

Hepatitis C

Elimination within our reach

What do you need to plan and implement a Hepatitis C elimination project?
A worked example from a geographical area

Donna Thain,^{1*}
Ann Eriksen,¹
Jan Tait,¹
Matthew Hickman,²
Sharon Hutchison,³
John Dillon,^{1,4}

*Corresponding author:
donnathain@nhs.net
+441382 424070

Background

Modelling suggests elimination of hepatitis C (HCV) in people who inject drugs (PWID) is possible using treatment as prevention (TasP).

With baseline chronic prevalence of 30%, it is estimated that a 50% reduction in prevalence within 10 years is achievable by treating 15 per 1000 PWID annually. However there will be re-infections and need for re-treatment, increasing total treatment costs. A 90% reduction in prevalence can be achieved even with modest treatment levels within 10 years by combining HCV treatment of PWID with high coverage needle and syringe provision (NSP), opiate substitution therapy (OST) and effective testing programs. Higher treatment levels will accelerate the impact on prevalence and incidence, achieving this in shorter time frames.

Aim

This study illustrates the numbers needed to treat to achieve 90% reduction in HCV prevalence in active PWID over a 2-year period and reduce incidence to <1% in a geographically defined region.



Anticipated Results

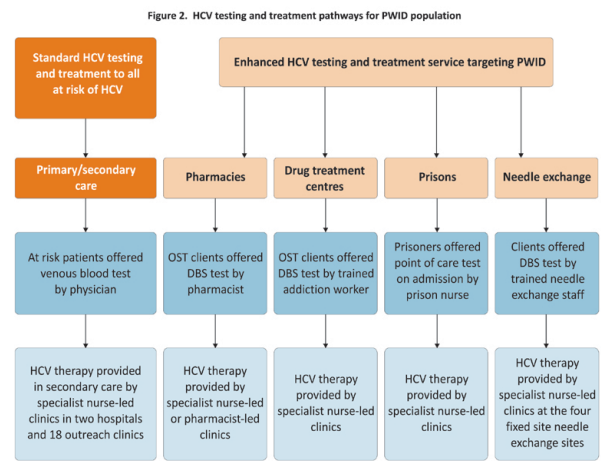
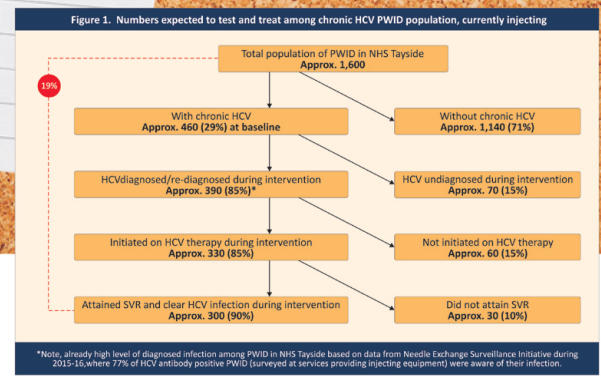
- Tayside statistics:**
- Estimated population 415,470
 - 1600 active PWID
 - Baseline chronic HCV prevalence 29%
 - SVR >90%

Planning

- What do you need to know?**
- Region population
 - Estimated size PWID population
 - Chronic HCV prevalence
 - Sustained Viral Response rates

Delivery

- 1 Identify where PWID have contact with services and implement case finding
- 2 Introduce widespread access to easy diagnostic tests - dry blood spot (DBS) testing
- 3 Develop simplified pathways of care - open referrals and deliver treatment in the community



Conclusion

The numbers of treatments required to eliminate HCV are achievable in most regions and settings.

Diagnosis and care pathways should be designed around individual needs and delivered where people already access care and support.

Scaling up interventions over a two year period will require a larger, short-term investment, however it will be more cost effective than a 10-year plan due to fewer new infections and reduced re-infection rates.