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 form 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