



# National strategy for prevention and control of hepatitis C and B virus infection in France

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# Presentation

- Public health issues
- Basis of the strategy
- Hepatitis C and B epidemiological context
- Implementation of the strategy
- Major achievements
- Priorities for 2005
- Partners of the health ministry

# Preventive measures taken before planification

## HCV :

- Several measures for HCV blood products safety (1987 - 1990)
- **Measures for HCV at-risk persons testing** :
  - **1990** : hepatitis C screening test commercialized in France
  - **1993** : 100% reimbursement of HCV testing (social insurance)
  - **1998** : introduction of the HCV testing in the anonymous and free HIV testing centers
- **1993** : search for transfused patients (hospitals/media)
- **Regulation for organization of care management**
- **1995-99** : creation of hepatitis C reference centers (1-2 /region)
- **HBV : vaccination campaign > about 30 million vaccinated persons**

# Hepatitis C recognized as a public health priority

- **1992-93 : hepatitis C recognized as a public health priority in France** but supplemental data needed to elaborate a plan (Pr Micoud's report)
- **1994-95 : HCV epidemiological surveys (InVS)**
- **1997 : hepatitis C consensus conference in Paris**
- **1997/98 : elaboration of the first hepatitis C plan with expert meetings and consultations**

# Public health issue : prevalence and concerned population (1994-95, InVS)

- **HCV**

	<u>Prevalence</u>	<u>Number</u>
• <b>HCV Ab seropositivity</b>	<b>1.1 - 1.2%</b>	<b>500.000 - 650.000</b>
• <b>Chronic infection (HCV ARN positivity)</b>	<b>0.9 - 1.0%</b>	<b>400.000 - 500.000</b>
- **80% of patients unaware of their Ab HCV positive status**
- **60% of cases linked to drug use injection / blood components administration before 1991**

# Basis of the strategy

- **Prevalence of C chronic infection in France :**
  - **400 to 500 000 HCV carriers**
- **Morbidity and mortality** linked to hepatitis C (cirrhosis, HCC) on the rise
- **Advances in** anti-viral therapy and drug substitution treatment, risk reduction « tools », information/education

# **First hepatitis C plan launched by the health minister (January 1999)**

- **Planining (1999-2002) with 2 quantified goals :**
  - **1) screening : detect 75% of HCV positive persons (vs 20% aware of their positive status in 1994)**
  - **2) anti-viral treatment : treat 80% of eligible patients**
- **Political commitment : specific budgets**

# First hepatitis C plan 1999-2002

- **Six components**
  - reinforcement of primary prevention
  - extended indications for HCV testing
  - repeated awareness media campaign
  - reinforcement of access to care and treatment
  - creation of a surveillance system
  - organization of HCV clinical research
  - evaluation
- **Implementation** by central administration with specific committees and at regional and local levels to adapt to local specificities



# Need of scientific reports and evaluation to bring the program up to date

- **Consensus conference on hepatitis C treatment (2002)**
- **Collective scientific expertise** (INSERM, 2003) :
  - evolution of HCV infected persons in the next 50 years
  - risks associated with nosocomial transmission
- **Financial evaluation :**
  - external evaluation of 1999-2001 actions financed through the state budget (2003)
  - internal annual evaluation of use of specific « social insurance » budget by hospitals (1999-2001)

# **French viral Hepatitis C et B National Program**

## **(2002-2005)**

**February, 2002 : second program launched by the minister**

- updated**
- including B hepatitis**

# Recent HCV epidemiological data 2002-2003

- **Coquelicot pilot study (InVS) :**
  - **HCV Ab among injecting drug users** (about 90 000) : **73 %**
  - early contamination
  - 1/4 unaware of their seropositive status
- **IDU incidence (Lucidarme/ InVS) :**
  - 2700 to 4400 new HCV infection cases /year
- **Co-infections : 27% of HIV patients are HCV+/ 8% HBV +**
- **Morbidity/mortality** (modelization in absence of treatment of cirrhosis up to 2022) INSERM :
  - **Post- HCV HCC : 2800 expected in 2022 versus 2000 in 2002**
  - **Deaths linked to HCV : 4500 expected in 2022 versus 3300 in 2002**

# HBV epidemiological context

- Limited data (from the 90 's)
- Prevalence :
  - injecting drug users : about 5 %
  - general population : 100- to 150 000 HBV chronic carriers
- Incidence :
  - harm reduction in general population
- Vaccination against hepatitis B (since 1994):
  - 30 million vaccinated persons
  - vaccination coverage of children age 24 months : < 30%

# General principles of the strategy

- **Combine the program with other plans :**
  - drug addiction
  - fight against illicit drugs, tobacco and alcohol
  - fight against HIV infection
  - health of vulnerable population segments
  - safety of health products
- **Provide answers to patient requests**
- **Reduce regional disparity (26 regions)**
- **Reinforce evaluation of use of budgets and impact of the implemented measures**

# **French viral Hepatitis C et B National Prevention and control strategy : three components**

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- **Common strategy of risk reduction of C and B virus transmission**
- **Up dated and reinforced hepatitis C measures**
- **New and specific hepatitis B measures**

# National Hepatitis C et B Program

## Quantified Objectives

- I - Screen to **identify 100% of infected persons**
- II - Up to 2008 (accordind to the objective 37 of report appended to the law governing public health policy, August 9, 2004 :
  - **reduce the mortality attributable to chronic viral hepatitis B and C by 30%**
  - **reduce the proportion of patients with chronic hepatitis B/C from 10-20% to 7-14%**

# Management, follow-up and coordination strategies

- **Supervising program** : « direction générale de la santé »
- **Mobilization of health actors** : national meetings with the partners of the ministry (2002, 2003, March 2004)
- **Creation of a program strategic committee** (2003-2004) responsible for submitting proposals to the minister and supervising program implementation and evaluation with
  - a permanent committee
  - **4 working groups** on defined priorities : start of function on sept 2004



# Major Achievements 2002-2003

## 1 - Primary prevention aimed at the most exposed populations

- Drug users :
  - state financial support reinforced to improve accessibility to risk reduction material : Stéribox<sup>2</sup> for 1 euro/ free distribution by support group patients
  - Information : leaflets and brochures
  - insufficient impact of the prevention strategy on HCV infection ( efficient for HIV) : **persistence of HCV transmission**
- Prison inmates ( report of « Health /Justice committee » ) :
  - prevalence : 4 times more than in general population
  - recommendations to reinforce prevention after 9 inter-regional meetings with prison visits

# Major achievements 2- Nosocomial infections notification /prevention of risks related to tatouing and piercing

- Nosocomial infections
  - **2001 : nosocomial infection notification made mandatory (decree); investigation of cases**
  - **> *persistence of unsafe procedures : recommandatipns and guidelines***
- Risks associated with tattooing and piercing
  - information : leaflets, magazines, radios, Internet
  - **> *proposed regulation :***
  - regarding hygiene in piercing, tatooing ...
  - informing clients about risks
  - mandatory declaration of activity

# Major achievements 2002-2003

## 4 - Increase of HCV testing

- 2000-2001 : **definition of a widened screening strategy**
- 2001 : reimbursement of HCV diagnostic tests carried out by private laboratories
- 2001-2002 : **informing doctors**
  - leaflets and brochures sent to 67 000 general practitioners and specialists
- 2001- 2002 : **informing public**
- media campaigns to inform about at-risk situations and to promote screening
- **More than 1, 2 million tests /year**
- **> at least 26% increase of activity testing (2000-02)**

# Major achievements

## 5 - Improvement of access to care and treatment mainly in hospital services

- **1999 : access to hepatitis C bitherapy**
- **2002 : extended indications of treatment**
- **> *Increasing number of patients consulting in hospitals and of treated patients :***
  - **2000 : 23000 new consultants vs 6000/year (1994)**
  - **10400 treated patients in 2001 vs 8000 in 98 and 4000 in 95**
- **2002 : delivery of medicine by hospital and liberal pharmacies**
- **2003 : first treatment prescription to be given by a private specialist without hospital visit**

# 6 - Research

- 1999 : hepatitis C clinical research entrusted to « Agence nationale de recherches sur le sida » (fundamental research : Inserm)
- 2004 : mission of ANRS extended to hepatitis B and to fundamental and vaccine related research on hepatitis C and B

# 7- Introduction of a surveillance system (Institut de Veille Sanitaire)

- Viral serology results collected in anonymous and free screening centers and on blood donations
- 2000 : **2 hepatitis C specific networks**
  - testing activities
  - characteristics of newly referred patients
- 2003 : **compulsory notification of HBV acute infection**
- 2002-2003 : national **survey on HCV and HBV prevalence** will provide data on proportions of screened persons and patients with access to care
- **Mortality** (Inserm/InVS)
- **> contribution to evaluation of the impact of the plan**

# Strategic Committee : 4 priorities

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**I : Define follow-up and measures evaluation indicators of the program**

**II : Submit proposals to reinforce primary prevention of viral hepatitis**

# Strategic Committee Priorities III and IV

- **III : submit proposals to reinforce specific prevention measures and access of drug users to screening, information, opiate substitution, multi-disciplinary care and anti- viral treatment**
- **IV : submit proposals to optimise care in and out of hospitals in terms of access to medical care with or without treatment including psychiatric care and management of undesirable effects of treatment**



# Perspectives 2005 - 2008

- **Important role of the Strategic Committee :**
- **Dec 2004 : to submit proposals to the minister**
- **2005 : to up-date strategy according to :**
  - data of the national prevalence survey
  - results of an inquiry on care management in hospitals
  - conclusions of an experts/patients support groups meeting on vaccination against hepatitis B (Nov 2004)
- **Follow-up of the implementation and the evaluation of the measures decided by the minister**
- **Program continuing > 2008...**