Can Portugal learn from France?

Burden and prevention of viral hepatitis
In Portugal
VHPB meeting – Lisbon, November 2010

François Roudot-Thoraval – Nov. 19th, 2010
HCV studies and responses: Timeline

1st national sero-prevalence survey

Episodes of transmission in health-care settings

High prevalence in DUs

1994

1996

Implementation of hepatology reference centres

1999

1st national programme (HCV)

Conference on Hep C treatment

Surveillance

2002

2nd national programme (HCV+HBV)

2004

Law relative to public health policy

2009

3rd national programme

• National seroprevalence survey in DUs

• 2nd national seroprevalence survey + HBV
The national hepatitis programmes (1)

• Two first programmes: 1999-2002 and 2002-2005
• Strategic committee for control and management of viral hepatitis: 2003-2007
  – Composed of all actors involved in hepatitis prevention
  – Analysis of the situation
  – Proposition of actions according to five strategic axes:
    • Reduction of HBV and HCV transmission
    • Stepping-up hepatitis B and C screening
    • Improvement of access to care and quality of life of patients
    • Special measures adapted to prison milieu
    • Surveillance and evaluation – research forecasting

• Third national hepatitis programme: 2009-2012
2009-2012 National Programme for hepatitis B and C

• Reinforce HBV and HCV screening, especially towards migrants, precarious populations and prisoners
• Stress the need for educational programmes and improve access to care
• 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 performed by the end of the plan period
Follow-up of the programme

Strategic committee

- National institute of health & medical research
- National Health insurance CNAM
- National society of blood transfusion EFS
- Institute for public health surveillance (InVS)
- Institute for prevention & health education INPES
- Ministry of health
- Ministry of employment, social cohesion & housing
- French national authority for health HAS
- National Agency for viral hepatitis research (ANRS)
- Patients & professionals Associations
- Experts

French medicines agency AFSSAPS

Ministry department in charge of addiction prevention MILDT

Slide E. Delarocque-Astagneau, Summit conference, Brussels oct 2010
Follow-up of the programme

• Committee in charge of the follow-up and update of the programme
  – Follow-up:
    • 5/54 (9%) actions are achieved
    • 35/54 (65%) are in progress
    • 5/54 (9%) are expected to start in 2011
  – Update:
    • Modeling the influx of patients expected in 2012 after approval of new anti-HCV drugs
    • Thorough evaluation of efficacy of- and resistance to- new drugs
    • Cost-effectiveness of universal HCV screening
Updating the programme

- Modeling the expected influx of patients
  - difficult to treat patients: naive, relapsers or non responders
  - To anticipate the burden of patients who will benefit from Telaprevir or Boceprevir
  - And the need for human resources in hepatology services

- Evaluation of efficiency of and resistance to anti-protease before full market approval
  - premarket approval for compassionate use exists in France for patients with no therapeutic alternative
  - In 2011, around 1,500 patients with cirrhosis, non responders to a previous treatment will receive telaprevir or boceprevir with Peg-IFN/RBV
  - A thorough evaluation of these patients is proposed in the context of a biomedical research sponsored by the ANRS

- Cost-effectiveness of universal HCV testing
  - to evaluate the interest of such a measure
In conclusion

• The keystones of the French national hepatitis programme are:
  – The participation of all structures involved in hepatitis prevention, treatment and research
  – The evolutionary aspect of the programme, which allows reactivity when new facts are encountered