Lessons from the U.S. and Australia's hepatitis C elimination strategies

Leçons tirées des stratégies d'élimination de l'hépatite C des États-Unis et de l'Australie

December 12, 2023

Le 12 décembre 2023

CanHepC
Canadian Network on Hepatitis C
Réseau Canadien sur l'Hépatite C

INHSU

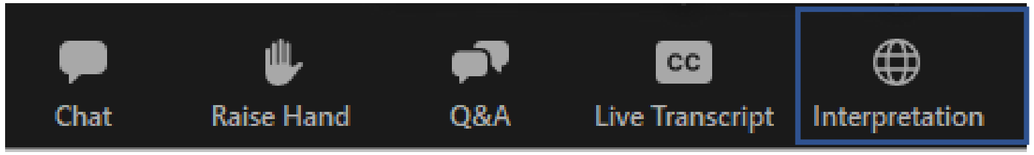
A program of
COALITION FOR GLOBAL HEPATITIS ELIMINATION
THE TASK FORCE FOR GLOBAL HEALTH

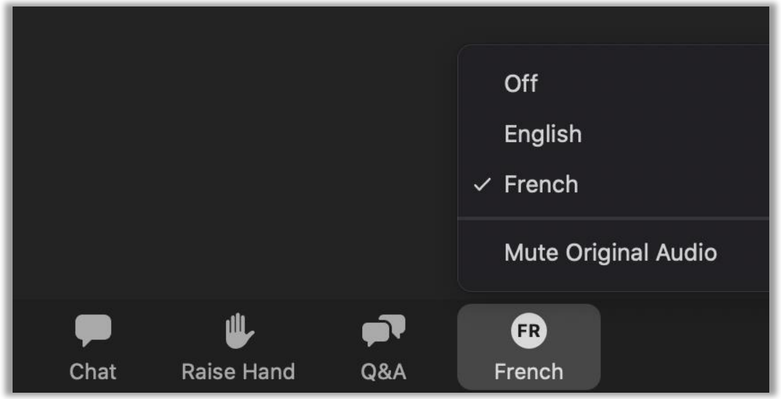
CATIE
Canada's source for HIV and hepatitis C information
La source canadienne de renseignements sur le VIH et l'hépatite C

Interpretation

English-French simultaneous interpretation is available during the webinar.

Attendees should choose their preferred language from the **Interpretation** tab at the bottom of the screen.

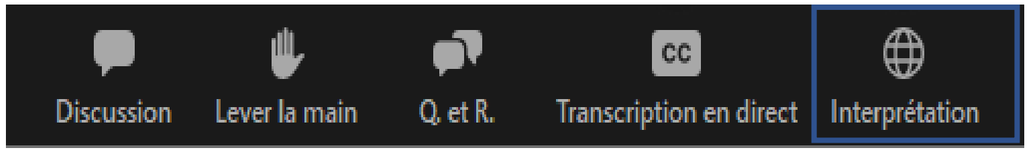




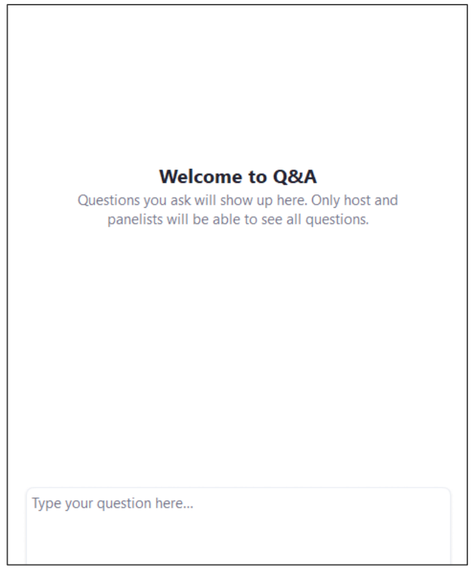
Interprétation

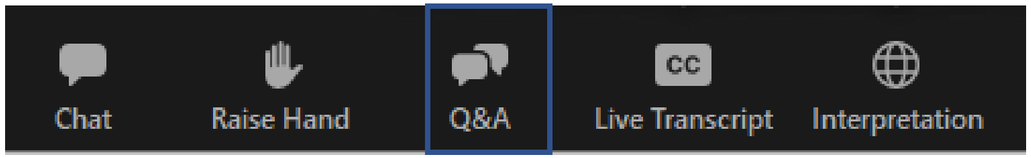
Durant le webinaire, des services d'interprétation simultanée anglais-français sont disponibles.

Les participant·e·s au webinaire devront opter pour la langue de leur choix à partir de l'onglet **Interprétation** au bas de l'écran.



Q&A

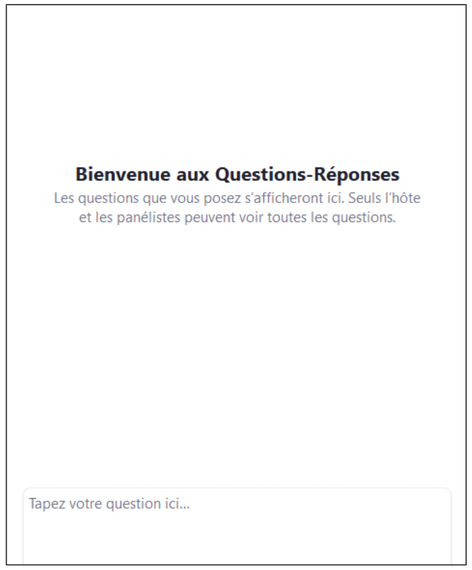


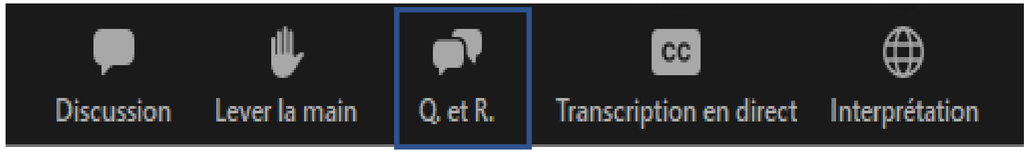


All attendees will be muted during the webinar.

Submit your questions in English or French through the **Q&A** tab at the bottom of the screen (not the Chat tab).

Q. et R.





Tous les participants resteront en sourdine durant le webinaire.

Posez vos questions en français ou en anglais par l'intermédiaire de l'onglet **Q. et R.** au bas de l'écran (non celui de Converser).

Speakers

- **Greogory Dore**, Kirby Institute; St. Vincent's Hospital
- **John Ward**, Coalition for Global Hepatitis Elimination of the Task Force for Global Health; Rollins School of Public Health, Emory University
- **Mia Biondi**, School of Nursing, York University
- **Naveed Janjua**, BC Centre for Disease Control; School of Population and Public Health, University of British Columbia
- **Xavier Tremblay**, Public Health Agency of Canada

CATIE Moderator:

- **Rivka Kushner**

Conférencier·ère·s

- **Greogory Dore**, Kirby Institute; hôpital St. Vincent
- **John Ward**, Coalition for Global Hepatitis Elimination of the Task Force for Global Health; Rollins School of Public Health, Emory University
- **Mia Biondi**, École des sciences infirmières, Université York
- **Naveed Janjua**, BC Centre for Disease Control; École de santé publique et des populations, Université de la Colombie-Britannique
- **Xavier Tremblay**, Agence de la santé publique du Canada

Modératrice de CATIE :

- **Rivka Kushner**

Agenda

i. Welcome and introduction
ii. Presentation: Hepatitis C elimination in Australia: Successes & Challenges
    i. Speaker: Gregory Dore
iii. Presentation: HCV Elimination in the United States: Lessons Learned and Next Steps
    i. Speaker: John Ward
iv. Panel discussion and Q&A
    i. Speakers: Gregory Dore, John Ward, Mia Biondi, Naveed Zafar Janjua and Xavier Tremblay
v. Closing

Ordre du jour

i. Mot de bienvenue et présentations
ii. Présentation : Élimination de l'hépatite C en Australie : réussites et difficultés
    i. Conférencier : Gregory Dore
iii. Présentation: Élimination du VHC aux États-Unis : leçons apprises et prochaines étapes
    i. Conférencier : John Ward
iv. Groupe de discussion et Q. et R.
    i. Conférencier·ère·s : Gregory Dore, John Ward, Mia Biondi, Naveed Zafar Janjua and Xavier Trem' '
v. Mot de la fin

Hepatitis C elimination in Australia:
Successes & Challenges

Prof Greg Dore

Head, Viral Hepatitis Clinical Research Program

UNSW Kirby Institute

UNSW SYDNEY

Disclosures

- Research funding from AbbVie, Gilead Sciences

Hepatitis C elimination in Australia

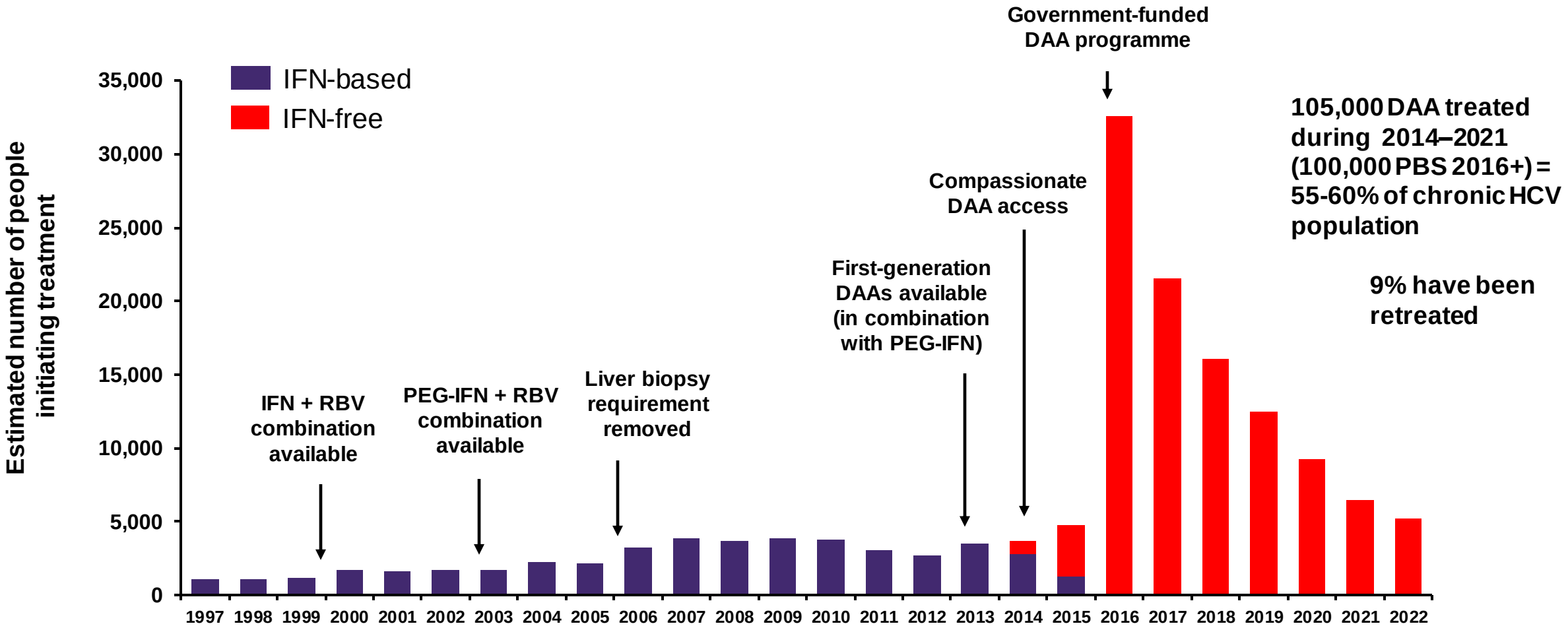
- **Foundations:** strategies, partnerships, harm reduction, unrestricted DAA access
- **DAA provision & impact:** diverse models of care & prescribers, community & prison
- **Overcoming challenges:** leadership & advocacy, equity focus, continual innovation

National hepatitis C strategy development

Key elements of progress

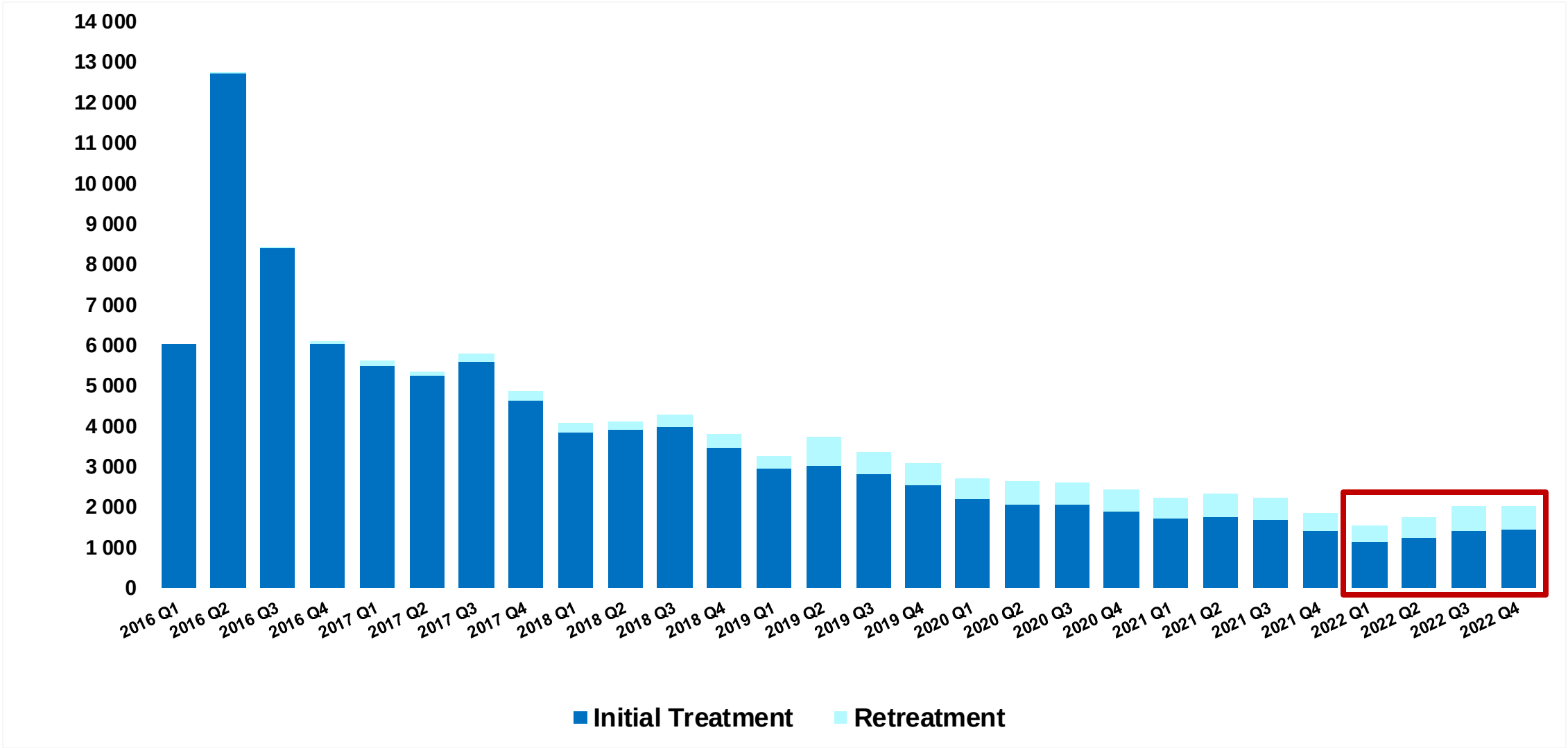
- National strategies since 2000 (6th in 2024)
- Bipartisan support and political leadership
- Partnership approach: government, community, clinical, academic sectors
- Government funding of hepatitis C and drug user community organisations
- Public health and social perspectives
- Integrated service development with surveillance and research

HCV treatment uptake in Australia: 1997 – 2022



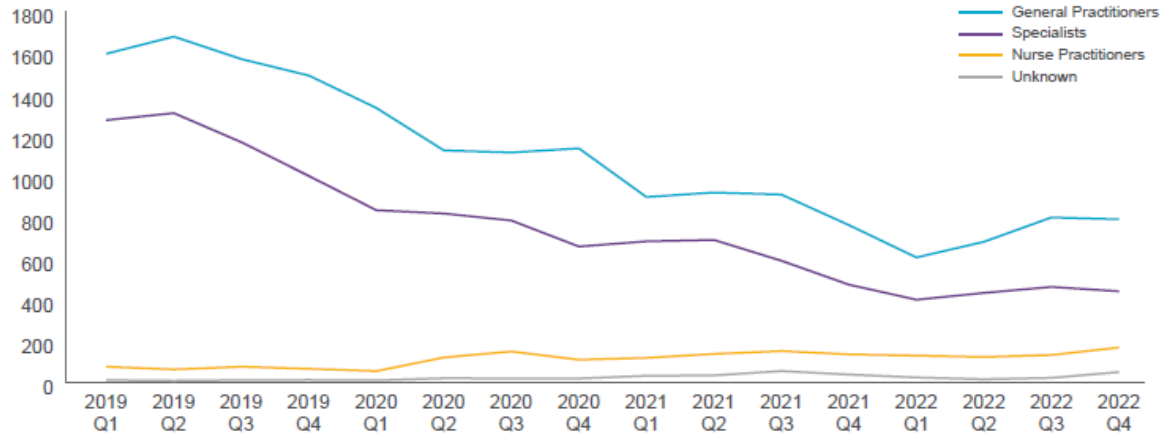
Adapted from Dore GJ, Hajarizadeh B. Infect Dis Clin N Am 2018;32:269–79

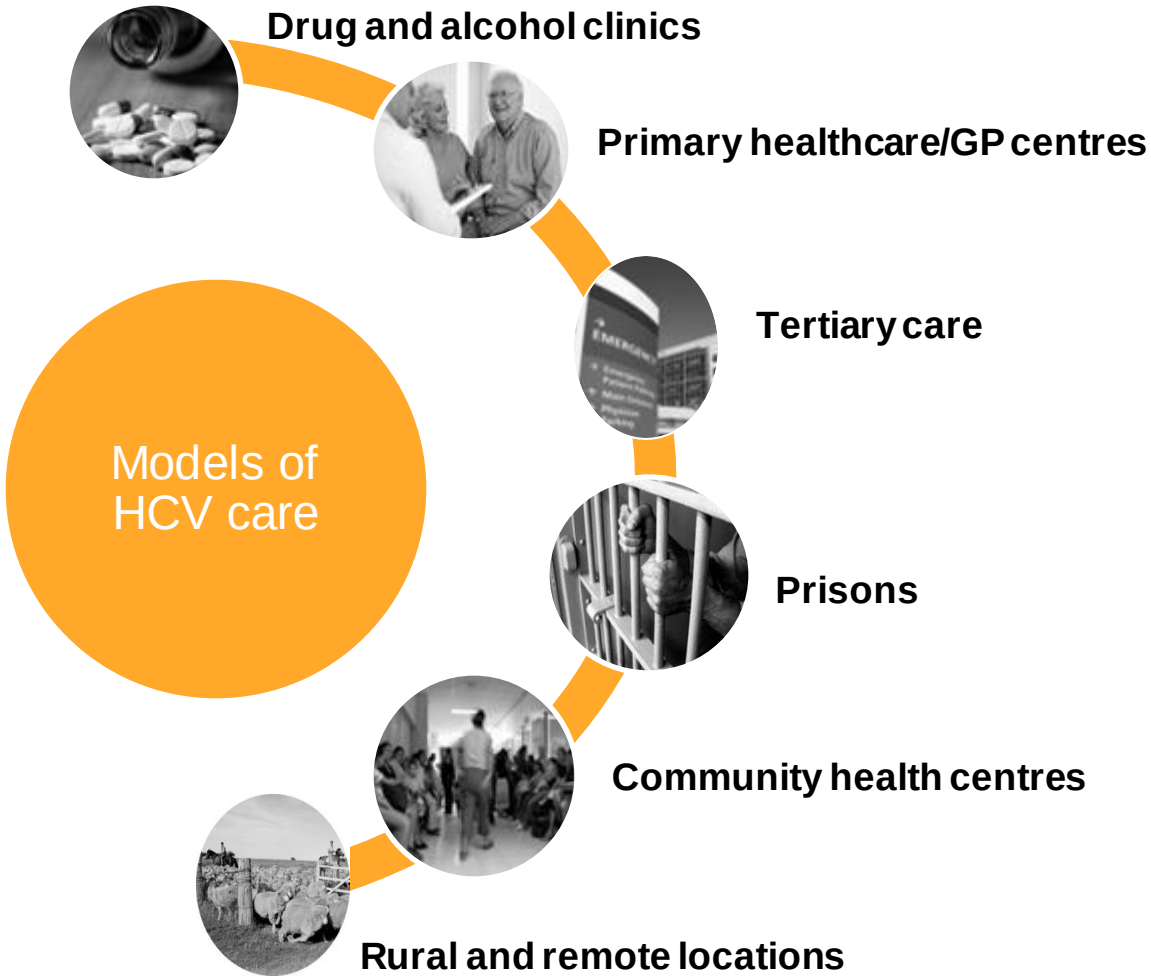
HCV treatment in Australia: initial & retreatment



Hajarizadeh B et al. Kirby Institute 2023

Diverse prescribers and models of care



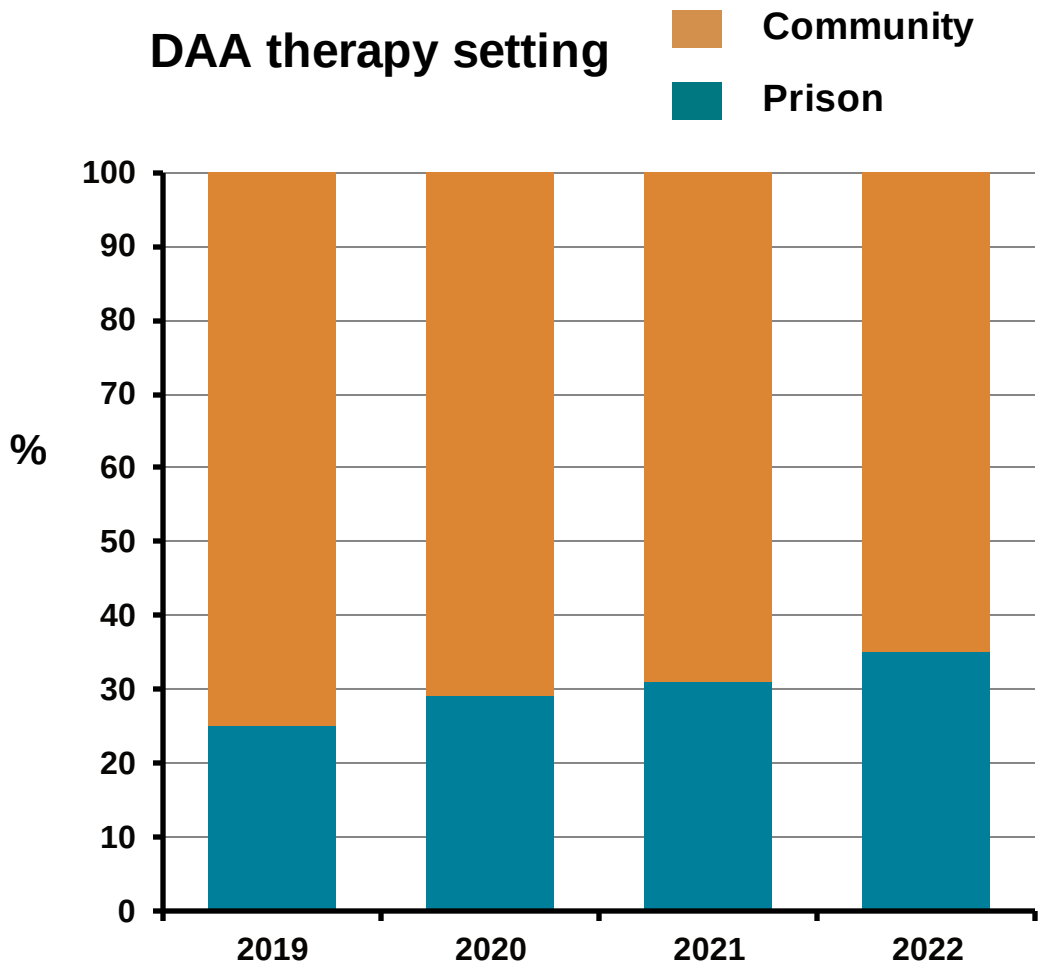


Hajarizadeh B, et al. Kirby Institute 2023

HCV elimination in Australia: prison treatment

Nurse led model of care (NLMC)

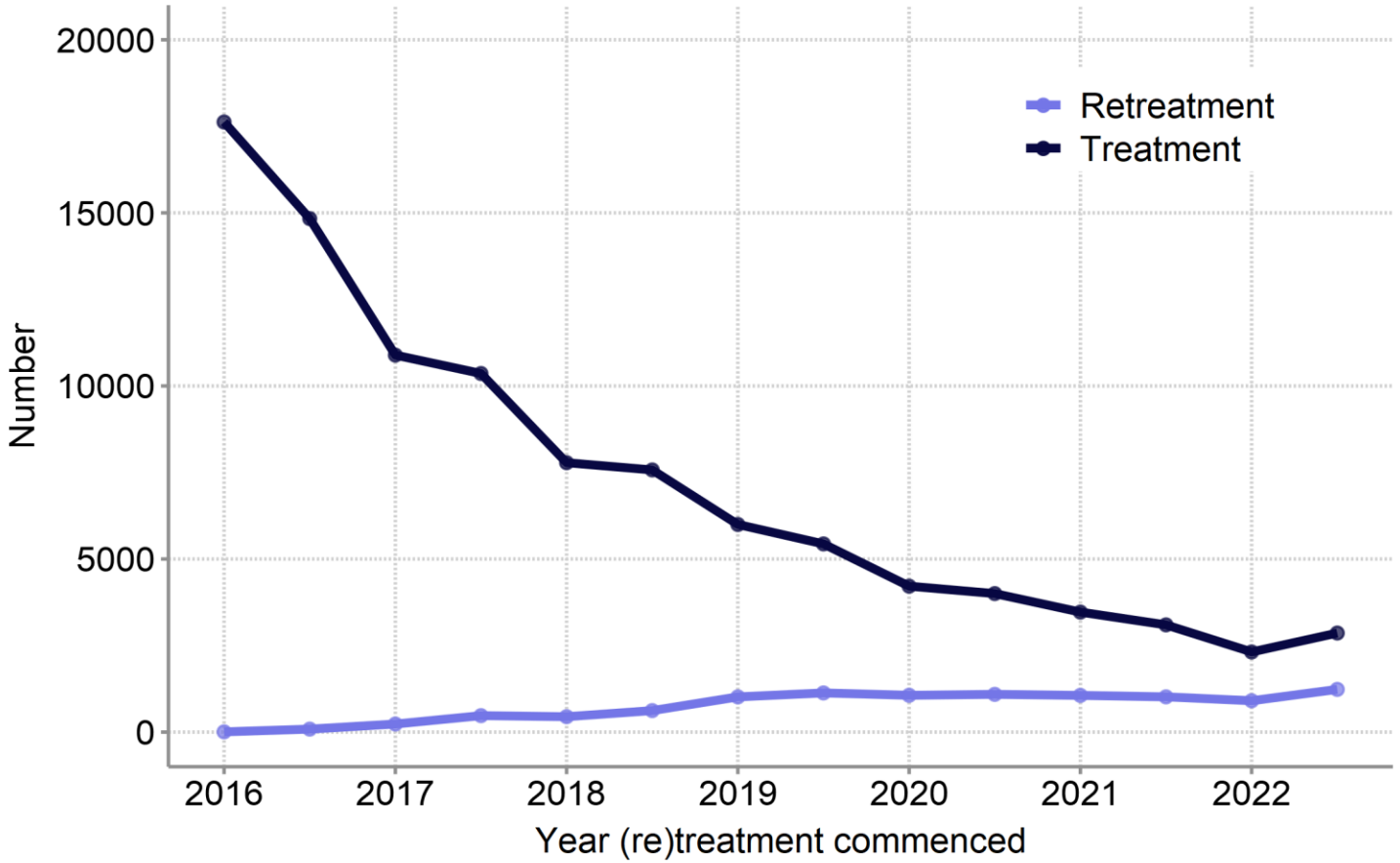
- Hepatitis education and training program for nurses
- Task transfer from specialists to hepatitis-skilled nurses
- Decentralised care
- Triage for telemedicine or face-to-face assessment
- Protocol-driven investigations
- Proforma-driven clinical assessments
- Research evaluation
  - Mixed methods
  - Efficiencies in care cascade



*2022: 2560/7344

Overton K, et al. Int J Drug Policy 2019; Papaluca T et al. J Hepatol. 2019; Boonwaat L, et al Med J Aust. 2010; Lloyd AR, et al. Clin Infect Dis 2013; Burnet-Kirby 2023

HCV treatment in Australia: initial &retreatment



Retreatment was defined as commencing a new DAA prescription at least 28 days after the estimated end of treatment date. Individuals who discontinued initial treatment then restarted the same or a different regimen ≤28 days before estimated end of treatment were considered treatment switches or lost prescriptions (not retreatments).

Individuals treated: **103,150**

Individuals retreated: **10,693 (10.4%)**
Total retreatments: **13,411**

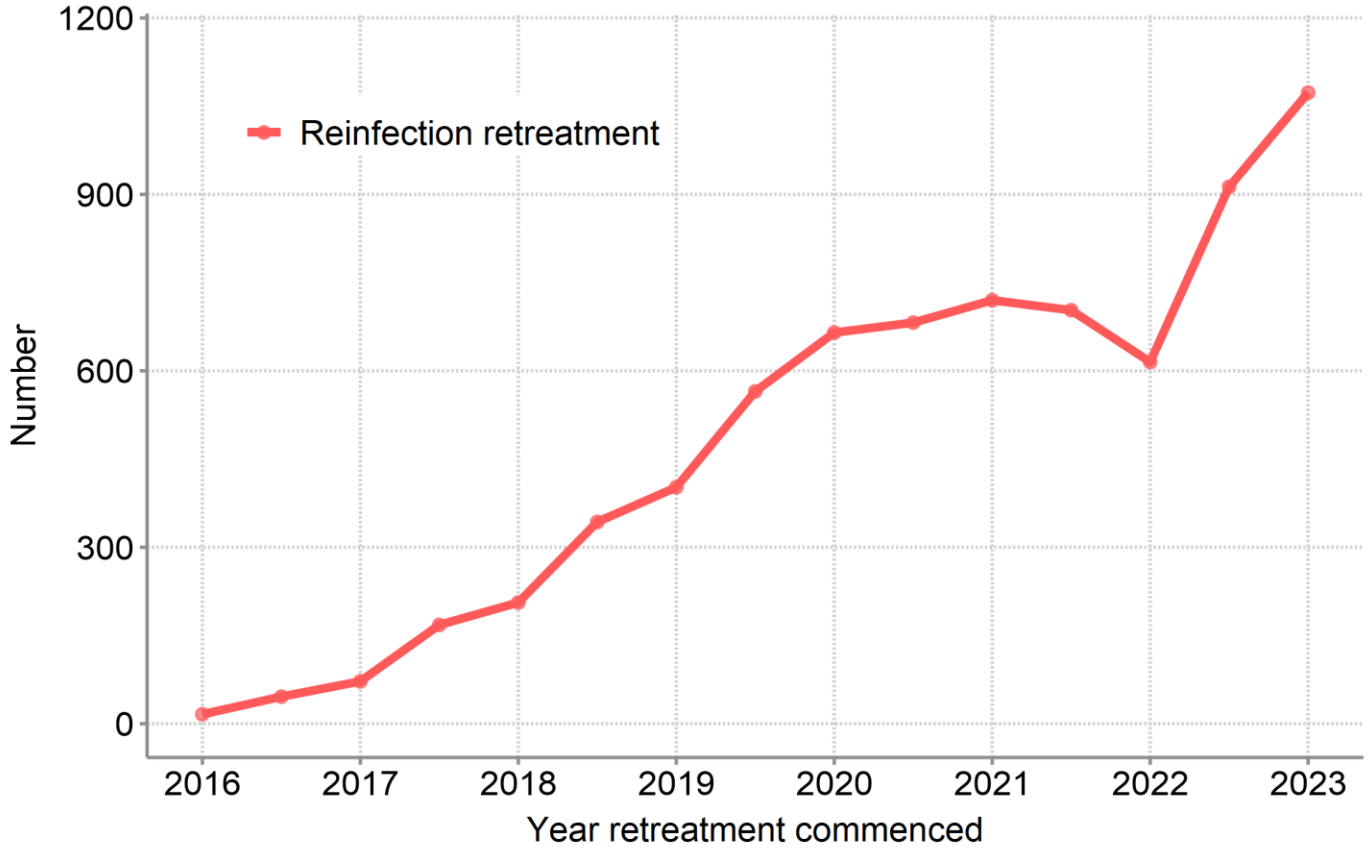
By the first half of 2023,
32% of all treatment in Australia was retreatment

Reason for retreatment is not captured in PBS data

Analysis aim: to develop a machine learning model to classify retreatment for reinfection and treatment failure

Carson J, et al. Kirby Institute 2023

HCV treatment in Australia: initial & retreatment



Total retreatments for reinfection: **7,189**

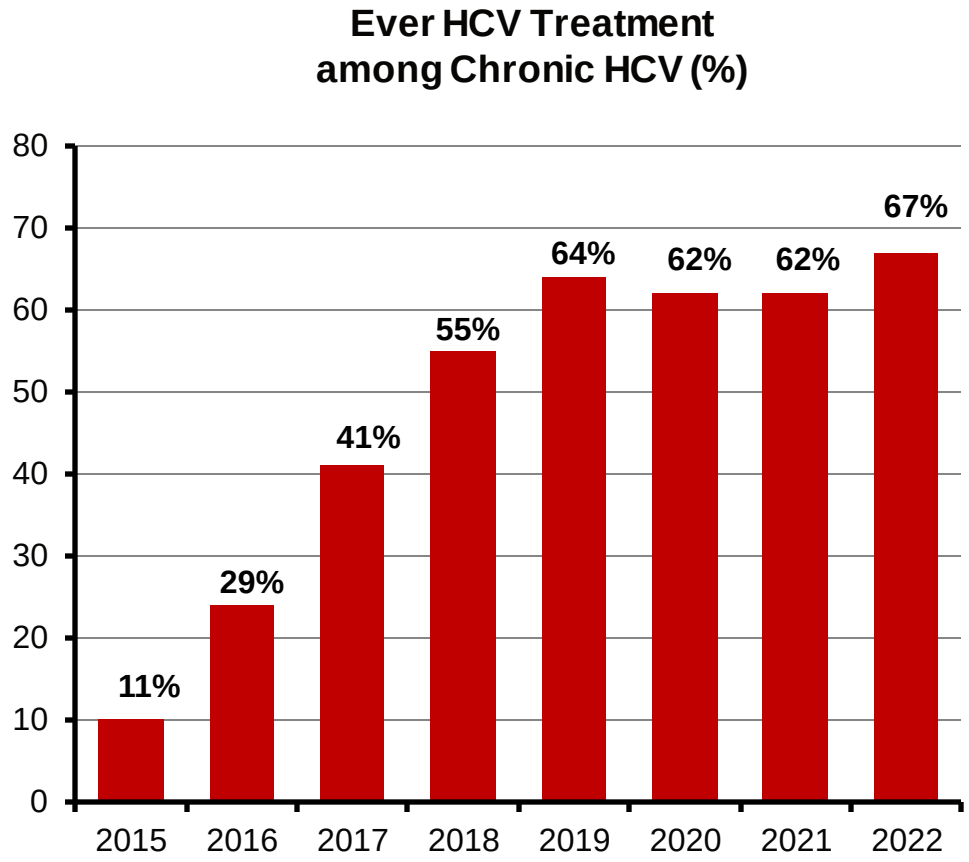
Reinfection has increased over time corresponding to increasing treatment uptake among people who inject drugs and people in prison

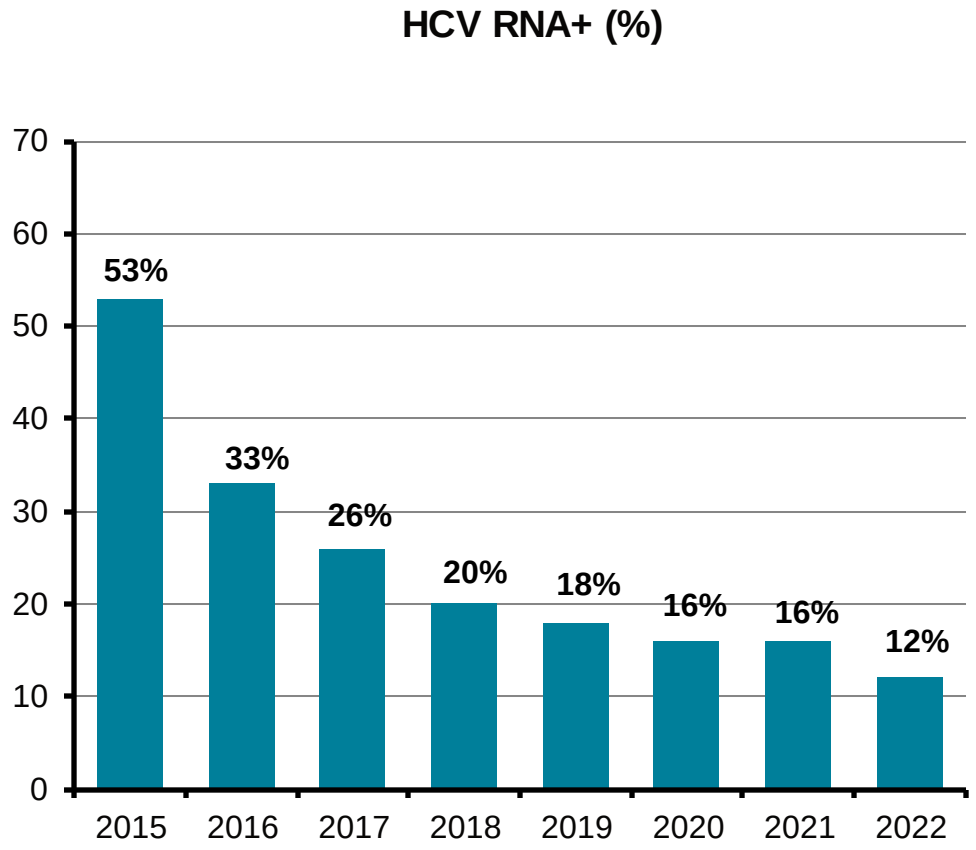
Reduced HCV screening during COVID-19 restrictions has likely impacted reinfection detection and retreatment uptake

[1]Carson JM et al. National direct acting antiviral utilisation for retreatment of hepatitis C virus due to reinfection or treatment failure in Australia. *J. Hepatol.* 2022; 78(2):260-270

HCV elimination in people who inject drugs

Annual Needle Syringe Program Survey (n = 2,000-2,500)

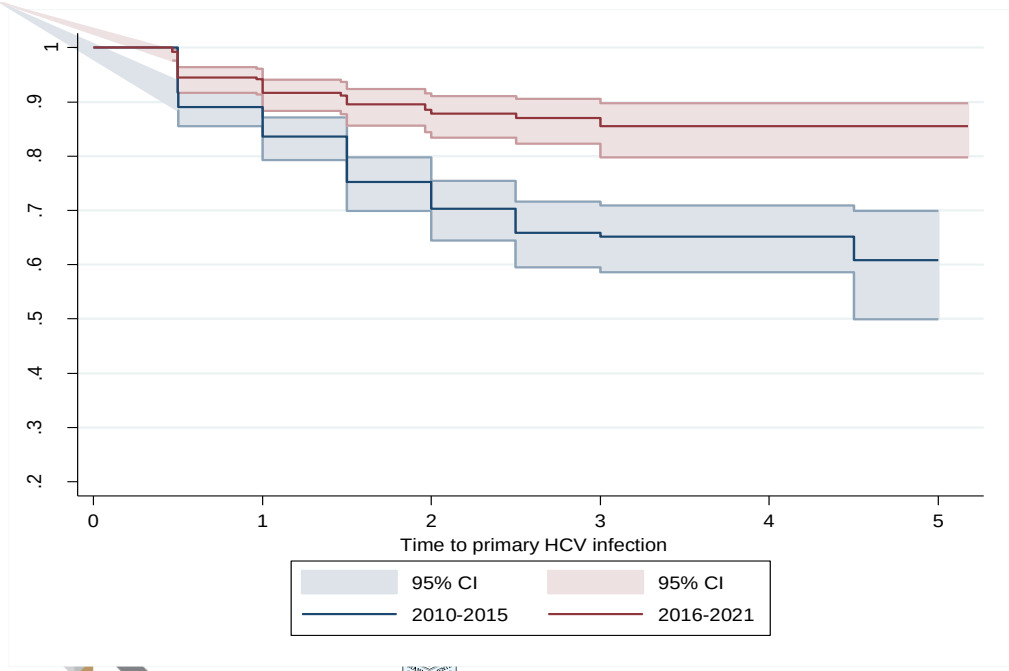




Source: https://kirby.unsw.edu.au/report/australian-nsp-survey-national-data-report-2017-2021

HCV incidence in PWID: ANSPS pre- & post-DAA

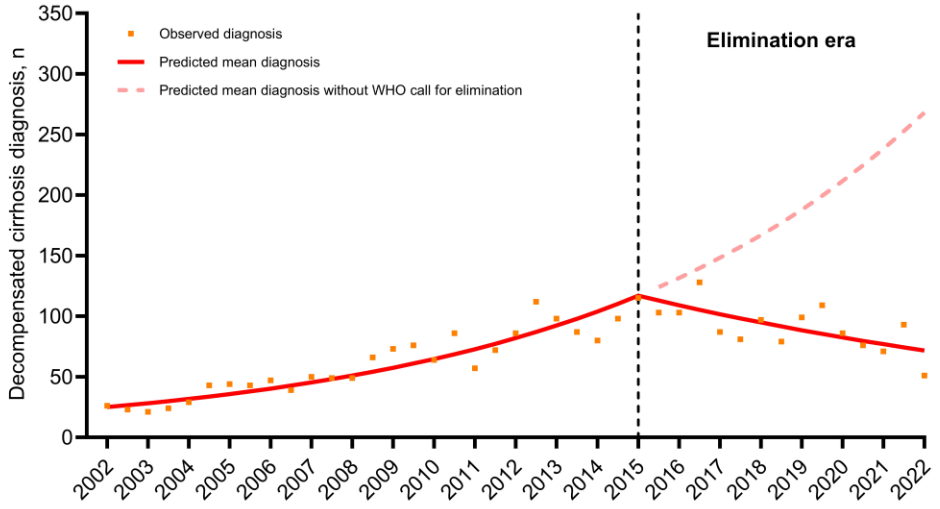
	Primary HCV incidence					
	Cumulative incidence N (%)	Incidence per 100 person years (95% CI)	Unadjusted HR (95% CI)	P value	Adjusted HR[1] (95% CI)	P value
HCV incidence						
2010-2015	97/376 (26)	13.6 (11.2, 16.6)	1			
2016-2021	41/381 (11)	5.4 (3.9, 7.3)	0.42 (0.29, 0.61)	<0.001	0.47 (0.31, 0.69)	<0.001



58% reduction in HCV incidence

Iversen J, et al. Addiction 2023

Impact of HCV elimination & DAA era



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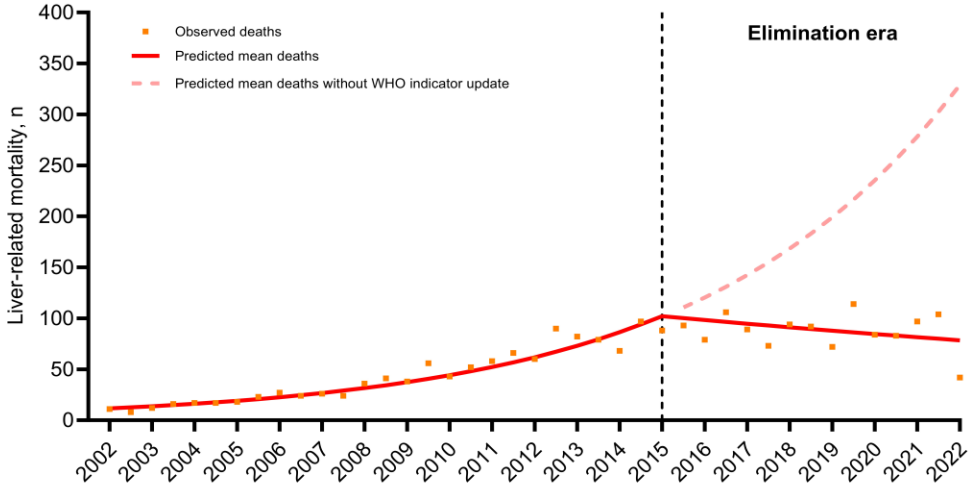
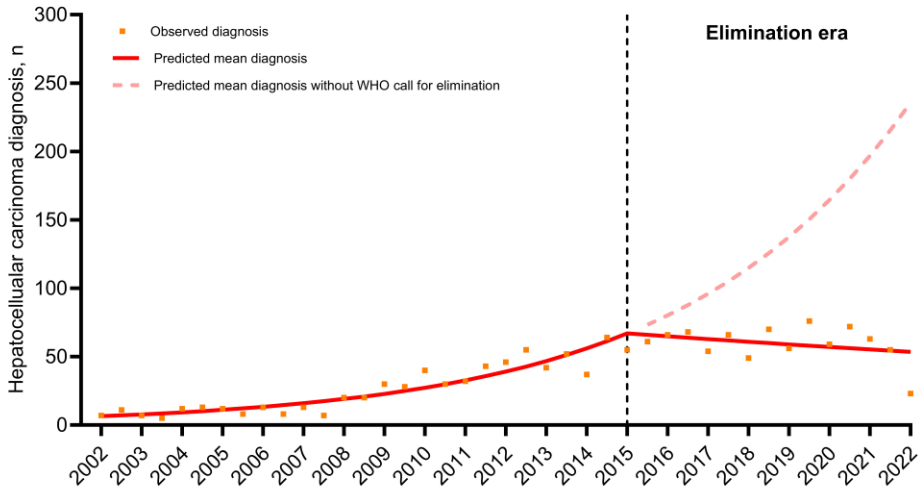
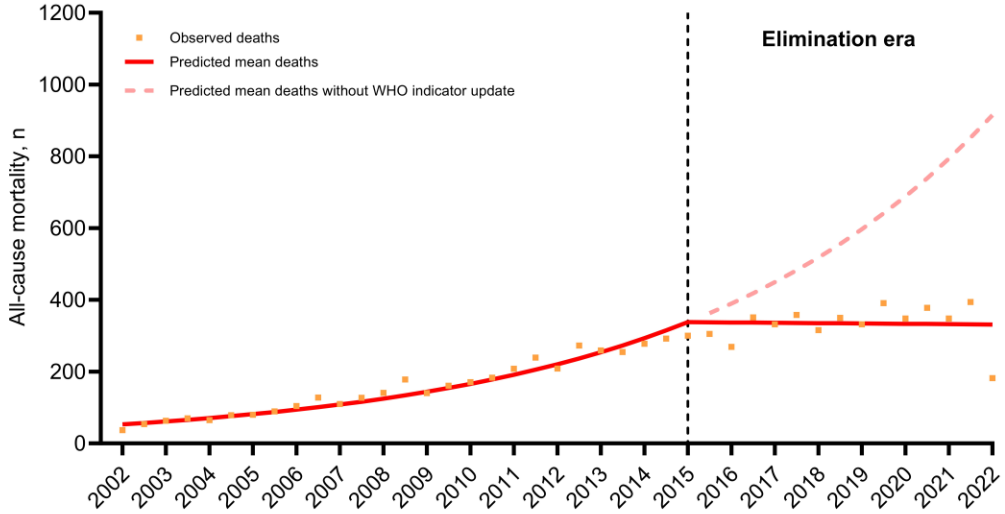


Liver mortality



HCC



All-cause mortality

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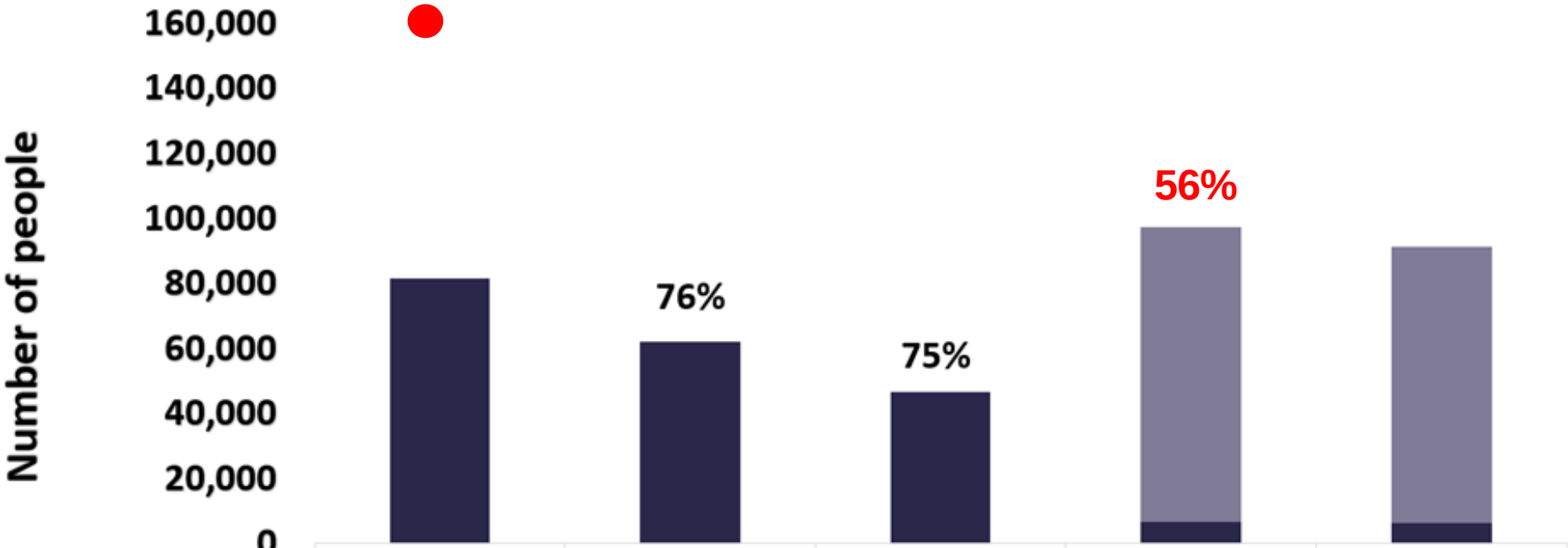
Tillakeratne S, et al. Kirby Institute 2023

HCV cascade of care in Australia: end 2021



	Living with hepatitis C	Diagnosed with hepatitis C	RNA confirmed hepatitis C	Received treatment (DAA)	Cured
2015-2021 Combined				98,820	92,820
To the end of 2021	81,300	61,960	46,470	6,470	6,090

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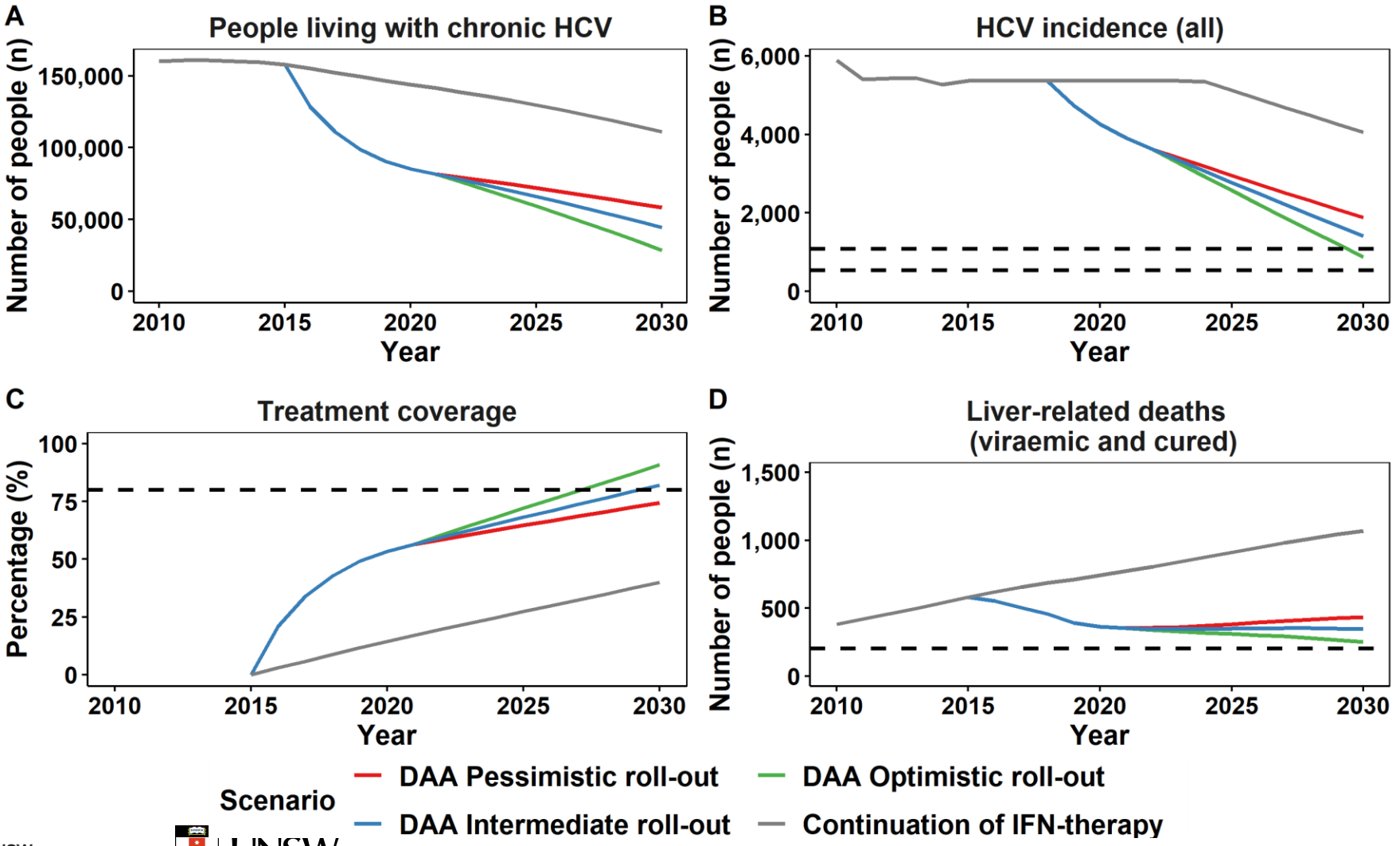
Kwon A, et al. Kirby Institute 2022

HCV elimination in Australia: modelled progress

Treatment roll-out	2015 (interferon + DAA)	2016	2017	2018	2019	2020	2021	Post-2022
Pessimistic	3,428	33,201	20,969	15,209	11,314	8,228	6,474	4,937
Intermediate	3,428	33,201	20,969	15,209	11,314	8,228	6,474	6,474
Optimistic	3,428	33,201	20,969	15,209	11,314	8,228	6,474	8,228

Kwon A, et al. Kirby 2022

HCV elimination in Australia: modelled progress



5.9/100,000 per year

1.5/100,000 per year

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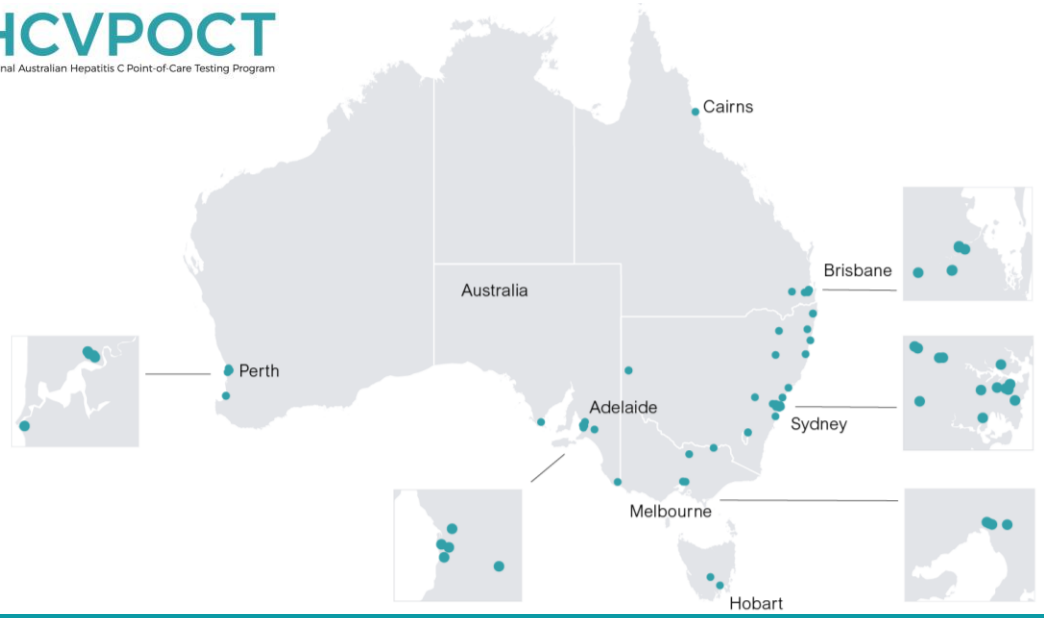
Kwon A, et al. Kirby 2022

HCV elimination in Australia: strategies

- **Innovative HCV screening:** national point-of-care HCV testing program & DBS testing
- **Marginalized populations:** peer-based initiatives, linkage to care incentives
- **Primary care involvement:** pathology utility (e.g. APRI determination & HCV screening)
- **Reinfection focus:** enhanced prison harm reduction, early detection & treatment
- **Government commitment:** strategy targets, funding for monitoring progress

National HCV Point-Of-Care Testing Program

HCVPOCT
National Australian Hepatitis C Point-of-Care Testing Program



- 90 sites nationally with 50-60,000 people tested (2022-2024)
- Drug treatment clinics, NSPs, prisons, mental health, mobile outreach models, homelessness services, Aboriginal Community Controlled Health Organisations
- Testing for anyone at risk of HCV or attending service
- Program includes:
    1) SOPs, logistics, deployment, and set-up
    2) Training
    3) Quality assurance program
    4) IT/connectivity
    5) Research and evaluation framework

National Australian Hepatitis C Point-of-Care Testing Program	
Program Duration	3 years
# Services	90 (200-300 testing sites/locations)
Specimens	Capillary finger-stick
Analytes	HCV antibody*, HCV RNA, HIV Ab/Ag, HBsAg
POC Device; Time to result	HCV Bioline*, 20 min (5 min pos); INSTI (1 min), Xpert, 60 min
Partners	Flinders University, Commonwealth Govt, State/Territory Govts, National and state community organisations

Grebely J, et al Lancet Gastro Hepatol 2023

National HCV Point-Of-Care Testing Program

- 83 sites (367 locations) across six states/territories (ACT, QLD, NSW, SA, TAS, WA)
- High-intensity testing campaigns at 23 prisons
- >200 operators have received point-of-care testing training
- **15,603 HCV point-of-care tests** (RNA: n=12,915; antibody: n=2,688)
  - **Community:** 5,810 received testing (**10% RNA prevalence**)
  - **Prisons:** 7,618 received testing (**17% RNA prevalence**)
- **1,878 people with current HCV infection**
- **Treatment uptake (within 12 weeks): 79%**
  - **52% in community**
  - **89% in prison**

HCVPOCT
National Australian Hepatitis C Point-of-Care Testing Program

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Prof. Julie Bruneau (Canada)
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COALITION FOR GLOBAL HEPATITIS ELIMINATION

HCV Elimination in the United States: Lessons Learned and Next Steps

John W Ward, MD
Task Force for Global Health
Rollins School of Public Health
Emory University, Atlanta GA, USA

Disclosures

The Task Force for Global Health receives funds for the general support of the Coalition for Global Hepatitis Elimination from: AASLD, Abbott, AbbVie, ALEH, APASL, EASL, Gilead, GSK, Merck, Pharco, Roche, Siemens, Zydus Life Sciences, US governmental agencies and philanthropic organizations.

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Hepatitis C Elimination in the United States

- **Essential components of effective HCV elimination programs**

- **Status of Hepatitis C elimination in the United States**
  - National planning
  - Strategic information
  - HCV prevention, testing and treatment policies
  - Equity
  - Financing

- **Next steps in building capacity for Hepatitis C elimination**

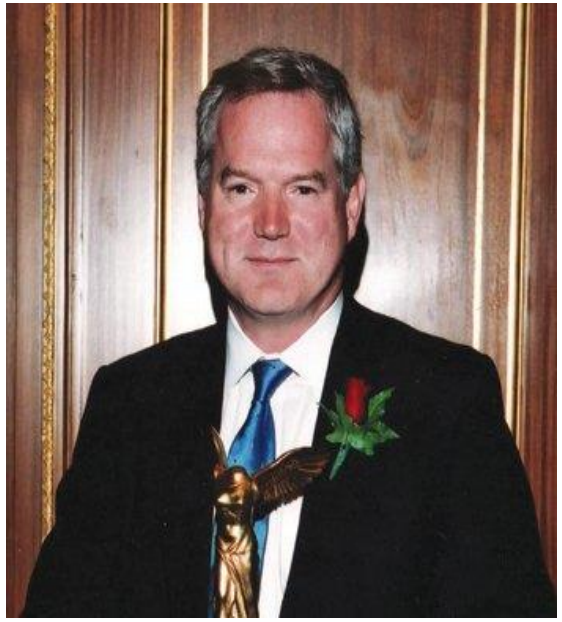
COALITION FOR GLOBAL HEPATITIS ELIMINATION

THE TASK FORCE FOR GLOBAL HEALTH

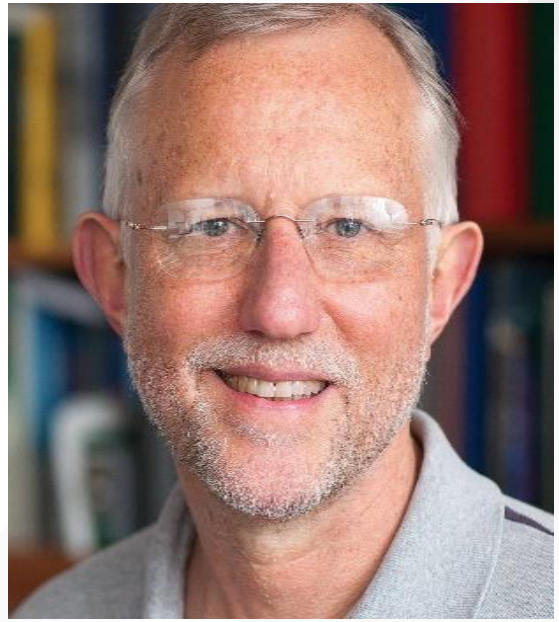
“For the first time in history, the disease can now be cured, raising hopes of eradicating Hepatitis C virus from the world population” -Nobel Committee

The 2020 Nobel Prize for Discovery of Hepatitis C Virus

Harvey Alter



Michael Houghton



Charlie Rice

Science is not an end but a means to achieve a greater purpose.

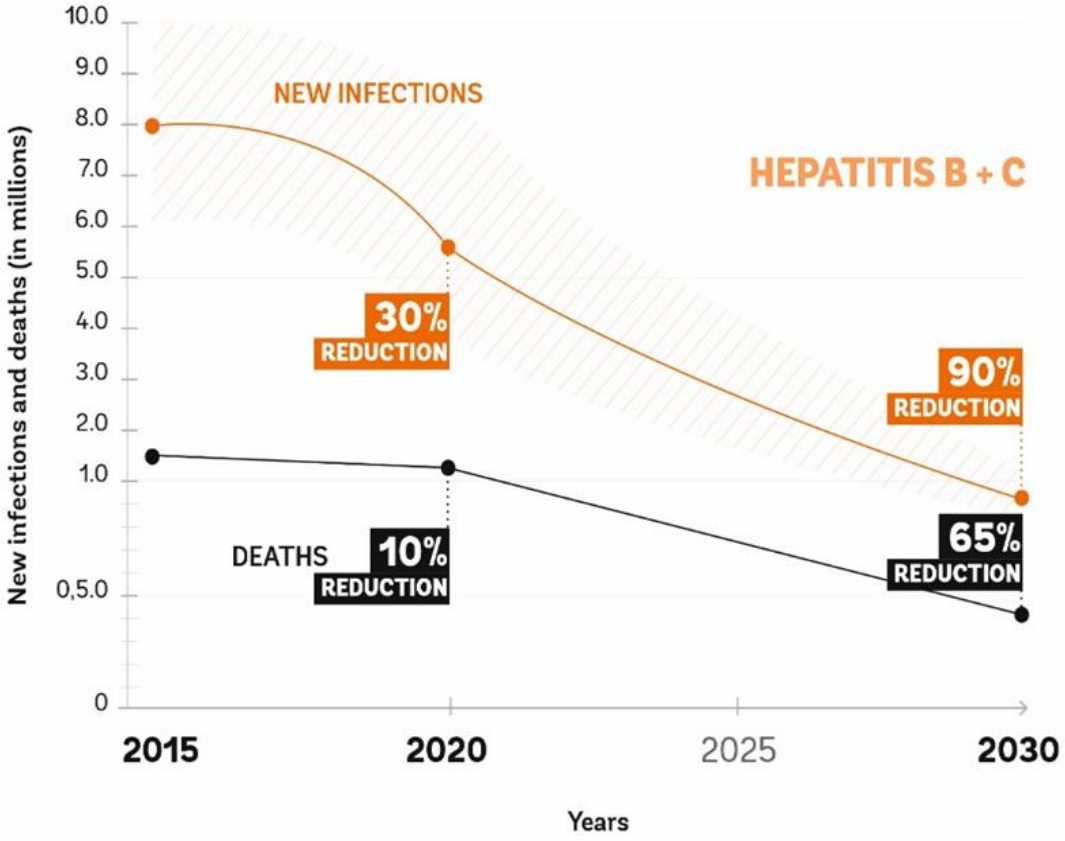
Ward J, Lancet 2020.

COALITION FOR GLOBAL HEPATITIS ELIMINATION

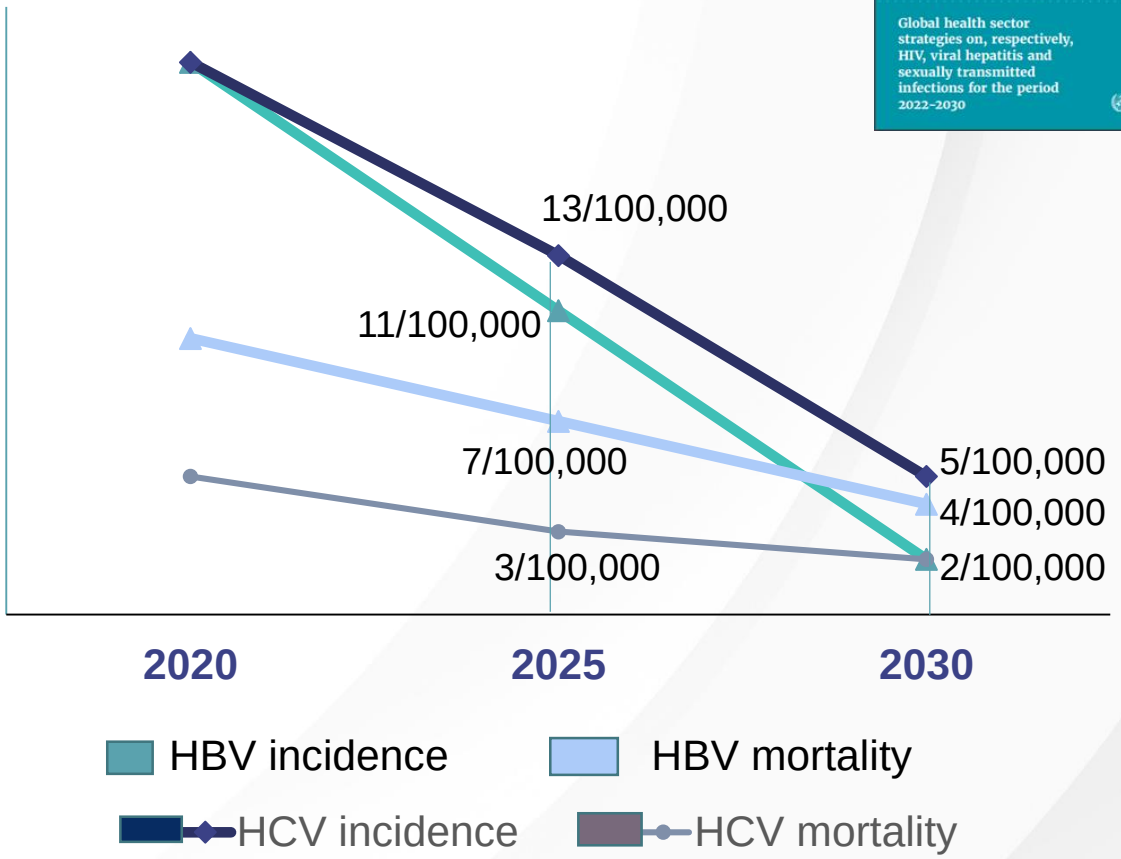
THE TASK FORCE FOR GLOBAL HEALTH

Global Goals for Viral Hepatitis Elimination

Relative Elimination Targets
WHO 2016-2021 Global Strategy



Absolute HCV Elimination Targets:
WHO 2022-2030 Global Strategy



J Ward, A Hinman, Gastroenterology 2019, 2022-2030 Global Health Sector Strategy on HIV, hepatitis and STIs. https://www.who.int/news/item/01-06-2022-seventy-fifth-world-health-assembly-noted-the-2022-2030-global-health-sector-strategy-on-hiv--hepatitis-and-stis

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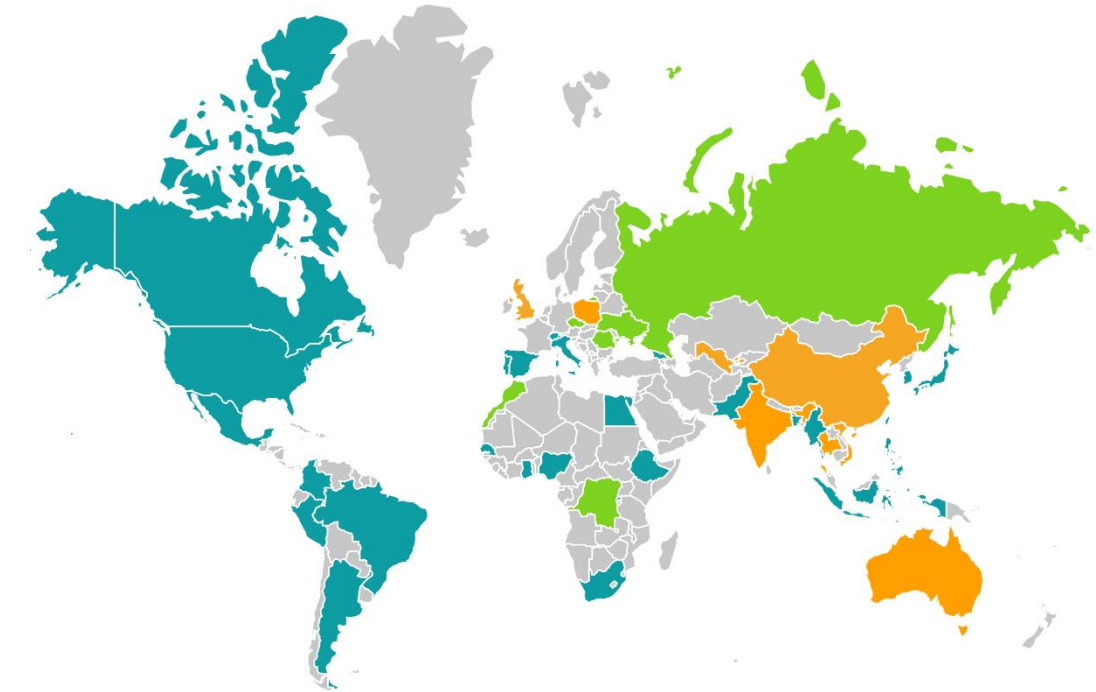
National or Area Hepatitis Elimination Profiles (N-HEP) 30 Profiles Available



Complete

In development

Planned

https://www.globalhep.org/data-dashboards/national-hepatitis-elimination-profiles

Objectives:

1. Assess Status of Hepatitis Elimination on:

- Hepatitis burden
- Policy development– Develop standard framework for policy environment
- Program implementation
- Health equity for key populations
- Partnerships

2. Assess progress toward program targets and health outcome goals

3. Highlight achievements, challenges, and feasible next steps

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Canada & USA Comparison of Elimination Plans & HCV Burden

	CANADA	USA
Established Elimination Goal (2030)	YES	YES
Established Action Plan	NO	YES
Chronic HCV Prevalence	204,000 *(151,000 – 296,000)* *2019*	2.4 M *(2.0 – 2.8 M)* *2015 *based on national survey*
Reported/Estimated HCV Cases, 2020	6,736	66,700 ***estimated***
HCV – Related Deaths, 2019	2,692 7.37/100,000	14,865 3.45/100,000
HCV-related Deaths are reportable nationally	NO	YES
HCV Percent Change in Reported Cases, 2015-2019	+5% ↑ (Reported Cases)	+97% ↑ (Incident cases) 0.7/100,000
HCV Percent Change in Deaths, 2015-2019	-7% ↓	-24% ↓

https://www.globalhep.org/data-dashboards/national-hepatitis-elimination-profiles

HEPATITIS ELIMINATION

GLOBAL HEALTH

Ward J, Hinman A, Gastroenterology, 2019

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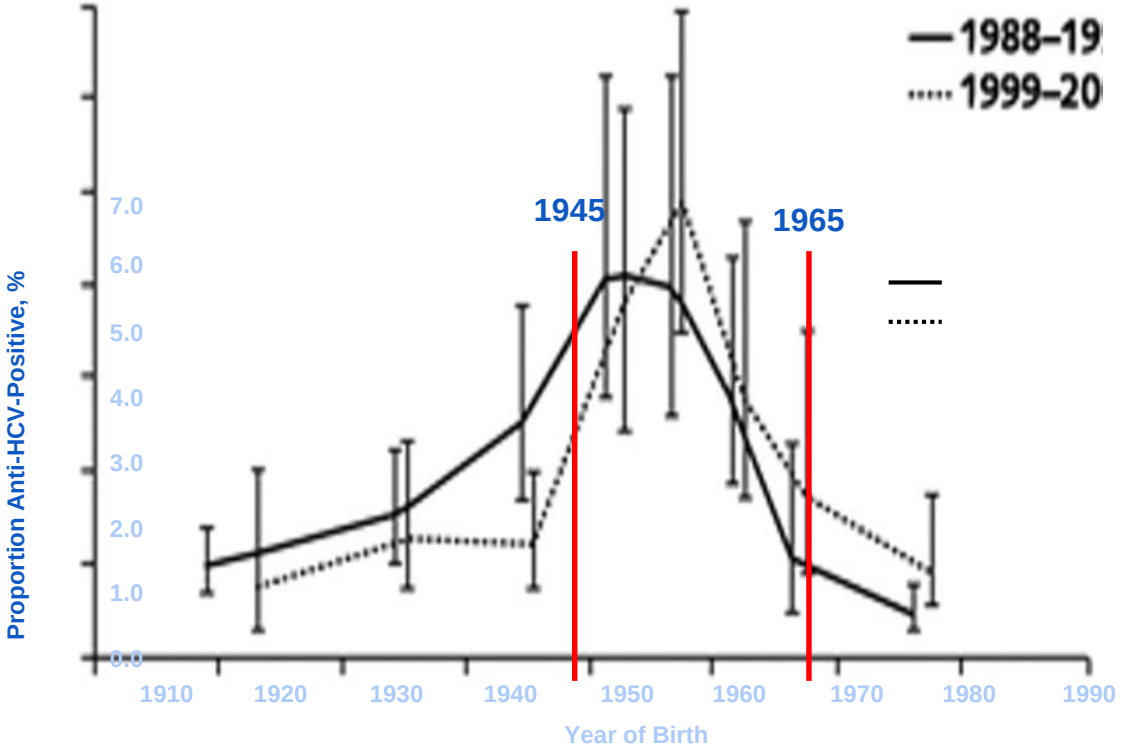
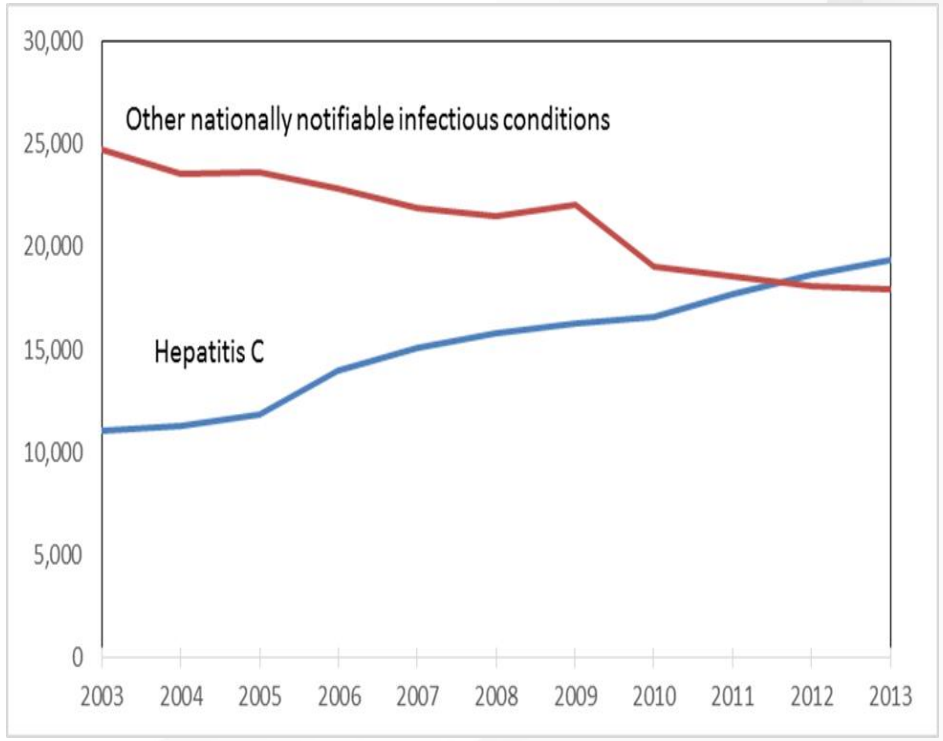
Strategic Information
Epidemic of HCV- Associated Morbidity and Mortality

National serologic surveys NHANES



National mortality data



- 3.5 M persons living with HCV
- 81% are persons born 1945-1965

Rising HCV mortality- 19,659 Deaths (2014)
Average age -59 years

Armstrong G, Ann Int Med 2005, Klevens, M, CID 2016, Ly K, CID 2016

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1945-1965 Birth Cohort Strategy in the United States: 2012

- 81% of the HCV infected population
- ~3% anti-HCV prevalence (2010)
- 50% moderate severe liver disease
- 50% reported no risks-
- Cost-effective $32000 per QALY
- Baby boomer cohort- known to public
- Policy intended to be time limited
- Adopted as no patient co-pay preventive service

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Recommendations and Reports / Vol. 61 / No. 4
August 17, 2012

Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965

Smith B, MMWR, 2012, Rein D, Ann int Med, 2012

Policy Development:
One-time HCV Testing of All Adults: United States, 2020

Only 60% of HCV infected persons are aware of their infection

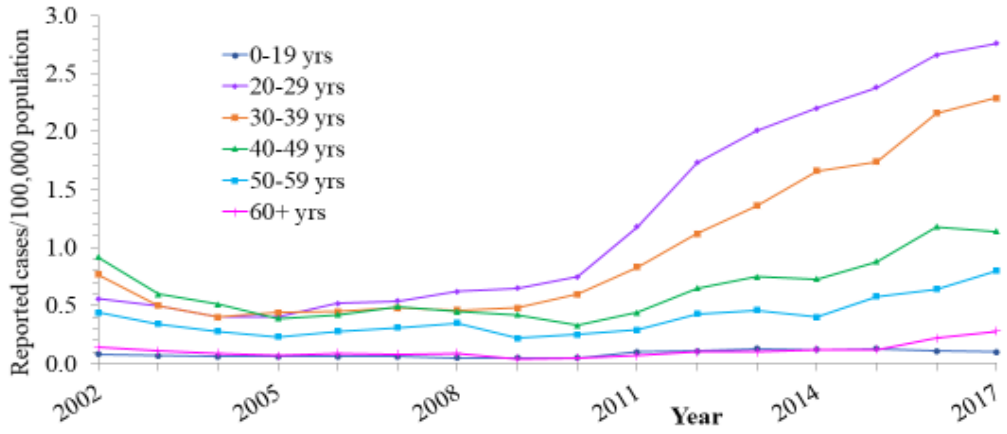
Since 2011. ~three fold increase in HCV incidence

Undiagnosed persons miss benefits of HCV therapy

Cost-effective policy

- All-adults: $11,378- $28,000 per QALY
- Pregnant women: $2826 per QALY gained

Figure 4.3. Rates of reported acute hepatitis C, by age group — United States, 2002–2017



Source: CDC, National Notifiable Diseases Surveillance System.

Clinical Review

JAMA | US Preventive Services Task Force | RECOMMENDATION STATEMENT March 2, 2020

US Preventive Services Task Force Recommendation Statement

Screen adults for hepatitis C virus (HCV) infection Grade B

All asymptomatic adults (including pregnant persons) aged 18 to 79 years without known liver disease.

Periodically screen persons with continued risk for HCV infection

Sources: www.CDC.gov/hepatitis, USPSTF JAMA 2020; CDC. MMWR https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm#F2_down

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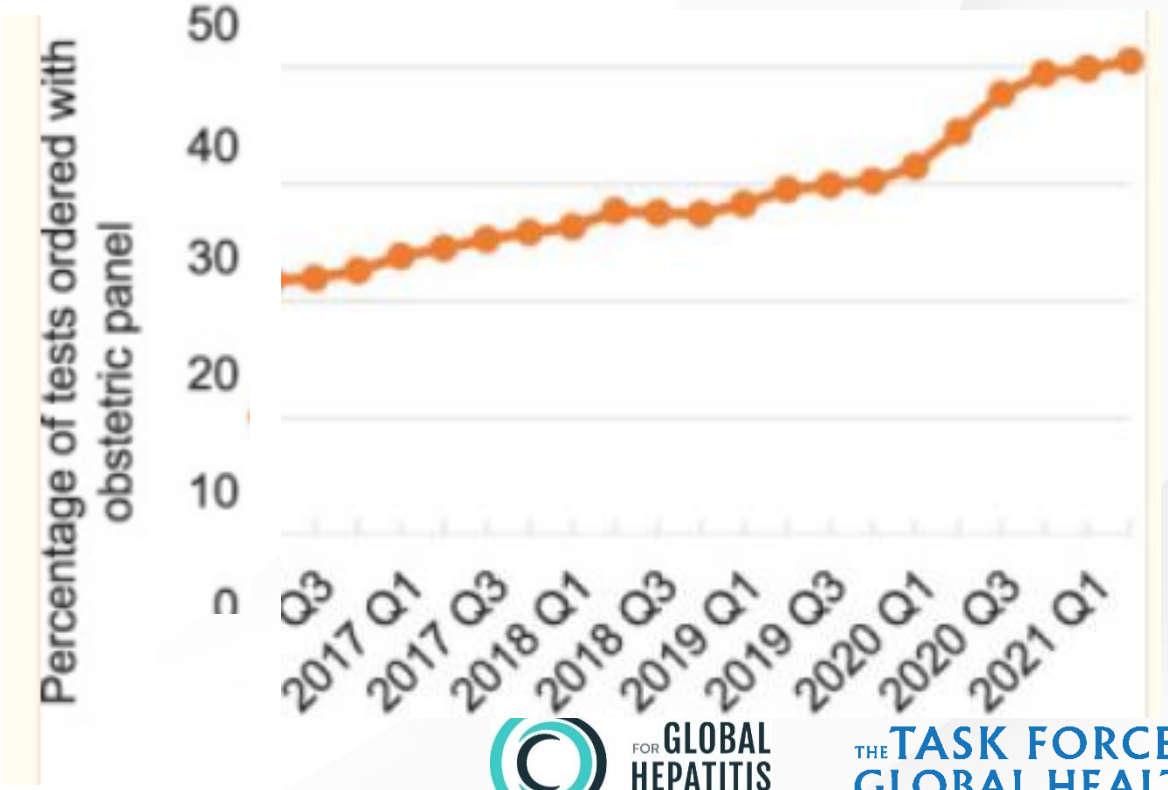
Policy Development:
HCV Testing of Pregnant Women – United States

- High Rates of HCV Among Pregnancy Women
- All pregnant women 463/100,000 (1/215)
  - Age 25-29: 542 (1/184)
  - Amer. Indian/ AK native: 1652 (1/60)
  - < High school education: 1309 (1/76)
  - No prenatal care: 2267 (1/44)

Recommendations of HCV testing of pregnant women 2020 CDC. USPSTF, ACOG 2021

41% screened in 2021



Ely, D, NCHS 2023, Kaufman H, OB Gyn 2021 Wen worth, K, CDC unpublished data

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Simplified HCV Treatment for Treatment of Naïve Patients without Cirrhosis

AASLD AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

IDSA Infectious Diseases Society of America

PRE-TREATMENT ASSESSMENT

- Calculate FIB-4 score
- Cirrhosis assessment
- FIB-4 > 3.25
- Transient elastography indicating cirrhosis (e.g. Fibroscan stiffness > 12.5 kPa)
- Noninvasive serologic tests above proprietary cut-offs indicating cirrhosis (FibroSure, etc)
- Clinical evidence of cirrhosis (e.g. liver nodularity, and/or splenomegaly on imaging, platelet count< 150,000 mm^3, etc)
- Cirrhosis on prior liver biopsy
- Record all medications- include herbal and OTC
- Assess for potential drug-drug interactions
  - AASLD/IDSA guidance
  - Univ. of Liverpool checker
- Educate patient about drug administration, adherence, reinfection risks

RECOMMENDED REGIMENS

Glecaprevir (300mg)/pibrentasvir (120mg)/day taken with food for 8 week

Sofosbuvir (400mg)/ velpatasvir (100mg)/day for 12 weeks

ON-TREATMENT MONITORING

- Inform patients taking diabetes medication of potential for hypoglycemia; monitoring for hypoglycemia is recommended.
- Inform patients taking warfarin of potential changes in anti-coagulation status; monitor INR for subtherapeutic anticoagulation is recommended
- **No other laboratory monitoring is recommended**
- In-persons or telehealth/telephone support as needed

POST-TREATMENT ASSESSMENT OF CURE (SVR)

- Quantitative HCV PCR and hepatitis function panel ≥ 12 weeks after treatment completion
- Look for other causes of elevated transaminases after SVR

FOLLOW-UP AFTER ACHIEVING VIROLOGIC CURE (SVR)

- No routine follow-up
- Patients with HCV risks- counsel, and test annually
- Patients with elevated ALT, AST or bilirubin- repeat HCV tests
- Avoid excessive alcohol use

FOLLOW-UP FOR PATIENTS WHO DO *NOT* ACHIEVE A VIROLOGIC CURE

- Specialist evaluation for retreatment
- Evaluate q 6-12 mos. until retreatment occurs (hepatic function, CBC, INR)
- Avoid excessive alcohol use

Bhattacharya D, Aronsohn A, Price J, Lo Re V, AASLD–Infectious Diseases Society of America HCV Guidance Panel, Hepatitis C Guidance 2023 Update:Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection, *Clinical Infectious Diseases*, 2023

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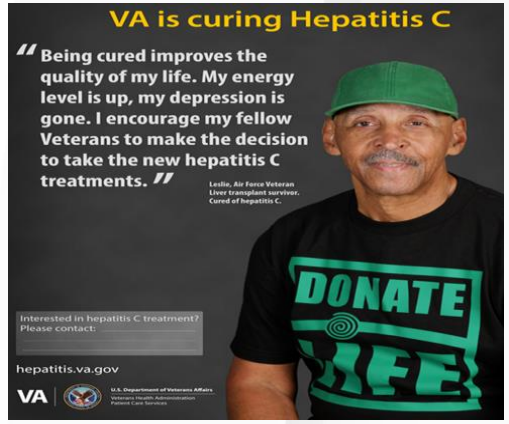
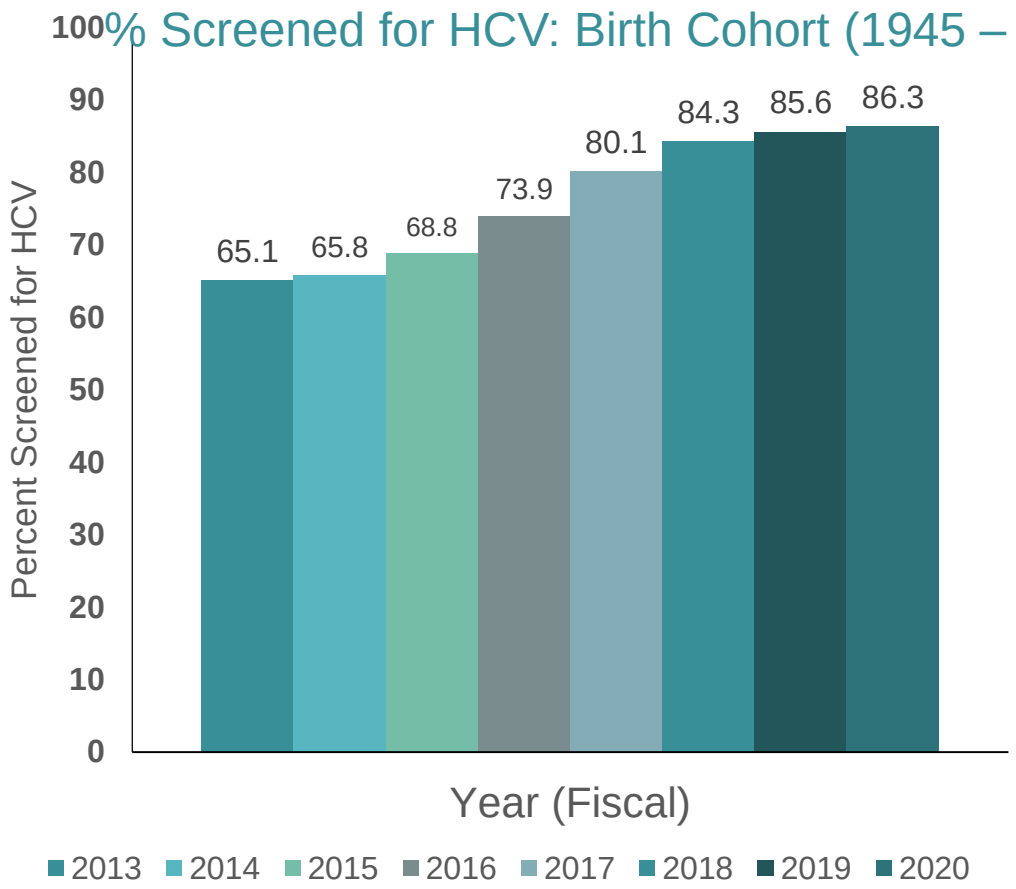
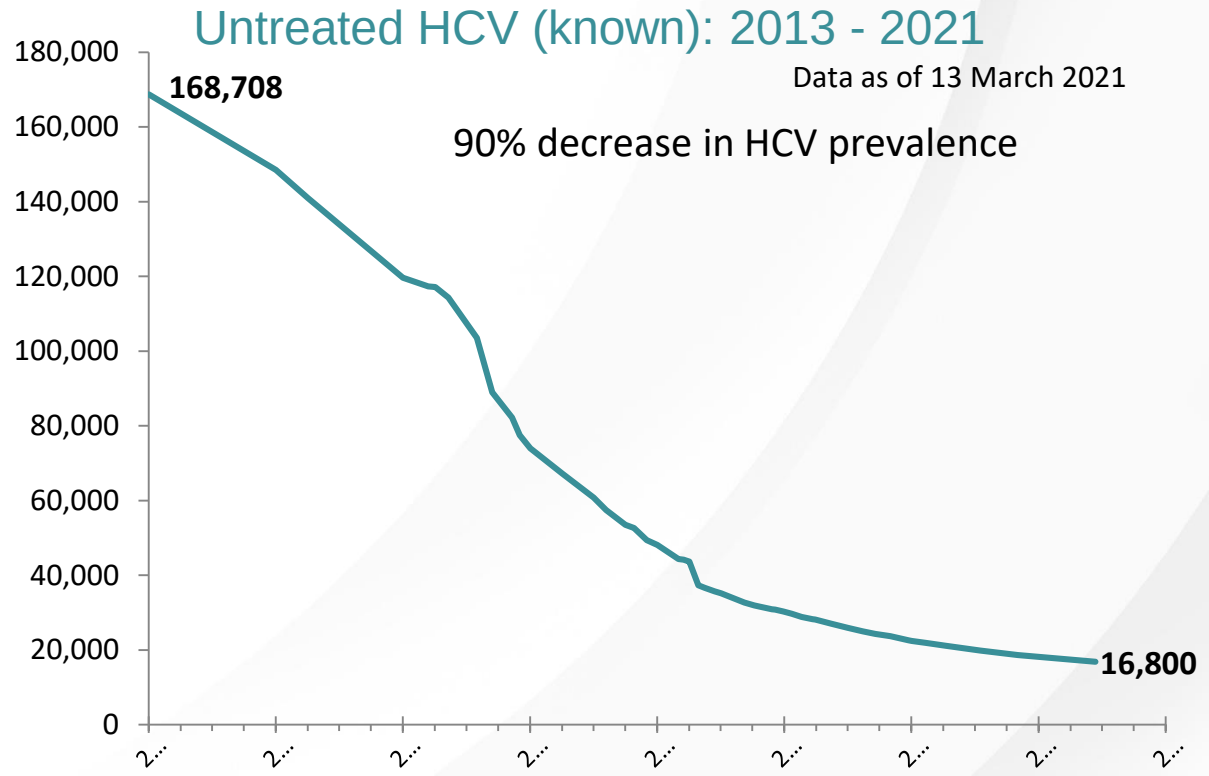
Pilot Programs
Military Veterans
Routine HCV screening (1945-1965 birth cohort)







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As Native People and as Cherokee Nation Citizens, We Must Keep Striving to Eliminate Hepatitis C

Chief Bill John Baker

CNHS HCV Care Model

Universal Screening
Screened 50,246 patients
All patients aged 20-69

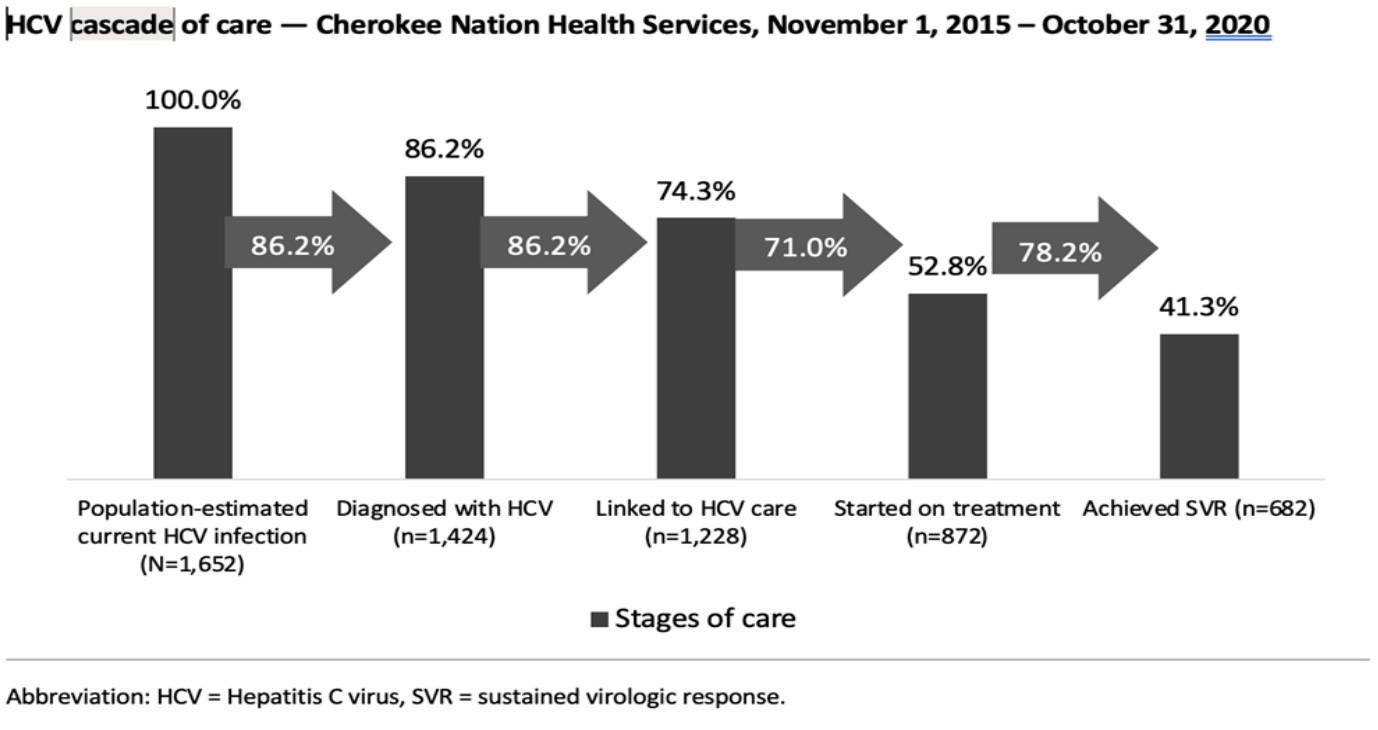
Patient Navigator
Staff contacts HCV+ individuals and arranges follow-up testing and evaluation

HCV Evaluation and Non-Adherence Risk Assessment
Nurse, BH counselor, HCV provider, case manager, pharmacist, community health worker
DAA procured and MAT started, if needed

HCV Treatment
All patients offered treatment

Community Health Worker
Home visits for patients at high risk of non-adherence

11/2015 → 10/202



Mera J, personal communication MMWR Morb Mortal Wkly Rep. 2016 May 13;65(18):461-6

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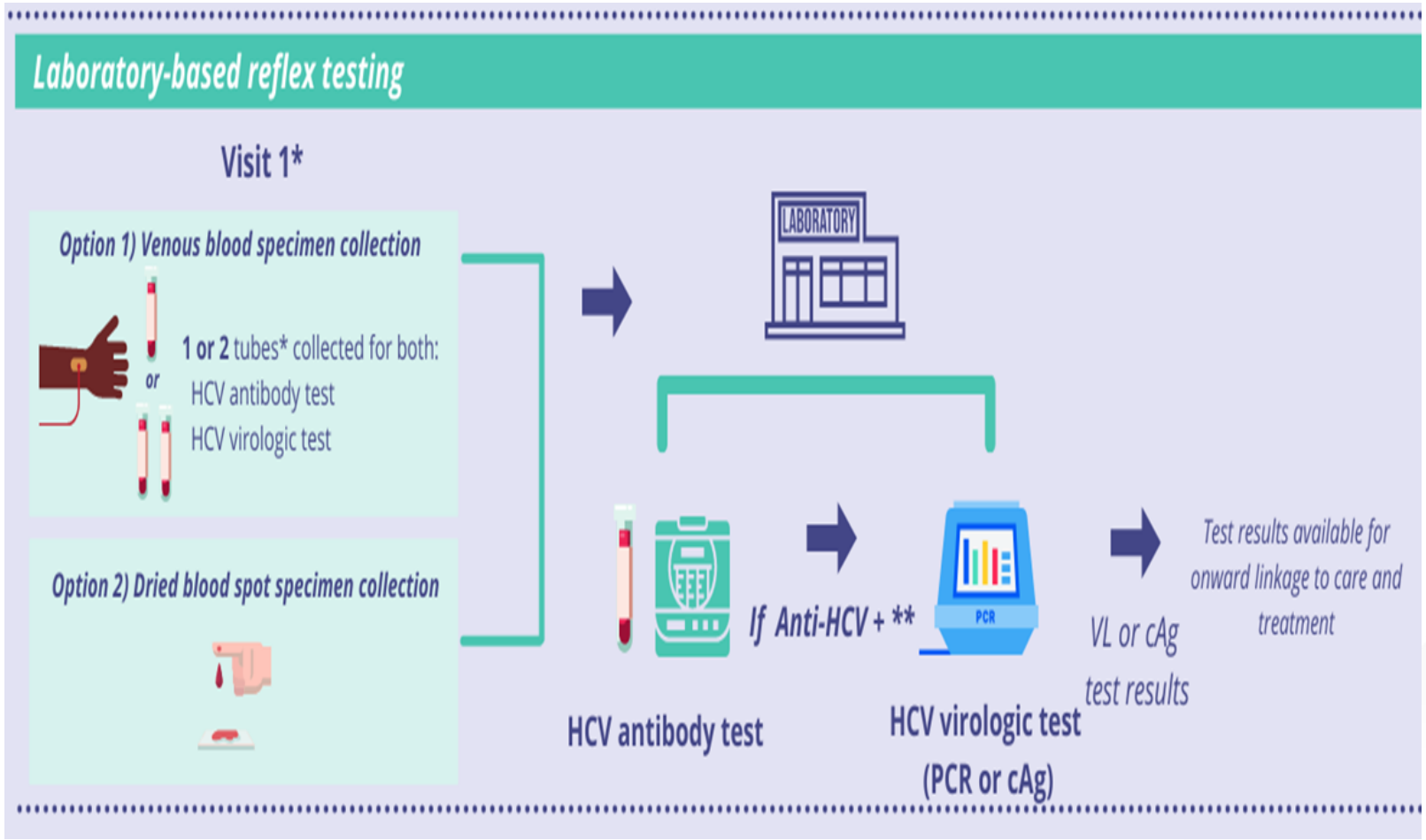
Interventions Improving Access to HCV Testing and Treatment

	Anti-HCV testing	Virologic testing	HCV care	HCV treatment
Medical chart reminders	*	*	*	*
Provider education	*	*	*	
Nurse led care	*			*
Integrated care	⚡		* ⚡	*
Directly observed therapy	* ⚡			
Patient education/ coordination	* ⚡		* ⚡	*
Point of care (POC) anti-HCV	* ⚡		* ⚡	*
POC HCV PCR		⚡		
Opt-out testing	* ⚡			
Reflex testing		*	*	
Dried blood spot	* ⚡		*	

* For general patient populations; ⚡ for persons who inject drugs

Cunningham E Lancet Gastro Hep; 7 (5) May 2022
Cunningham E, Int J Drug Policy Jan 2023

HCV Reflex Testing Increases Access to HCV Diagnostic Testing



Recommendations: Reflex HCV RNA testing

We recommend reflex HCV RNA testing in those with a positive HCV antibody test result as an additional key strategy to promote linkage to care and treatment.

https://www.who.int/publications/i/item/9789240052697

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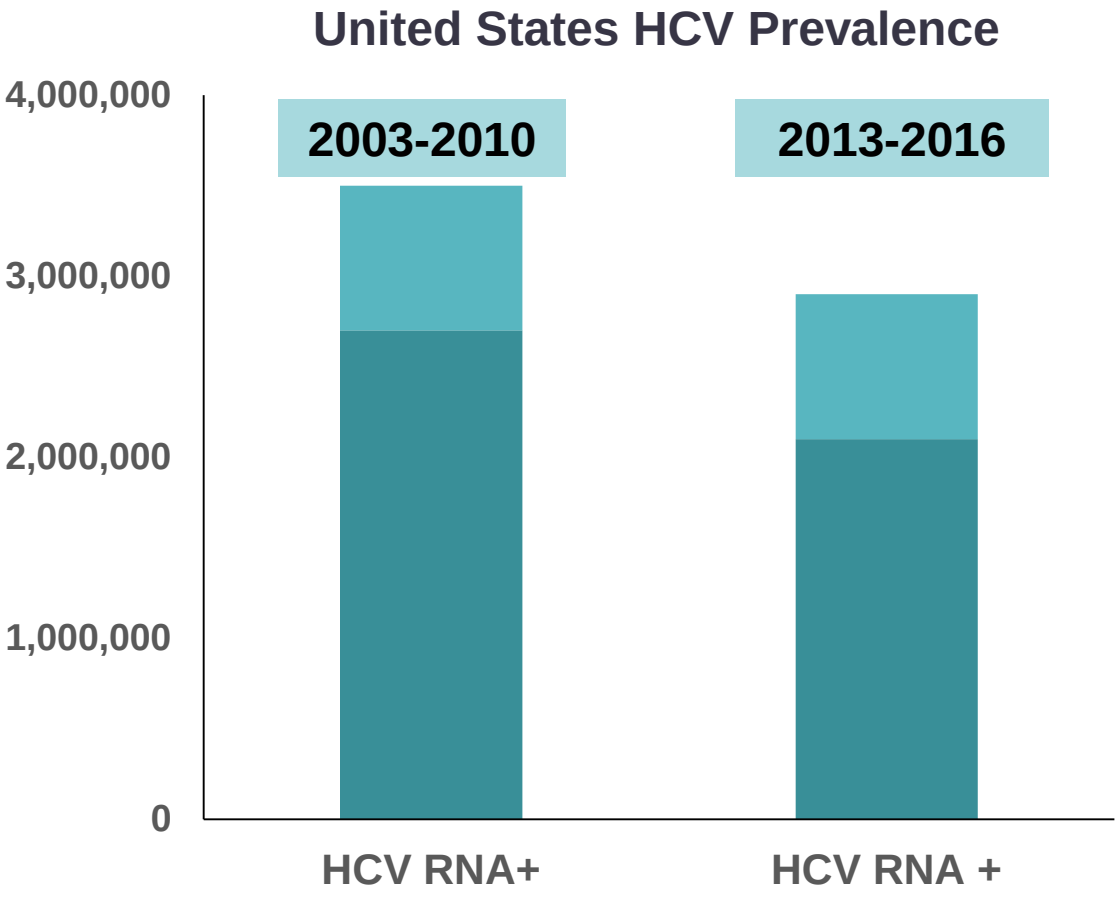
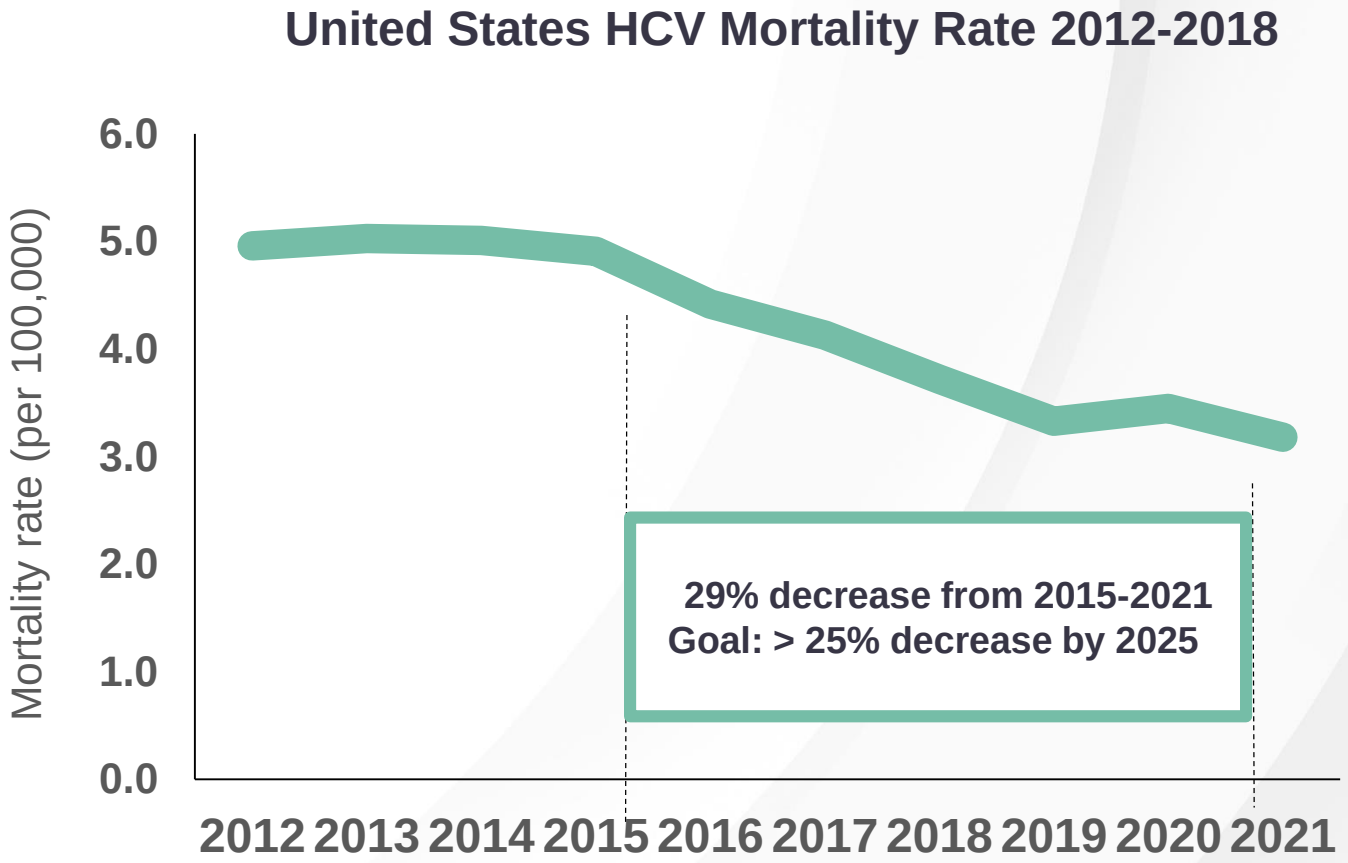
Changes HCV Prevalence and Mortality toward HCV Elimination Goal





Source: Hofmeister M, Hepatology 2018; www.cdc.gov\hepatitis

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Access To Preventive Services for PWID in the United States

HCV incidence highest in Appalachian, Midwestern and New England states

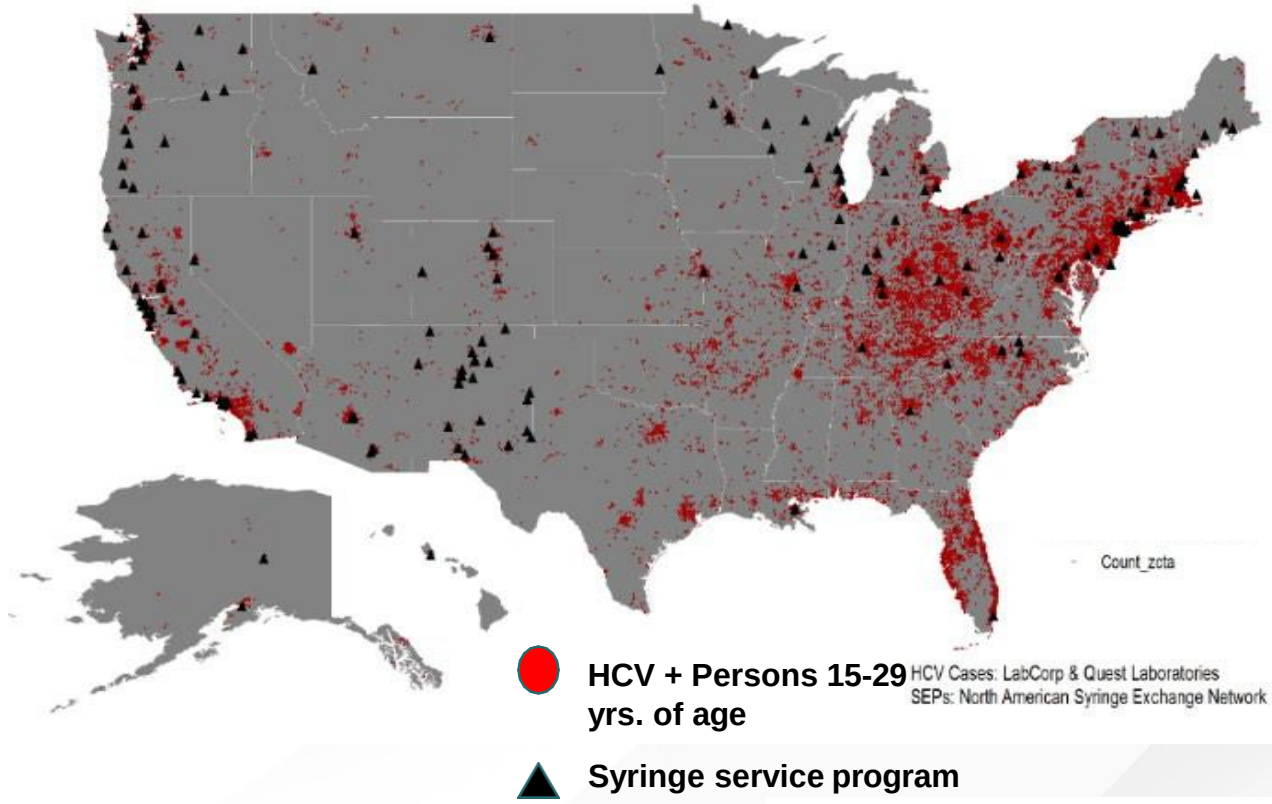
National program coverage:

- 270 syringe service programs (SSP) in operation (early 2017)
- **~2,200 additional programs needed for close access to syringe services**

- Only 30% (4,986) drug treatment facilities offer HCV testing

- Only 14% of primary care patients with IDU – related conditions are screened for HCV

Only 20% of persons 15-29 yrs. with HCV, live < 10 miles of a syringe service program.

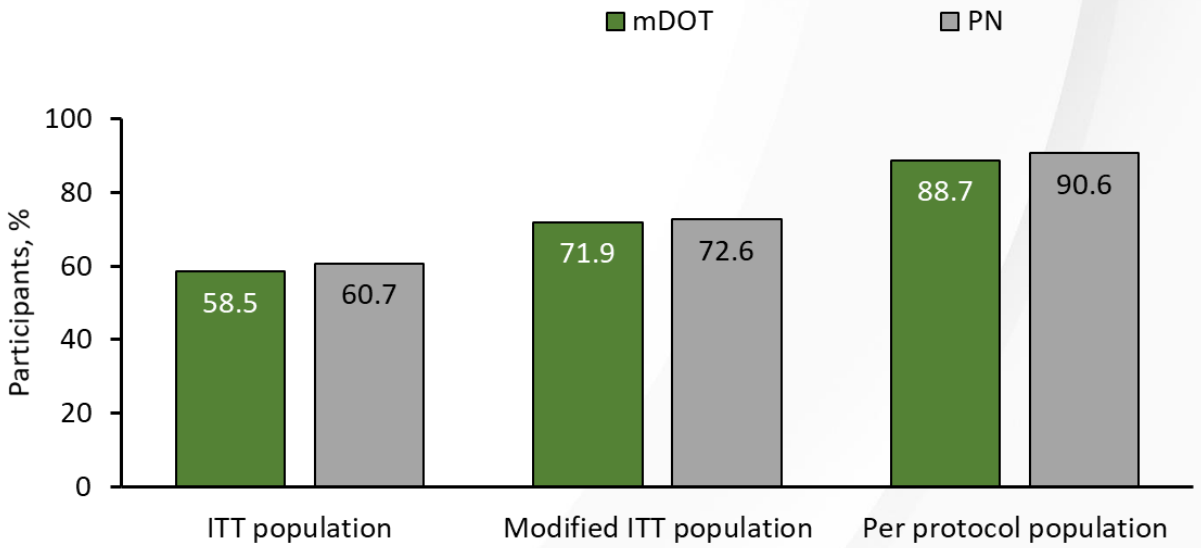


Vickerman unpublished data; North American Syringe Exchange Network, unpublished data; Canary L, CID, 2017; CDC MMWR 2018

Patient-Centered Models of HCV Treatment for Persons Who Inject Drugs: The HERO Study

- PWID –injecting within 90 days
- Patient navigation (PN) Two week prescriptions(n=379)
- Modified directly observed therapy (mDOT) (n=376)
  - At least 5 doses observed/week
- 8 states
  - opioid treatment programs: 41%
  - community health centers: 59%
- Treatment
  - Initiation: 82.5%
  - Adherence: 74.1%*
  - Completion: 82.7%

  * higher for DOT



ITT all randomized
mITT all randomized and initiated treatment
Per protocol (PP): randomized; initiated treatment; complied with assigned care and had SVR outcomes

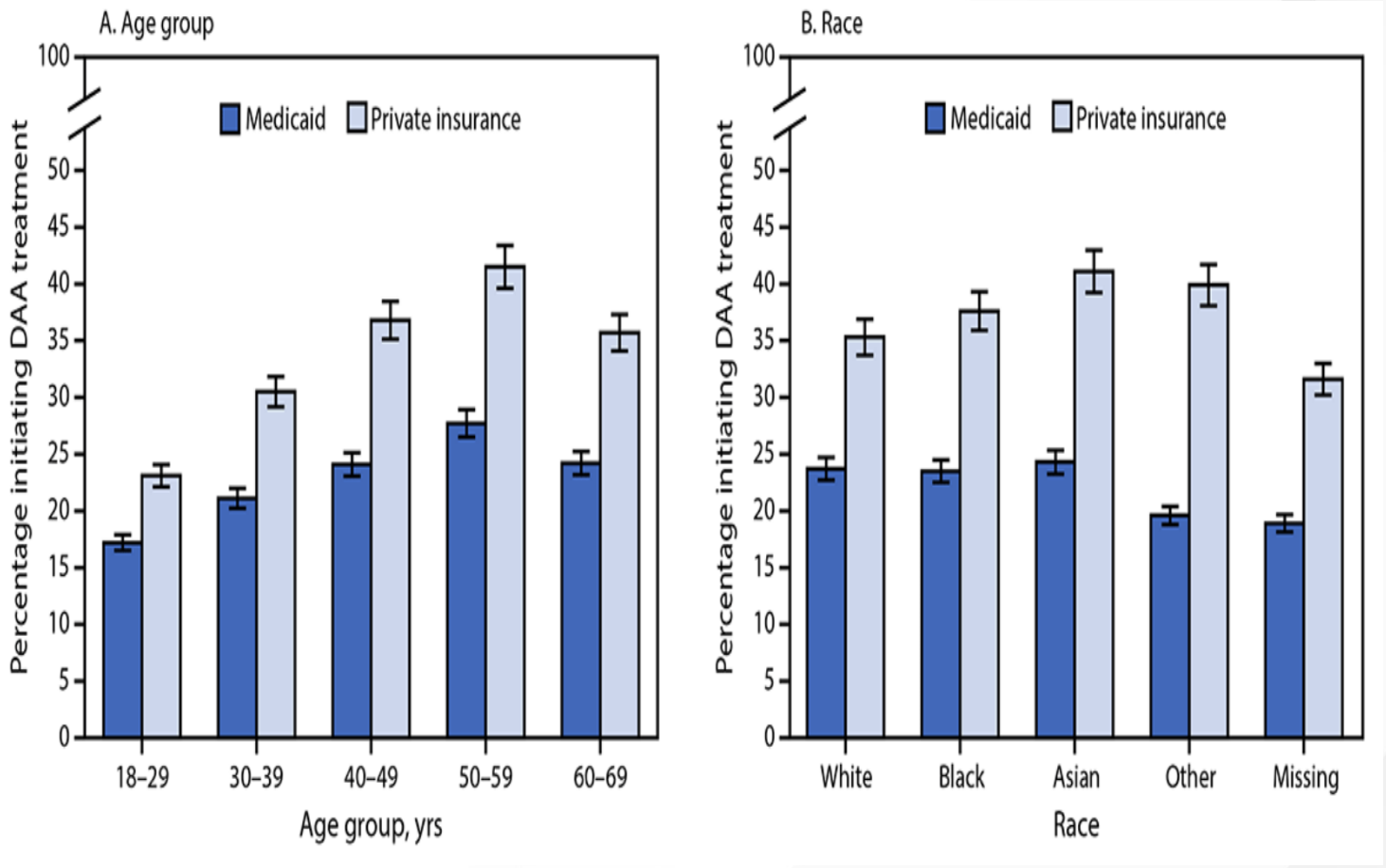
After HCV Diagnosis, Too Few Persons Receive Treatment

National claims data for > 2M persons
Feb 2019- Oct. 2020

Indicator: Percent prescribed HCV meds < 360 days of HCV RNA + test

- Private: 35%
- Medicare: 28%
- Medicaid: 23%

- If states has Medicaid restrictions, 23% decline in patients treated.



MMWR Morb Mortal Wkly Rep 2022;71:1011-1017.

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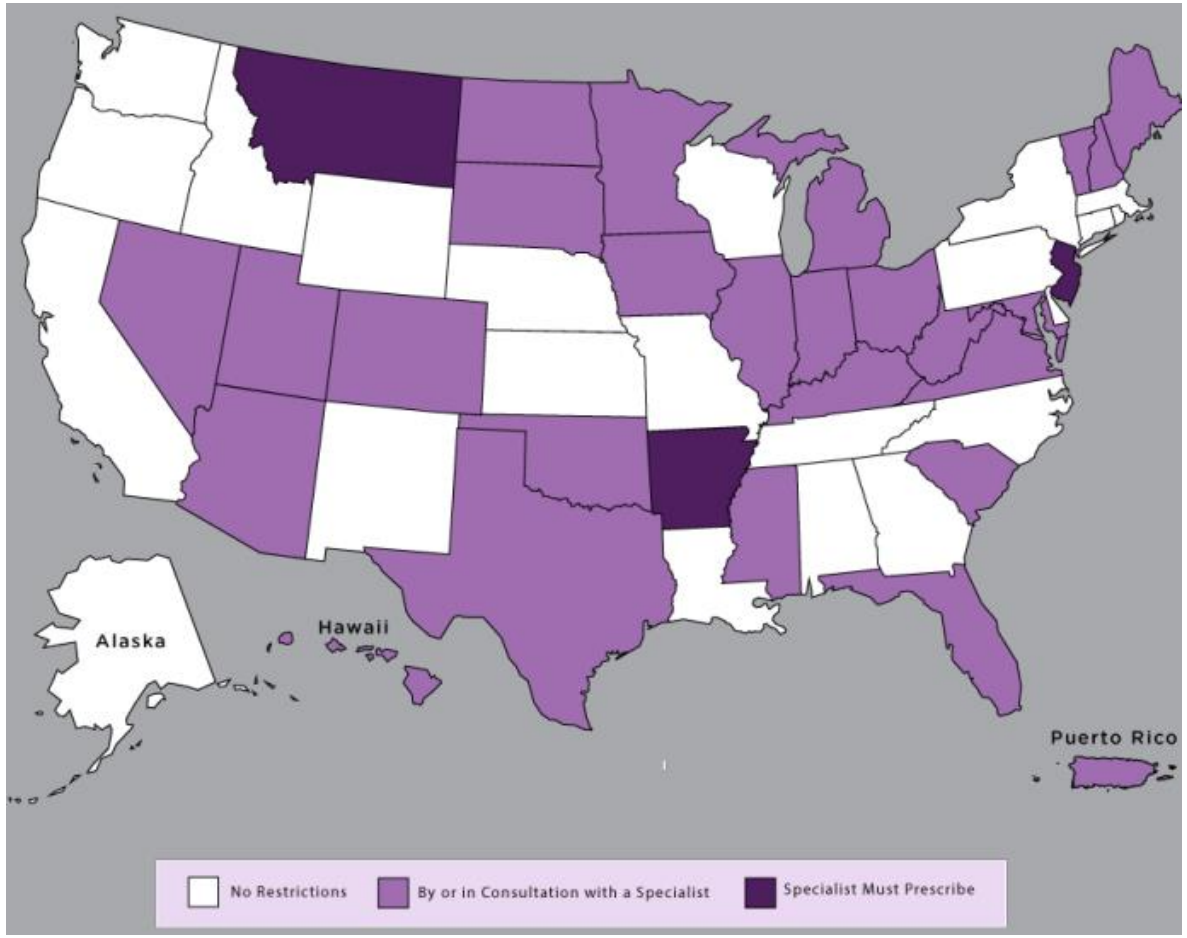
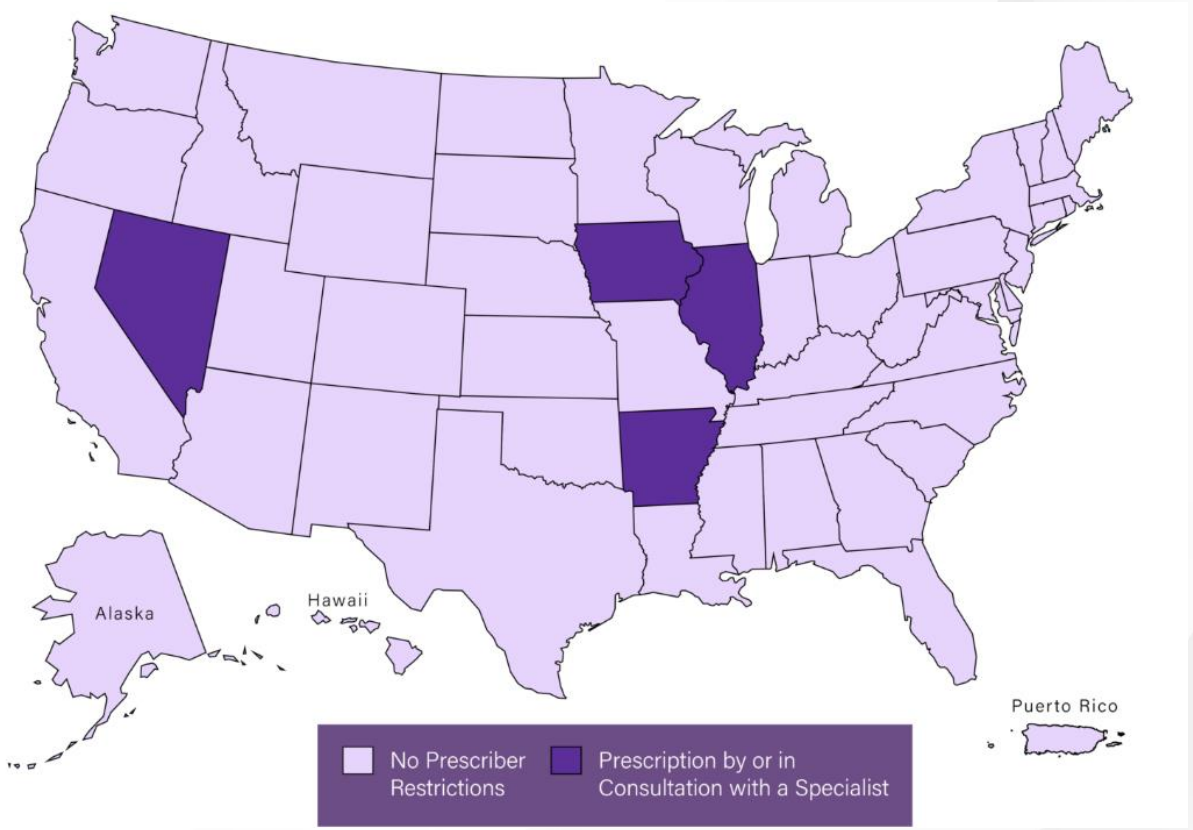
Removal of Restrictions to HCV Treatment: Example: Non-specialists can Prescribe HCV Medications

2019: 21/50 states



2023: 46/50 states



Center for Health Law and Policy Innovation, the National Viral Hepatitis Roundtable (NVHR)
Hepatitis C: State of Medicaid Access www.stateofhepc.org

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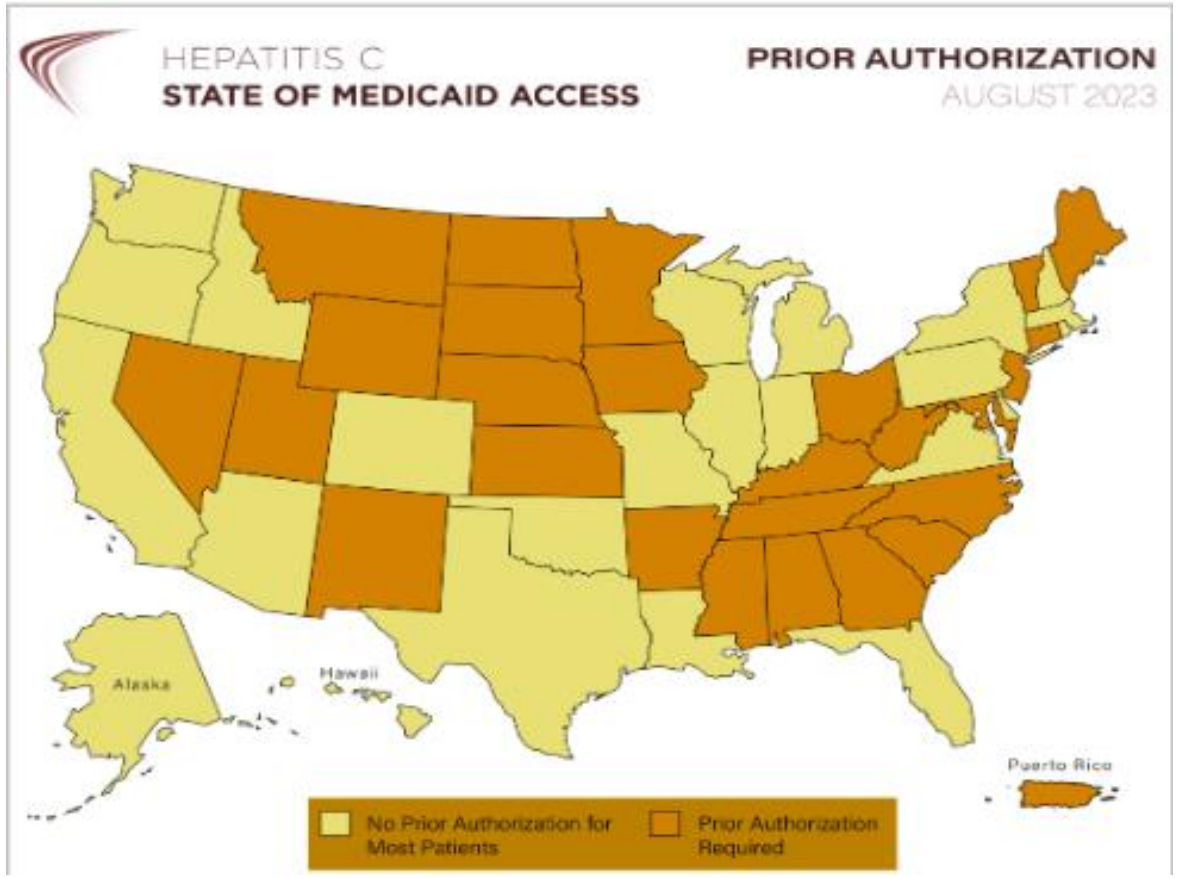
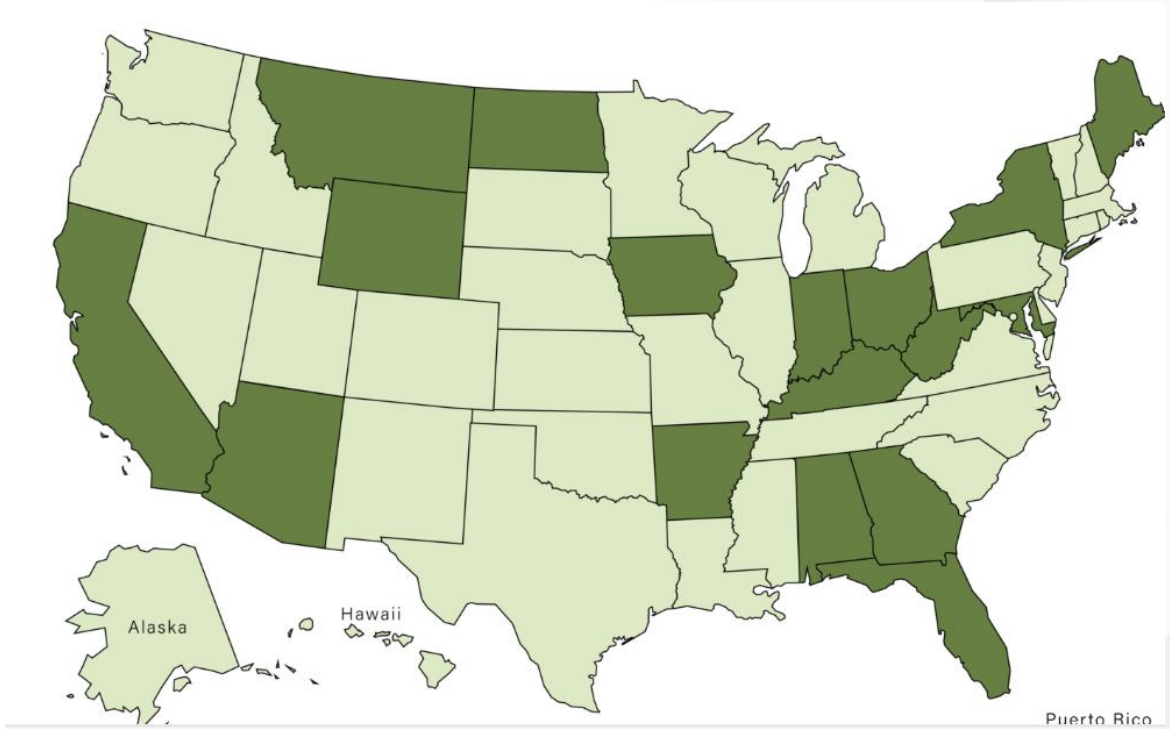
Restrictions to HCV Treatment: United States

2019: 27/50 states require prior authorization



2023: 17/ 50 states have restrictions on retreatment



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Proposal National Hepatitis C Elimination Program

Dr. Francis Collins
Former Dir. NIH

Request $ 12.3b over 5 years – 2024 budget

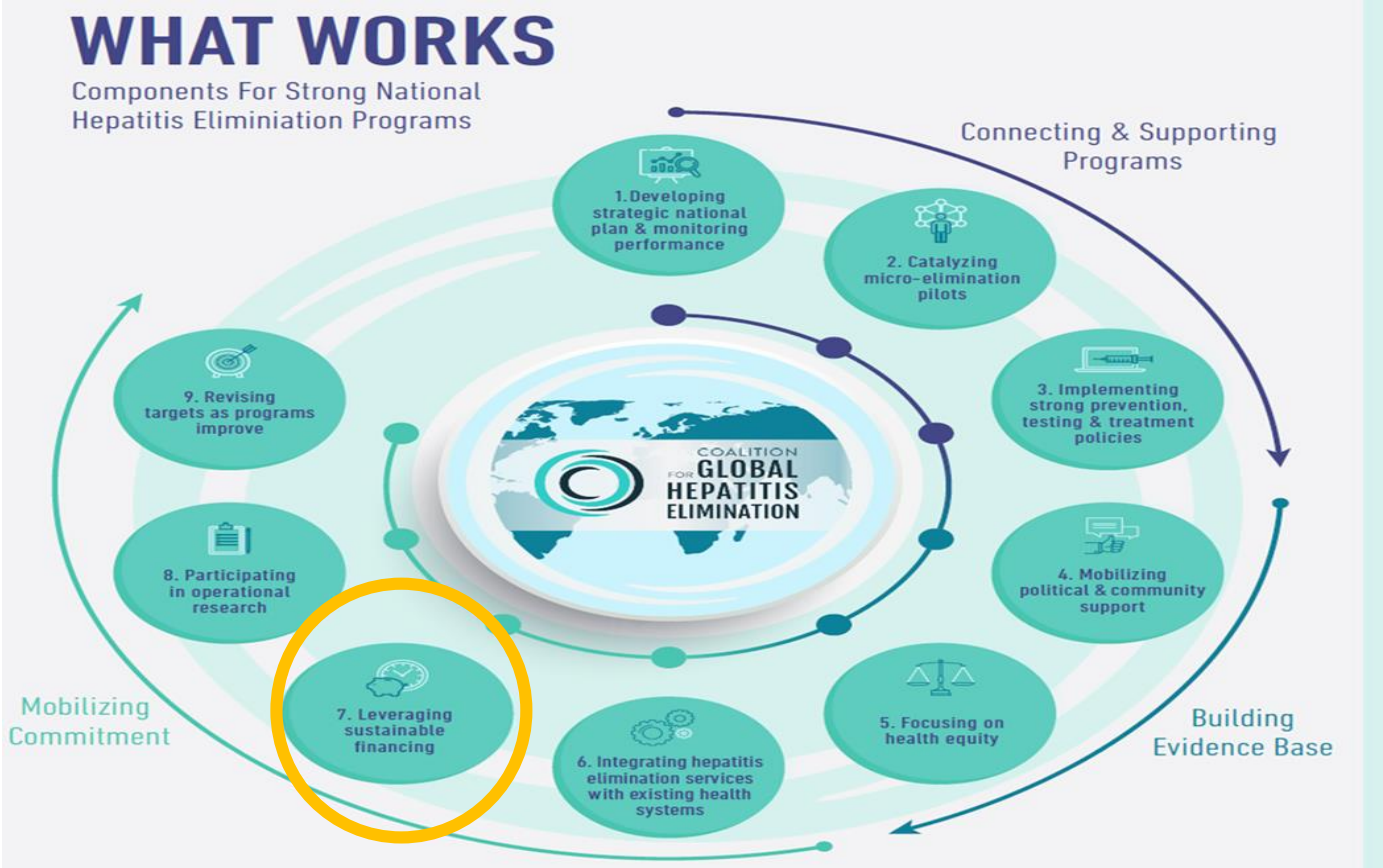
1) **FDA license point-of-care HCV tests**

2) **Provide HCV medications at no patient cost**

3) **Expand HCV care capacity**

4) **Support HCV vaccine development**

Must be passed by the US Congress



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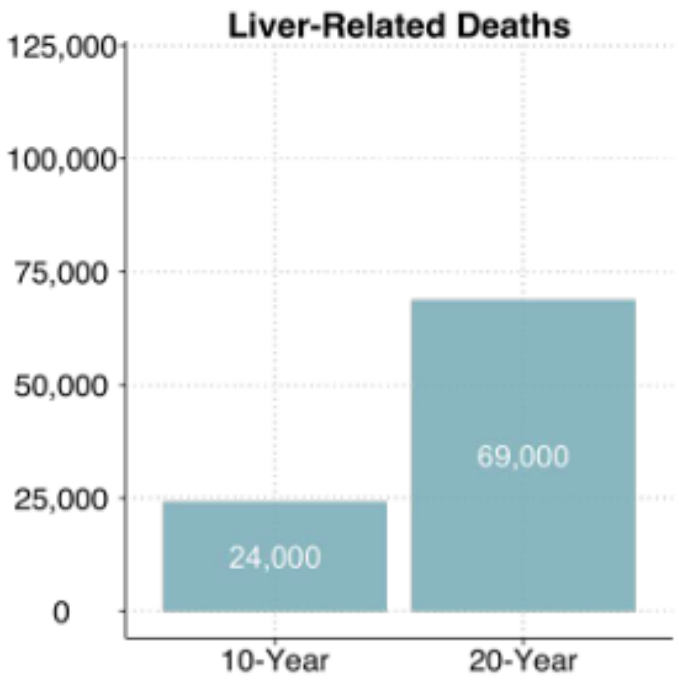
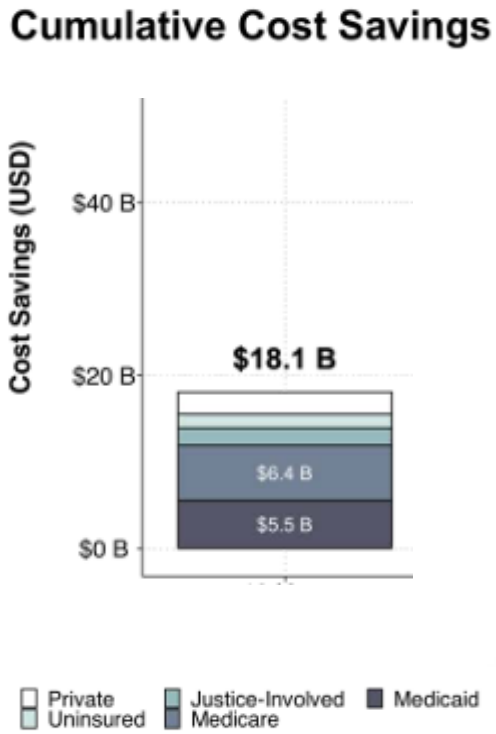
Presidential Initiative to Eliminate Hepatitis C in the United States

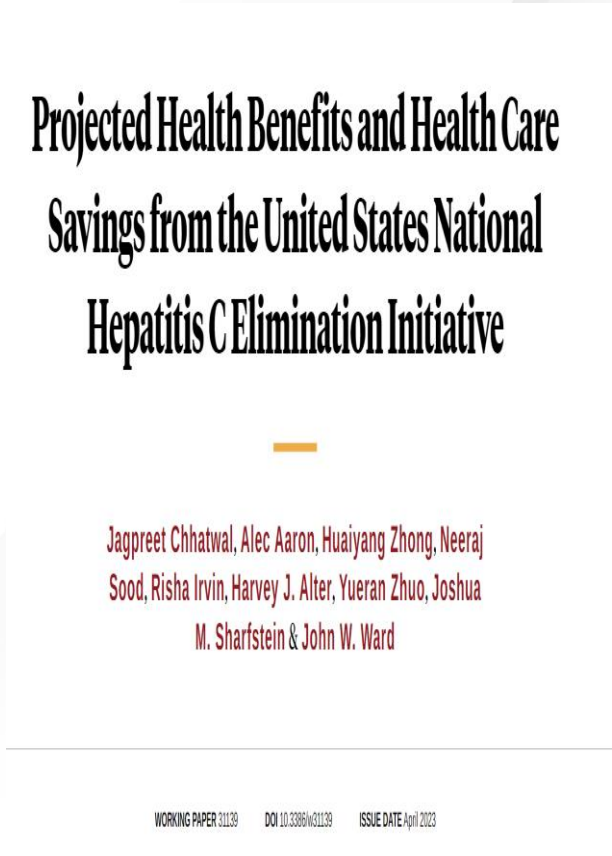
We are seeking to mount a national program to eliminate hepatitis C in the United States
--Francis Collins

FY 2024 President's budget requests $12.3 billion in mandatory funding over five years

Outcomes: 92.5% diagnosed; 89.6% cured of HCV
Avert 24,000 liver related deaths;
Save $18.1B over 10 years ; $13.3b to Federal government






Projected Health Benefits and Health Care Savings from the United States National Hepatitis C Elimination Initiative

Jagpreet Chhatwal, Alec Aaron, Huaiyang Zhong, Neeraj Sood, Risha Irvin, Harvey J. Alter, Yueran Zhuo, Joshua M. Sharfstein & John W. Ward

WORKING PAPER 31139 DOI 10.3386/w31139 ISSUE DATE April 2023

https://www.nber.org/papers/w31139

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Opportunities to Launch HCV Elimination Program for the US: A Bill Representing a National Implementation Plan

- New initiatives can leverage existing programs and innovative care reforms.
  - Build on existing CMS authorities and initiatives to increase HCV testing and treatment capacity
  - Funding can support infrastructure development for disease detection and sustain improvements in primary care delivery
- Bill expected from Senator Chris Van Hollen (MD)
- Goal remains FY 24 funding for a five-year program

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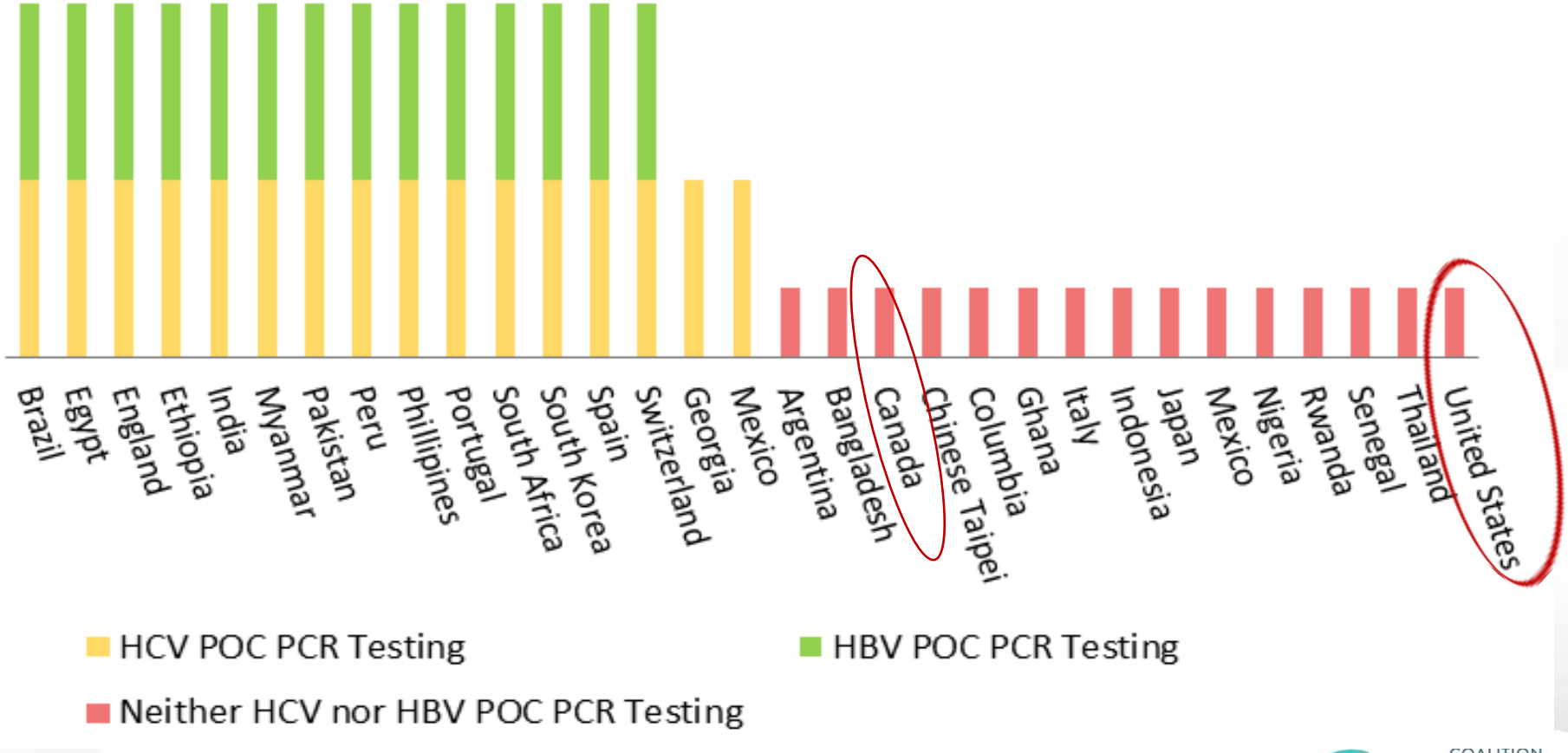
Global HBV & HCV POC PCR Testing (NHEPs)



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Canada & USA Comparison of Testing Policies

	CANADA	USA
Proportion of Persons Living with HCV Diagnosed	76% *2019 	60% *2016 
HCV Risk-Based Testing Recommendations	Adopted	Adopted
HCV Universal One-Time Testing Recommendations	-	Adopted
HCV Testing of Pregnant Women	Partially Adopted	Adopted
No Patient Co-Pays for anti-HCV testing	Adopted	Adopted
Monitoring Number of HCV Diagnoses and Treatments	Partially Adopted	Partially Adopted

https://www.globalhep.org/data-dashboards/national-hepatitis-elimination-profiles

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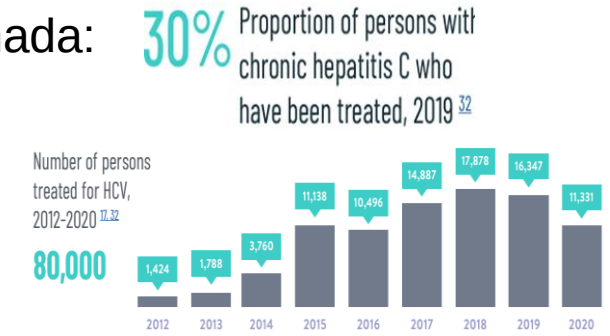
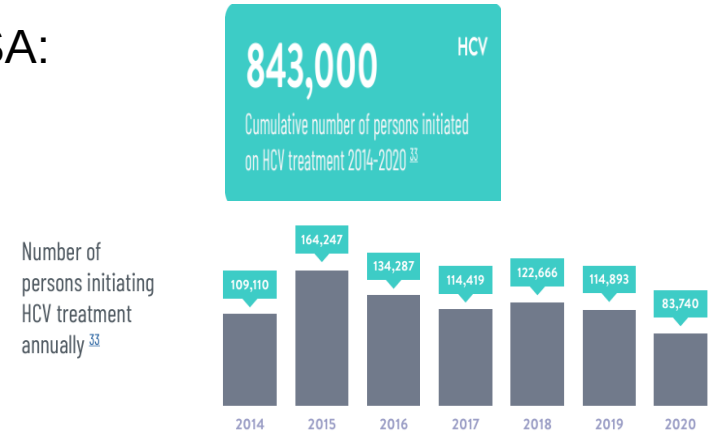
Canada:



USA:



https://www.globalhep.org/data-dashboards/national-hepatitis-elimination-profiles

Canada & USA Comparison of Treatment

	CANADA	USA
National Treatment Guidelines	Available	Available
Simplified Care Algorithm: Non-specialists can Prescribe Treatments	Partially Adopted	Partially Adopted
Simplified Care Algorithm: Less than 2 Clinic Visits during Treatment	Adopted	Adopted
Simplified Care: No Patient Co-pays for Treatment	Partially Adopted	Partially Adopted
No Genotyping	Partially Adopted	Partially Adopted
No Sobriety Restrictions	Adopted	Partially Adopted
No Fibrosis Restrictions	Adopted	Partially Adopted
No Prior Authorization Requirements	-	Partially Adopted

Canada & USA Comparison of Prevention

	CANADA	USA
National Policy for Harm Reduction for Persons Who Inject Drugs (PWID)	**Adopted**	**Adopted**
National Policy for Syringe Exchange in Federal Prisons (# of prisons implementing syringe exchange)	**Adopted** *11 of 43 Prisons currently implementing* **2018; The Correctional Service of Canada (CSC)*	**Not Adopted**
Number of Needles/Syringes per PWID per year	**291**	**30**
Number of Opioid Substitution Therapy Recipients per 100 PWID	**24**	**19**
Decriminalization of Possession of Syringes & Paraphernalia	**Adopted**	**Partially Adopted**
Decriminalization of Drug Use	**Not Adopted** **Not adopted at the federal level; decriminalization possession of certain illegal drugs (British Columbia – local level)*	**Not Adopted**

https://www.globalhep.org/data-dashboards/national-hepatitis-elimination-profiles

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Canada & USAs Hepatitis Elimination: Next Steps

Canada	USA
Develop national indicators of elimination including incidence, prevalence, mortality and care cascade	Increase support for HCV prevention and surveillance infrastructure
Address hepatitis related health disparities	Address hepatitis related health disparities
Expedite licensure of point of care tests for HCV RNA	Expedite licensure of point of care tests for HCV RNA
Implement RNA reflex testing in all provinces	Scale-up HCV testing for all adults including pregnant women
Update HCV screening and care guidelines	Simplify HCV care with removal of restrictions to HCV treatment
Simplify HCV care with removal of restrictions to HCV treatment	Expand access to harm reduction in correctional settings
Scale up HCV prevention, testing and treatment in provincial correctional facilities	Leverage innovations from COVID-19 response
Improve cultural competency skills for providers of HCV prevention and care services to key populations	Increase number of primary care clinicians treating persons with HCV

https://www.globalhep.org/data-dashboards/national-hepatitis-elimination-profiles

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Coalition for Global Hepatitis Elimination

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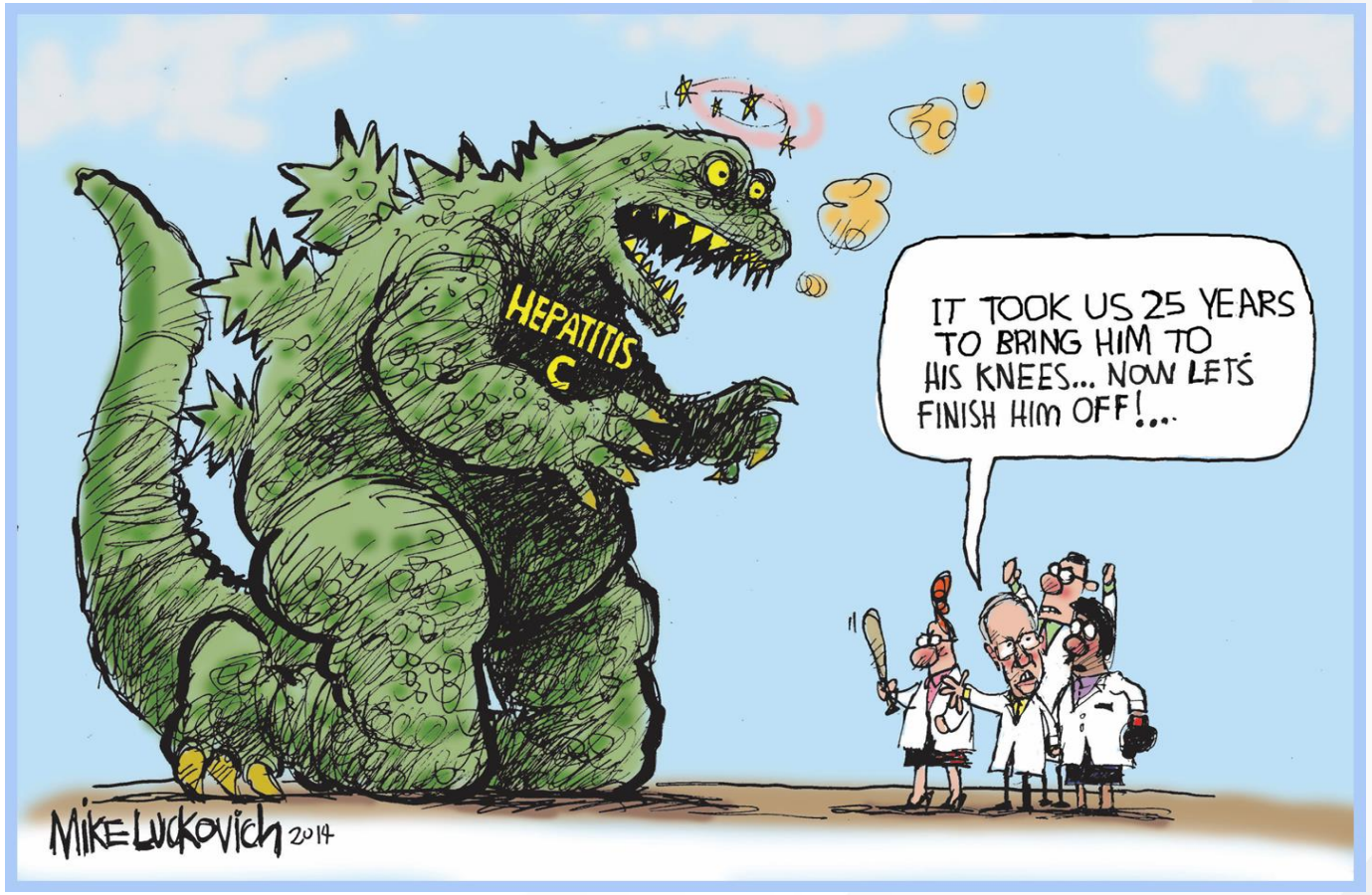
+1-404-456-8167



"Hepatitis is a pandemic. Elimination of hepatitis is an achievable goal if we work together."

- Nobel Laureate Professor Charles M. Rice

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