

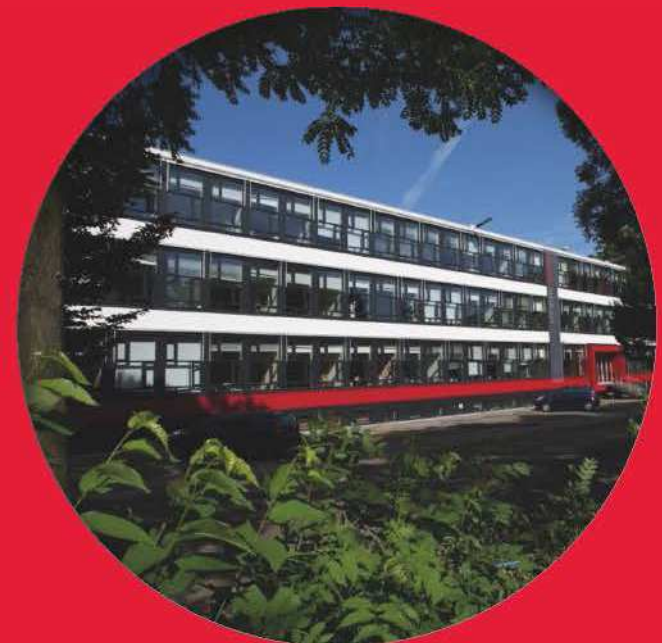
# HCV elimination in Dutch PWUD?

**TEST AND TREAT!**

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 **Trimbos  
instituut**

Netherlands Institute of  
Mental Health and Addiction



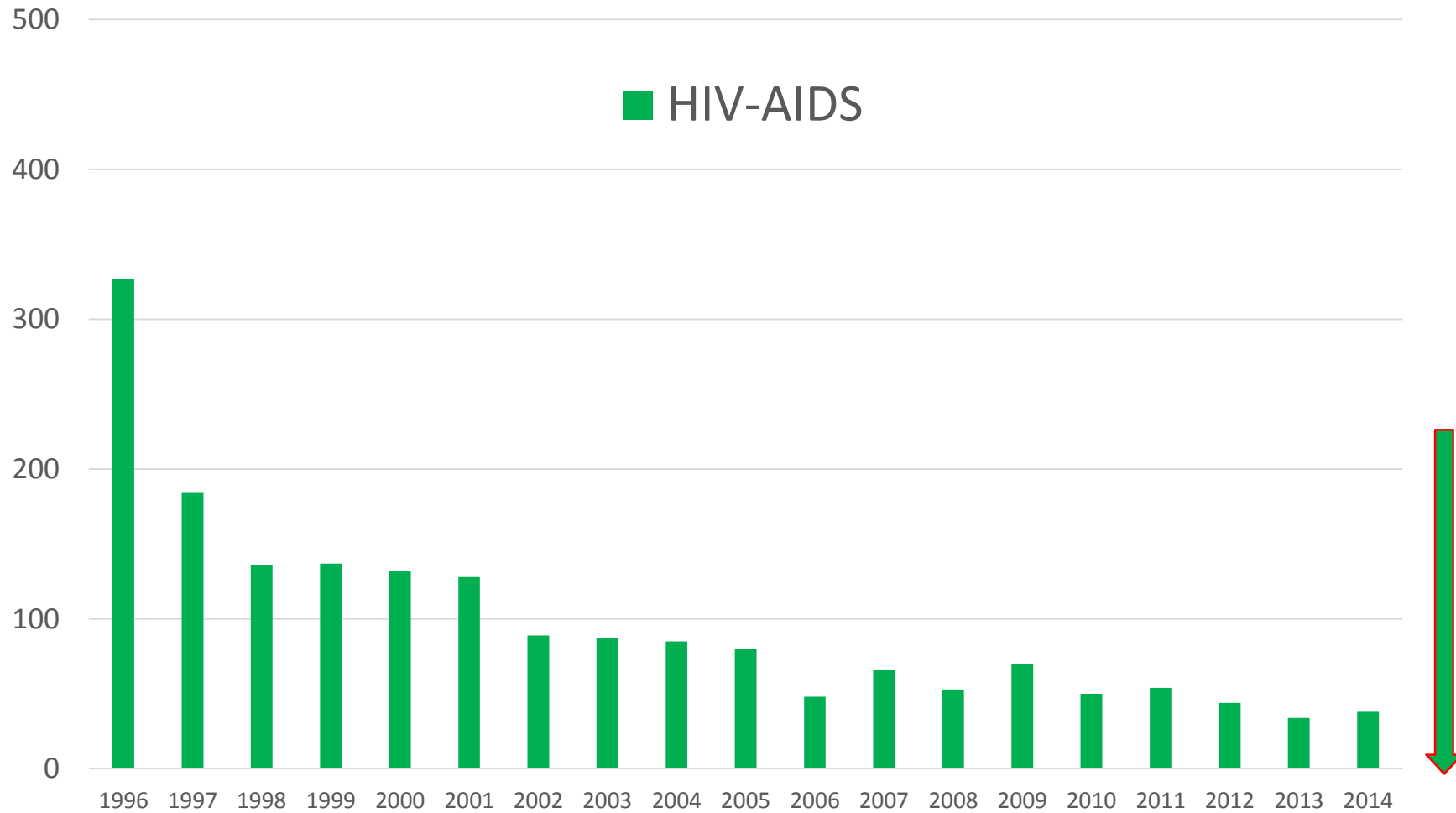
# No conflict of interest

In the last 5 years I was not involved in studies financed by pharmaceutical companies



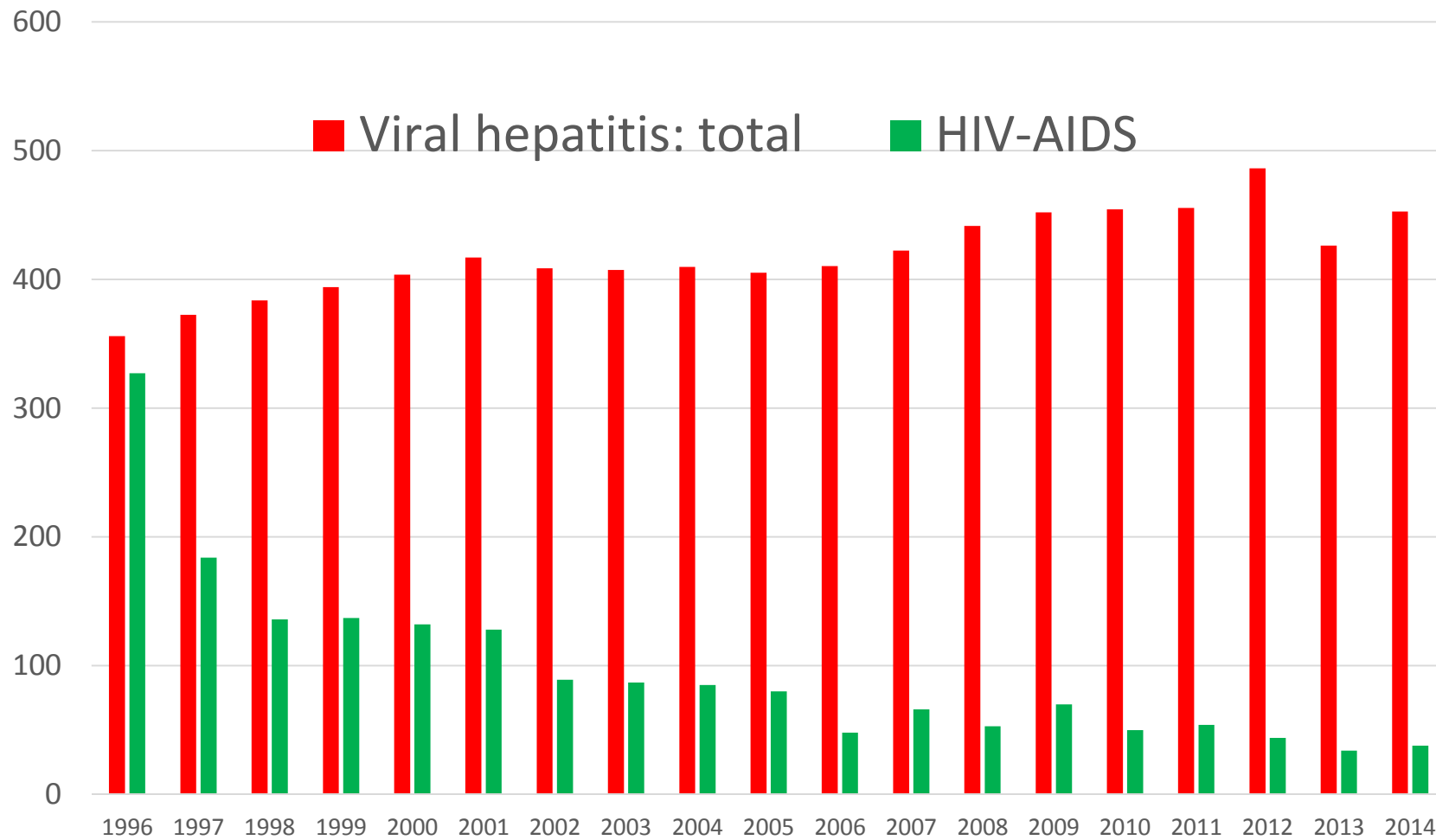
# Reasons for HCV treatment in NL

## Mortality:

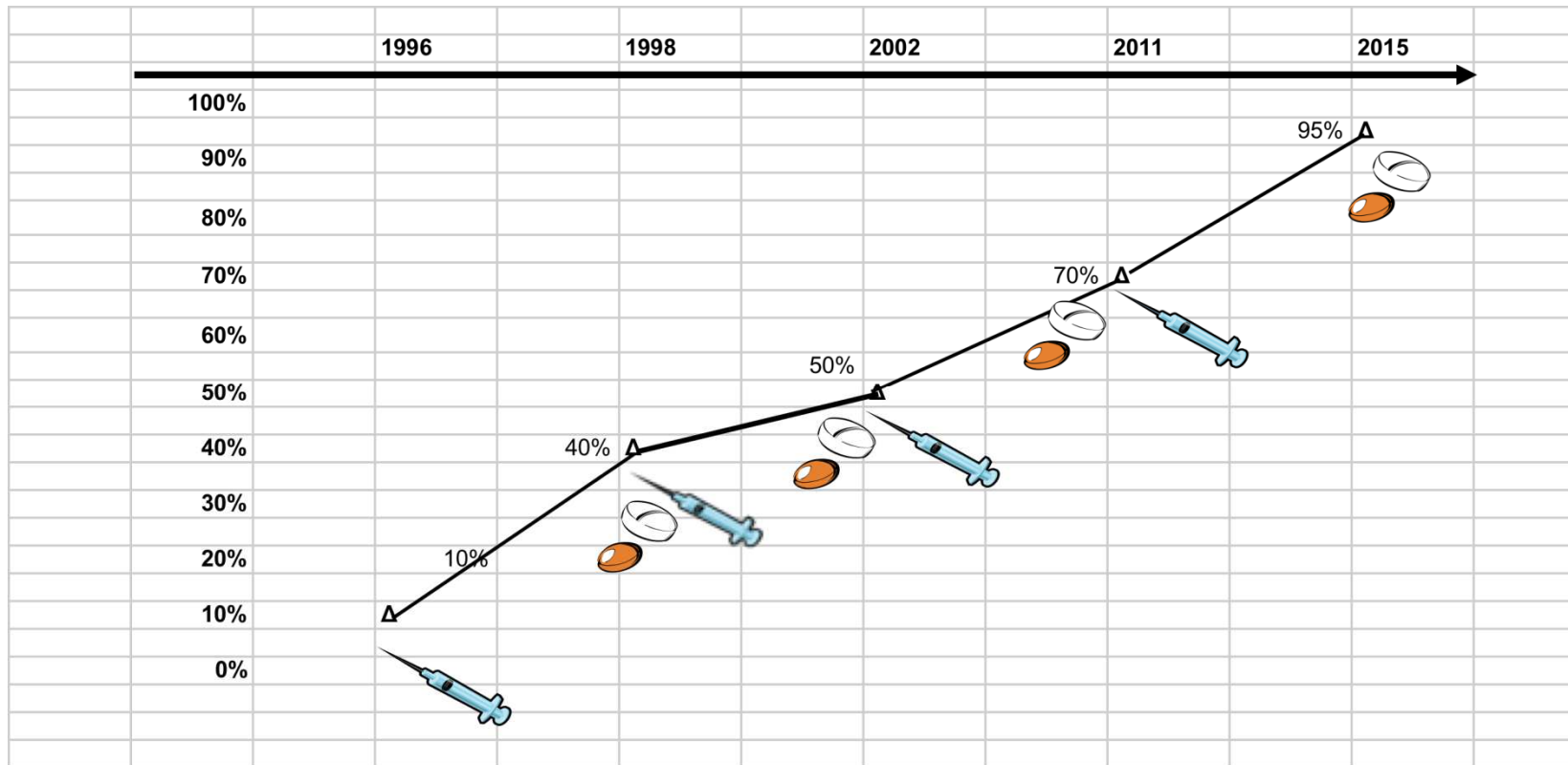


# Reasons for HCV treatment in NL

## Mortality:



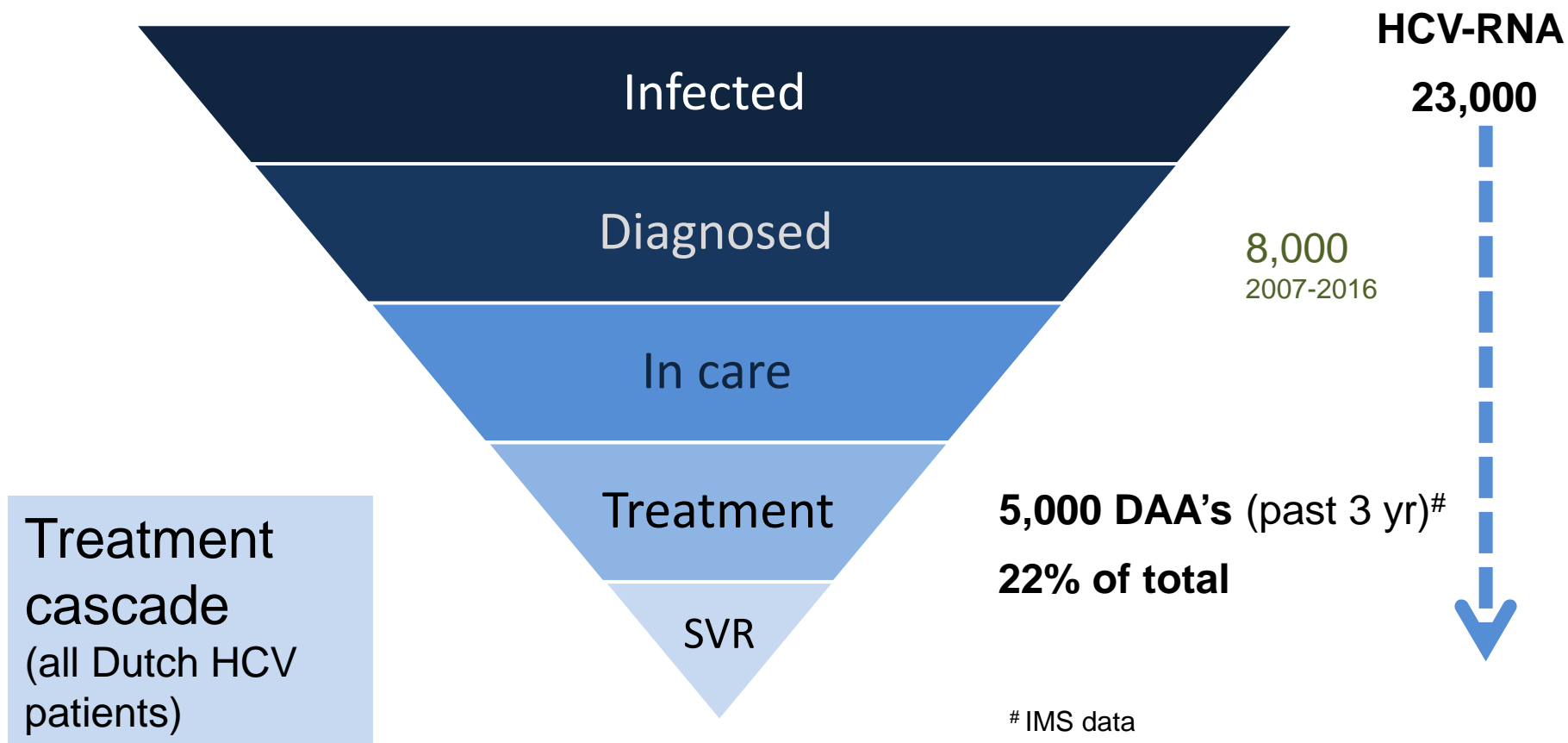
# HCV treatment success rate



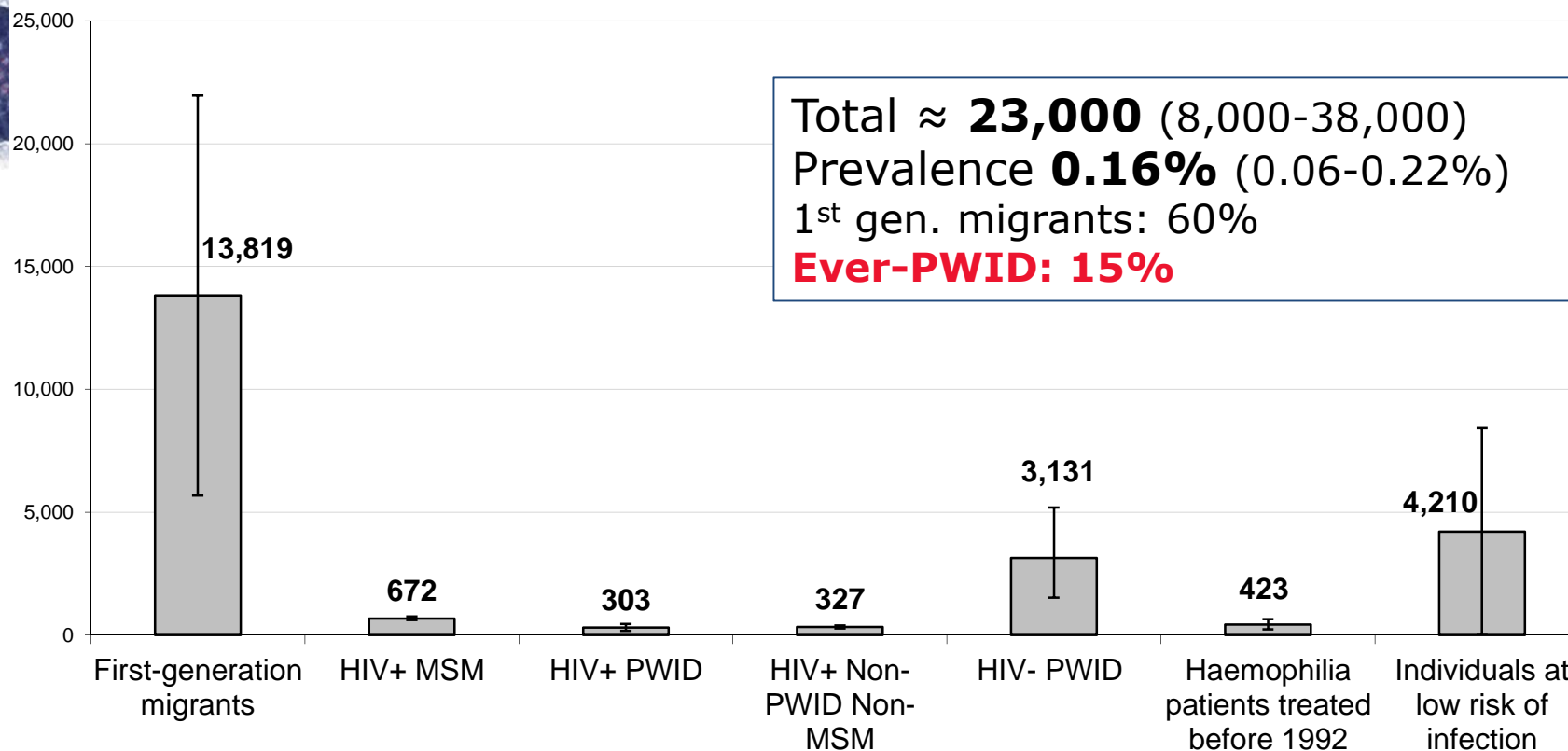
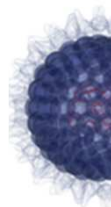
# Is HCV elimination an option in NL?

- Modelling study with projections for 2030, with different treatment scenarios:
  - No changes in treatment:
    - HCV prevalence: decrease by 45%
    - HCC and liver-related deaths: decrease by 19% and 27%
  - Increased efficacy, treatment uptake and diagnosis:
    - HCV prevalence: decrease by 85%
    - HCC and liver-related deaths: decrease by 67% and 65%
- C1/ Already successful treatment structure plus low incidence
- C2/ For elimination around 2030:  
**screening + treatment scale up required**

# But, the current situation



# Estimation chronic HCV (>18 jr)



In PWUD: HCV prevalence 30-50%  
HCV incidence: 0-5 cases/ year

**FIND AND TREAT**

# Why did it work in HIV?

- HIV is high on the political agenda
- Public awareness high, fast
- Nationwide chain of treatment centres
- Screening and treatment protocols
- HIV-registry for monitoring and
- Research agenda and budget available

➤ Resulting in: large majority of HIV patients in care, including PWUD

# HCV: two key publications



Health Council advice on hepatitis screening, 2016



National Hepatitis Plan, 2016

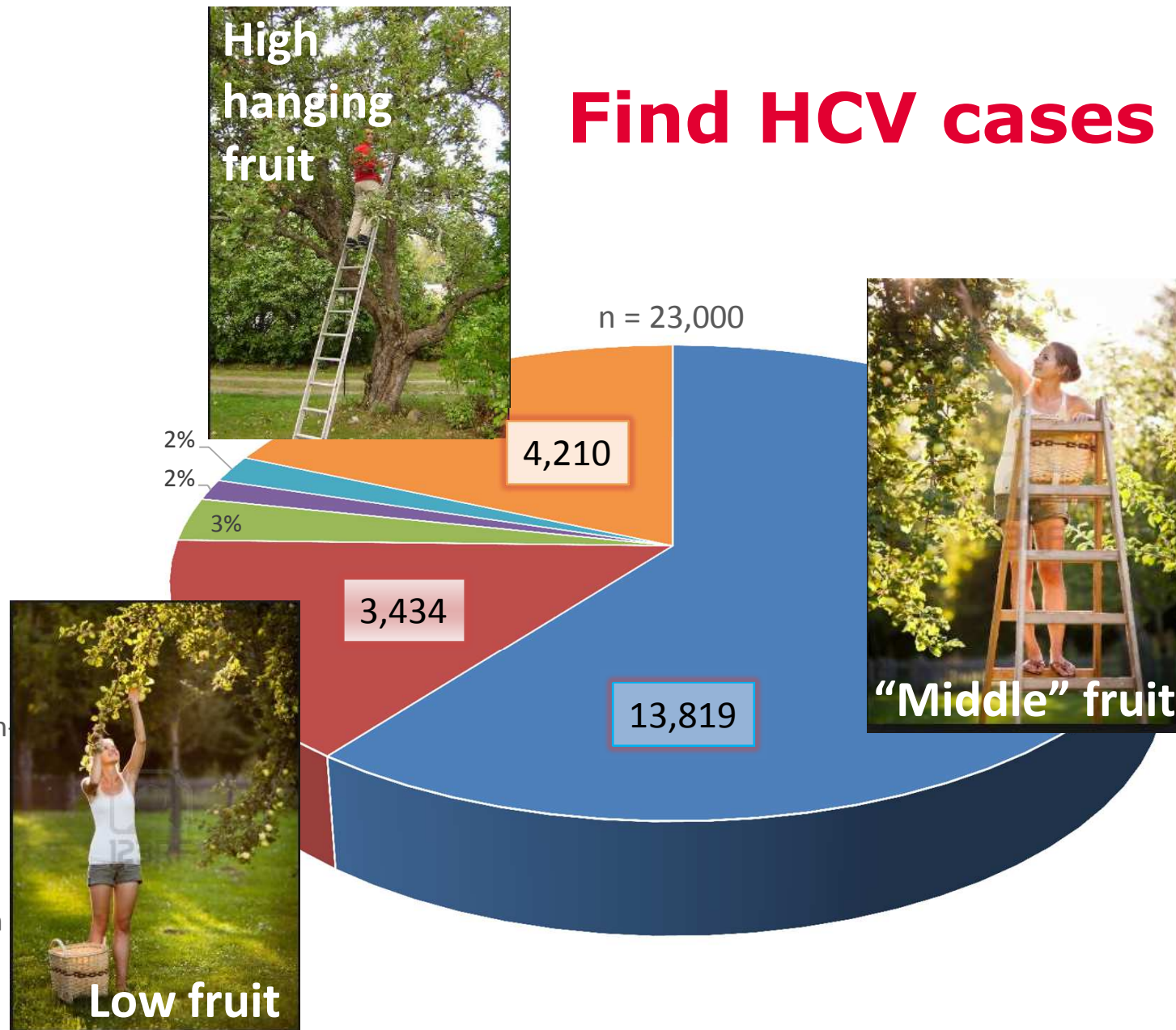
# Health Council: advice on HCV screening

- Nationwide screening is not indicated (prevalence too low)
- Screening is recommended for specific risk groups:
  - Migrants from high endemic countries (>2% prevalence in country of origin): regional projects
  - **Drug users** who injected once or regularly: in addiction care and other places (welfare centres, penitentiary institutions). **THIS IS A TASK OF ADDICTION CARE**
  - HIV pos MSM: during HIV treatment; also consider screening HIV neg MSM with risk behaviour!
  - Health care staff in contact with patients at risk or who may transmit HCV themselves
  - Refugees: screening during admission procedure, provided that treatment can be offered



# Find HCV cases

- first generation migrants
- Drug users
- MSM
- Hiv-positieven (non DU, non-MSM)
- haemophilia patients
- low risk population



# Health Council: advice on HCV screening

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  - Health care staff in contact with patients at risk or who may transmit HCV themselves
  - Refugees: screening during admission procedure, provided that treatment can be offered
- **Retrieval is recommended**

# Retrieval

## Pilot study (UMC Utrecht):

- 15% of HCV patients at some moment in care in past 10 years were suitable for retrieval
- Of these, 20% were traced
- Large part: (former) PWID



# NHP: 5 crucial steps towards HCV elimination

***“more than finding cases”***



Five pillars



1. prevent virus transmission through *awareness and vaccination*



2. timely *identify* chronic carriers through active screening



3. make diagnostics and adequate treatment widely available (including treatment as prevention)



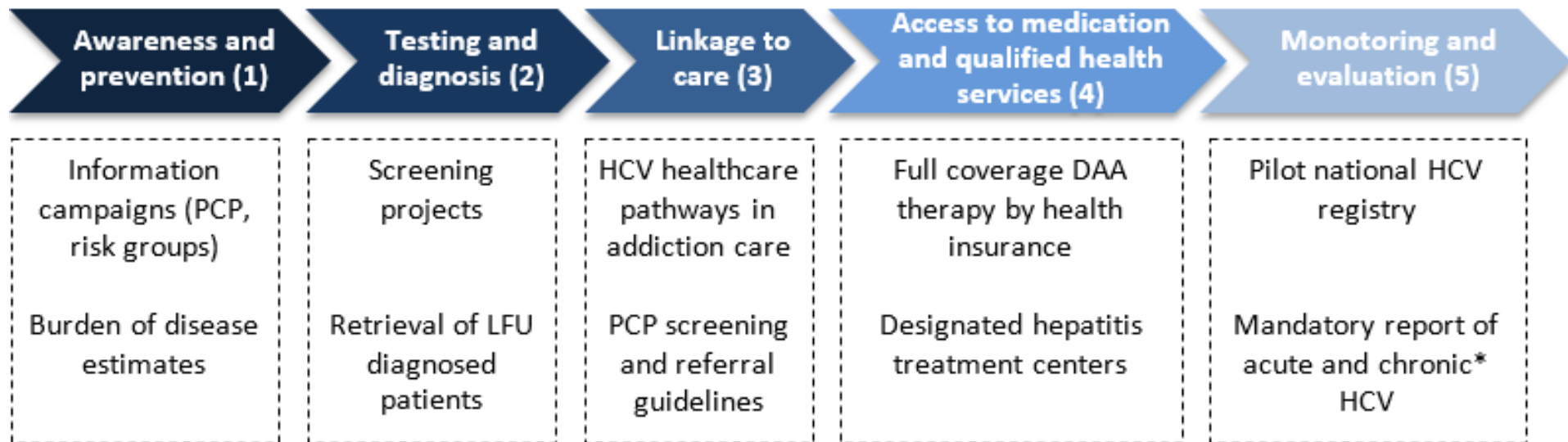
4. organise an efficient chain of care



5. surveillance of disease parameters (incid/preval) and formulate a knowledge agenda

# NHP: 5 crucial steps towards HCV elimination

*“more than finding cases”*



LFU, lost to follow-up; PCP, primary care physician. \* implementation of mandatory report of chronic HCV is advised



Public Health



1) Awareness and prevention



Addiction care



Detention



Primary care physician



Immigrant & refugee care



2) Testing and diagnosis  
3) Linkage to care



Policy makers



4) Access to medication



Hospital specialist



5) Monitoring and evaluation



Registry

# Micro-elimination in PWUD

## STEP 1:

Ensure a general, solid HCV structure with a national strategy

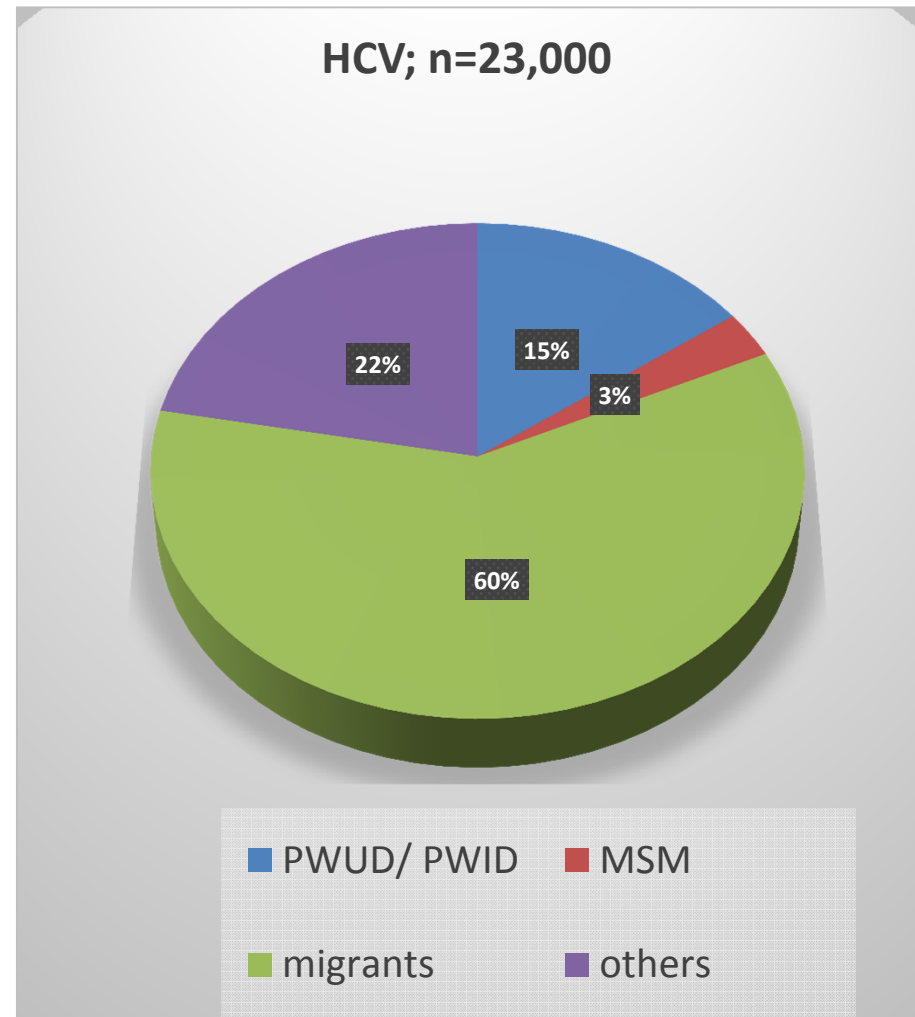
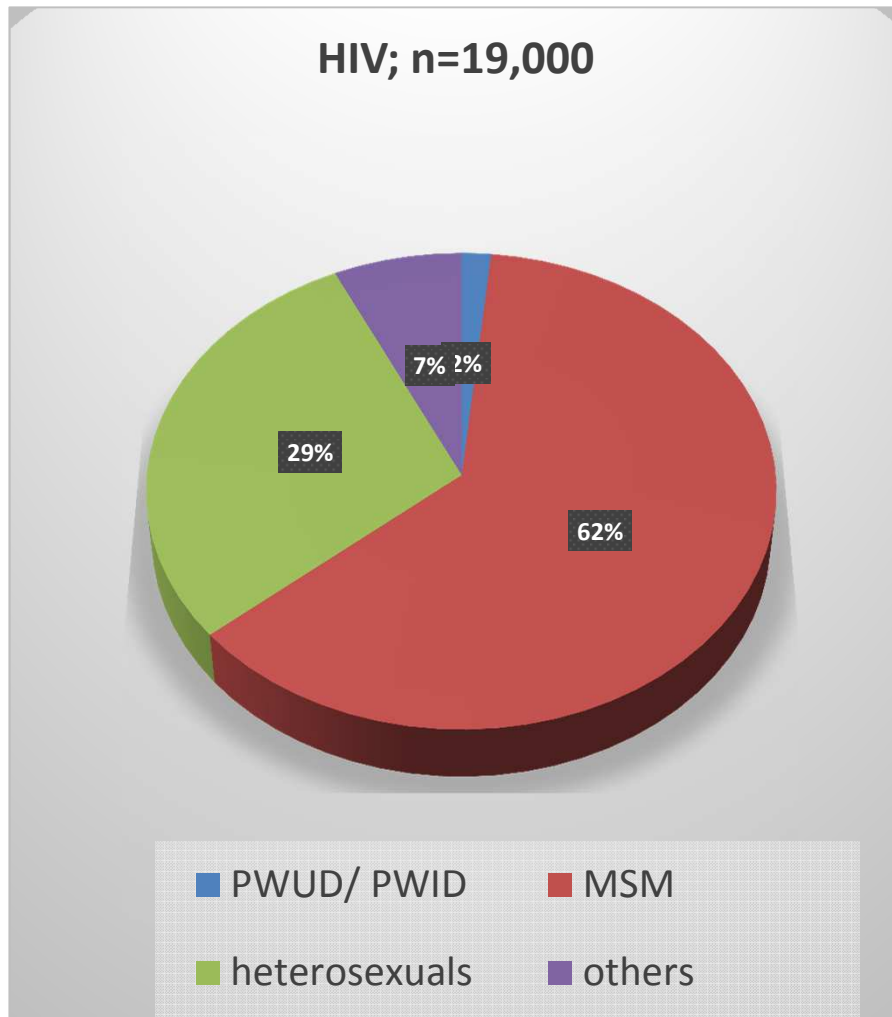
## STEP 2:

PWUD will highly benefit because a logical first group for micro-elimination

# Thank you for your attention



# HIV/ HCV: what is the difference?





# National information campaign (2009/2010)

	Drug users campaign	Public campaign
Identification new patients	+++	+
ICER (95% CI)	€9,056 (€6,043–€13,523)	€18,421 (€7,376–€25,490).
Probabilistic sensitivity analysis on cost-effectiveness	100%	34%

With DAA's in the model:  
cost-effectiveness increases.



International Journal of Drug Policy 47 (2017) 117–125



Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: [www.elsevier.com/locate/drugpo](http://www.elsevier.com/locate/drugpo)



Research paper

Effectiveness and cost-effectiveness of nationwide campaigns for awareness and case finding of hepatitis C targeted at people who inject drugs and the general population in the Netherlands



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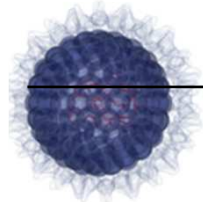
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#### ARTICLE INFO

Article history:  
Received 20 December 2016  
Received in revised form 5 July 2017  
Accepted 21 July 2017

#### ABSTRACT

**Background:** Hepatitis C virus infection (HCV) is a serious, but underdiagnosed disease that can generally be treated successfully. Therefore, a nationwide HCV awareness campaign was implemented in the Netherlands targeting people who inject drugs (PWID) in addiction care ('PWID intervention') and high-risk groups in the general population ('public intervention'). The objective of this study is to assess the effectiveness and cost-effectiveness of both interventions used in this campaign.



## HCV

	<b>HCV-RNA prevalence</b>	<b>Population in the Netherlands</b>	<b>Estimated number of chronic HCV cases</b>
<b>High-risk group</b>	<b>% (low -high estimate)</b>	<b>(low - high estimate)</b>	<b>(low - high estimate)</b>
1 <sup>st</sup> gen migrants	0.90% (0.37% - 1.44%)	1,527,032	13,819 (5,671 - 21,967)
HIV+ MSM	4.92% (4.55% - 5.29%)	13,650 (13,200 - 14,100)	672 (601 - 746)
HIV+ PWID	59.35% (55.70% - 63.00%)	511 (310 - 712)	303 (173 - 449)
HIV+ Non-PWID Non-MSM	3.68% (3.26% - 4.10%)	8,889 (8,289 - 9,489)	327 (270 - 389)
HIV- PWID	59.36% (34.93% - 83.78%)	5,276 (4,357 - 6,194)	3,131 (1,522 - 5,189)
Hemophilia patients	53.90% (49.96% - 57.84%)	785 (450 - 1,120)	423 (225 - 648)
Low Risk	0.03% (0.00% - 0.07%)	12,623,206 (12,620,701 - 12,625,710)	4,210 (0 - 8,421)
<b>Total</b>	<b>0.16% (0.06% - 0.27%)</b>	<b>14,179,348</b>	<b>22,885 (8,461 - 37,809)</b>