HEPATITIS C ELIMINATION IN GREECE

ANGELOS HATZAKIS

Professor of Epidemiology & Preventive Medicine Athens University Medical School Co-Chair, Hepatitis B & C Public Policy Association

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Burden of infection - Burden of disease -Elimination

Prevalence of HCV in general population

- WHO: 1.5%
- ECDC: 1.0 <2.0%
- Papatheodoridis et al, 2014*:

1.87% (18-70 yrs)

1.5% (including all ages)

Karakosta et al, 2015**: 1.5%

*Telephone survey (n=10000)

**Multistage stratified random sampling (n=3566)

- \Box General population: 1.5 2.0%
- □ IDUs: 50 100%
- □ Hemodialysis patients: 8.4 (0-52)%
- □ Blood donors: 0.2 0.5%
- □ Army recruits: 0.3%
- \Box Endemic foci: 5 10%
- □ Albanian immigrants: 1.5 2.5%
- \square Egyptian immigrants: 20 25%
- □ HIV infected: 10-100%

Hepatitis C in Greece: Prevalence

Prevalence

(all ages & correcting for high risk individuals not included in the survey e.g. homeless people, imprisoned PWID, Roma)

→ 1.5%

(Papatheodoridis et al, J Viral Hep 2014)

Viremic prevalence

(80% viremic)

→ 1.2%

\rightarrow 134.000 persons

 with chronic hepatitis C in Greece



Prevalence Age and Gender Distribution – Katsoulidou 2006 (Birth cohorts aged to 2011 and took into account mortality)



Distribution by birth cohort — Greece, 2013





Distribution of CHC patients in transmission groups



Comparison of incidence estimate with estimates from other countries

Country	Incidence (1990)
USA ■ Williams, 1999	9.3 new infections/10.000 population
FRANCE Deuffic et al, 1999	4.4 new infections/10.000 population
GREECE	5.0 new infections/10.000 population

Hepatitis C in Greece: Incidence

New infections



Nowadays, approximately 3,700 new infections per year

Prevalence of anti-HCV among "new" injectors in Greece



New injectors: duration of injecting drug use<2 years

Estimated incidence of HCV infection (1940-1990) in Greece by genotype







■ Total cases ■ Diagnosed □ Treated

HCC and Decompensated Cirrhosis, 1950-2030 Argentina, Finland, Greece and India





India





Hatzakis A et al. J Viral Hepat 2015; 22 Suppl S1: 26-45.

Scenarios depending on assumptions concerning

treatment and prevention

	SVR	Treatment coverage	Fibrosis stage			
Scenario A	65%-90%	~2000/year	All			
Base scenario Peg-Interferon +RBV with/without BOC/TVR						
Scenario B	65%-90%	~2000/year	All			
Base & Prevention	10% decline in new infections/year (2013-2020)					
Scenario C ——	up to 95%	~2000/year	≥F2			
IFN-free scenario						
Scenario D ——	up to 95%	~3000/year in 2015-2016	≥F3			
IFN-free scenario &		~2000/year in 2017-2030	(≥F2 since			
Targeted to F3-F4			2025)			
Scenario E	up to 95%	~5000/year in 2015-2020	≥F3			
IFN-free scenario &		~2500 in 2021-2030	(≥F2 since			
increased treatment			2017)			
coverage						











HCV treatment



Number of cases by fibrosis stage in Greece, 2012 (total cases, diagnosed cases)

	Estimates of the total number of chronic hepatitis C cases				1
FO	33,784 (25.3%)	Estimated number			
F1	36,265 (27.2%)				
F2	20,606 (15.4%)	cases	5		
F3	23,822 (17.9%)	7,147	7	—	
F4-comp.	16,867 (12.6%)	6,747	7		4 Approx 16 000
F4-decom.	2,101 (1.6%)	2,10	1		persons
					≥F3 & diagnosed
Total	133,445				

Hatzakis et al, J Viral Hep 2015

Available DAAs in Greece

- 1) Sofosbuvir
- 2) Simeprevir
- 3) Declatesvir
- 4) Sofosbuvir/Ledipasvir
- 5) Paritaprevir/Ritonavir/Omitasvir
- 6) Dasabuvir
- ~600 F3/F4 CHC patients have been treated so far
- Current demand: ~ 16.000 patients with CHC F3/F4 who know their status

National Hepatitis Plan

- > None.
- > No official activities.
- > NGOs are very active.
- National Hepatitis Treatment Registry (available July 2015)

Greece: Health Care System

GDP and Social Expenditures (OECD, 2007/08 - 2012/13)



Source: OECD, Society at a Glance 2014 Highlights: GREECE The crisis and its aftermath, March 2014.

Current health expenditure by function, 2012 (or nearest year)



Source: OECD Health Statistics 2014, http://dx.doi.org/10.1787/health-data-en, Eurostat Statistics Database for non-OECD countries.



Challenges for HCV elimination in Greece

- 1) High HCV prevalence
- 2) Low diagnostic rate
- 3) Moderate hepatitis awareness
- 4) No National Hepatitis Plan
- 5) Current austerity measures do not favour prevention and treatment upscale

Conclusions (1)

- 1) HCV prevalence 1.5% (134.000 CHC infections).
- 2) HCV incidence among PWIDs is on rise.
- 3) Surveillance of HCV is problematic with variable and low reporting rate.
- 4) Proportion of PWIDs and HCV-3 are increasing.
- 5) Low diagnostic rate ($\sim 20\%$).
- 6) Modeling studies suggest that HCV cannot be eliminated up to 2030 with treatment upscale alone.

Conclusions (2)

- 7) DAAs are available although treatment expansion is currently problematic.
- 8) No National Hepatitis Plan.
- 9) Prevention services for PWIDs are especially problematic.
- 10) Good International Practices in Surveillance, Prevention, Care and Treatment should be promoted.
- 11) Deep economic recession and cuts in health spending is a major barrier for rational hepatitis policies.