

Evaluation of viral hepatitis prevention and control measures-prospects In France

What still needs to be done ?

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Introduction

- **Quite a lot has been or is done : treatment, prevention, control, surveillance and research**
- **National program for control and prevention of hepatitis B and C with political commitment**
- **Things done that :**
 - **went or are going well**
 - **went wrong**
 - **are done but need improvements**
- **Things that are not done that should be done**
- **Unresolved questions for which further research/policies are needed**

HCV (1)

- **What has been done :**
 - prevalence and risk factors
 - incidence in IVDU
 - surveillance is organized
 - prevention programs
 - screening policy
 - effective treatments are available
 - management is organized
 - research is promoted and organized
 - national program with political commitment

HCV (2) : remaining questions

- **How to reduce incidence among IV drug users**
 - **harm reduction : some but limited impact**
 - **continue current harm reduction strategies**
 - **new strategies are needed and must be evaluated**
 - **prevention of transmission via IV drug use in prisons**
- **Nosocomial transmission can still be reduced**
- **Reduce barriers to screening & treatment**
- **Design strategies to improve treatment compliance**
- **Quality of life with HCV infection**
- **More implication of general practitioners**
- **Alternative treatment strategies for non-responders**
- **Evaluate the impact of the national program**
 - **short term indicators including quality of life**
 - **incidence of end stage liver disease and mortality**
 - **efficiency**

HBV

- **Improve epidemiological knowledge**
 - improve surveillance of acute infection
 - prevalence of infection in general and at risk groups
- **Improve prenatal screening and prophylaxis of transmission to new born**
- **The monitoring of vaccine coverage is done**
- **Failure of the HepB vaccination**
 - how to get out of it ?
 - need of political commitment at the highest level
 - re-establish public confidence
 - design socially acceptable strategies
 - promote the use of the hexavalent vaccine

HVA

- **Data quite limited**
- **No surveillance of acute infection (one of the only EU country without surveillance)**
 - trends ?
 - risk factors
 - outbreak detection
- **Immunization available and recommended for high risk group**
- **Evaluate immunization coverage among high risk groups**

Co-infections

- **Prevent severe morbidity from hepatitis C and B**
- **Screen as early as possible**
- **Treat earlier**
- **Management of addiction(s)**
- **Needs of further clinical research**
- **Evaluate new treatment strategies**

Vaccine adverse events

- **Passive surveillance is necessary but not enough**
- **Develop**
 - active surveillance
 - pharmaco-epidemiology databases
- **Re-establish the public health balance**
 - the unproven possible risk of MS versus
 - long term benefit of immunization

Research needs

- **Hepatitis research is organized, promoted and funded by public institutions**
- **An “H” in “ANRS”**
- **More research capacity is needed**
- **Multi-disciplinarity**
- **Independent trials from industry**
- **Promote more research for hepatitis B**
- **More public health research : epidemiology, social sciences, quality of life, medico-economic evaluation...**

Conclusions (1)

- **Things that went wrong :**
 - the national hepatitis B immunization program
- **Things that are done but need improvements**
 - prevention of mother to child transmission
 - surveillance of Hepatitis B
 - prevention of HCV among IDUs
 - prevention and care in prisons
 - screening of health care workers for HBV and HCV
 - earlier management of co-infection
 - more active promotion of management of alcohol intake and obesity in the treatment of chronic hepatitis B and C
 - short term evaluation

Conclusions (2)

- **Things that are not done that should be done**
 - **HBV immunization**
 - **Hepatitis A surveillance**
 - **long term evaluation**
 - **impact on long term morbidity/mortality**
 - **from an health economic perspective**

Conclusions (3)

- **Unresolved questions for which further data/research/policies are needed**
 - new strategies for HCV prevention among IV drug users
 - specific prevention and treatment strategies for inmates
 - reduce “barriers” to access to care and treatment
 - understand the “French HepB immunization failure”
 - what are now days socially acceptable immunization programs and how to implement them ?
 - new treatment strategies for co-infected, non-responders...
 - long term evaluation