

Access to testing and treatment in Europe



Prof. Mojca Maticic, MD, PhD
Internal medicine & ID specialist
Head, Dpt for Viral Hepatitis

Clinic for Infectious Diseases and Febrile Illnesses, University Medical Centre Ljubljana, Slovenia

Hepatitis C virus (HCV) infection is the leading cause of cirrhosis, end-stage liver disease and hepatocellular carcinoma. To date, among the estimated 130-150 million of infected worldwide, 75% have not yet been tested for HCV infection and only 3-5% have received HCV treatment. Among the estimated 3.6 million of infected in the EU only one third has so far been diagnosed and among them less than half have been successfully treated. People who inject drugs (PWID) represent the majority of infected in the European region and the proportion of those who were tested and treated for HCV varies among countries.

The first recommendations on the management of HCV infection set up by the international expert societies in the late nineties were restrictive to HCV treatment in PWID due to several barriers, which over the years proved to be unjustified. In recent years studies have shown that in PWID HCV testing and treatment work to prevent of spreading the infection, and modelling studies suggested that they could reduce prevalence and incidence of HCV infection as well as disease burden among PWID. 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. After that PWID were recognized as a

group that should get HCV testing and treatment including direct acting antivirals (DAAs) in all the international recommendations.

A study of 27 European countries performed by European Liver Patient Association (ELPA) in 2016 has shown some improvements in testing for HCV infection. In some countries HCV testing has become available for general population and high risk populations including PWID and it has become included in routine screening as well as performed at various screening sites outside the medical settings, however the data vary immensely among the European countries.

In 2016 a first study evaluating the real-life realization of the updated international treatment recommendations was performed by the Correlation Network, The Netherlands, University Medical Centre Ljubljana, Slovenia, and University of Copenhagen, Denmark. Its aim was to present current data from 33 European countries on the existence of national strategies, action plans and guidelines for HCV treatment in the general population and in PWID in particular and to compare them to the same data collected in 2013, with the purpose to evaluate possible positive trends after the publication of the updated recommendations on the management of HCV infection in PWID. Concomitantly, current data on access to treatment with DAAs in different European countries were collected by means of a structured questionnaire and the respondents were drawn from a database of the Correlation Network with most participants from non-governmental organizations. When comparing the answers on the existence of the national strategies, action plans and clinical guidelines between 2013 and 2016, changes were detected in many European countries and some kind of positive trends was noted in recognizing PWID as a group of individuals where strategic action is needed to increase HCV treatment. However, the responses presented were still beyond the expectations. In the majority of European countries DAAs were reported to be available; however, restrictions for their use were reported from a majority of them, with fibrosis stage and current or/and past injecting drug use being the two major ones.

In order to reduce the number of HCV-positive individuals and HCV related disease burden, international clinical recommendations have to be brought into real-life practice. National strategies, action plans and guidelines that specifically address recommendations on HCV testing and treatment in PWID further need to be developed or upgraded and treatment with DAAs should become available for all HCV-positive patients in all European countries in order to eliminate HCV as a public health threat, as set out in the WHO Global health sector strategy on hepatitis, 2016-2021.