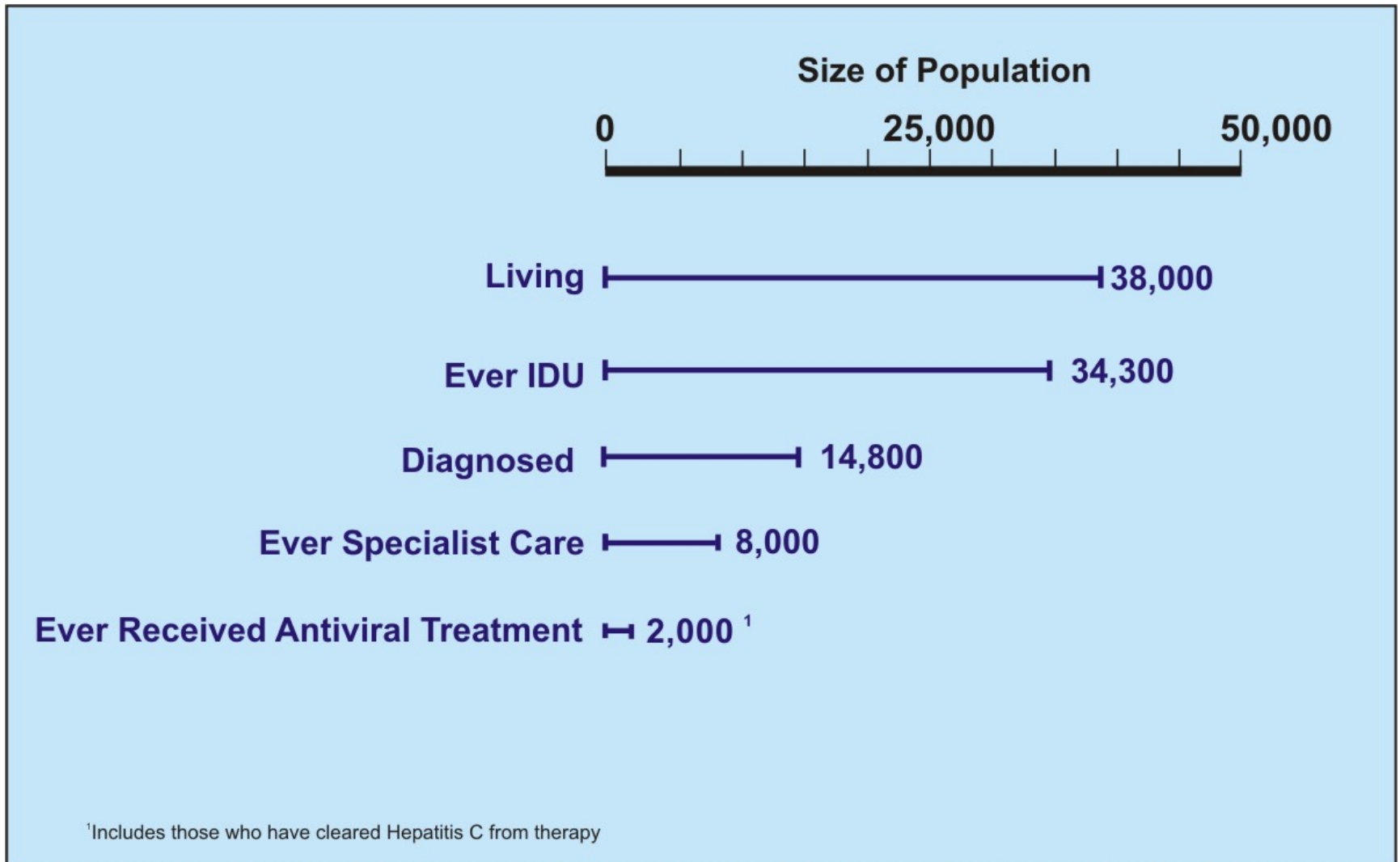
VHPB Meeting – Budapest March 2010

# Burden of Disease



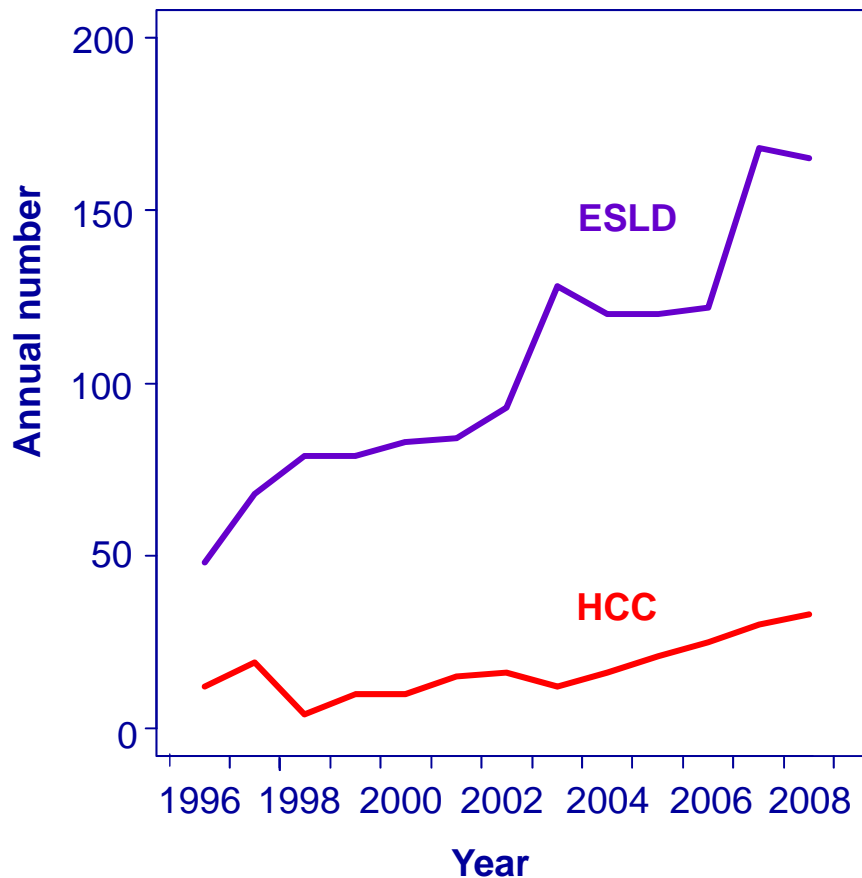
# Hepatitis C epidemiological landscape (estimates): Scotland 2006

## People with chronic infection

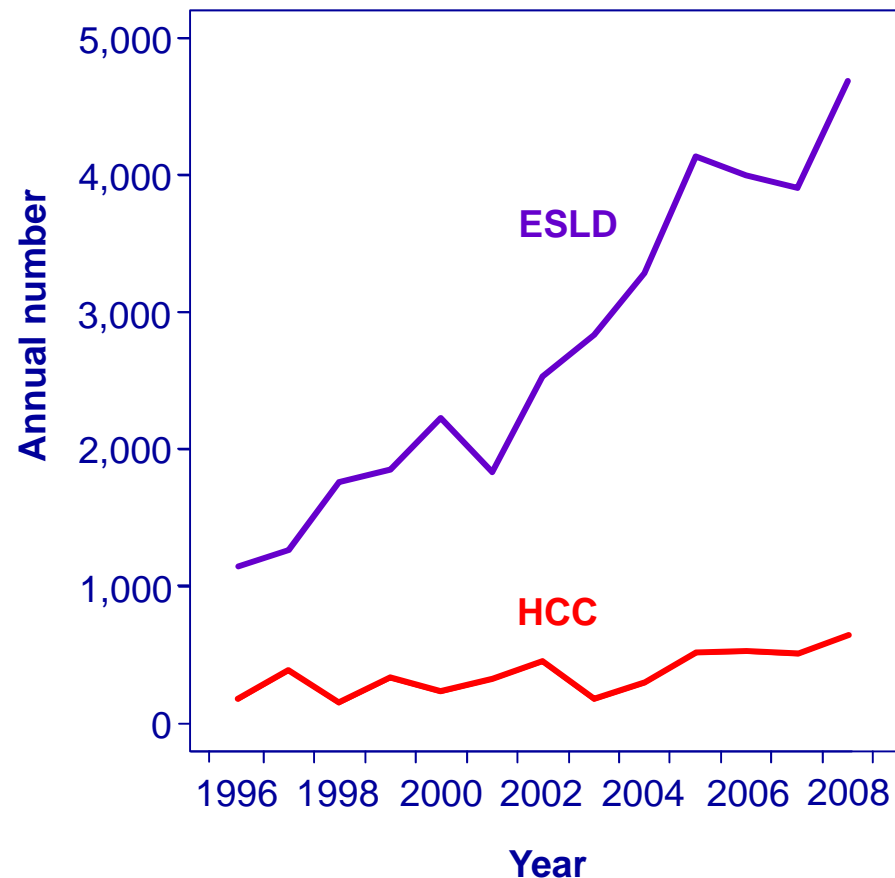


Annual number of (a) first-time hospital admissions and (b) hospital bed-days associated with ESLD and HCC among persons diagnosed with HCV in Scotland, 1996-2008

(a) First-time hospital admissions




(b) Hospital bed-days



Hospitalisations were defined as associated with ESLD if the primary/secondary diagnosis was either ascites, hepatic encephalopathy/failure, HCC or varices.

# Critical Result

**“If 2000 (as opposed to 400 in 2007/8) persons/year received antiviral therapy over the next two decades, 5200 cases of cirrhosis (including 2700 cases of liver failure) would be prevented.”**




# Screening Strategy

## Goals



# **Hepatitis C Action Plan for Scotland: Aims**

- To prevent the spread of Hepatitis C, particularly among IDUs.**
  - To diagnose Hepatitis C infected persons, particularly those who would most benefit from treatment.**
  - To ensure that those infected receive optimal treatment, care and support.**
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# Screening Programme

**Target Population**





# Scottish Intercollegiate Guidelines Network

## Hepatitis C

### Guidance for Testing

#### Required Testing

The following groups should be tested for HCV:

- blood/tissue donors
- patients on haemodialysis
- healthcare workers who intend to pursue a career in a specialty that requires them to perform exposure prone procedures.

# Scottish Intercollegiate Guidelines Network

## Hepatitis C (2007)

### Guidance for Testing

#### Recommended Testing

Anyone with one of the following criteria should be offered an HCV test:

- an otherwise unexplained persistently elevated alanine aminotransferase
- a history of injecting drug use
- a child with an HCV antibody positive mother
- HIV positive
- recipient of blood clotting factor concentrates prior to 1987

# Scottish Intercollegiate Guidelines Network Hepatitis C (2007)

## Guidance for Testing

### Recommended Testing (contd)

- recipient of blood and blood components before September 1991 and organ/tissue transplants in the UK before 1992
- a healthcare worker following percutaneous or mucous membrane exposure to blood which is, or is suspected to be, infected with HCV
- received medical/dental treatment in a country where HCV is common and infection control may be poor
- have had a tattoo or body piercing in circumstances where infection control procedure is suboptimal
- had a sexual partner/household contact who is HCV infected.

# **Screening Programme**

## **Implementation and Identification Process**



# Phase II Action Plan: Diagnosis

## Issues

- Widespread variations in testing practice
- The majority of infected persons are undiagnosed

## Actions

- Awareness raising campaigns to promote testing
- Innovative approaches to improve testing and referral activities by GPs (family doctors) and other community setting practitioners
- Establishment of a national Hepatitis C test database

## Outcome (2011)

- The great majority of infected people will have been diagnosed

# Phase II Action Plan: Treatment & Care

## Issues

- Widespread variations in clinical management and social care practice
- Insufficient numbers of infected persons receiving therapy

## Actions

- Managed Care Networks for all Health Boards
- Development of clinical standards
- Initiatives to train the workforce
- Services developed to increase numbers treated in community and prison
- Development of national clinical database and patient management system

## Outcome (2011)

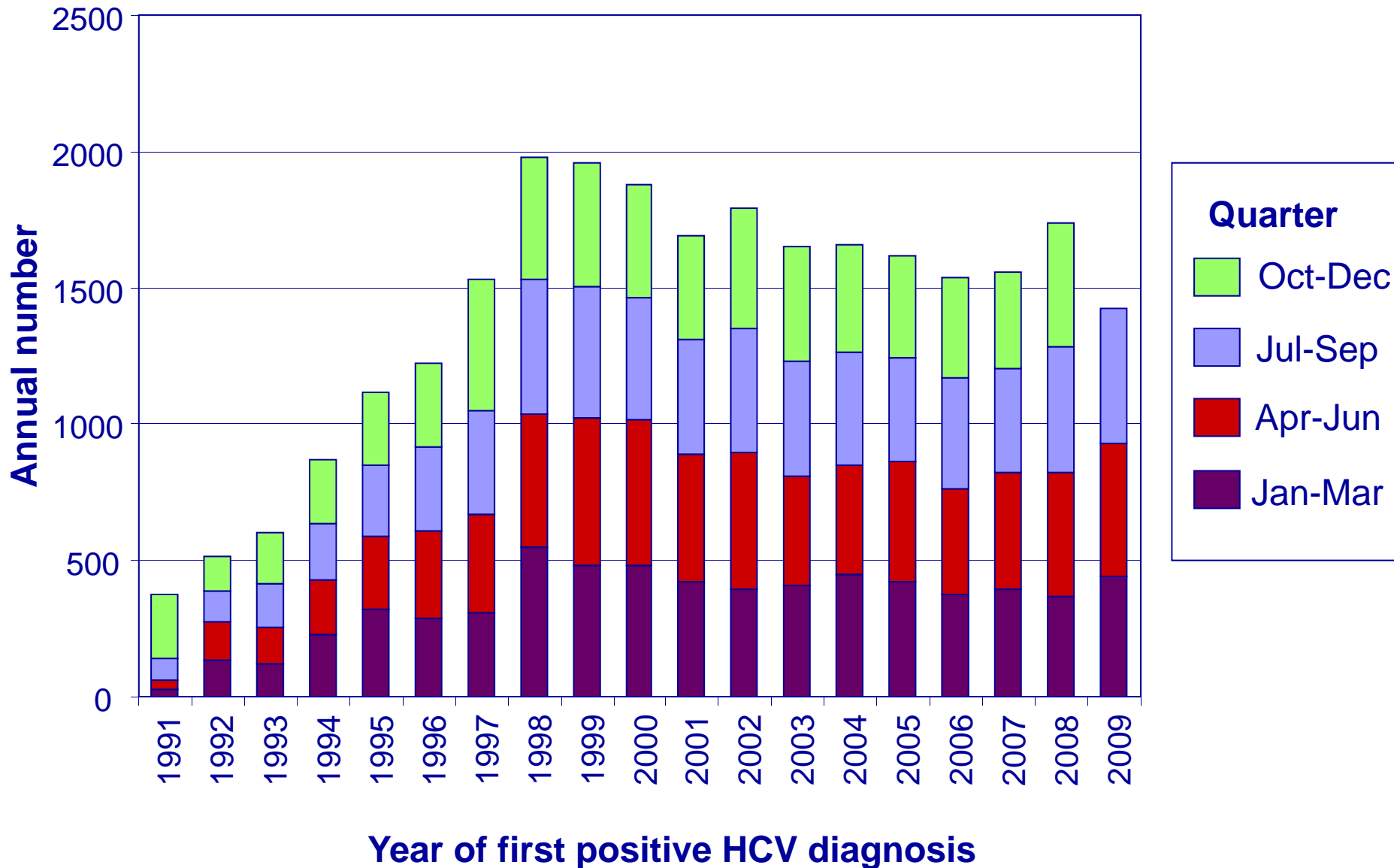
- At least 1500 treated/yr

# Screening Programme

## Results



# Number of people newly diagnosed with HCV in Scotland, by year & quarter of earliest positive specimen; data to 30 Sept 2009 (N= 26,786)





# **Costs of screening programme and the follow-up**



# Scottish Hepatitis C Action Plan: Phase II 2008-2011

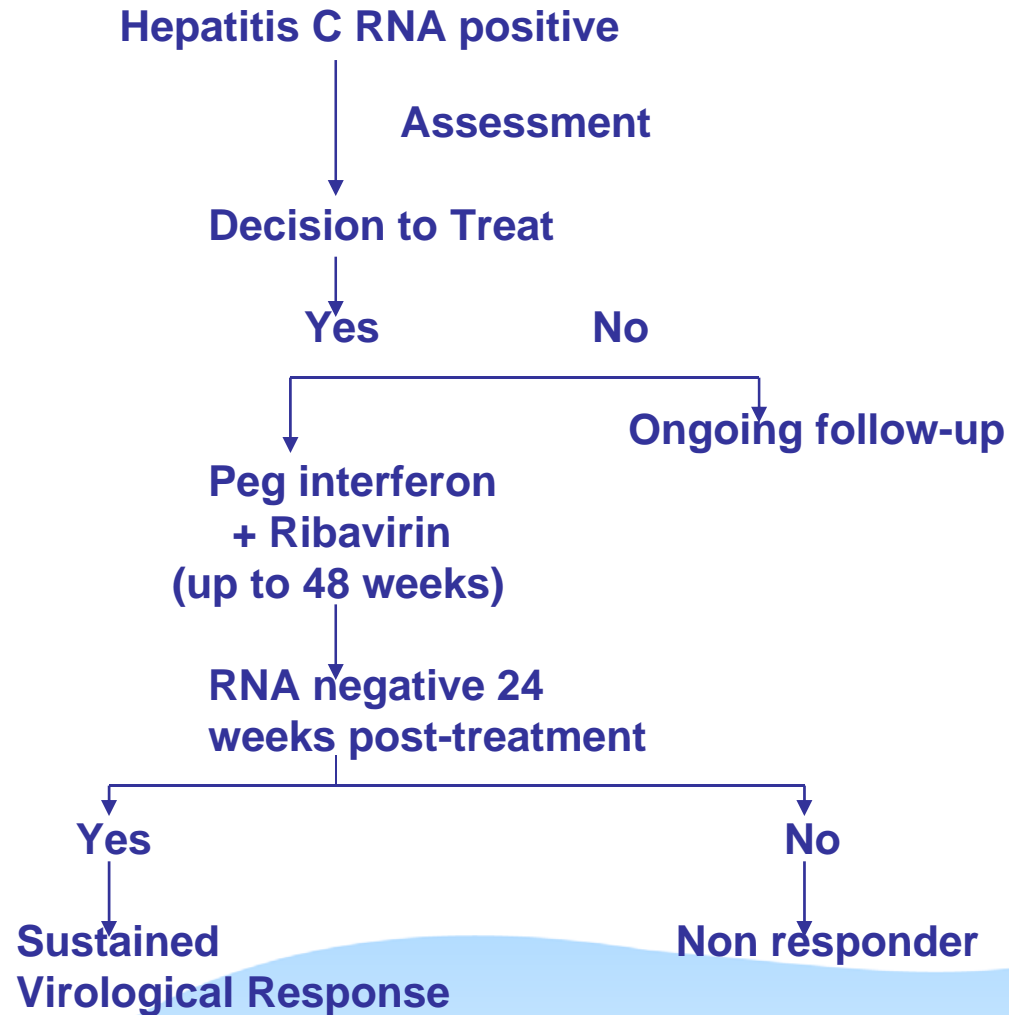
## Government Investment (£million)

	Year 1	Year 2	Year 3	Total
Testing, treatment, care and support	3.3	10.5	16.3	30.1
Prevention	0.9	3.7	3.6	8.2
Information Generating Initiatives	0.8	1.5	1.0	3.3
Co-ordination	0.6	0.5	0.5	1.6
<b>Total</b>	<b>5.6</b>	<b>16.2</b>	<b>21.4</b>	<b>43.2</b>


# Treatment strategies



# Hepatitis C: Treatment



# **Impact of the screening strategy on the health care system**

- **Too early to say**
  - **However, traditional medical model to diagnosis is being challenged through the promotion of testing in**
    - **Mosques**
    - **Drug treatment/harm reduction settings**
    - **Pharmacies**
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# **Evaluation of screening, follow up and treatment strategy**

## **Challenges/Lessons learnt/Opportunities/Future Plans**

- **Need for high quality data (e.g. National Hepatitis C test database)**
- **Need to understand the barriers/facilitators to testing**
- **Need to be imaginative in approach**
- **Need to get timing of awareness campaigns right**
- **Need an integrated multi-disciplinary approach**
- **Need to involve patient self help/representative groups**