

Italy facing WHO recommendations



- ◆ **Lack of a national plan**

 - PNEV adottato recentemente (2015), ma non finanziato

- ◆ **Lack of reliable data on disease burden**

 - non notifica delle epatiti croniche

- ◆ **Majority of patients unaware of their infection**

 - insufficienza dei programmi di screening

 - (PWID, MSM, Prisoners, Sexworkers, Migrants)

- ◆ **Access to harm reduction programmes**

 - modesto accesso ai programmi di riduzione del rischio

 - (SeRT, Injection safety and opiates substitution)

- ◆ **Access to new treatment (DAA)**

 - limitato agli algoritmi AIFA

 - (F3, patologie extraepatiche etc.

 - Non considerate key populations per rischio trasmissione)

CHE FARE?

Implementare il PNEV

Indirizzo 1. Epidemiologia

- conoscere la **prevalenza delle infezioni croniche**
- realizzare progetti regionali di **screening in soggetti a rischio**
- implementare il **sistema di notifica** e di **sorveglianza**

Indirizzo 2. Prevenzione

- sviluppare e standardizzare le attività di **prevenzione** e di **riduzione del rischio**

Indirizzo 3. Cura, Trattamento e Accesso

- istituire una **rete nazionale di centri specializzati**
- creare un **unico PDTA nazionale**
- realizzare un **registro nazionale** per identificare cura ed esiti
- stabilire **percorsi standard di follow-up** nei pazienti guariti

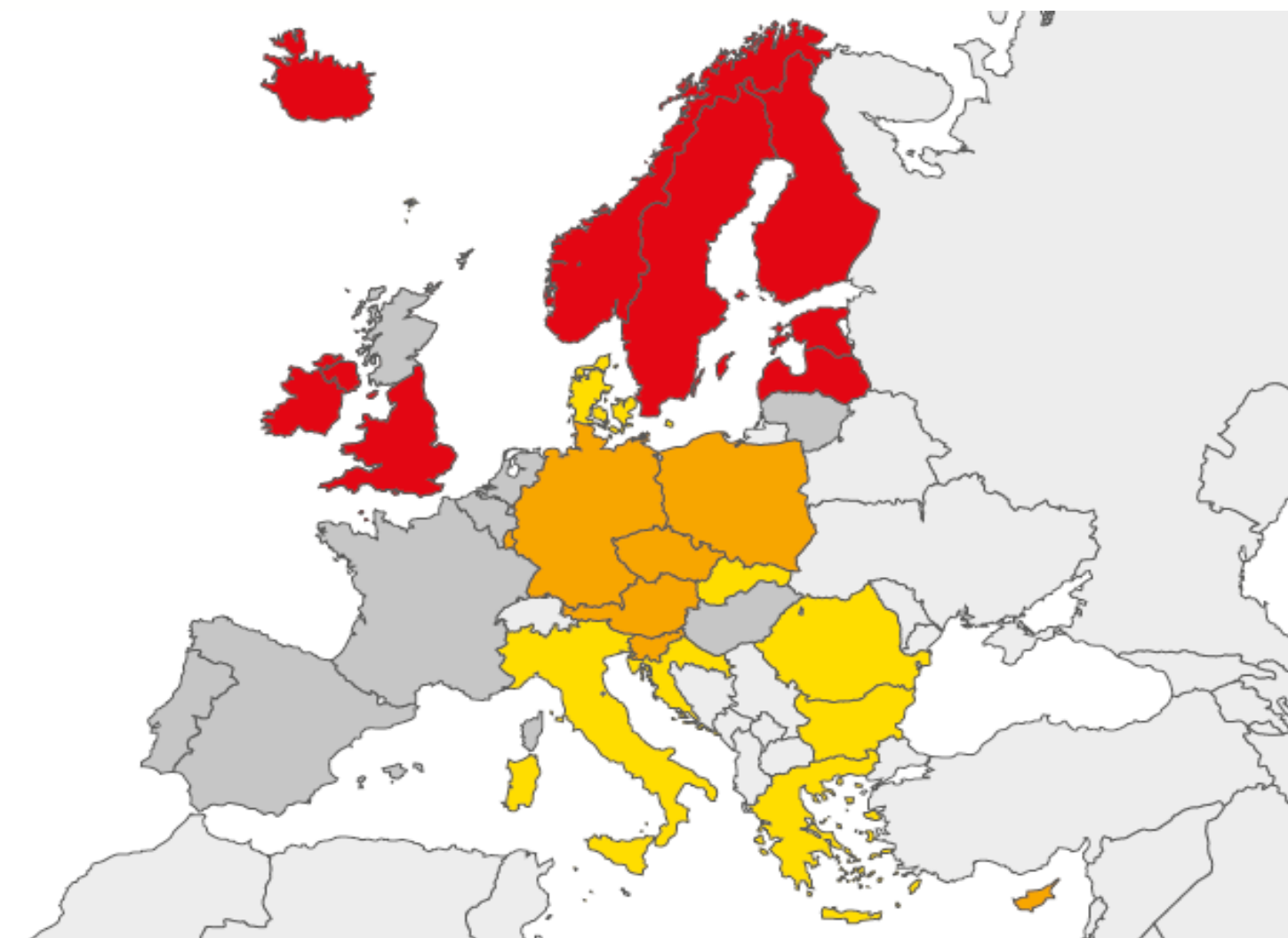
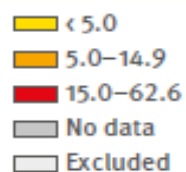
ALERT

Sui dati di incidenza e di notifica (delle epatiti croniche C)

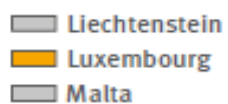
Numbers of reported hepatitis C cases in EU and EEA countries, 2006-2012

| | ITALY | LATVIA | UNITED KINGDOM |
|------|---------------|--------------------|----------------|
| 2006 | All ----- | All 1496 | All 8662 |
| | Acute ----- | Acute | Acute |
| | Chronic ----- | Chronic 4 | Chronic 1214 |
| | Unknown ----- | Unknown 1492 | Unknown 7448 |
| 2009 | All 215 | All 1319 | All 10708 |
| | Acute | Acute | Acute |
| | Chronic | Chronic 2 | Chronic 1500 |
| | Unknown 215 | Unknown 1317 | Unknown 9208 |
| 2012 | All 120 | All 1278 | All 13474 |
| | Acute | Acute | Acute |
| | Chronic | Chronic 48 Unknown | Chronic 1347 |
| | Unknown 120 | 1230 | Unknown 12127 |

Number of reported hepatitis C cases per 100 000 population in selected EU/EEA countries, 2012



Non-visible countries



Source: country reports – Austria, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Iceland, Ireland, Italy, Latvia, Luxembourg, Norway, Poland, Romania, Slovakia, Slovenia, Spain, United Kingdom.

STATE OF HEPATITIS IN ITALY



HCV Infection

Chronicization rate

80-85%

Prevalence

~3% (1)

0.7% (4)

Carriers (estimated)

1.600.000 (2)

426.800 (4)

known

N.A.

unaware

N.A.

Cirrhosis (estimated)

230.000

24.500(4)

Mortality rate

4%0 (3)

n°

6.400

1) Born in '50-'70: 1-2.5% in '40-'50: 6% in <'40: 10-12%

2) HCV-RNA pos: 40-80%

3) >60% cirrhosis related to HCV

>90% HCC related to cirrhosis

>70% HCC related to HCV

4) New estimated (D. Croce, personal communication)

CHE FARE?

Community-based screening in key populations
(replace risk factor-based screening: →
M.P. – Hosp / Opt out)

HCVAb pos → HCVRNA
▶ timely diagnosis

Treat with DAA
▶ prioritizing in key populations
all F stages
all Genotypes
until 70 y of age
M.P. supervised by specialist

Counseling
(avoid reinfection*)

HCVAb neg

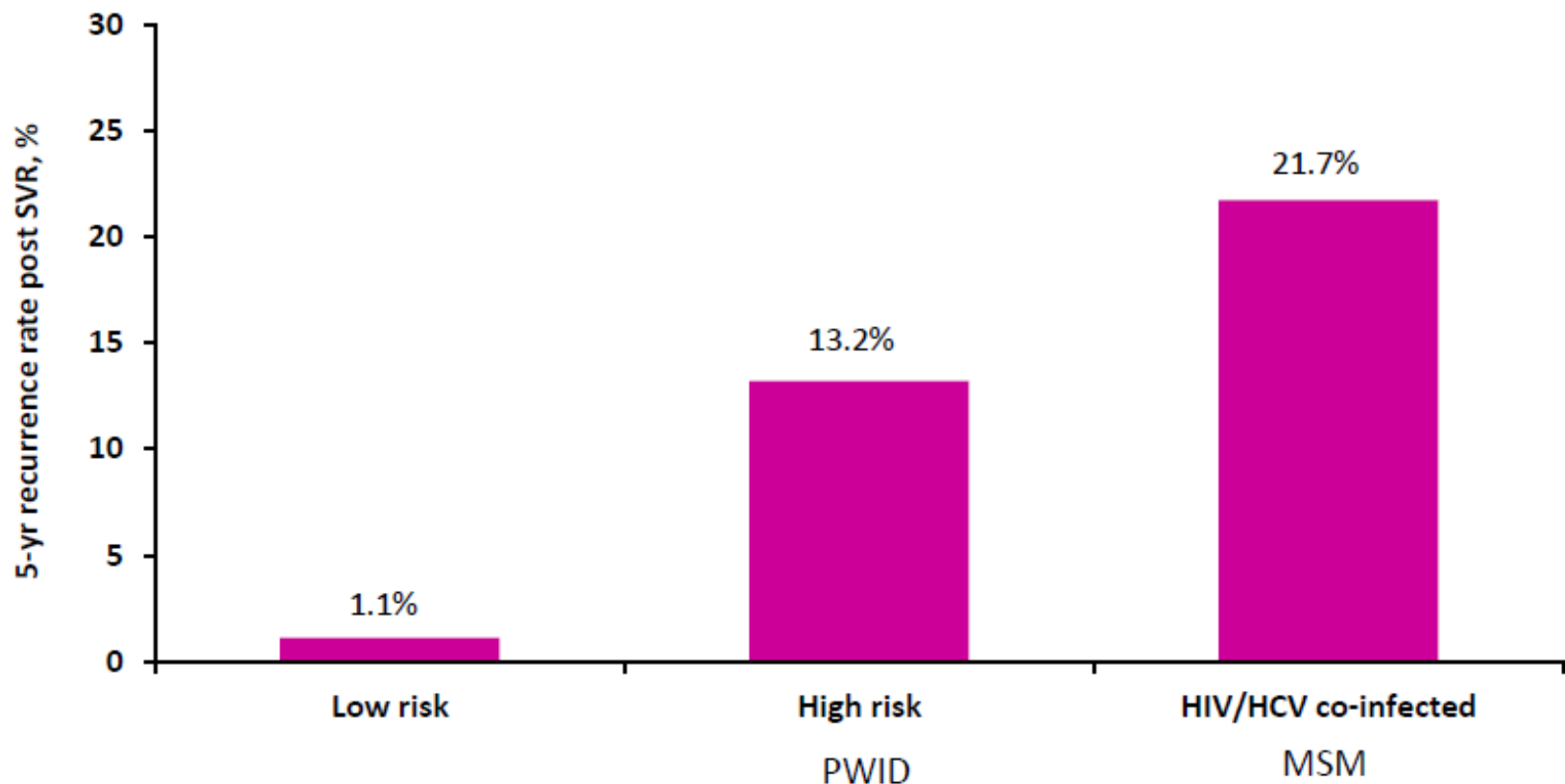
Annual retesting

Counseling
(harm reduction)

* In MSM HIV+

Re-infection of HCV Patients with SVR

Meta-analysis of 66 studies in 11,071 patients:
Five-year rate of re-infection



Hill et al, 22nd CROI, 2015

Curing a plague



- Chronic HCV infections: a silent epidemic
- Awareness is the primary limiting factor for HCV eradication
- Notification of chronic hepatitis
- Replace risk factor-based with targeted community and institutional screening (IDU, MSM, sex workers, HCV/HIV/HBV coinfecting, prisoners, immigrants and pregnant).

Opt-out strategies?

- Simplification of HCV diagnosis (detection of HCV Ag coupled with HCVAb)
- Effectively link screening and treatment
- Prioritizing DAA treatment in key populations

Select a country

Italy

Year from:

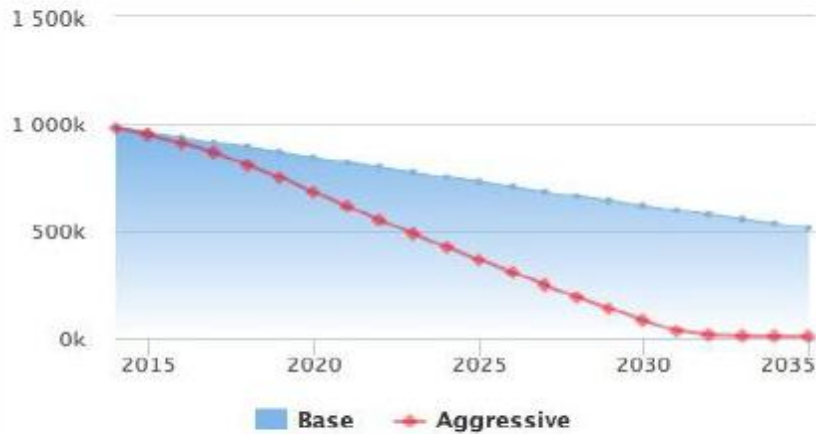
2014

Year to:

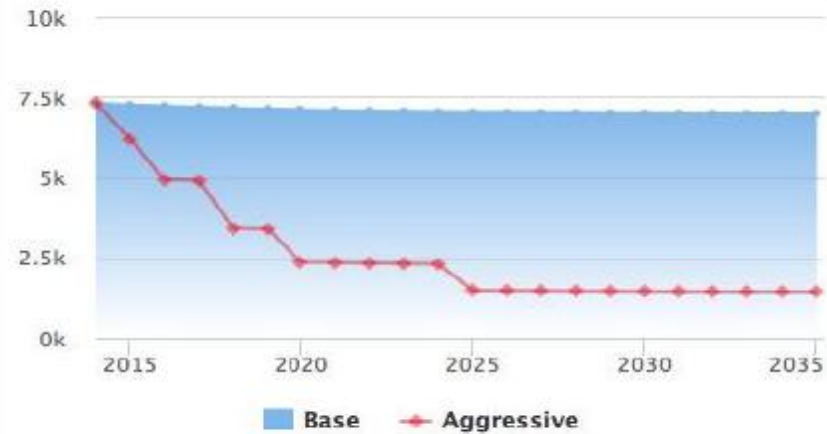
2035

H. Razavi, personal communication

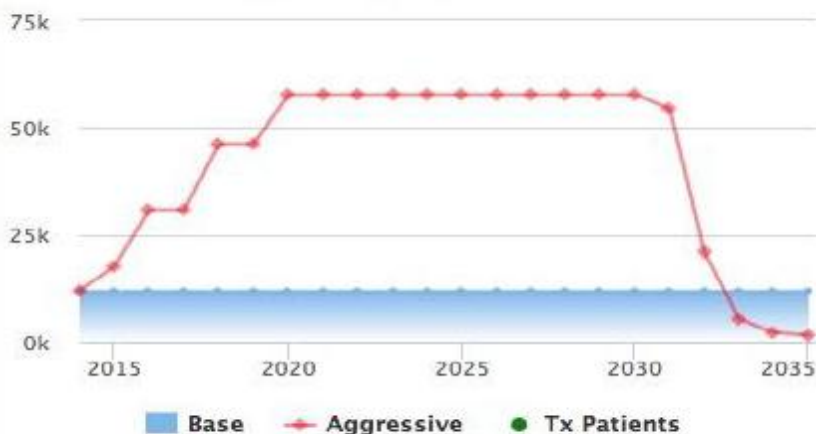
Viremic HCV infections



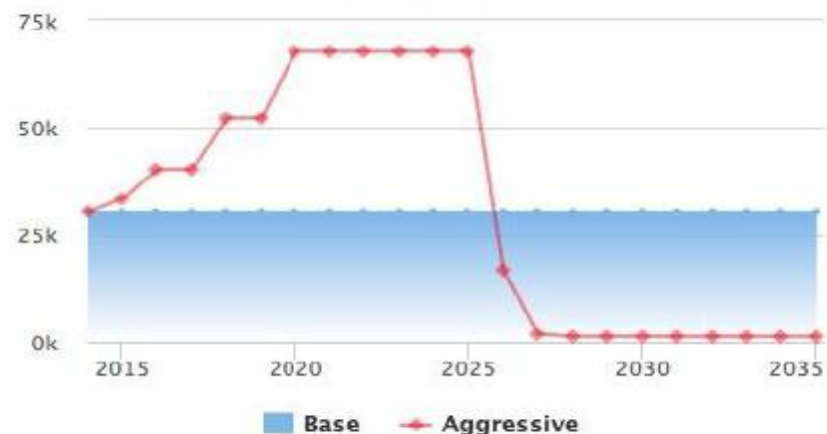
New HCV infections



HCV patients treated



Newly Dx





Select a country

Italy

Year from:

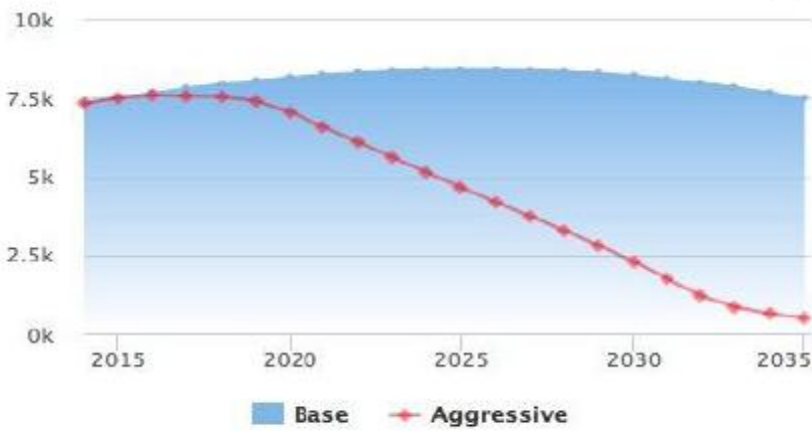
2014

Year to:

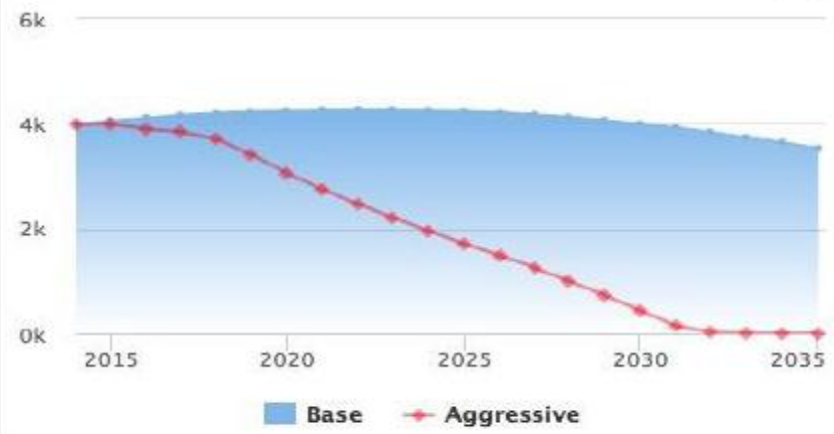
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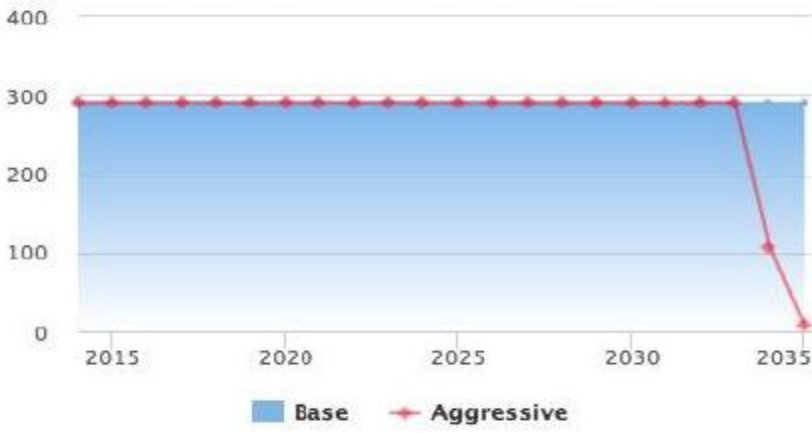
HCV liver related deaths



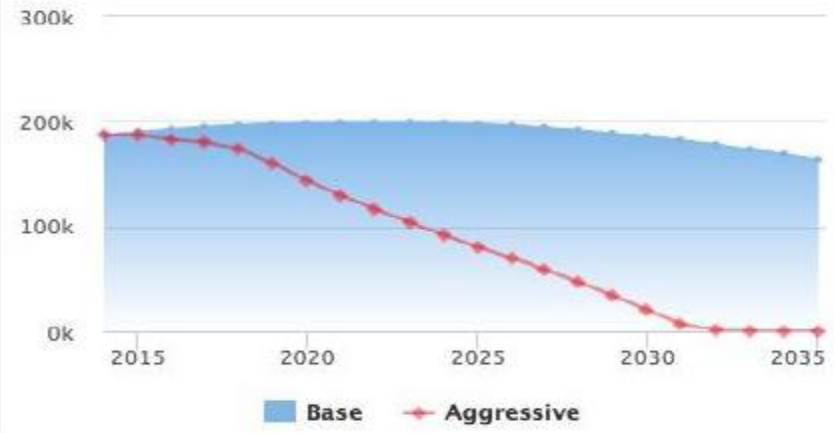
HCV related HCC



HCV related liver transplants



HCV related liver cirrhosis



Curing a plague



- **Reduction of the costs of drugs** at a reasonable price
(competition, political pressure, contribute of public research sector [HCV replicons])
- Ultimate **benefit** of HCV eradication will be measured not by **cost it avoids**, but by the **lives it saves**
(ethical debate)
- **Education, community support** must translate to **advocacy**