

The **ELPA** Hep-CORE Study Results

Monitoring European policy responses to viral hepatitis

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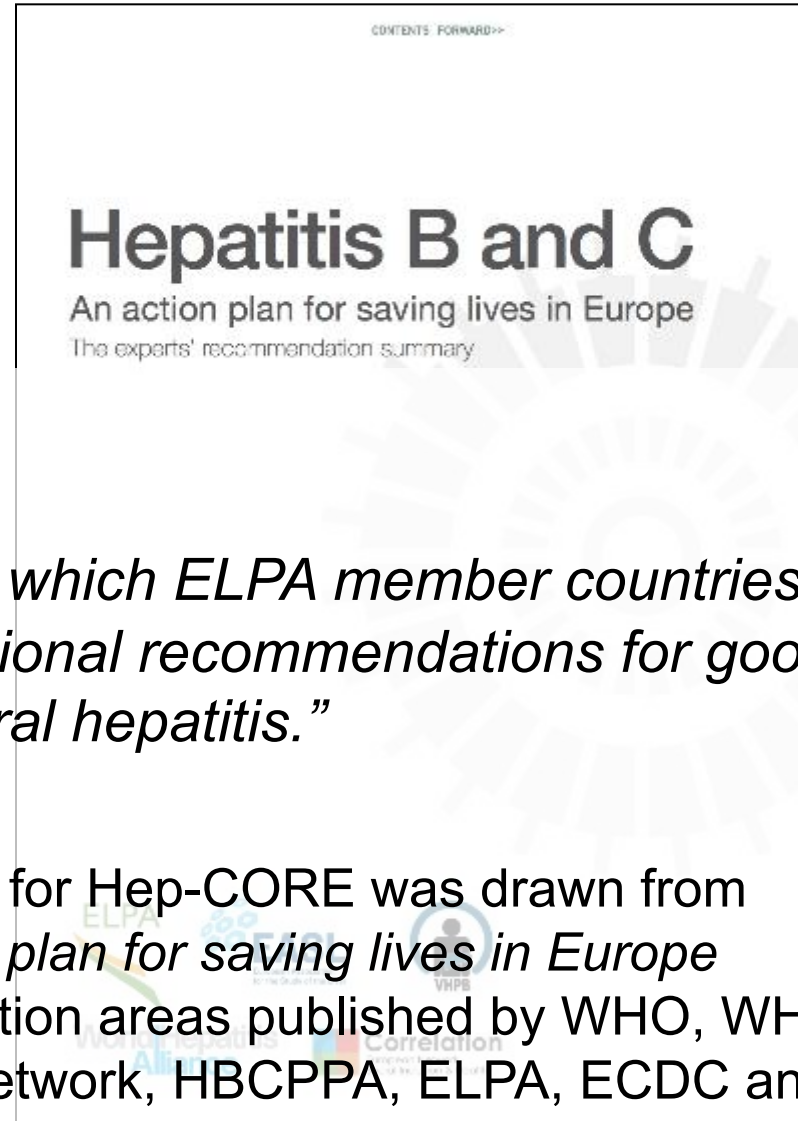
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Riksföreningen Hepatit C (RHC)

A couple of questions...

1. Do you believe elimination of HCV as a major public health threat by 2030 is possible?
2. In which populations do you feel HCV elimination is most feasible?
3. Are you familiar with the hepatitis elimination targets in the WHO GHSS on viral hepatitis?
4. Is hepatitis part of the SDGs?

Hep-CORE



Purpose of Hep-CORE:

“To evaluate the extent to which ELPA member countries (N=27) follow key international recommendations for good practices in addressing viral hepatitis.”

The investigative framework for Hep-CORE was drawn from *Hepatitis B and C: an action plan for saving lives in Europe* (recommendations in key action areas published by WHO, WHA, VHPB, EASL, Correlation Network, HBCPPA, ELPA, ECDC and US CDC between 2011-2014).

Hep-CORE Study Objectives



Establishing a baseline measurement of a country's progress on combating viral hepatitis.



Obtaining a better understanding of where we are successful and where gaps remain.



Comparing national country data to the EU average to show relative progress.

The 2016 Hep-CORE Report: http://www.elpa.eu/sites/default/files/documents/Hep-CORE_full_report_21Dec2016_Final%5B2%5D.pdf



Participant patient organizations (n=27)

Austria

Belgium

Bosnia & Herzegovina

Bulgaria

Croatia

Denmark

Egypt*

Finland

France

Germany

Greece

Hungary

Israel*

Italy

Macedonia

Netherlands

Poland

Portugal

Romania

Serbia

Slovakia

Slovenia

Spain

Sweden

Turkey

Ukraine

United Kingdom

*Egypt & Israel included as representatives of the Mediterranean Basin

Hep-CORE



Results

The 2016 Hep-CORE Report: http://www.elpa.eu/sites/default/files/documents/Hep-CORE_full_report_21Dec2016_Final%5B2%5D.pdf

Eliminating HCV requires national plans

A viral hepatitis resolution approved by the World Health Assembly in 2014 called on all countries to develop and implement national strategies for preventing, diagnosing and treating viral hepatitis.



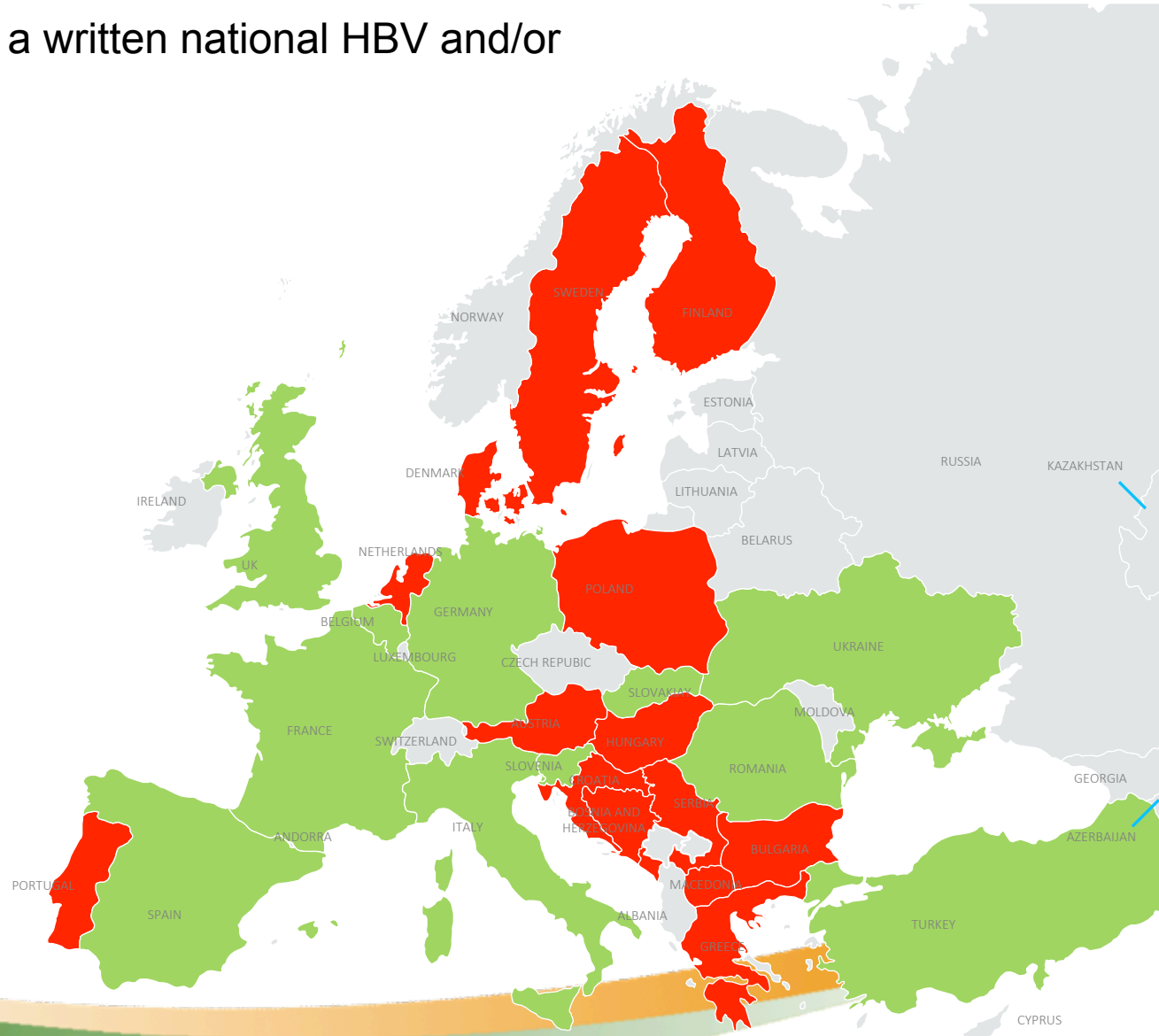
Many countries have developed national hepatitis plans



National HCV strategy

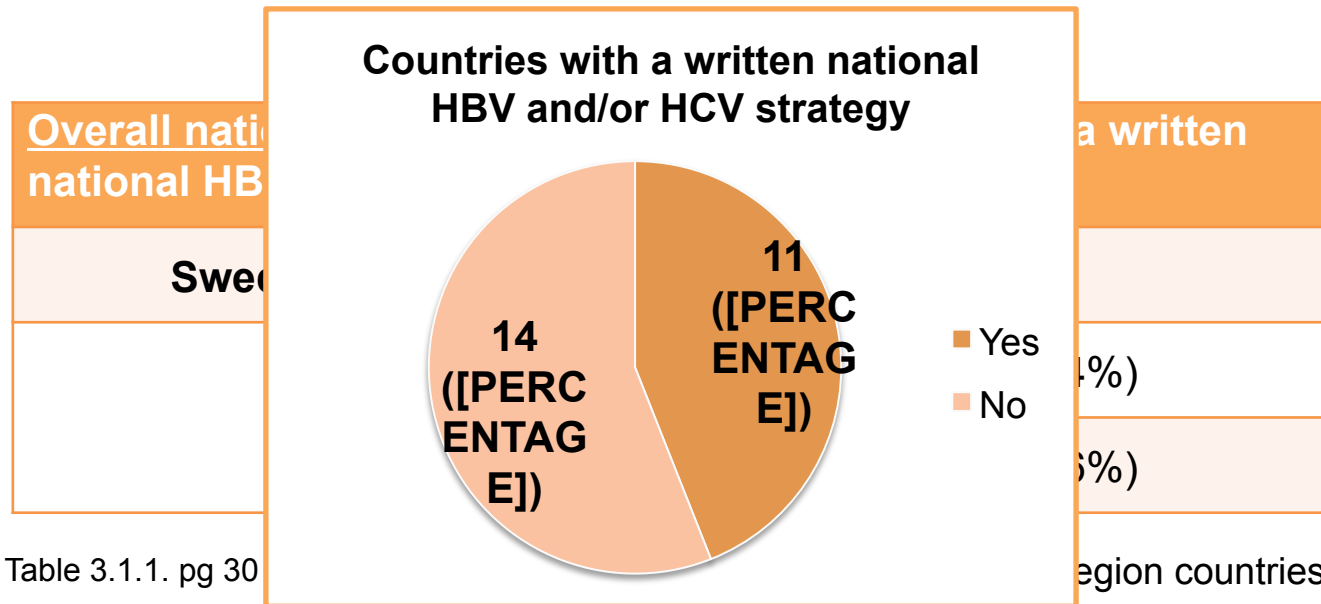
Does your country have a written national HBV and/or HCV strategy?

- Yes = 11
- No = 14
- Unknown / Unavailable






National HCV strategy

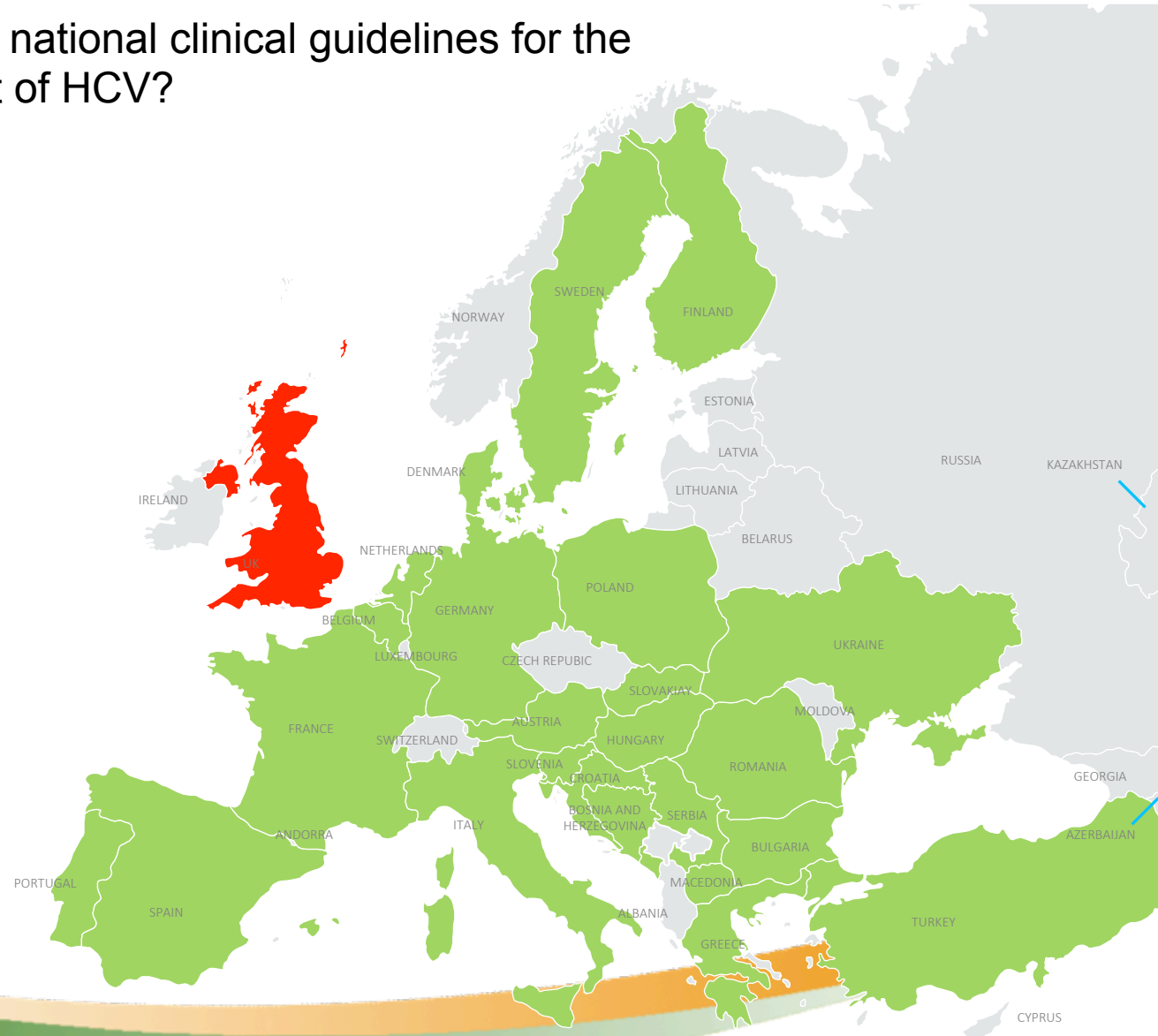
- “Overall national response”. Sweden, for example, along with 56% of surveyed European countries*, reports not having a national HBV/HCV strategy.



HCV national clinical guidelines

Does your country have national clinical guidelines for the diagnosis and treatment of HCV?

-  Yes = 24
-  No = 1
-  Unknown / Unavailable



HCV national clinical guidelines

- Every country should have clinical guidelines and almost all do

Overall national response: Does your country have national clinical guidelines for the diagnosis and treatment of HBV/HCV?

Europe HCV guidelines	Romania example
Yes – 24 (96%)	Yes...
No – 1 (4%)	

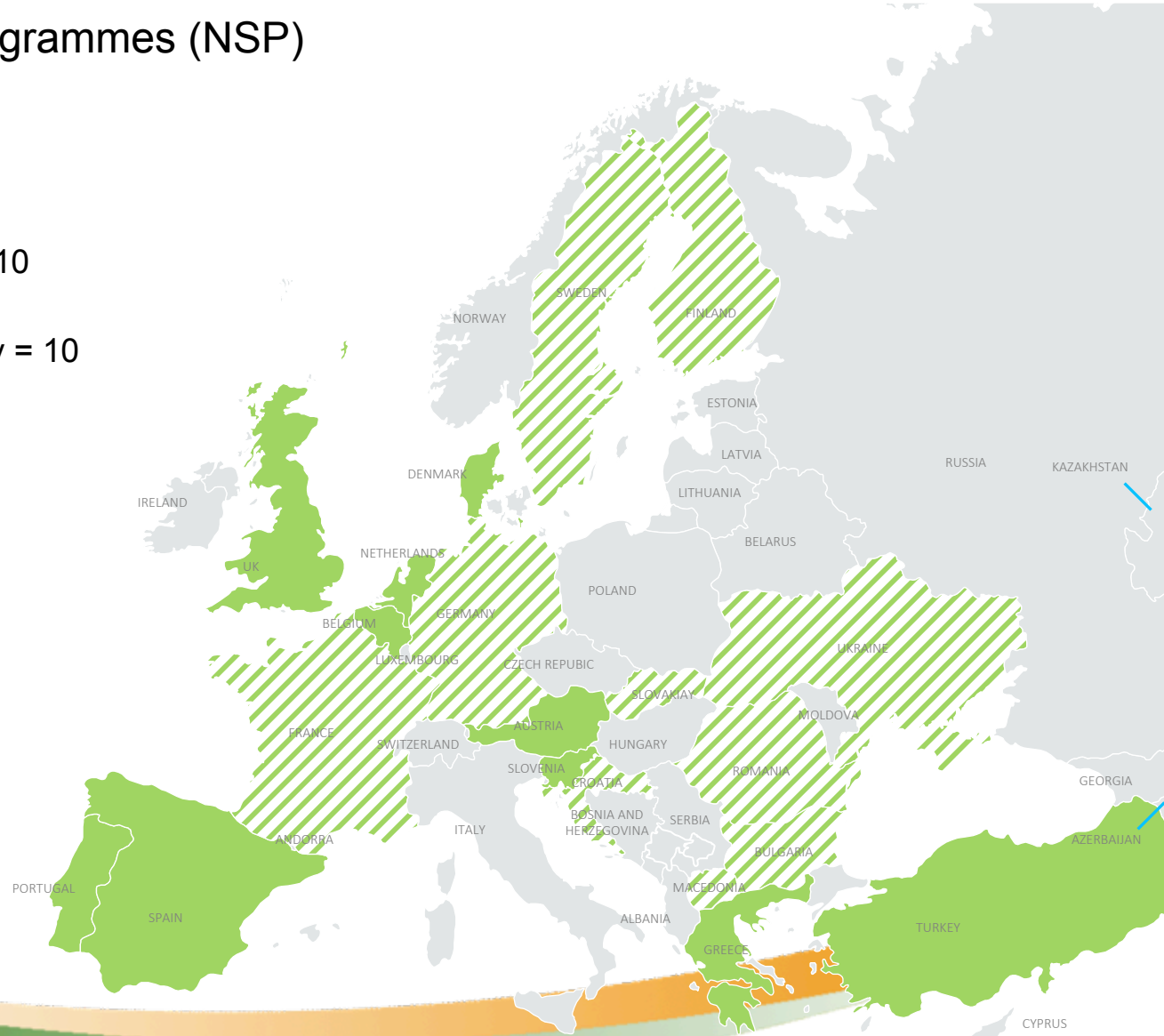
Table 3.1.2.-1.3. pg 33-36

- The question is: are they up to date?

Harm reduction services for PWID

Needle and Syringe Programmes (NSP)

- All parts of the country = 10
- Some parts of the country = 10
- Unknown / Unavailable



Harm reduction services for PWID

Needle and Syringe Programmes (NSP)

Prevention: In your country, which of the following harm reduction services are available to people who inject drugs?




Needle and Syringe Programmes (NSP)		
	Euro	Germany
All parts of the country	10(40%)	
Some parts of the country	10 (40%)	X
Not available	4 (16%)	
Do not know	1 (4%)	

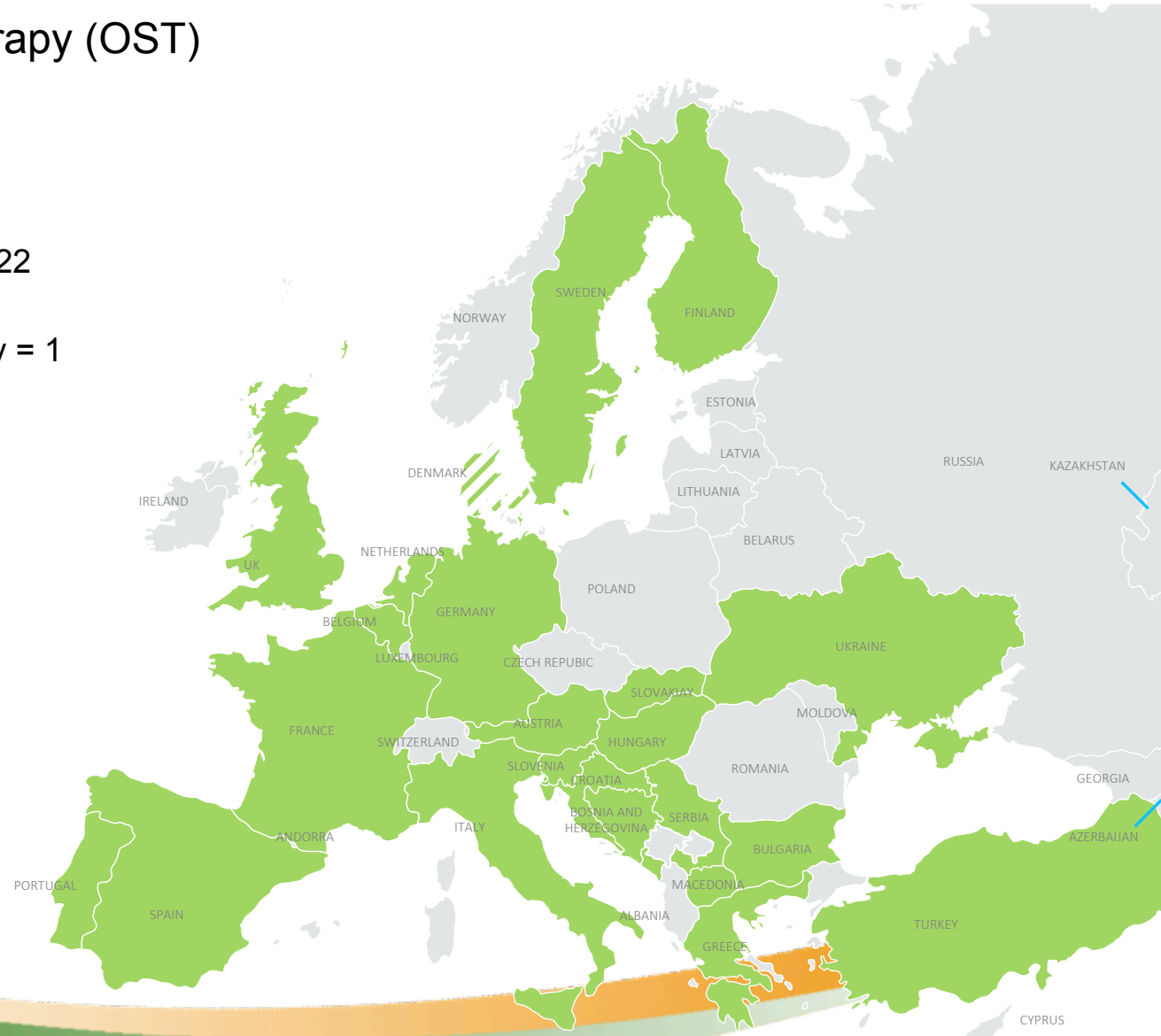
Table 3.4.7. pg 76

- Harm reduction is a cornerstone of viral hepatitis prevention

Harm reduction services for PWID

Opioid Substitution Therapy (OST)

-  All parts of the country = 22
-  Some parts of the country = 1
-  Unknown / Unavailable



Harm reduction services for PWID

Opioid Substitution Therapy (OST)

Prevention: In your country, which of the following harm reduction services are available to people who inject drugs?

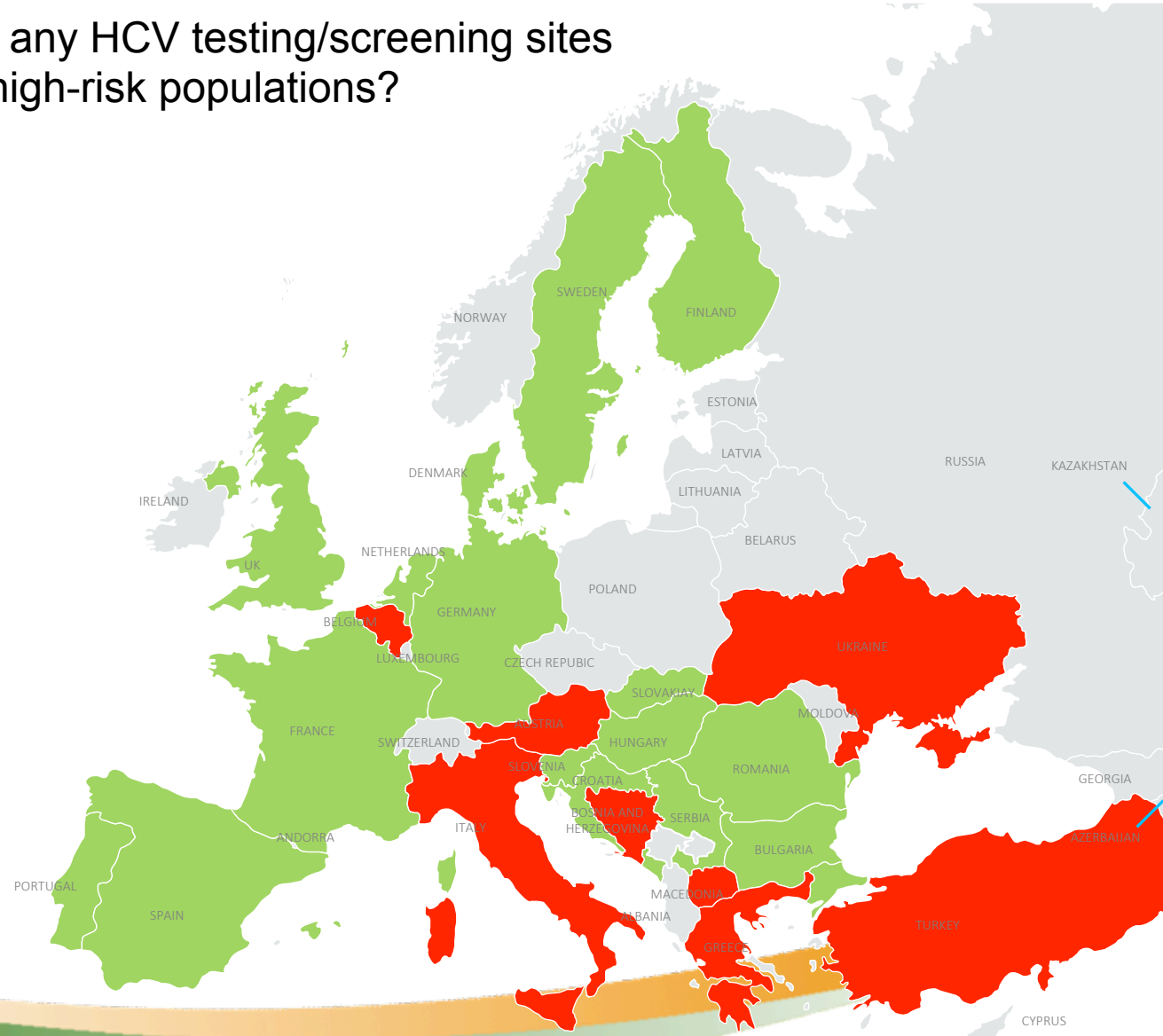
	Opioid Substitution Therapy (OST)	
	Euro	Turkey
All parts of the country	22 (88%)	X
Some parts of the country	1 (4%)	
Not available	0	
Do not know	2 (8%)	

Table 3.4.7. pg 76

Testing & screening outside of hospitals

Does your country have any HCV testing/screening sites outside of hospitals for high-risk populations?

- Yes = 16
- No = 8
- Unknown / Unavailable



Testing & screening outside of hospitals

Testing and Diagnosis: Does your country have any HCV testing/screening sites outside of hospitals for high-risk populations?

Europe	Macedonia
Yes – 16 (64%)	No
No – 8 (32%)	

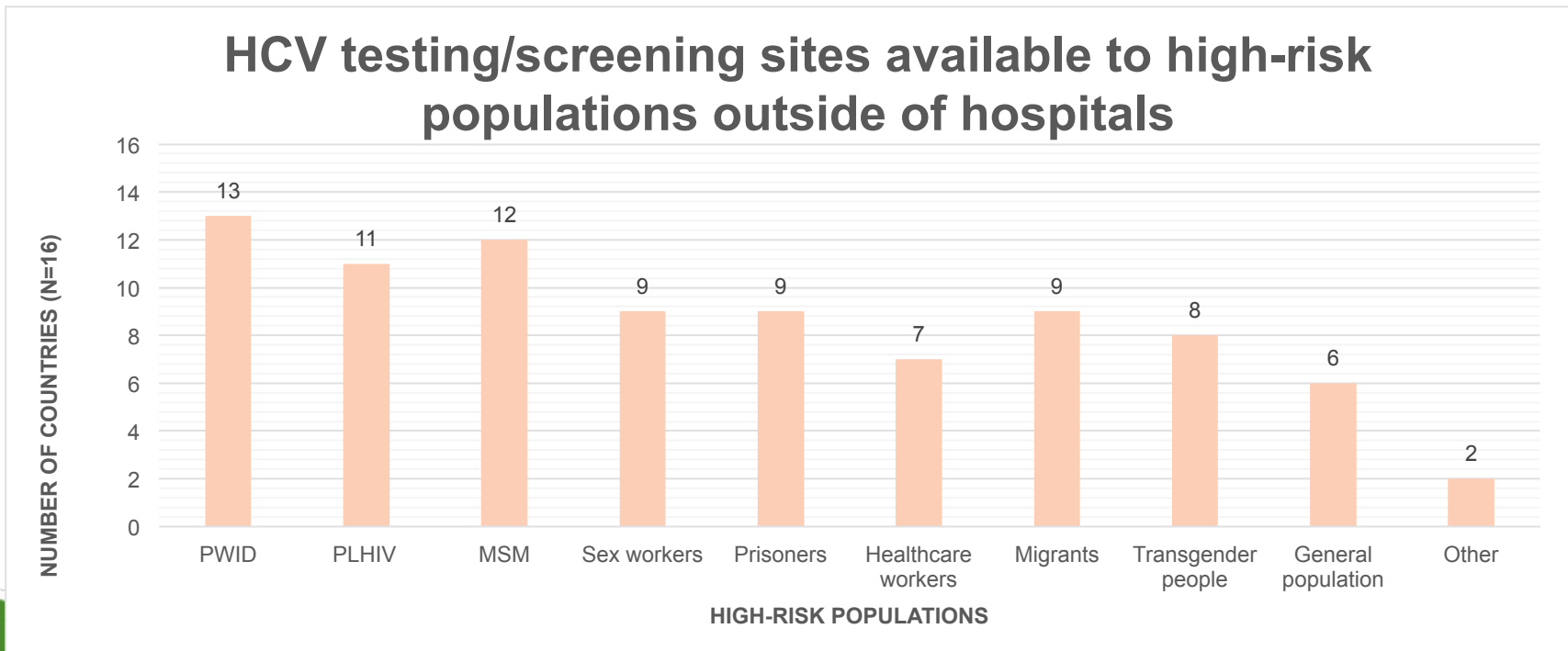


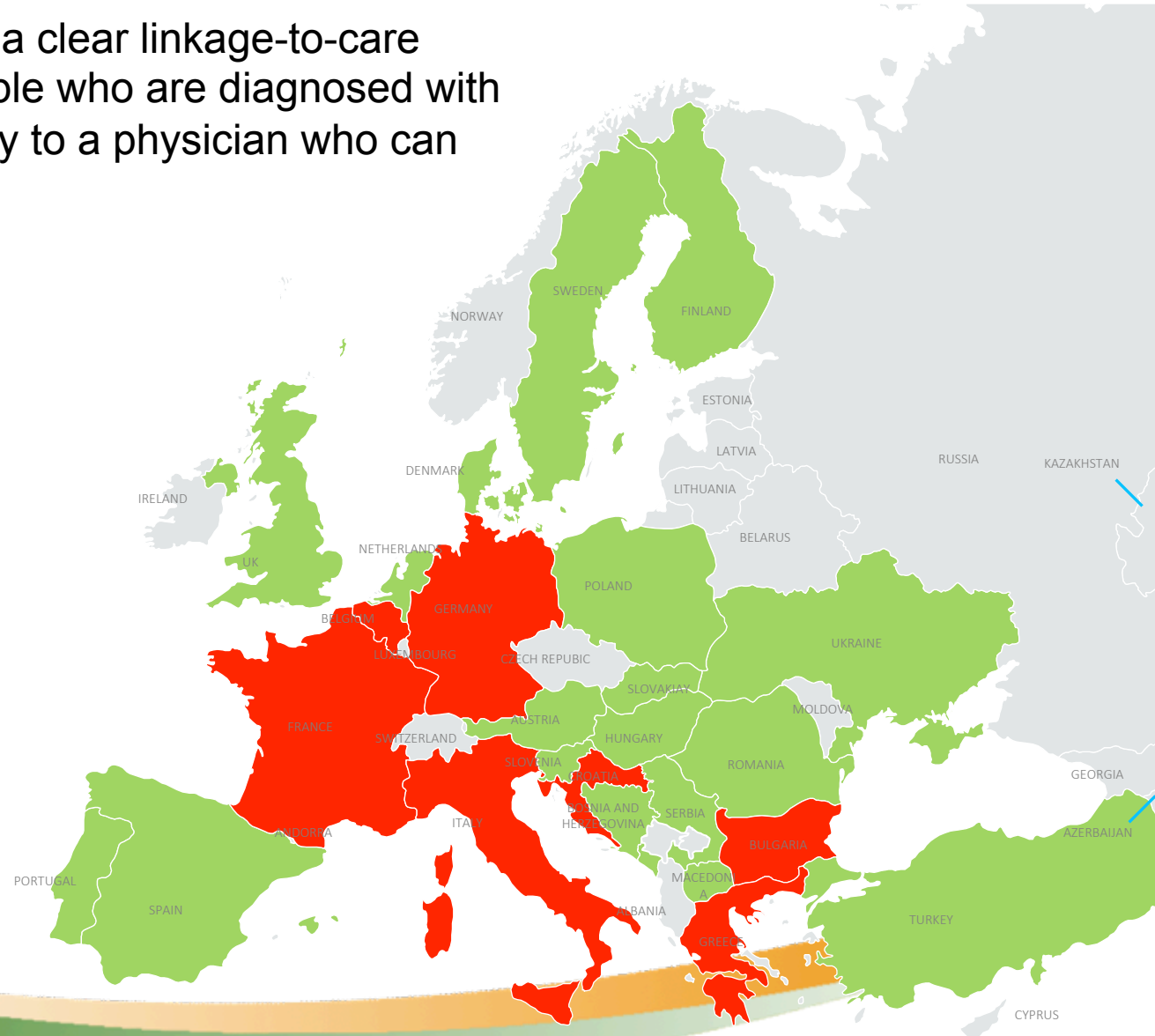
Table 3.5.2c. pg 90

@JVLazarus - @immunization

Linkage-to-care mechanism




In your country, is there a clear linkage-to-care mechanism so that people who are diagnosed with HCV are referred directly to a physician who can manage their care?

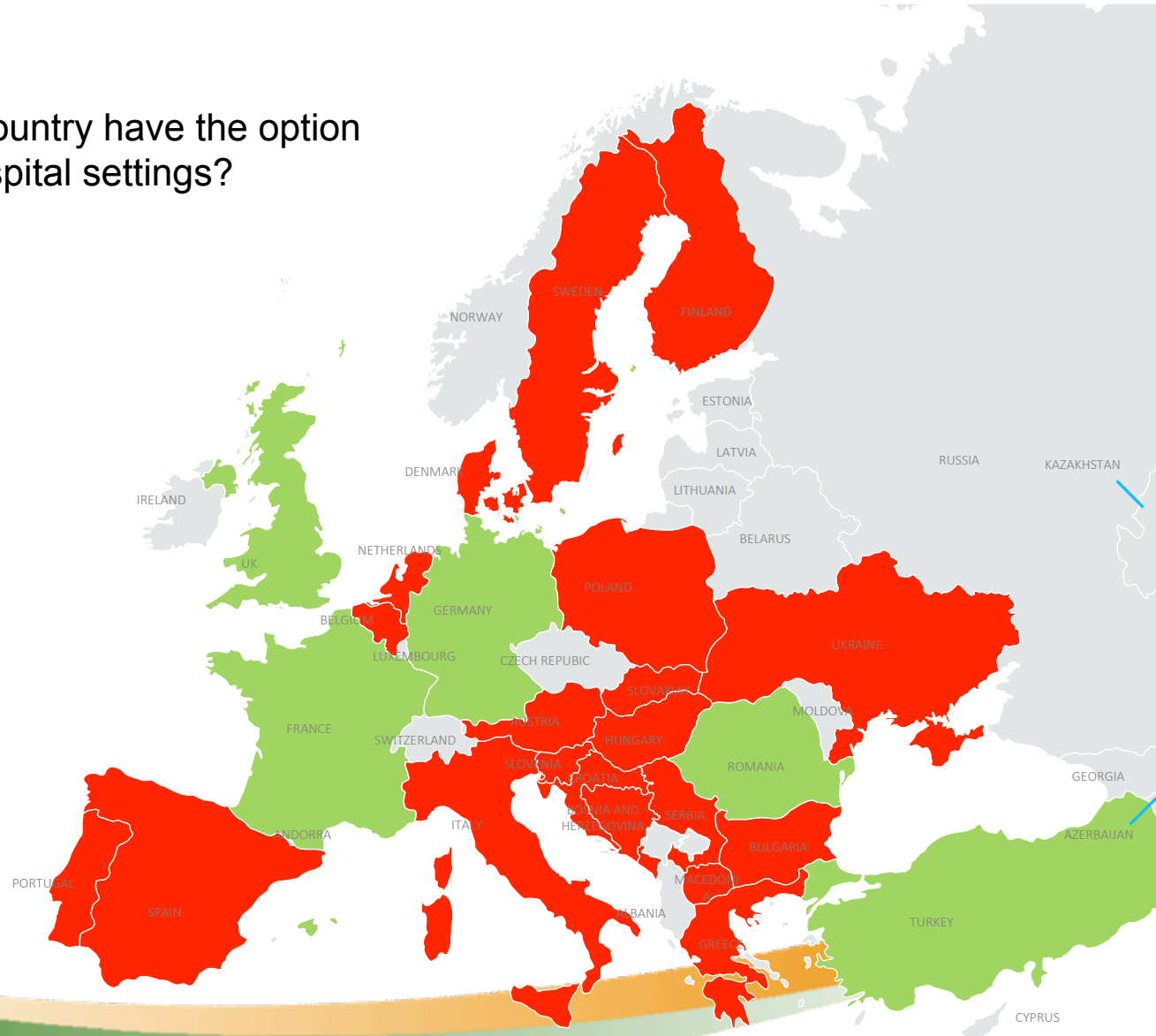
- Yes = 18
- No = 7
- Unknown / Unavailable



Treatment of HCV patients in non-hospital settings

Do HCV patients in your country have the option of being treated in non-hospital settings?

-  Yes = 5
-  No = 20
-  Unknown / Unavailable



HCV treatment in prisons

Is HCV treatment provided in prisons in your country?

Yes = 17

No = 7

Unknown / Unavailable

Percentage of prisons providing HCV treatment:



AT: 10-19%



DK: 40-49%



FR: 0-9%



DE: 0-9%



HU: 20-29%



PT: 0-9%



SK: 100%



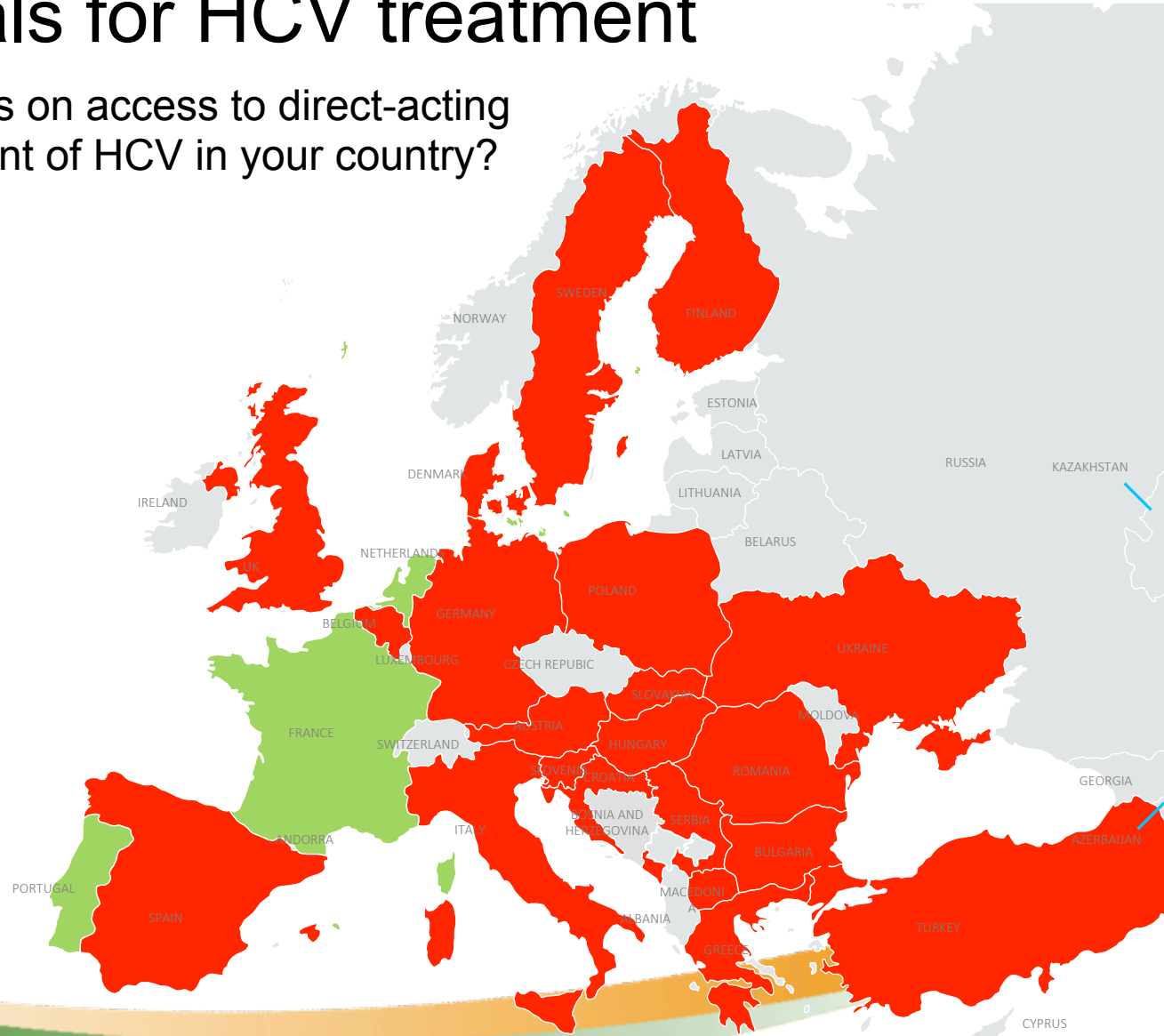
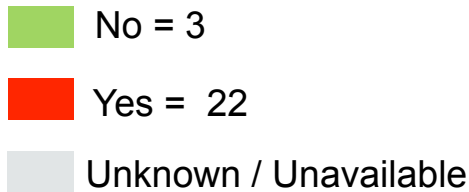
SV: 100%

All other countries responding affirmatively were unable to specify percentages of prisons.



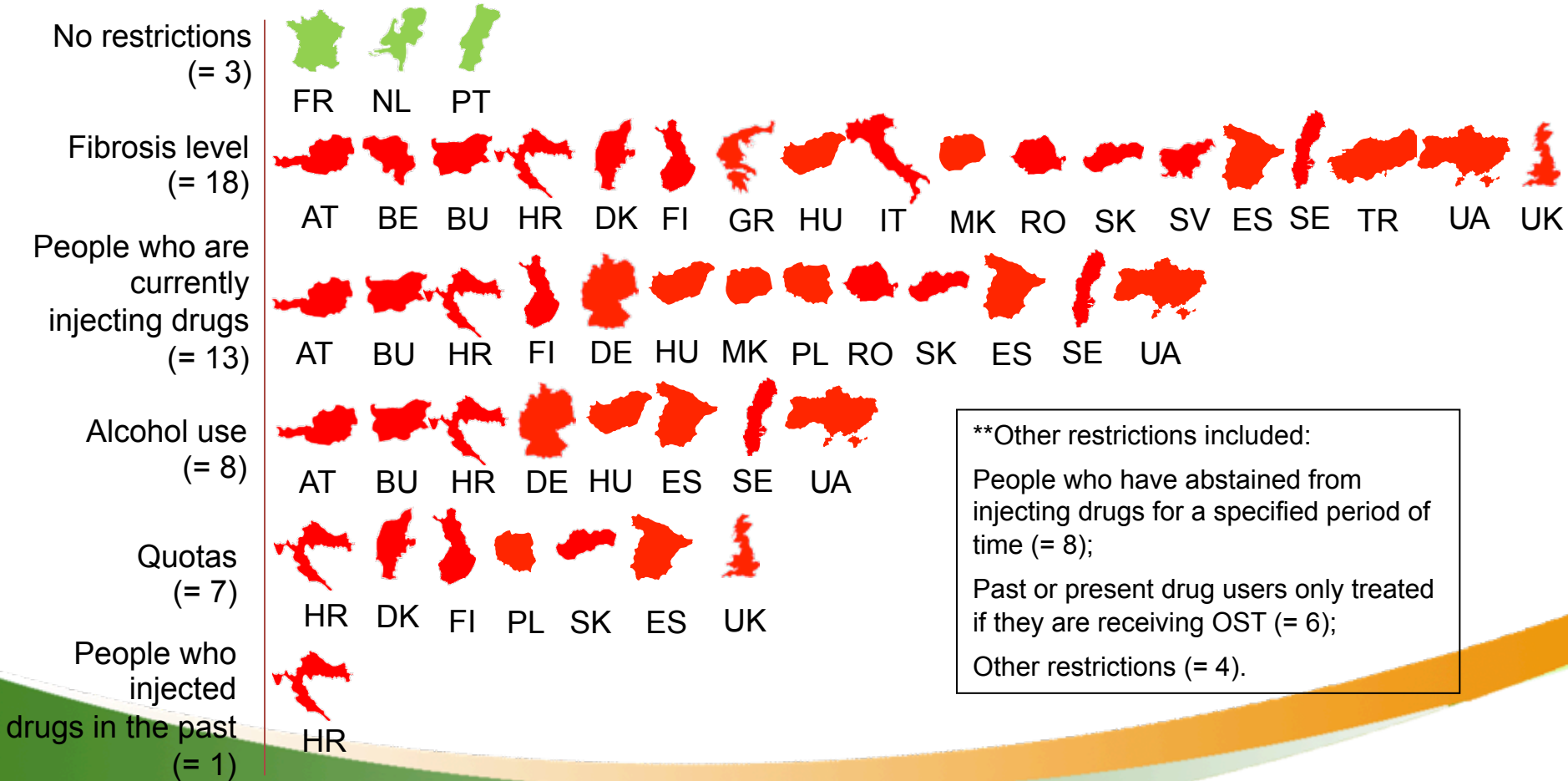
Restrictions on access to direct-acting antivirals for HCV treatment

Are there any restrictions on access to direct-acting antivirals for the treatment of HCV in your country?



Restrictions on access to direct-acting antivirals for HCV treatment

What restrictions are there on access to direct-acting antivirals for the treatment of HCV in your country**?



**Other restrictions included:
 People who have abstained from injecting drugs for a specified period of time (= 8);
 Past or present drug users only treated if they are receiving OST (= 6);
 Other restrictions (= 4).

Key Takeaways



Global elimination of HCV is now a possibility! But we need to make a few changes:



1. Move from individual management of HCV to population management:
 - Improve screening through healthcare access points
 - Scale-up treatment by broadening the HCV prescriber base
 - Expand models of care

2. Strengthen partnerships between health care professionals, policy-makers and industry to develop and implement local strategies

The 2016 Hep-CORE Report: http://www.elpa.eu/sites/default/files/documents/Hep-CORE_full_report_21Dec2016_Final%5B2%5D.pdf

The Hep-CORE study is key

- Hep-CORE provides the only European viral hepatitis policy monitoring tool.
- Uniquely, it is patient-led.
- It casts a wide net in order to gather a comprehensive picture of each country's situation and the 25 European (and 2 additional Mediterranean Basin) countries as a whole.



Hep-CORE moving forward

Upcoming: update survey for World Hepatitis Day 2017

HepHIV2017 – January '17

Poster No. P0201 HepHIV 2017 Conference

Missed Opportunities for Viral Hepatitis Testing in Europe: a 25-Country Analysis

JV Lazarus^{1,2}, SR Stumo³, KL Hetherington⁴, J Tallada⁵, M Harris⁶, T Reic⁷, K Safreed-Harmon⁸, on behalf of the Hep-CORE Study Group

¹CHP, Rigshospitalet, University of Copenhagen, Denmark; ²IGlobal, Hospital Clinic, University of Barcelona, Barcelona, Spain; ³European AIDS Treatment Group, Brussels, Belgium; ⁴Department of Social and Environmental Health Research, London School of Hygiene and Tropical Medicine, London, United Kingdom; ⁵European Liver Patients' Association, Brussels, Belgium

INTRODUCTION AND OBJECTIVES
The 2016 approval of the WHO Global Health Sector Strategy on Hepatitis, coupled with the advent of better antiviral medications, has underscored the importance of hepatitis B virus (HBV) and hepatitis C virus (HCV) testing. The European Liver Patients Association (ELPA) carried out the Hep-CORE study to collect information regarding numerous aspects of national HBV and HCV policies, including testing-related policies.

RESULTS
Patient groups in many study countries reported an absence of HBV/HCV testing sites outside of hospitals for people who inject drugs and other high-risk populations (Figure 1). There was reported to be routine HBV/HCV screening for pregnant women in 88% and 44% of countries, respectively. In 23 countries (92%), blood donors were said to be notified if screening indicated infection with HBV/HCV; and of these 23 patient groups, 19 (83%) reported that blood donors in their country who are screened and found to be positive for HBV/HCV are referred to medical care. According to survey respondents, 17 countries (68%) include liver enzyme tests in routine medical check-ups, whereas only five (20%) include HBV/HCV risk assessment (data not shown in tables).

CONCLUSIONS
European countries must act to reduce missed opportunities to diagnose HBV and HCV, giving particular attention to testing accessibility for high-risk populations and to risk assessment during routine medical check-ups.

HEP-CORE

METHODS
In 2016, we asked patient groups in 27 countries to participate in a cross-sectional survey that asked about their countries' policy responses to HBV and HCV. The 39-item English-language survey, administered online to one patient group or coalition of patient groups per country, included questions about testing/screening sites outside of hospitals, screening of pregnant women, notification of blood donors, risk assessment during routine medical check-ups, and the existence of free and/or anonymous testing services. We present a descriptive analysis of findings from the 25 European countries represented in the study.

Figure 1. Number of countries reported to have HBV and HCV testing screening sites outside of hospitals for high-risk populations (N=25)

Table 1. Proportions of participating countries where respondents reported the existence of free/anonymous HBV and HCV testing services targeting high-risk populations (N=25)

	n (%)	Free HBV testing	Anonymous HBV testing	Free HCV testing	Anonymous HCV testing
General population	9 (36%)	6 (24%)	9 (36%)	6 (24%)	
FWID	14 (56%)	10 (40%)	13 (52%)	9 (36%)	
MSM	12 (48%)	9 (36%)	11 (44%)	7 (28%)	
Sex workers	11 (44%)	7 (28%)	10 (40%)	6 (24%)	
Sanitarians	10 (40%)	7 (28%)	9 (36%)	5 (20%)	
Prisoners	14 (56%)	7 (28%)	13 (52%)	7 (28%)	
Migrants	6 (24%)	6 (24%)	6 (24%)	6 (24%)	
PLHIV	13 (52%)	10 (40%)	12 (48%)	9 (36%)	
Other	1 (4%)	0 (0%)	1 (4%)	0 (0%)	

HEP-CORE EUROPEAN STUDY COUNTRIES: Austria, Belgium, Bulgaria, Croatia, Denmark, Finland, France, Germany, Greece, Hungary, Italy, Netherlands, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Turkey, Ukraine, United Kingdom.

Viewpoint article submitted Feb 2017 “Restrictions on access to direct-acting antivirals for people who inject drugs: the European Hep-CORE study and the role of patient groups in monitoring national HCV responses” *International Journal of Drug Policy* special HCV issue

ILC2017 – April '17

Access to hepatitis C treatment in Europe: findings from the 2016 Hep-CORE study



JV Lazarus^{1,2}, SR Stumo³, K Safreed-Harmon⁴, FH Harmanzi⁵, M Harris⁶, G Hendricks⁷, M Jauffret-Roussi⁸, T Reic⁹, J Tallada¹⁰, M Maticic¹¹, on behalf of the Hep-CORE Study Group

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BACKGROUND
While new direct-acting antivirals are now effective enough to cure more than 90% of hepatitis C cases, it is not known whether there are suitable policies to promote access to treatment in European countries. The Hep-CORE study collected information on viral hepatitis policy issues from patient groups belonging to the European Liver Patients Association (ELPA) and offers insight into this situation.

RESULTS
According to patient groups, 24 of the 25 study countries (96%) have national clinical guidelines for the diagnosis and treatment of hepatitis C (Figure 1). All types of direct-acting antivirals were reported to be available to all HCV-diagnosed patients in 16 countries (64%), while in four countries (16%), none were reported to be available. In the remaining five countries (20%), availability varied depending on the specific drug (Figure 2).

Figure 1. HCV national clinical guidelines

Table 1. Cost of available HCV treatment in your country

	Direct-acting antivirals (n=21)	Interferon/peginterferon (n=25)	Sofosbuvir/sofosbuvir (n=25)
Free	14	17	19
Co-payment required	2	1	1
Other cost	1	0	0
No response	0	0	0

Figure 2. What of the following drug is available to all patients diagnosed with HCV in your country?

Figure 3. Do any HCV patients in your country have the option of direct-acting antivirals in non-hospital settings?

Figure 4. In five countries (20%), patients were reported to have the option of receiving hepatitis C treatment in non-hospital settings (Figure 3). Patient groups indicated that 17 countries (68%) provide hepatitis C treatment in prisons (Figure 4).

Figure 5. In practice, what restrictions are there on access to direct-acting antivirals for the treatment of HCV infection in your country?

CONCLUSIONS
The widespread existence of national clinical guidelines and availability of direct-acting antivirals in many European countries do not ensure high levels of utilisation. There is an urgent need to modify policies and increase resources in order to reduce barriers to access and realise the potential of the new treatment arsenal to drive progress toward the elimination of hepatitis C as a public health threat.

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- Belgium – Vlaams Hepatitis Contactpunt (VHC)
- Bosnia & Herzegovina – The Chronic Viral Hepatitis Patients Association, "B18"
- Bulgaria – National Association for Fighting Hepatitis - Hepasist
- Croatia – CATIH "Hepatos"
- Denmark – Hepatitis-Foreningen
- Egypt – Association of Liver Patients' Care (ALPC)
- Finland – The Finnish Kidney and Liver Association
- France – Fédération SOS Hépatites
- Germany – Deutsche Leberhilfe e.V.
- Greece – Hellenic Liver Patient Association "Prometheus"
- Hungary – Hungarian Association of Chronic Hepatitis Patients - VIMOR
- Israel – Hetz - Israeli Association For The Health Of the Liver
- Italy – Associazione EPAC Onlus
- Macedonia – Hepar Centar - Bitola
- Netherlands – Dutch Liver Patient Association (NLV)
- Poland – Star of Hope Foundation
- Portugal – SOS Hépatites Portugal
- Romania – APAH-RO
- Serbia – HRONOS
- Slovakia – HEP HELP KLUB
- Slovenia – Slovenija HEP
- Spain – Catalan Association of Hepatitis Patients (ASSCAT)
- Sweden – Riksföreningen Hepatit C (RHC)
- Turkey – HEPYAŞAM - Living with Hepatitis Association
- Ukraine – Stop Hepatitis
- United Kingdom – Hepatitis C Trust and British Liver Trust

...and study group members:

- Charles Gore (World Hepatitis Alliance)
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- Magdalena Harris (London School of Hygiene and Tropical Medicine, United Kingdom)
- Greet Hendrickx (Viral Hepatitis Prevention Board)
- Marie Jauffret-Roustide (Paris Descartes University, France)
- Achim Kautz (European Liver Patients Association)
- Mojca Matičič (University Medical Centre Ljubljana, Slovenia)
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- Eberhard Schatz (Correlation Network)
- Kaarlo Simojoki (A-Clinic Foundation, Finland)
- Joan Tallada (European AIDS Treatment Group)

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Questions? Comments?

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