

**FRENCH NATIONAL PROGRAMME
FOR PREVENTION AND CONTROL
OF VIRAL HEPATITIS
PRELIMINARY RESULTS**

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FNPRRH

Hepatitis C in France

- **Programme national de lutte contre l'hépatite C**
- **National campaign for screening**
- **National network for management of patients**
- **National network of surveillance**
- **Research program (ANRS)**
- **Consensus conferences**

Programme National de Lutte Contre l'Hépatite C

Programme National de Lutte Contre l'Hépatite C

- **First programme: 1999-2001**
 - National network with 31 reference centers
 - Networks around reference centers
 - National campaign for screening (free)
 - Easy access to treatment (free)
 - Research program
 - Total budget = 227 million Euros
- **Pitfalls:**
 - High incidence in IVDUs
 - Insufficient participation of practitioners
 - Insufficient access to treatment

Programme National de Lutte Contre l'Hépatite C

- **Second programme: 2002-2005**
 - Reinforce the objectives of first program
 - Include Hepatitis B
 - Focus on the IVDUs population
 - Enhancement of management of patients outside of University Hospitals
 - **Objective: 30% reduction of mortality by 2008**

Screening

National Campaign for Screening

- **Objective: 80% of patients diagnosed by 2002**
 - Free testing
 - Large definition of groups at risk
 - Wide advertising (newspapers, radio)
 - National day of screening (1500 labs)
 - National mailing to 67 000 GPs (brochures)
 - Result: 60% diagnosed?
- **Objective: 100% of patients diagnosed by 2005**

Actions to Enhance Screening

- **Centres for anonymous screening (CDAG)**
 - **2001: n = 76 000; 1.6% positive**
 - **Screening: 20% (hospital); 80% (in town)**
 - **Increase in tests: + 20%/year between 1998 and 2002**
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Network for Care Management

National Network

- **31 Reference Centres**
 - Regional University Hospitals (GI units)
 - Trials, treatment of difficult patients, care of complications, liver transplantation
- **Coordination of Regional Networks**
 - GPs and specialists: can prescribe treatment
 - Networks for IVDUs, alcohol, HIV patients...
- **Coordination by a National Network**
 - Definition of guidelines and teaching
 - Surveillance
 - www.fnprrh.com

Surveillance Network: Source of Infection

	<u>1991-1993</u>	<u>2000</u>
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• Transfusion	37%	34%
• IVDU	25%	38%
• Unknown	48%	28%

Severity of Chronic Hepatitis

	<u>1991-1993</u>	<u>2000</u>
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• Mild	29%	38%
• Moderate or severe	51%	51%
• Cirrhosis	20%	11%

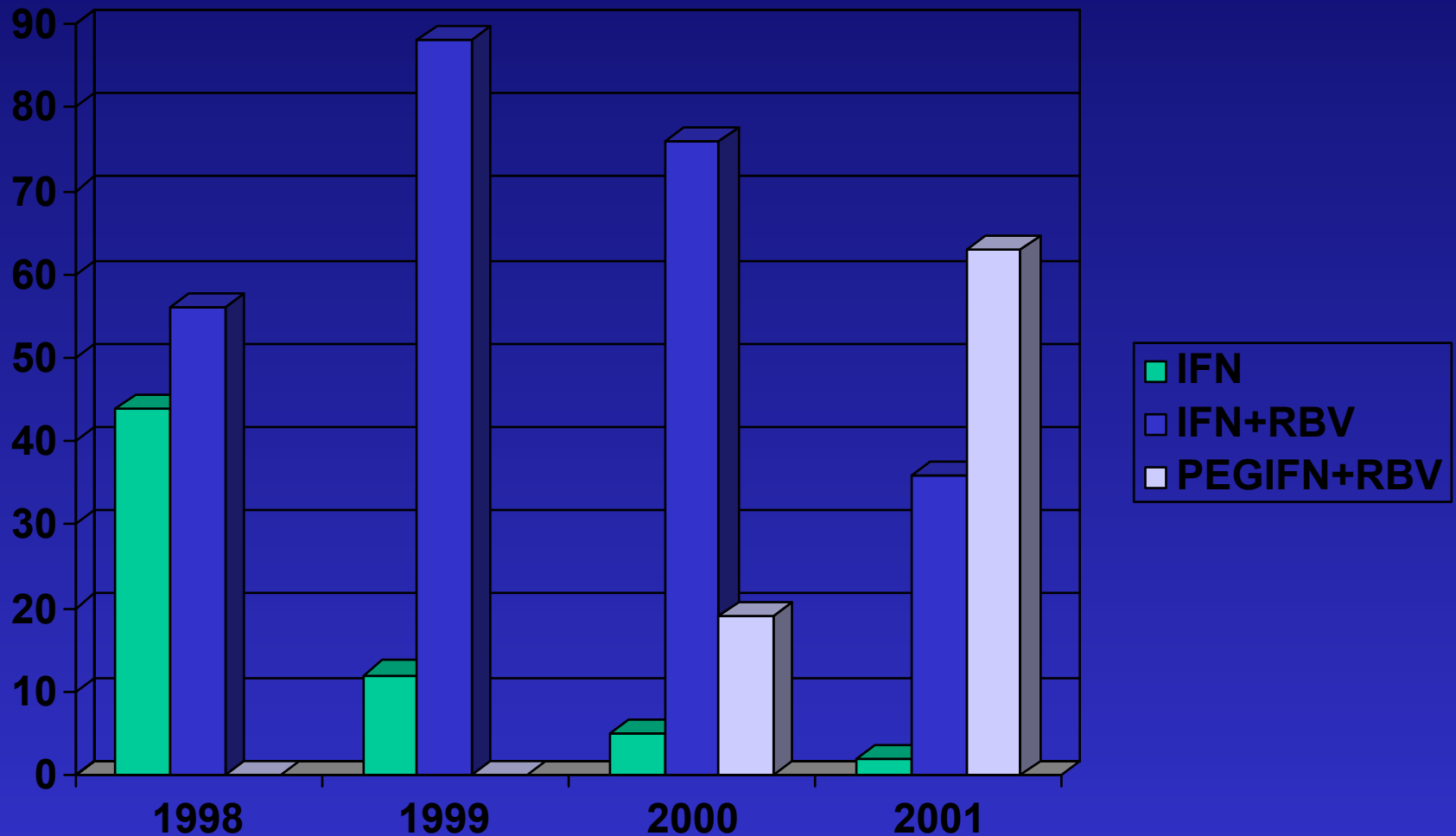
Number of Patients Treated

- 1999 10 400
 - 2000 7 500
 - 2001 10 500
 - 2002 12 000
 - 2003 20 000?
 - 2004 ?
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Treated Patients (1999)

- Overall 10,400
 - Naive 5,800 (56%)
 - Non responders 2,200 (21%)
 - Relapsers 2,400 (23%)
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Evolution of Treatments



Who Treats the Patients?

- **Treatment and follow-up free**
 - **Prescription by specialists (hospital or not)**
 - **Then prescription by GPs**
 - **Drugs available in hospitals and in town**
 - **Flexibility in indications**
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Surveillance

National Network of Surveillance

- **Institut National de Veille Sanitaire (InVS) + Federation Nationale des Pôles de Reference et Reseaux Hepatites (FNPRRH)**
 - 27 reference centers
 - Collect all new cases
 - Statistics on characteristics of patients
 - Proportion treated and type of treatment
- **Network of 257 laboratories**
 - Collect all new anti-HCV positive cases
 - Characteristics of new cases

Research

Research Programme

- **Coordinated by ANRS (ANRSH?)**
 - **Scientific committees: clinical trials, epidemiology, physiopathology, basic research...**
 - **> 70 projects financed since 1999**
 - **8% of the total budget (92% for HIV)**
 - **Since 2004: includes basic research and hepatitis B**

Research Programme

- **Limitations**

- Limited budget

- Not suitable for large trials

- Depending on collaboration with BMI
(availability and cost of drugs)

- Insufficient management team
(biostatistics, monitoring ...)

Guidelines

Consensus Conferences

- **ANAES: Good clinical practice**
- **Consensus Conference on hepatitis C: 1997**
- **Consensus Conference on the treatment of hepatitis C: February 2002***
- **Guidelines followed in 70 - 80% of cases**

Consensus Conference on the Treatment of Hepatitis C (February 2002)

– Jury = 15 members

- hepato-gastroenterologists
- Epidemiologist
- Medical journalist
- Infectious disease specialist
- General practitioner
- Internist
- Virologist
- Nurse

– Statement

- Gastroenterology Clinique et Biologique 2002
- www.fnprrh.com

MAIN CONCLUSIONS

- Comparison of French and NIH statements
- Indication mainly based on liver biopsy
- Liver biopsy if increased ALT
- Treat if >A1 or > F1 (metavir)
- Liver biopsy not necessary if G2 or G3
- Maintenance therapy in non responders

The French Experience

Good news

- **Active national programme**
 - **Effective screening campaign**
 - **Effective networks**
 - **Research programme**
 - **Easy access to therapy (fully covered)**
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The French Experience

Bad news

- **Ongoing epidemic (IVDA)**
 - **Specialized centres saturated**
 - **Slow development of networks outside of specialized centres**
 - **Insufficient means for most severe patients (cirrhosis, LT, HCC)**
 - **Insufficient means (ANRS) for research (long term projects, large trials)**
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