Identification and management of persons with chronic viral hepatitis in Europe

Scotland

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Burden of Disease
Hepatitis C epidemiological landscape (estimates): Scotland 2006

People with chronic infection

Size of Population

- Living: 138,000
- Ever IDU: 34,300
- Diagnosed: 14,800
- Ever Specialist Care: 8,000
- Ever Received Antiviral Treatment: 2,000

¹Includes those who have cleared Hepatitis C from therapy
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

Hospitalisations were defined as associated with ESLD if the primary/secondary diagnosis was either ascites, hepatic encephalopathy/failure, HCC or varices.
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.
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
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
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<td>16.2</td>
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Treatment strategies
Hepatitis C: Treatment

Hepatitis C RNA positive

Assessment

Decision to Treat

Yes

No

Peg interferon + Ribavirin (up to 48 weeks)

RNA negative 24 weeks post-treatment

Yes

Sustained Virological Response

No

Non-responder

Ongoing follow-up
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
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