Treatment policies & how to reach special populations and compliance to therapy in the Czech Republic

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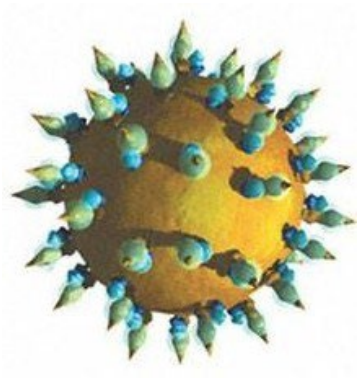


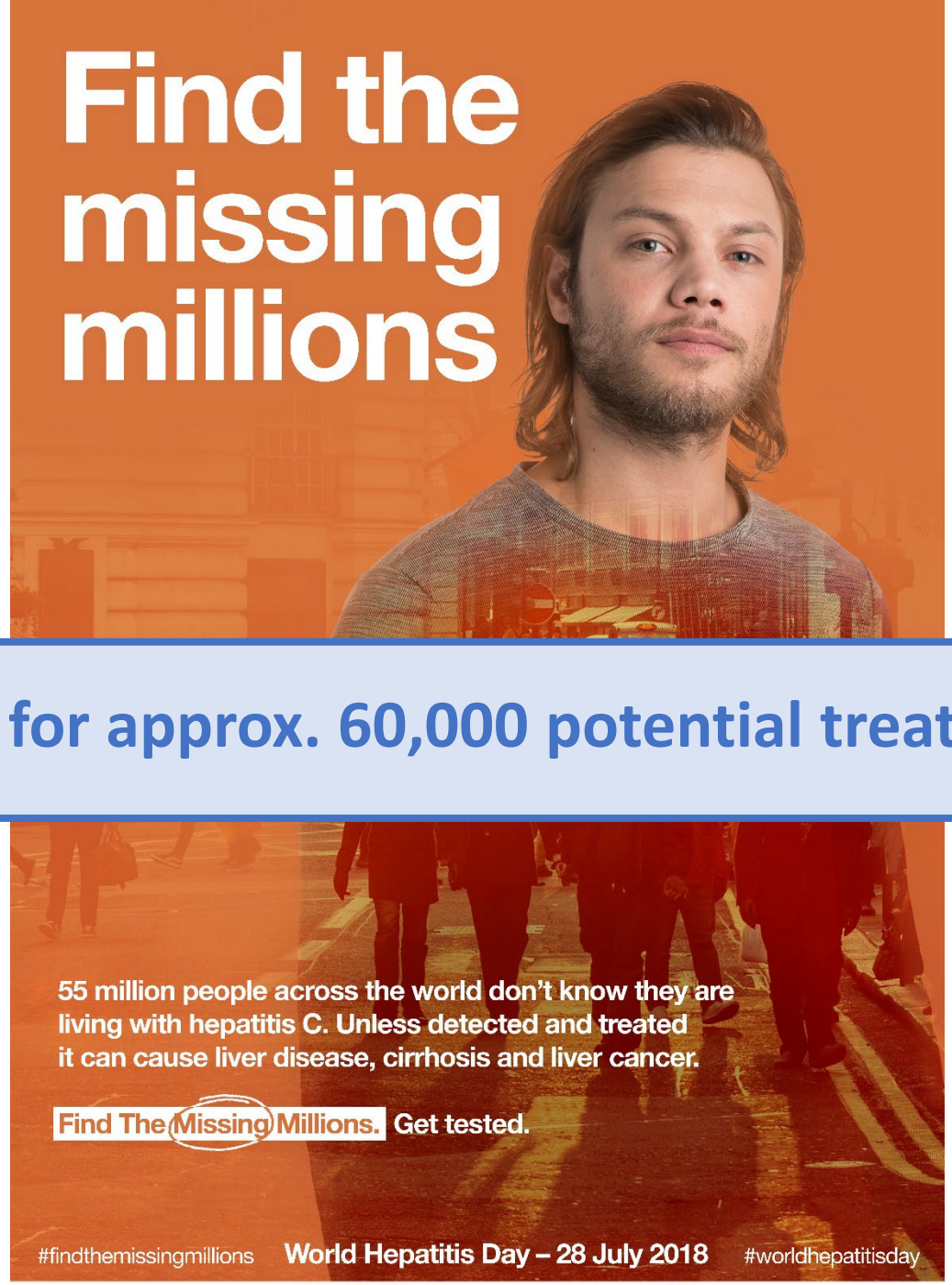
IK+E M

HCV prevalence in the Czech Republic

Table 2. Prevalence of anti-HCV- positive and HCV RNA-positive subjects by sex/age.

Characteristic	Number (N)	Anti-HCV-positive N (%)	95% CI*	HCV RNA-positive N (%)
Sex				
Female	1535	15 (0.98%)	0.59–1.61	6 (0.39%)
Male	1465	35 (2.39%)	1.72–3.30	22 (1.50%)
Age (years)				
18–29	554	11 (1.99%)	1.11–3.52	7 (1.26%)
30–44	866	31 (3.58%)	2.53–5.04	18 (2.08%)
45–59	702	6 (0.85%)	0.39–1.85	3 (0.43%)
60+	878	2 (0.23%)	0.06–0.83	0 (0.0%)
Total	3000	50 (1.67%)	1.27–2.19	28 (0.93%)

Chlibek R, et al., PlosOne, 2017



We are looking for approx. 60,000 potential treatment candidates

Clinical practice guideline: Early diagnosis and treatment of chronic hepatitis C

- **General screening** is not cost-effective owing to the low prevalence of the infection
- So far, screening have been performed only in high-risk individuals, based on the decision of the attending physician
- CPG defines priority groups for HCV screening
  - Higher prevalence
  - Higher risk of complications
  - Higher risk of transmission

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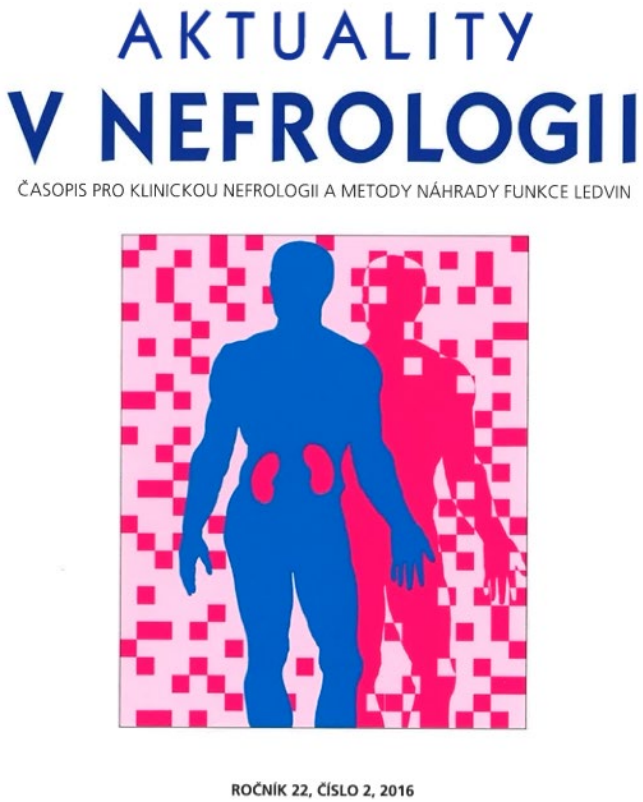
ÚZIS

Frankova S, Urbanek P et al. CEJPH, 2019.

Časná diagnostika a léčba chronické virové hepatitidy C (VHC) [KDP-AZV-25-VHC] - Návrhy klinických doporučených postupů - KDP (uzis.cz)

Who should undergo HCV screening in the Czech Republic?

- Age-defined birth cohort (1975–1995), once in a life
- **Hematological diseases and coagulation disorders**
- Type 2 diabetes patients
- **Individuals with another STD**
- Pregnant women (+HBV, HIV, syfilis)
- **Individuals with chronic kidney disease***
- **People who use drugs**
- **Imprisoned individuals**
- MSM
- Testing in health-care facilities and social care institutions

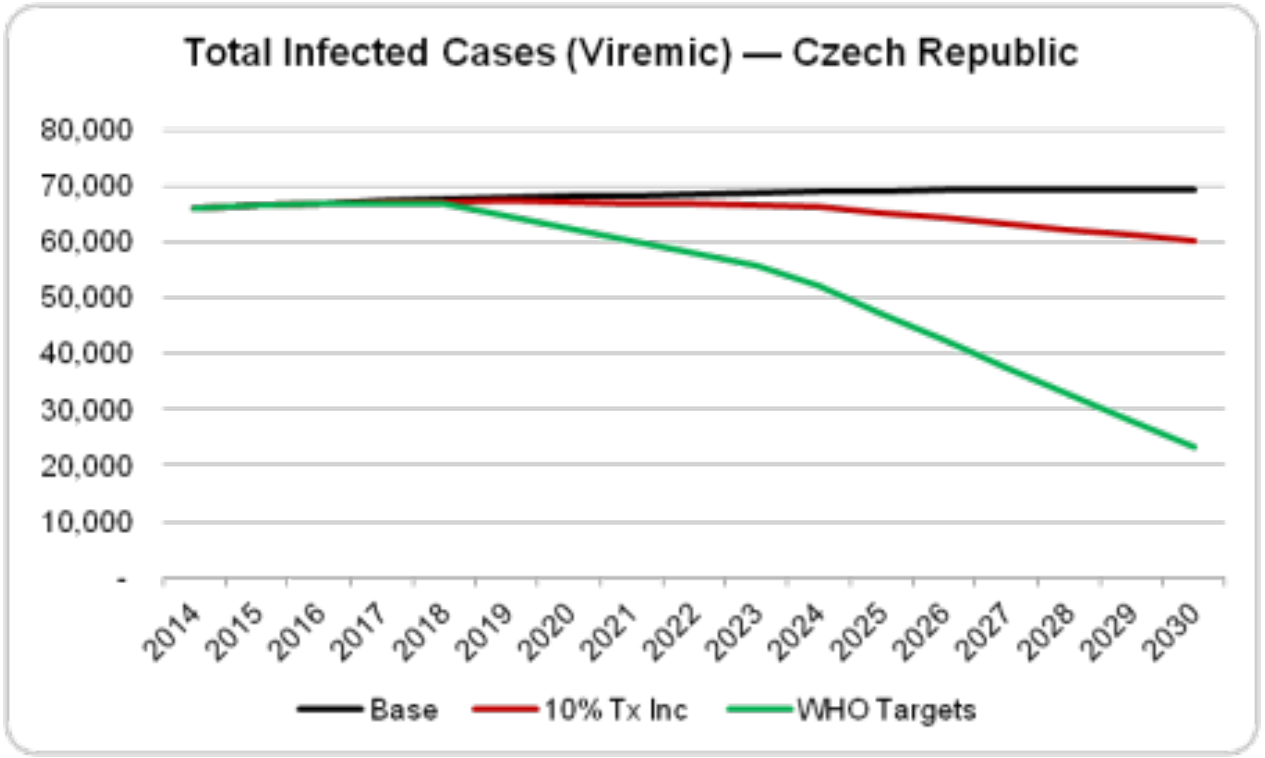


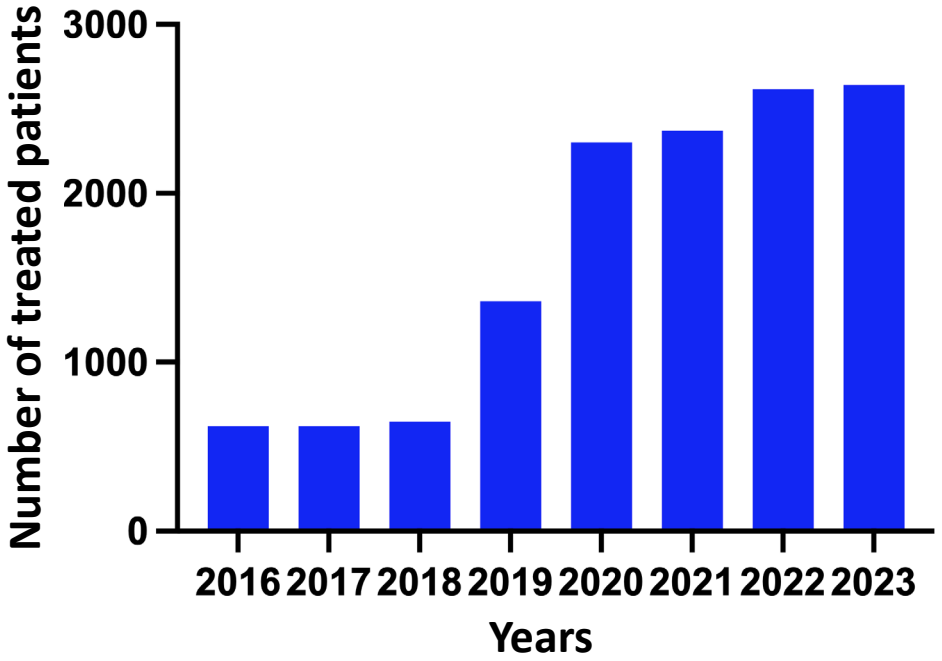
*Frankova S, Urbanek P et al., Aktuality v nefrologii, 2016.

Časná diagnostika a léčba chronické virové hepatitidy C (VHC) [KDP-AZV-25-VHC] - Návrhy klinických doporučených postupů - KDP (uzis.cz)

Will we achieve the WHO elimination goals in the CR?

- To achieve the WHO elimination goals, we should treat more than 5000 patients every year (2016-2030), to decrease the number of new HCV cases by 90%

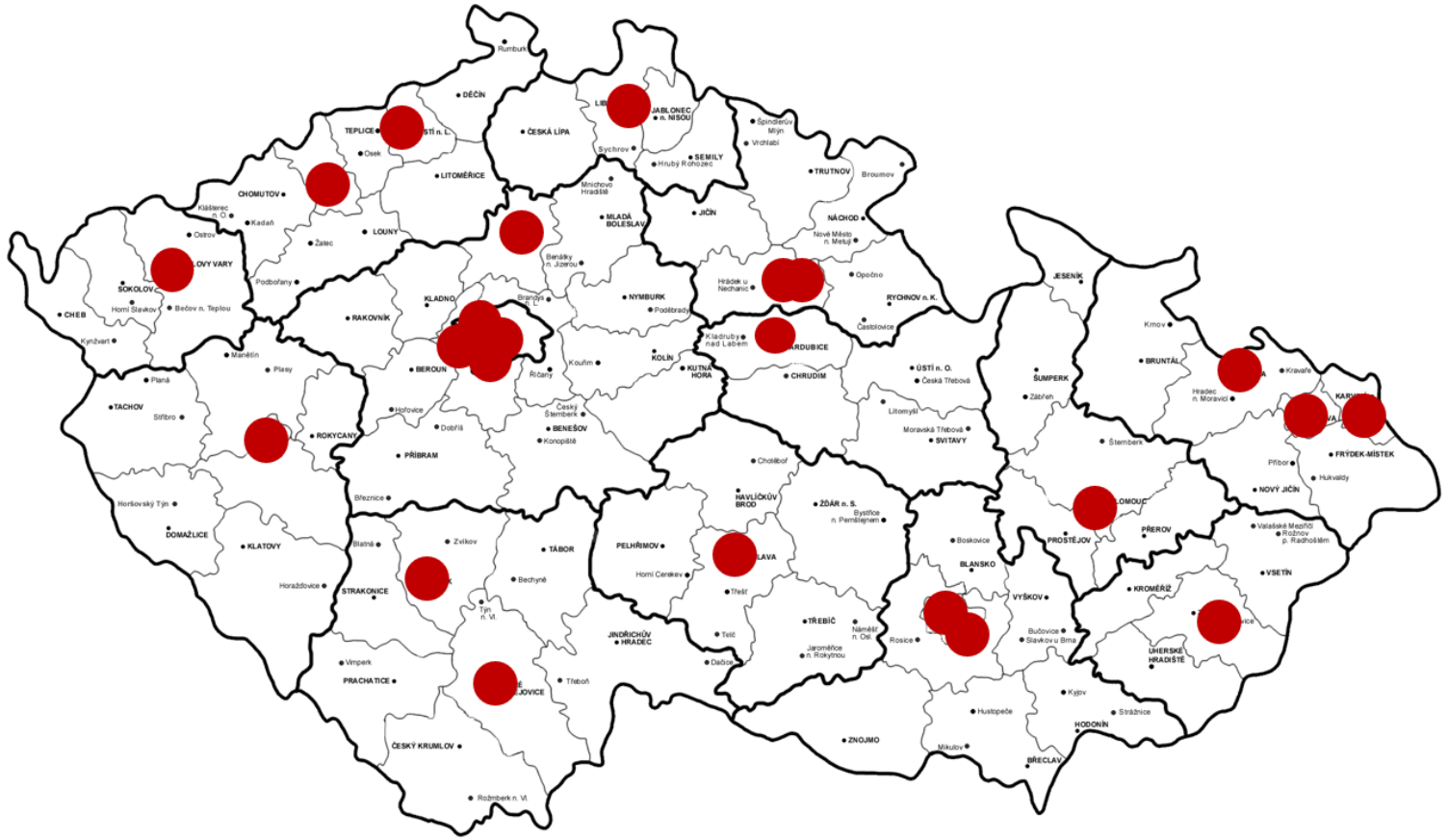




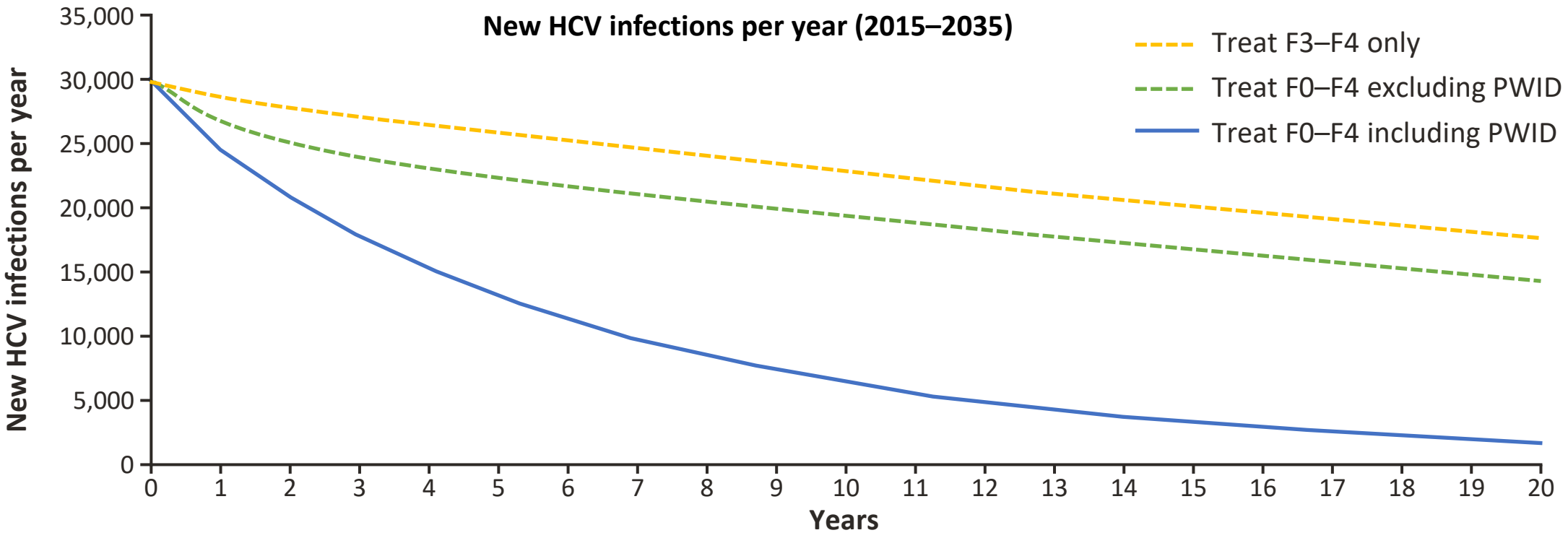
Fraňková et. al., CEJPH, 2019.

HCV therapy in 25 dedicated treatment centres

- Restricted budgets
- Shortage of patients



Treating all patients infected with HCV will reduce transmission rates



Providing treatment to all disease stages (F0–F4) will reduce the risk of transmission and, therefore, the number of new infections; this will consequently reduce healthcare costs associated with HCV-infected patients

Moreno GA, et al. Value Health 2017; **20:**736–744.

IVDU: the most common risk factor of HCV transmission (also in the Czech Republic)

- IVDU is the most common risk factor of HCV transmission
- PWID represent today approx. 50−80 % of newly diagnosed cases of HCV infection
- 2023: 47,000 PWID in CR, 60% of PWID are HCV-infected
- 73% of Czech PWID use pervitin (crystal meth) as their primary illicit drug, no possibility of providing colocalized OST + HCV treatment
- Pilot program for **screening of PWID** launched in January 2024, targets to screen 3000 clients

Hajarizadeh B et al, Nat Rev Gastro Hepatol 2013. Iversen J, et al. J Viral Hepatitis 2013. Alavi M, et al. Liver International 2014. Aspinall A, et al. Clin Infect Dis 2013. Grebely J, et al. Int J Drug Policy 2015. Chlibek et al., Plos One, 2017. www.drogy-info.cz. Fraňková S, et al. Cent Eur J Public Health. 2019.,

Testing for blood borne viruses is actively offered (HCV, HIV, HBV, syfilis) in PWID care facilities

- Including pre-testing and post-testing counselling

https://www.facebook.com/search/photos/?q=teren%20ceskolipsko&epa=SERP_TAB

Test, wherever you are…

- More than 50% of patients are referred to therapy by harm reduction services or psychiatrists

„Rapid diagnostic tests“

Who are our PWID patients?

- Moral model of addiction revered by many health care providers: PWID do not deserve treatment

https://www2.bfi.org.uk/news-opinion/news-bfi/features/trainspotting-danny-boyle-locations

PWID are not difficult-to-treat

- They are only difficult-to-reach, cooperation with harm-reduction centres is crucial
- Direct reference to a centre which provides HCV therapy and is user-friendly
- Assistance to therapy and early treatment initiation increases adherence

Treating HCV in PWID: Test and treat strategy

Necessary

- HCV RNA
- Excluding decompensated cirrhosis is mandatory
- Checking liver and kidney function, blood pressure is valuable

Informative but nonessential

- HCV genotype
- Other tests are helpful but not mandatory (eg, APRI, *FibroScan*)

Don’t let perfect be the enemy of good!

Test and treat strategy: come as you are

- The treatment is effective in (nearly) all patients but its timing is crucial
- Treatment efficacy will not increase by testing compliance by postponing therapy, we should test only anti-HCV

- **Two simple questions clients need to ask themselves**
    - „Am I able to comply with scheduled visits?“
    - „Am I able to take the drugs regularly?“

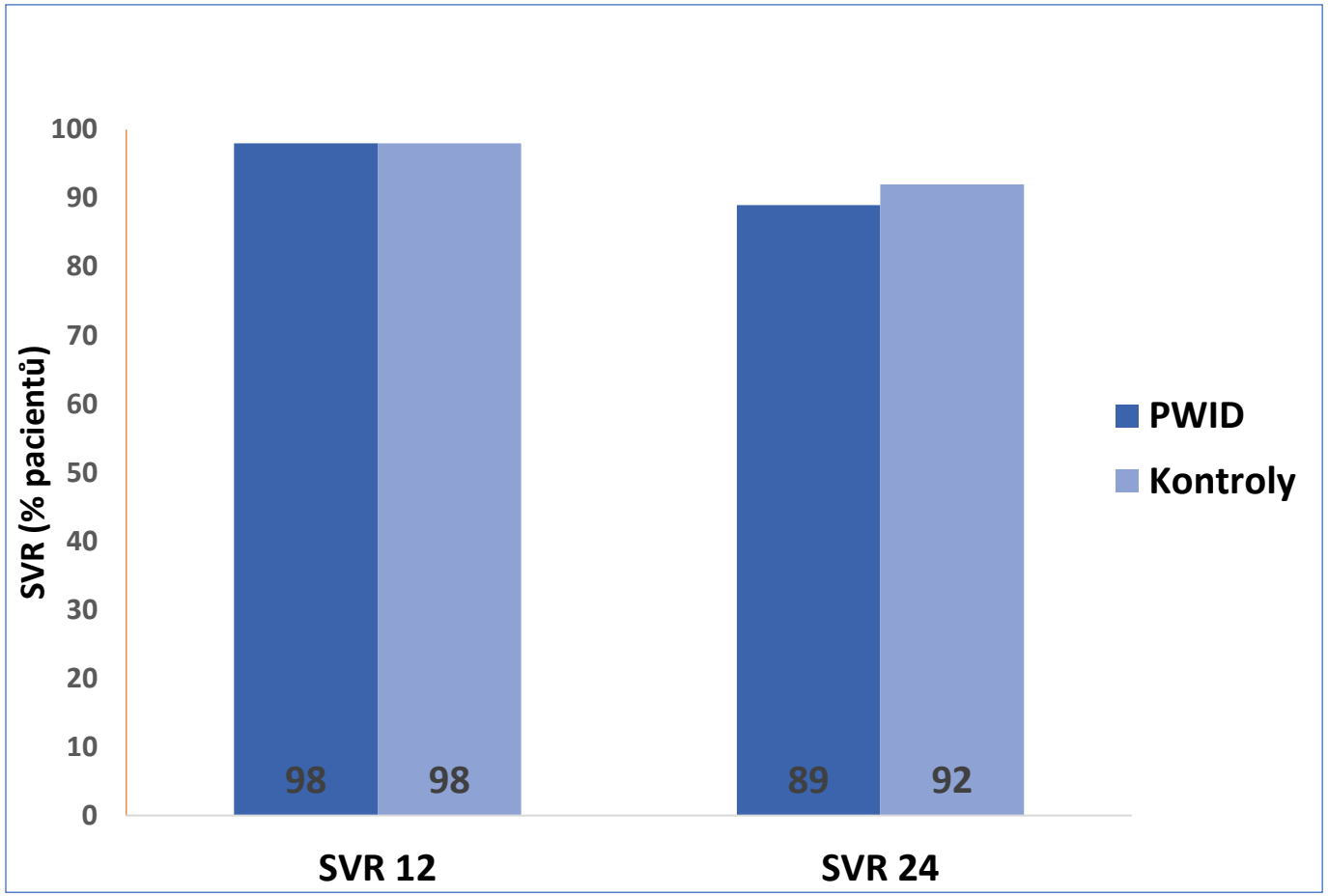
Treatment is initiated within the first visit

- Blood tests (LFTs, kidney function, blood count…)
- POCT fingerstick HCV RNA (60 min.)
- LSM (Fibroscan®), ultrasound
- Interview with the physician

- Consultation of the results, selection of the therapy regimen, drug dispensing

Frankova S et al., Harm Reduction Journal, 2021.

Treatment efficacy (IKEM, 2017–2018)



RESEARCH Open Access

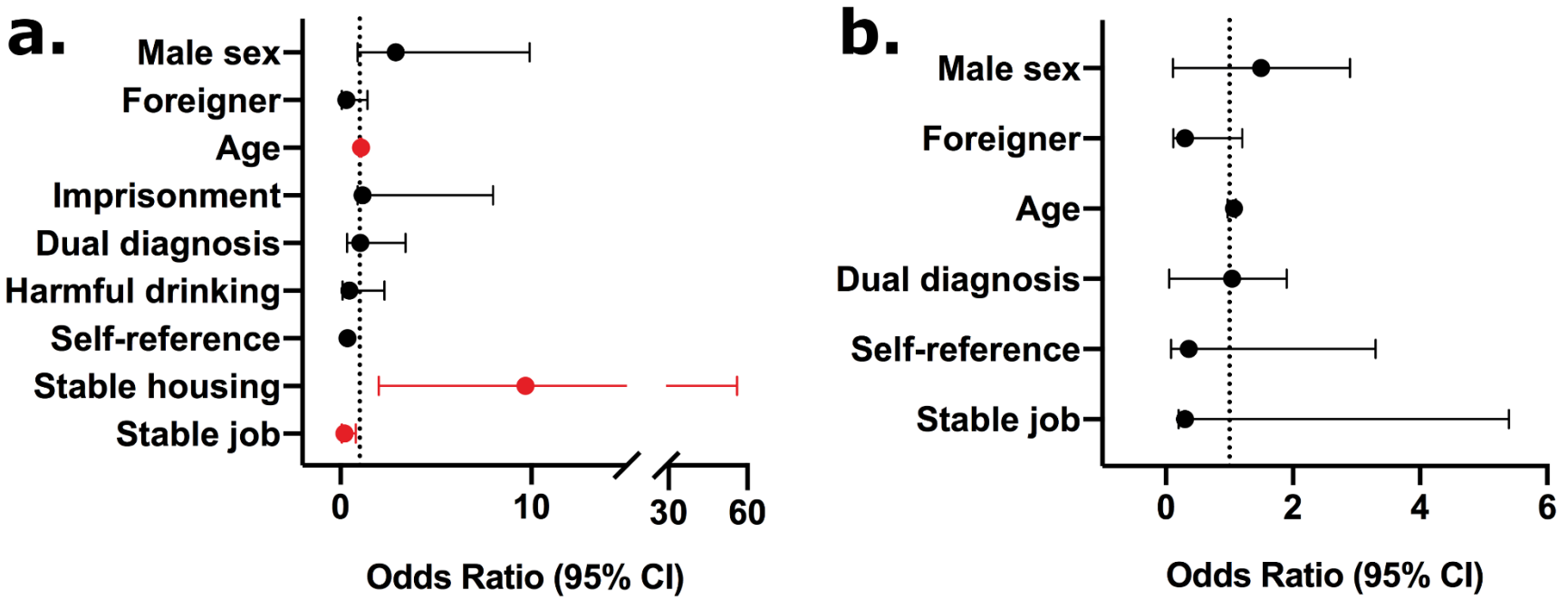
Therapy of chronic hepatitis C in people who inject drugs: focus on adherence

Sona Frankova[1*], Zuzana Jandova[2,6], Gabriela Jinochova[2,3], Miluse Kreidlova[4], Dusan Merta[5] and Jan Sperl[1,6]

	PWID (N = 101)	Kontroly (N = 177)	P
SVR 12	**99 (98 %)**	**172 (98 %)**	**N. S.**
Lost to FU	2 (2 %)	1 (0,6 %)	
Relapse	0 (0 %)	4 (1,4 %)	
SVR 24	**89 (88,1%)**	**163 (92,1 %)**	**N. S.**
Lost to FU	10 (9,9 %)	5 (2,8 %)	
Relapse	1 (1 %)	9 (5,1 %)	
Reinfection	1 (1 %)	0 (0 %)	

Frankova S, Jandova Z et al., Harm Reduction Journal, 2021.

Factors influencing adherence to therapy: PWID (a.) vs. Controls (b.)



A simple access to therapy

www.cecko.ikem.cz

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Is reinfection a problem?

Reinfection rate is the highest in individuals with ongoing risk behaviour

Do not let the reinfection risk become a barrier to therapy

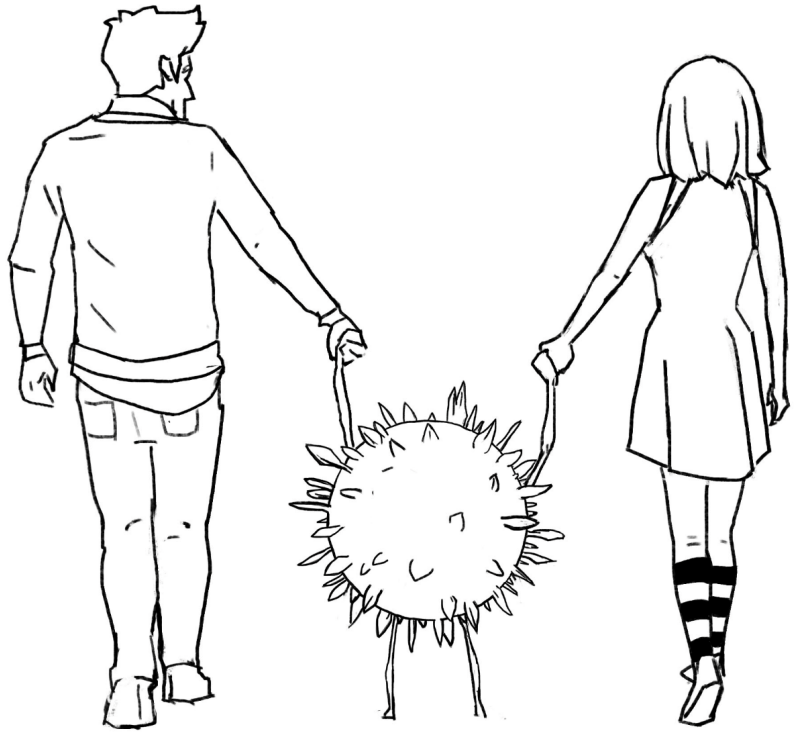
To prevent reinfection, provide harm reduction, education and counselling in the context of HCV treatment

Conclusions

- Treatment of PWID represents a crucial step in HCV elimination in the Czech Republic owing to systematic screening efforts in harm reduction services

- Simplification of therapy and early treatment initiation improve patients' adherence to therapy and improve treatment efficacy

Thank You for Your attention!



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