Glasgow Caledonian University

University for the Common Good

Health Protection Scotland

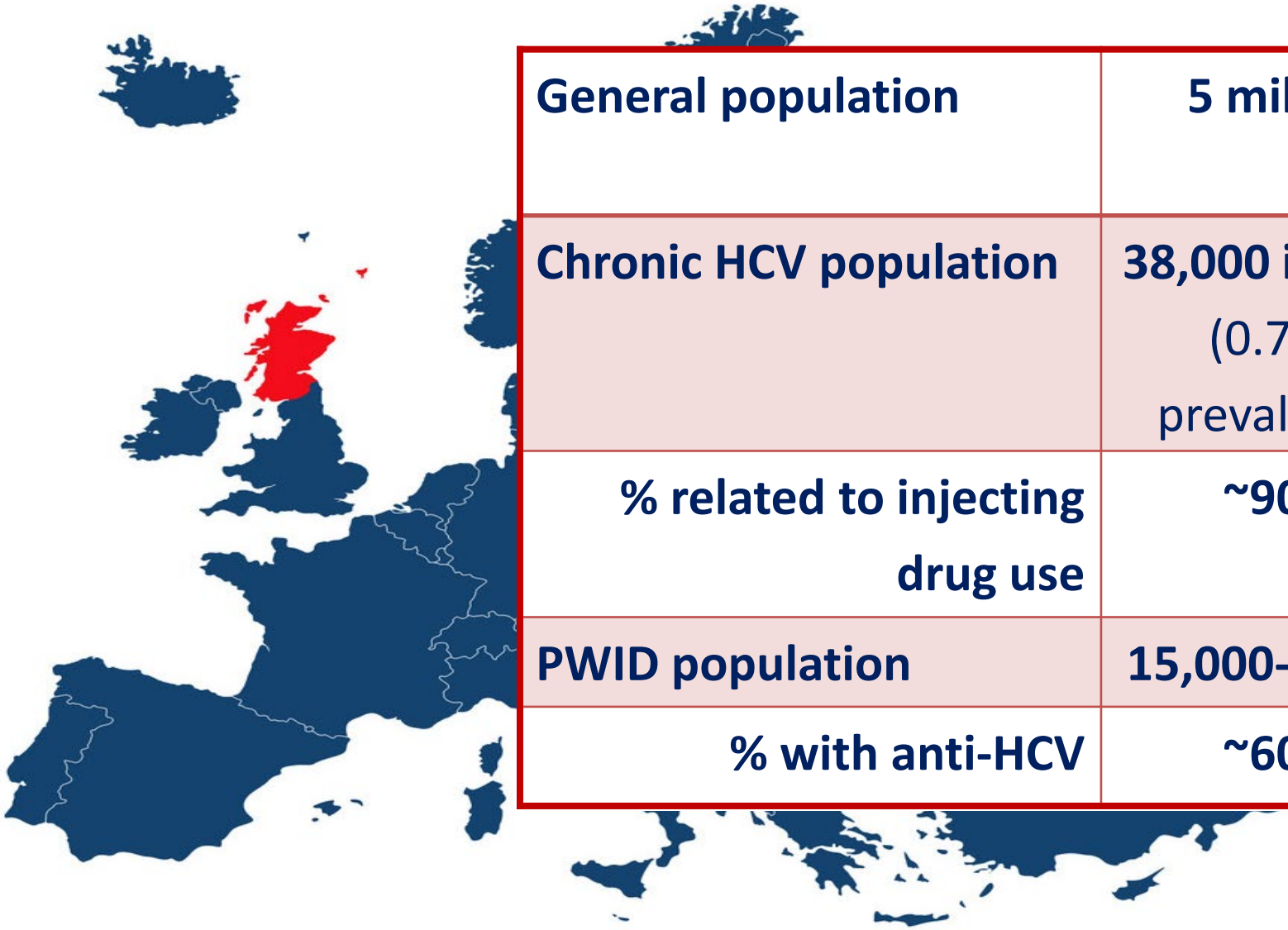
Progress on Hepatitis C elimination in Scotland

Sharon Hutchinson

(Glasgow Caledonian University/Health Protection Scotland)

5th Georgia HCV Elimination TAG meeting, Tbilisi, 20th Nov 2019

Scotland and Hepatitis C : context



General population	5 million
Chronic HCV population	38,000 in 2008 (0.75% prevalence)
% related to injecting drug use	~90%
PWID population	15,000-20,000
% with anti-HCV	~60%

Scottish Government Policy in the pre-DAA era

2008-14 Hepatitis C Action Plan

- Aim : Reduce HCV transmission/ morbidity/ mortality
- Additional funding **£15 million/yr**
  - Optimise HCV Services
    (covering prevention, diagnosis, treatment)
  - Coordination
  - Monitoring and evaluation
- Performance managed
  - HCV Treatment Targets
- Multi-disciplinary approach
  - Facilitated through local and national networks

Monitoring Progress : national surveillance systems

Prevention : **Surveys** of PWID (biennial)

Diagnosis : **Laboratory surveillance** including HCV Test and Diagnosis databases

Treatment : **Clinical Databases** at HCV treatment centres

Disease : **Record-linkage** of HCV databases with hospital/cancer/deaths registries

Lessons learnt in the pre-DAA era

(Hutchinson et al. IJDP 2015)

Prevention : **Improvements in harm reduction services**

(~70% recent OST and ~70% adequate NSP coverage)

: But prevalence/incidence of HCV remains high

Diagnosis : **DBS testing in drug treatment settings effective**

(~50% increase in proportion of infected diagnosed)

: But large minority HCV infected remain undiagnosed

Treatment : **Increase in clinical (specialist nurse) capacity**

(with 2.5-fold rise in annual number treated)

: But number treated within specialist care reached a ceiling in the interferon era

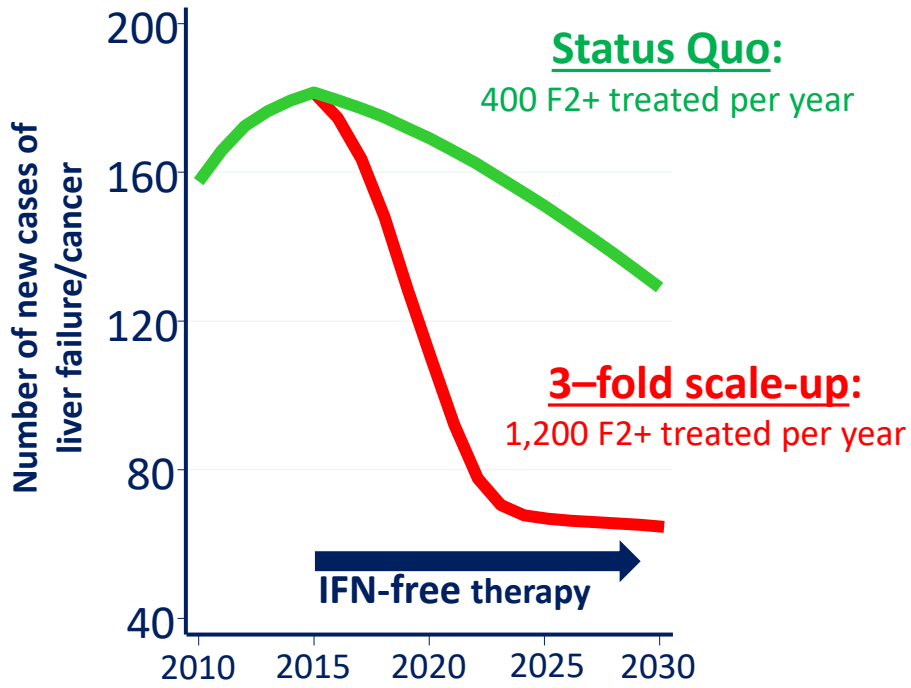
Disease : **Numbers developing HCV-related liver failure/cancer continued to rise**

Modelling work to inform scale-up of DAAs

(Innes et al. Gut, 2015)

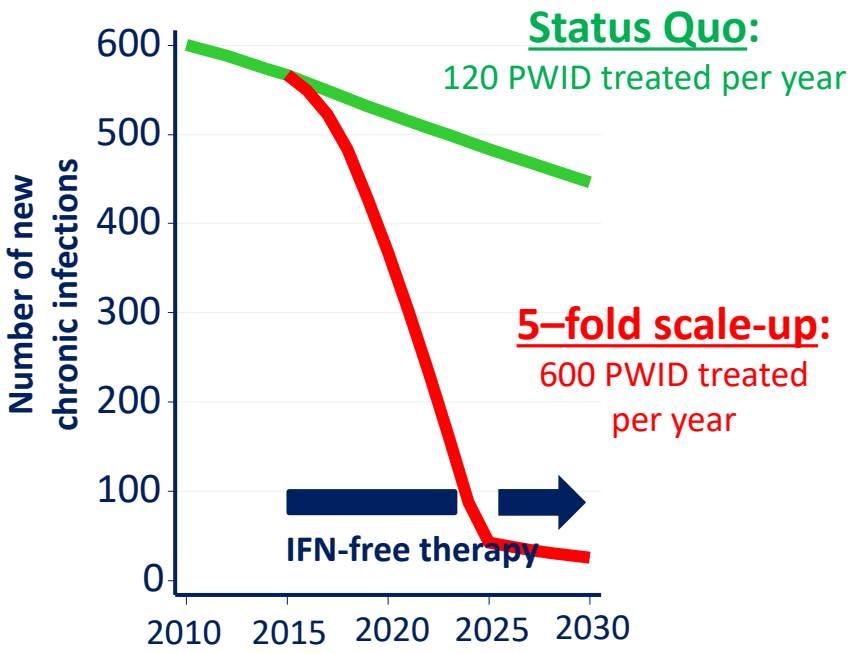
A) Prevent severe liver disease

Modelled incidence of HCV-related liver failure/cancer in Scotland with different treatment scale-up of F2+



B) Prevent transmission

Modelled incidence of new HCV infection in Scotland with different treatment scale-up of PWID



Scottish Government Policy in the DAA era (2015-2018)


Health Protection Scotland

The Scottish Government

The Scottish Government

Hepatitis C Treatment & Therapies

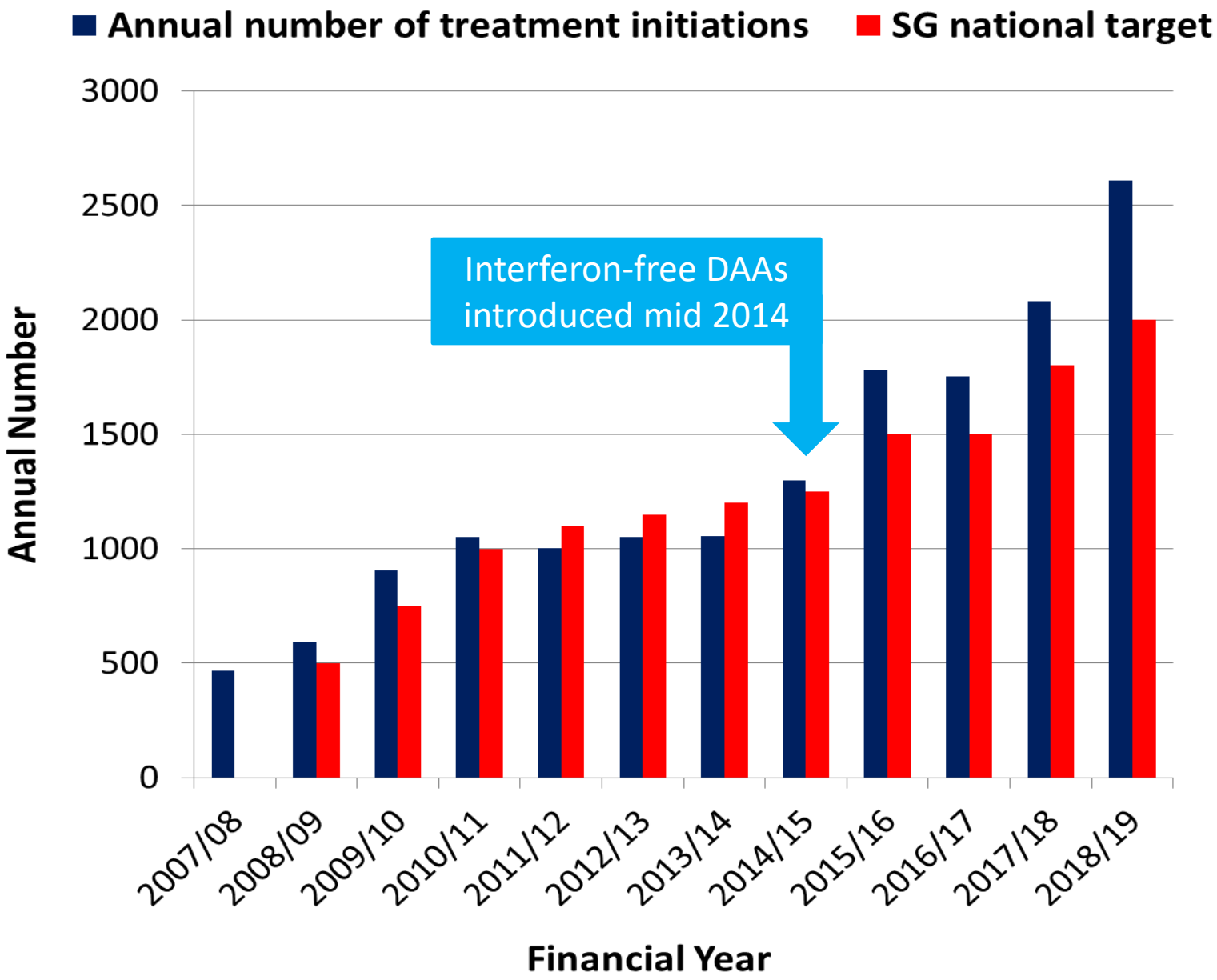
Group Report

Revised December 2015

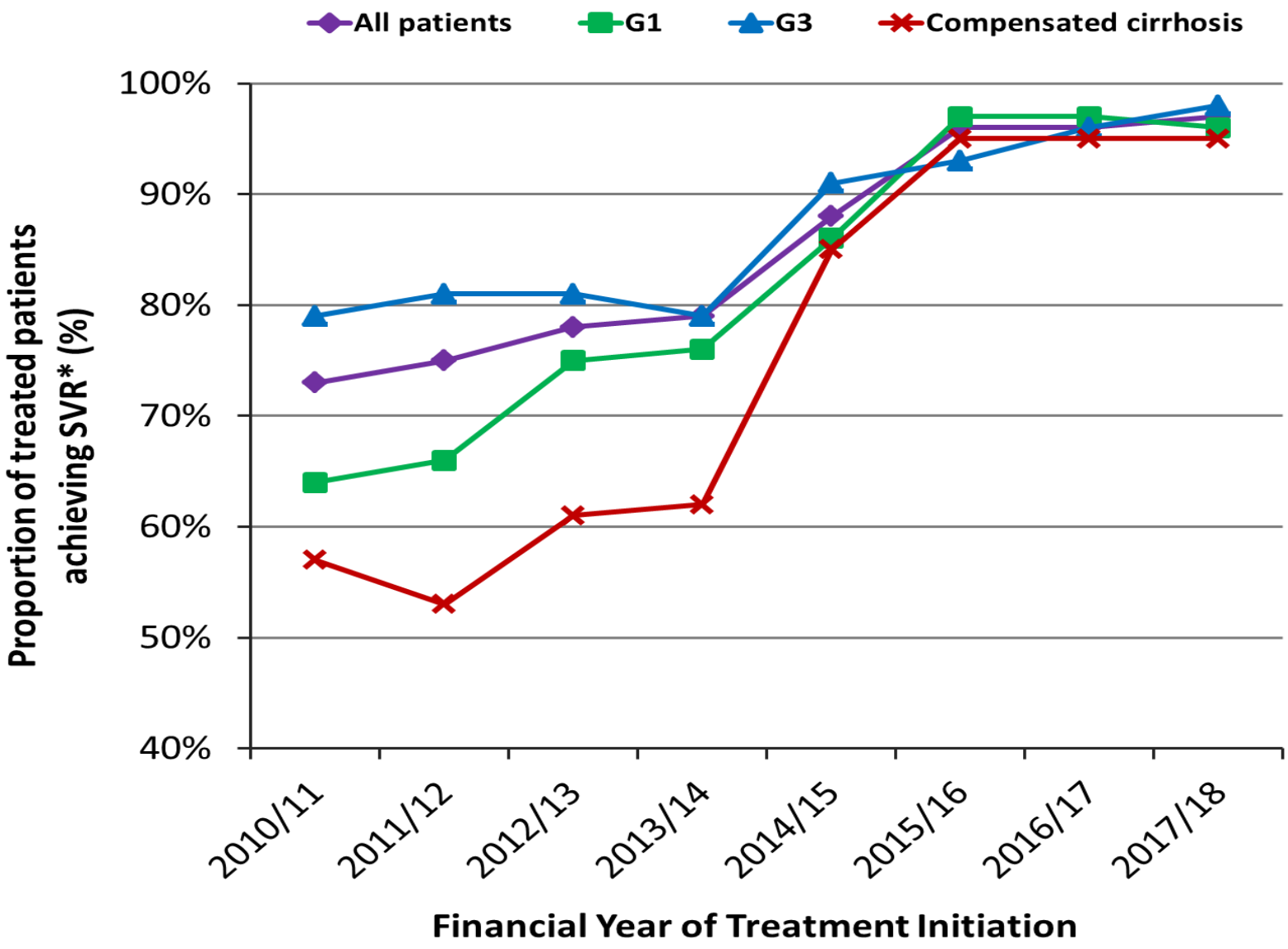
Treatment Strategy

- **Disease Target :** 75% ↓ in liver failure by 2020
- Treatment Targets : 50% ↑ modest scale-up initially
- Prioritisation based on disease stage (**lifted in 2018**)
- Aim to deliver therapy for most infected people in community settings (includes prisons)

Scale-up of HCV therapy in Scotland

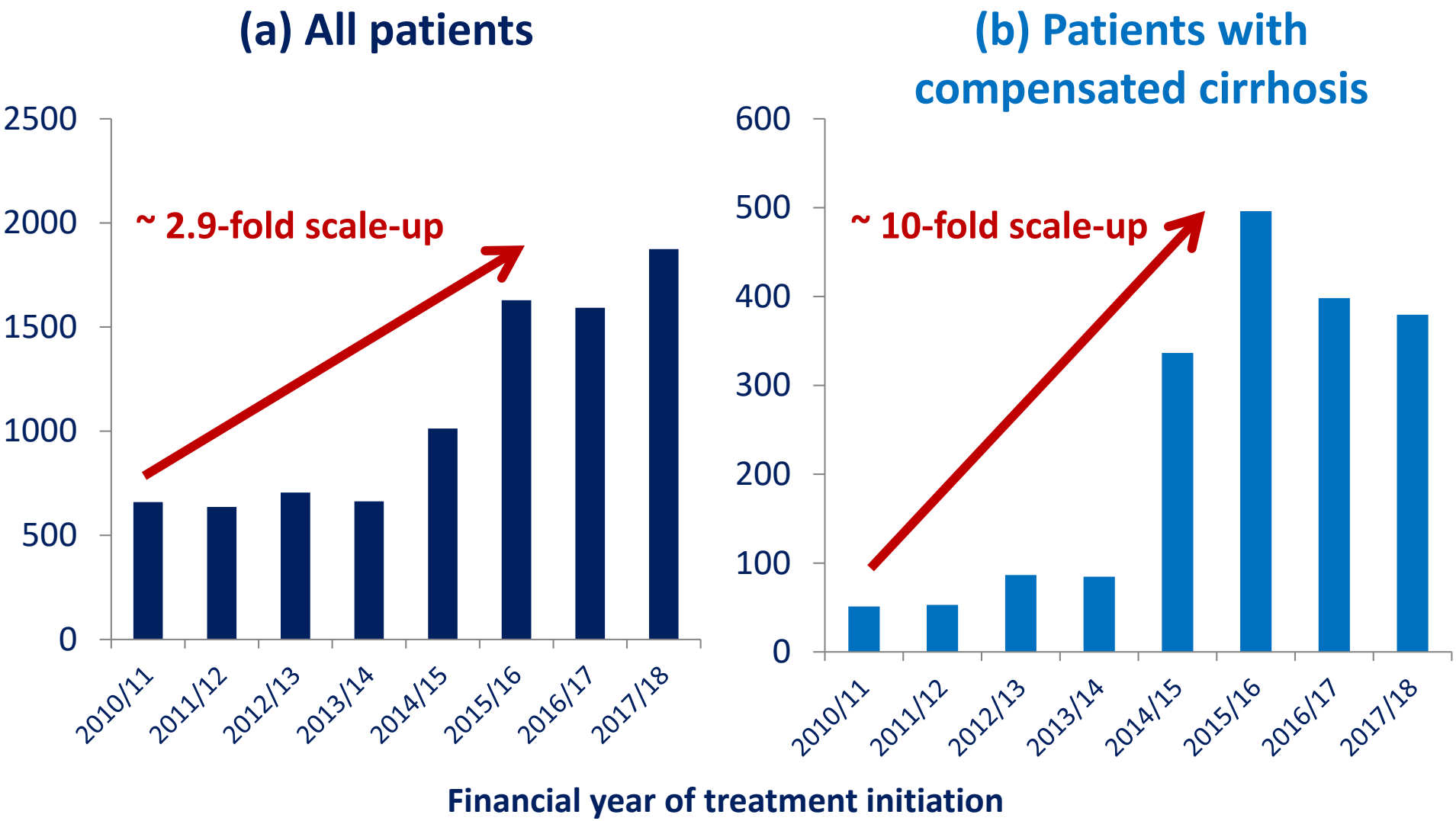


Response to HCV therapy in Scotland



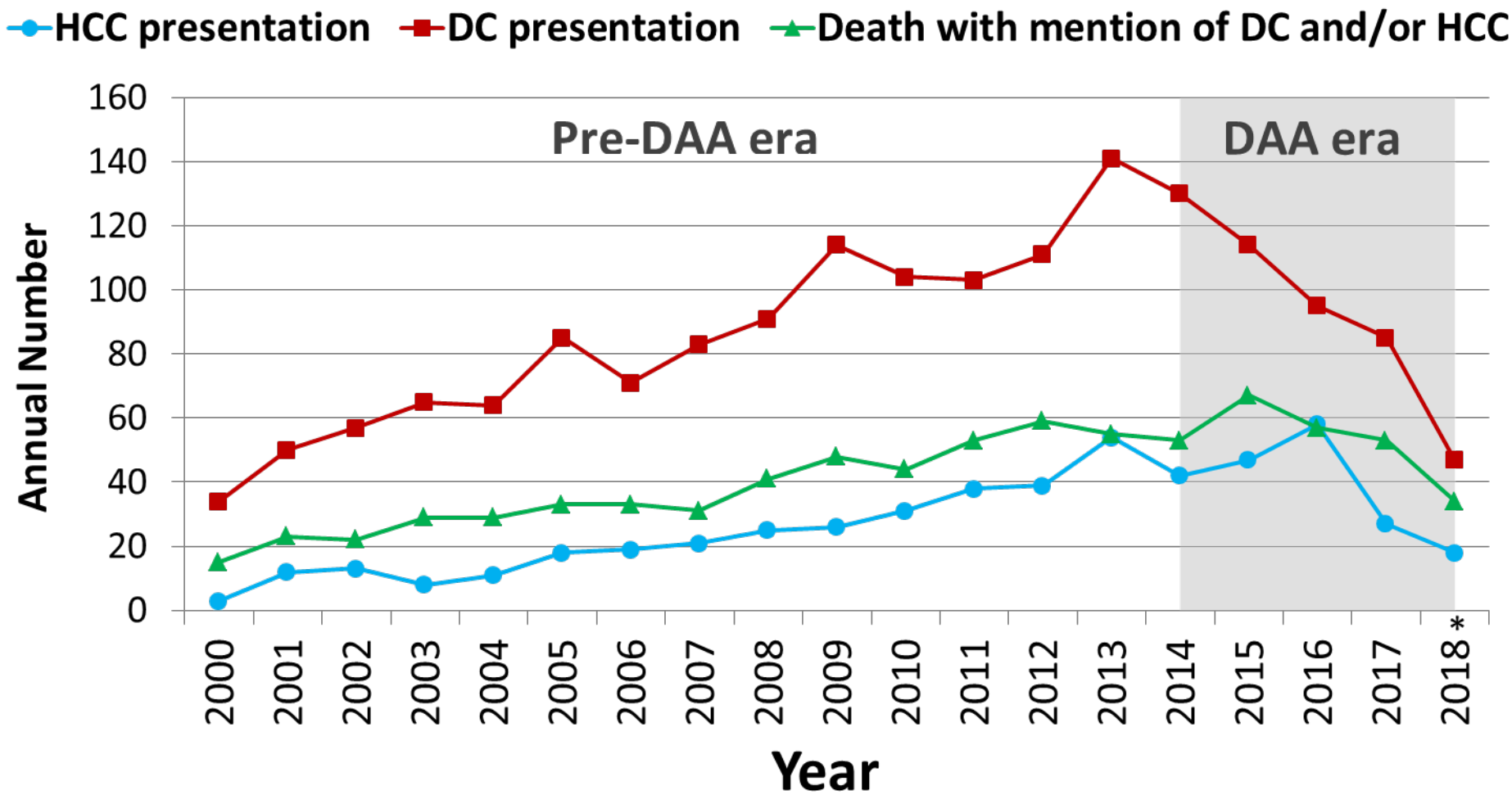
* Among those with SVR (sustained viral response) status known, relating to 74% of all treated patients

Estimated scale-up of the number of patients achieving SVR* in Scotland



* Assumed equivalent SVR rate for those who have completed therapy but without SVR status as for those with SVR status

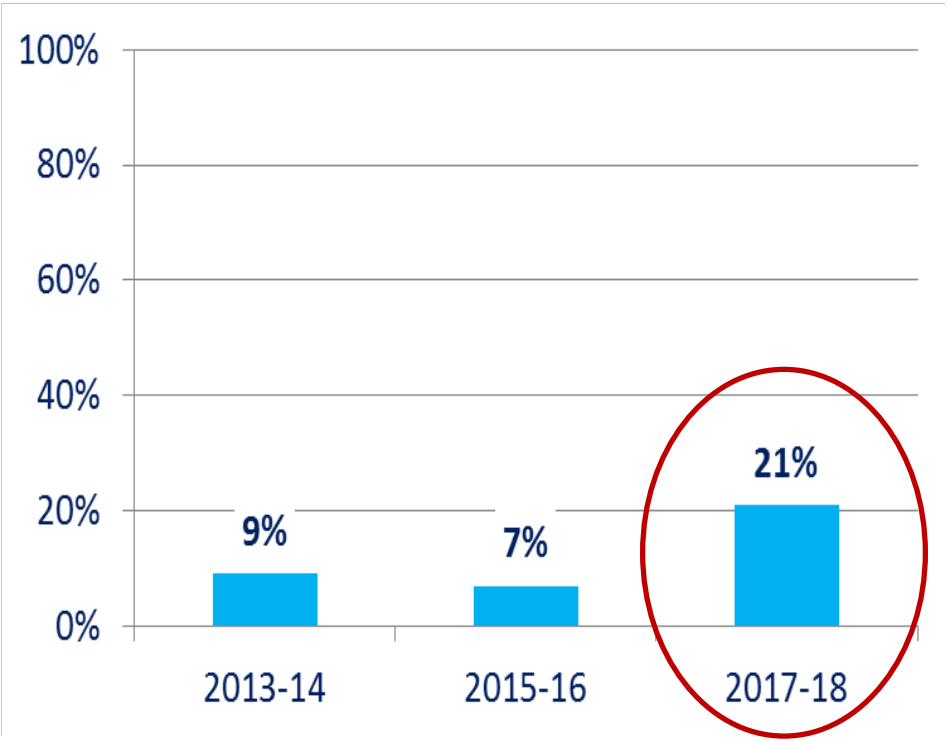
Monitoring impact of DAAs on presentations of decompensated cirrhosis, HCC and mortality among persons with chronic HCV infection** in Scotland



* Provisional estimates for 2018 presented; **** Chronic HCV at time of presentation**

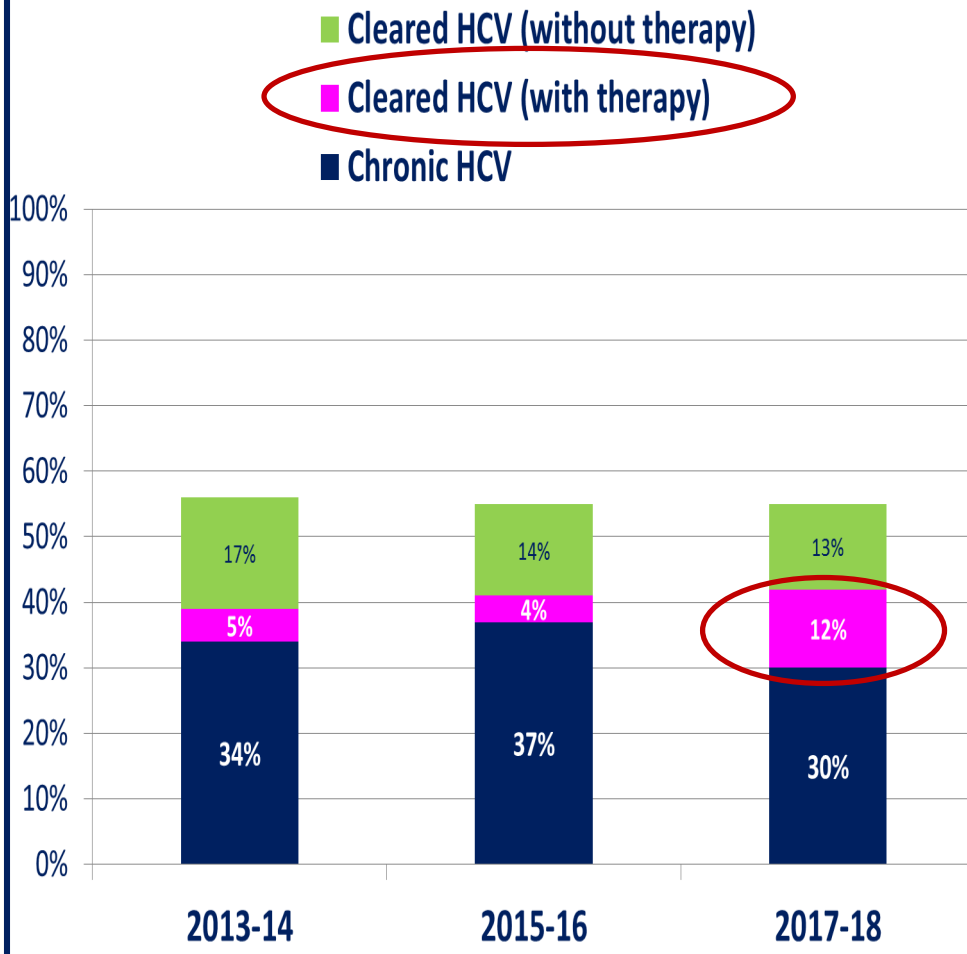
Scale-up and impact of HCV therapy among PWID in Scotland

Started HCV therapy in the last year (among PWID eligible for treatment in the last year‡)



‡ Ab+ve PCR+ve or Ab+ve PCR-ve and had self-reported initiated treatment in the last year

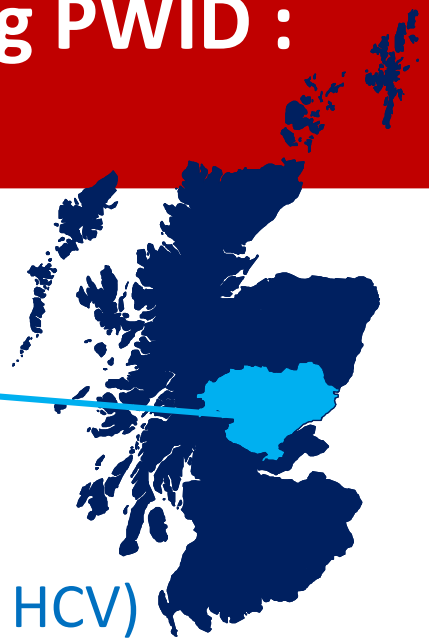
Prevalence of chronic and resolved infection



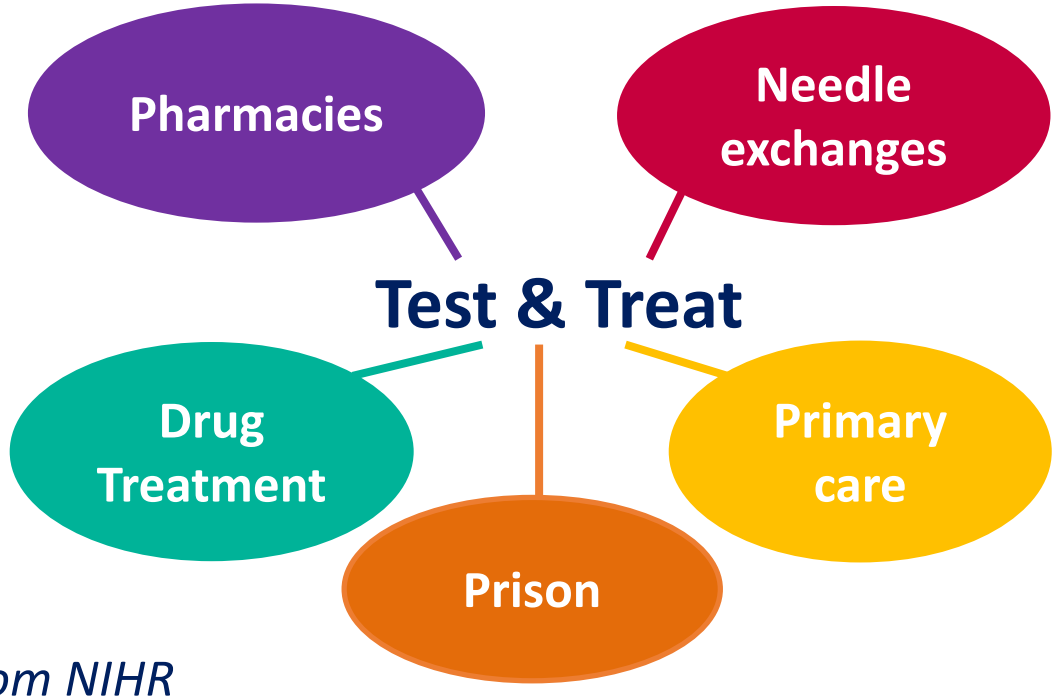
Rapid major scale-up of DAAs among PWID : a feasibility study

NHS Tayside 'elimination' plan*

- Rapid & major scale-up of DAAs among PWID (500 over 2 years)
- Aim to reduce chronic HCV prevalence among PWID from 30% to <10%
- Testing (by services) & treatment (by nurses & pharmacists) in multiple community settings

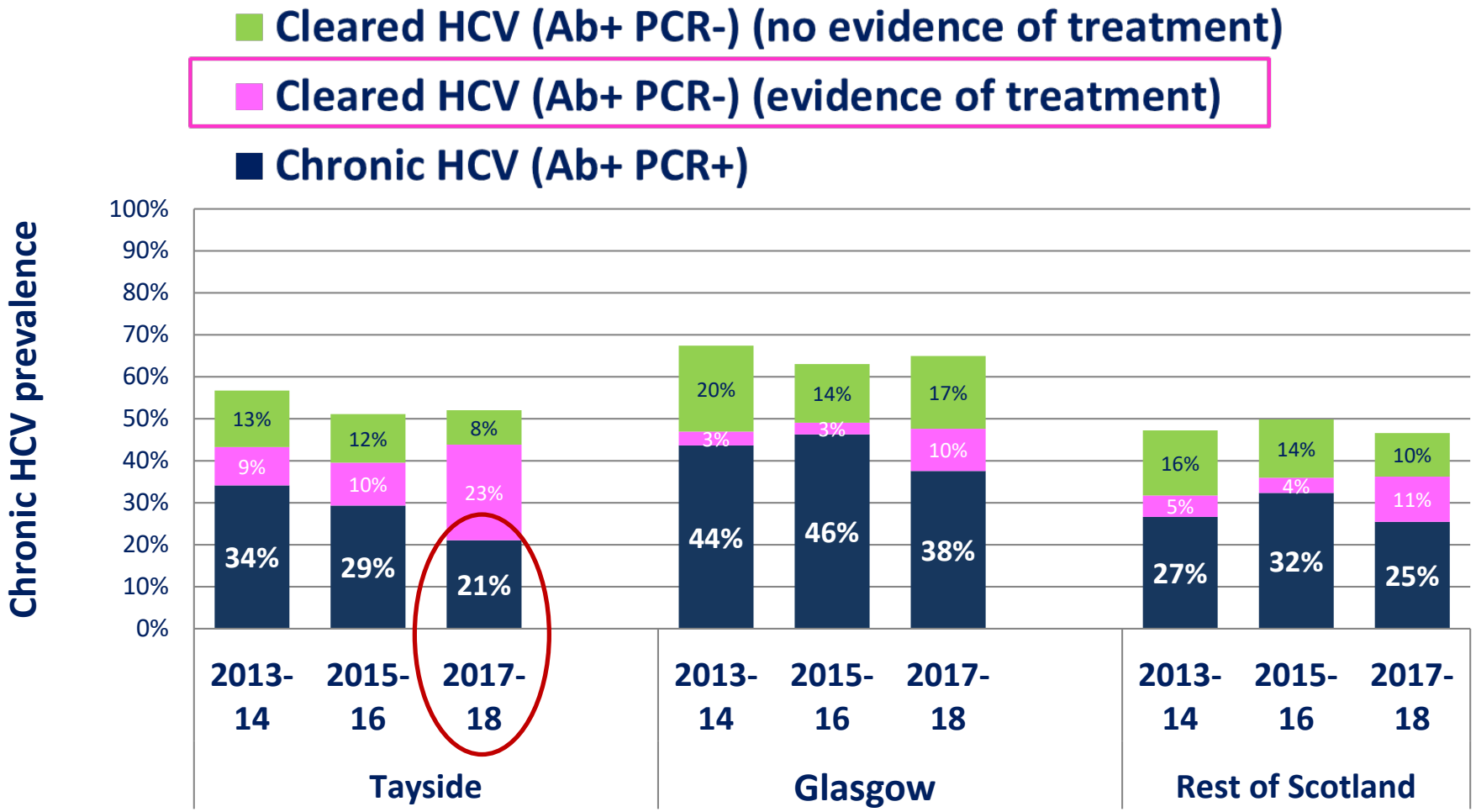


NHS Tayside
Popln: 400,000
PWID: 2,700
(800 with chronic HCV)



*Evaluation supported by funding from NIHR

Reduction in chronic HCV prevalence associated with treatment among PWID, by region in Scotland



% reduction in chronic HCV between 2013-14 & 2017-18:	38%	14%	4%

Scottish Government HCV Elimination Strategy (2019-2024)

Health Protection Scotland

The Scottish Government

Proposal for Consideration by the Scottish Government

Scotland's Hepatitis C Action Plan: Achievements of the First Decade and Proposals for a Scottish Government Strategy (2019) for the Elimination of both Infection and Disease

Taking Advantage of Outstanding New Therapies

Prepared by:

Professor David Goldberg, Health Protection Scotland
Professor Sharon Hutchinson, Glasgow Caledonian University
Dr Hamish Innes, Glasgow Caledonian University
Professor John Dillon, University of Dundee

On Behalf of Scotland's Hepatitis C Stakeholders (See Acknowledgements)

January 2019
Revised July 2019

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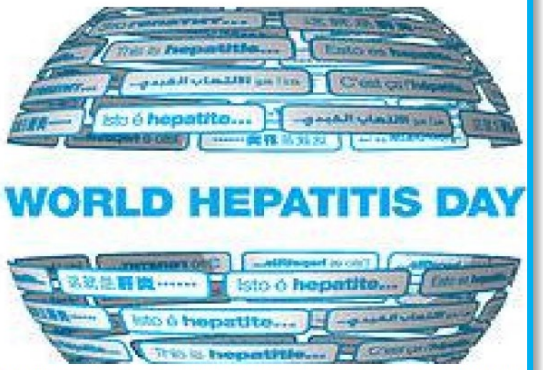
New plan to 'eliminate' hepatitis C in Scotland by 2024

31 July 2019

Plans to effectively eliminate hepatitis C by 2024 have been
Scottish government.

THE SCOTSMAN
SCOTLAND'S NATIONAL NEWSPAPER

Hepatitis C to be 'eliminated' in five years



The Scottish Government has said it aims to eliminate Hepatitis C by 2024, by stepping up scree
The announcement comes just three days after World Hepatitis Day.

news.gov.scot/news/eliminating-hepatitis-c

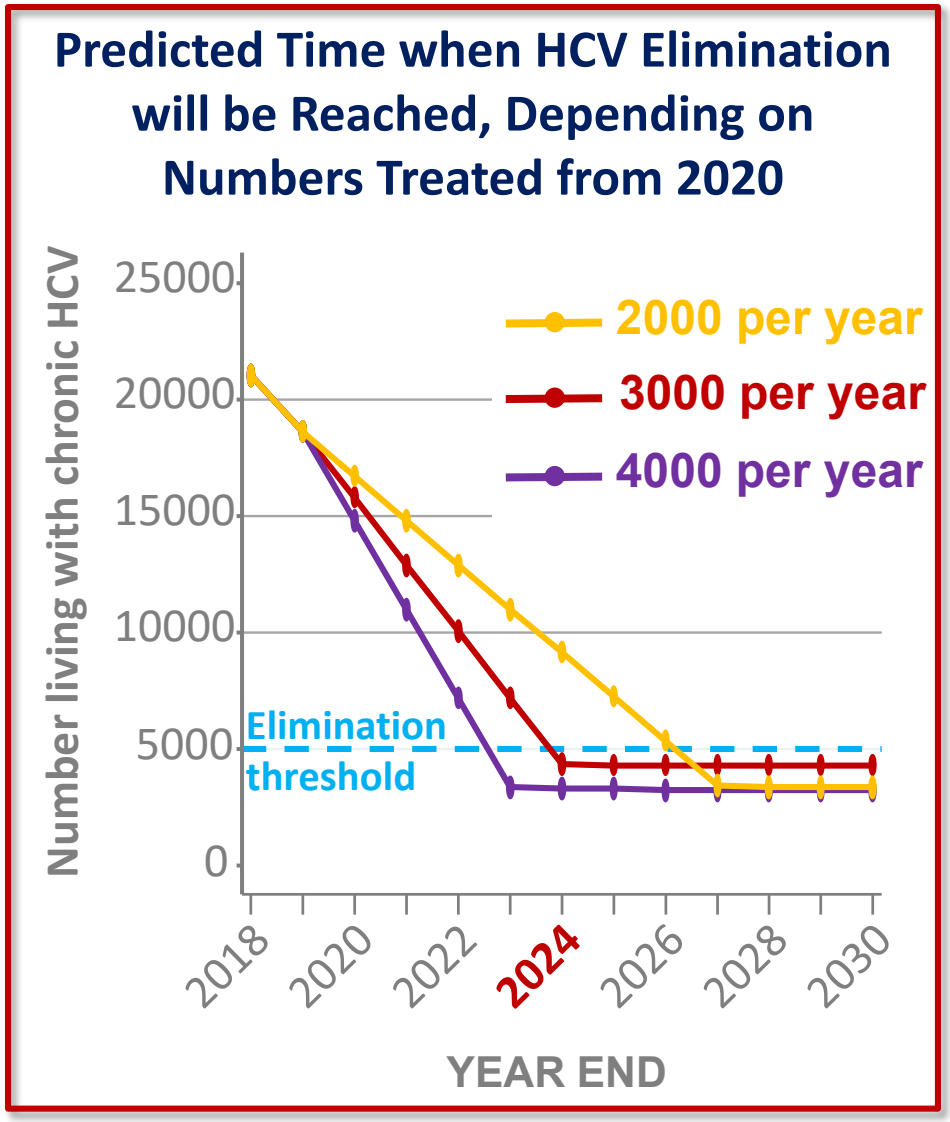
Scottish Government HCV Elimination Strategy (2019-2024)

- Elimination of **infection** and **disease** as a serious public health concern

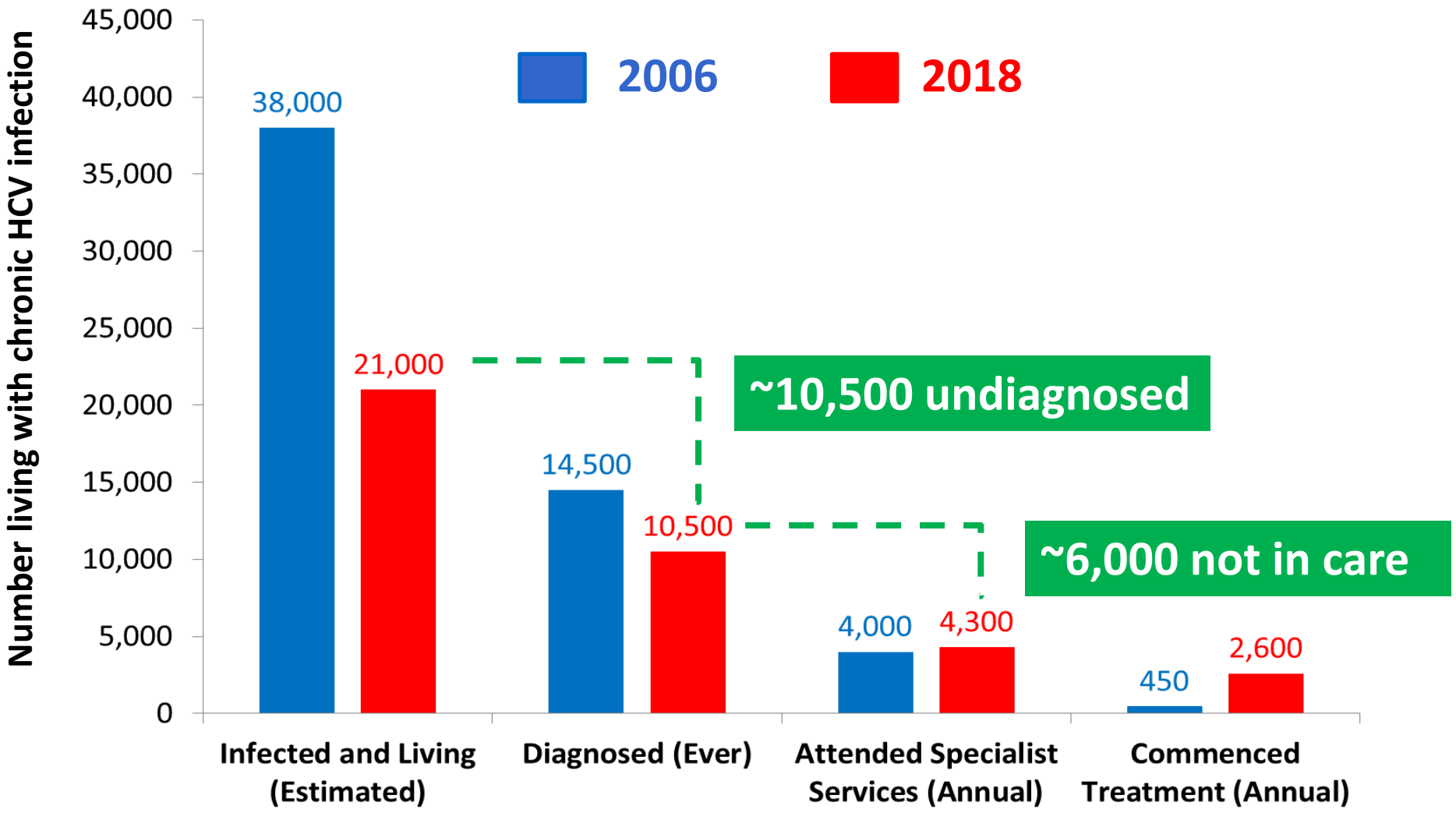
- **New targets (by 2024)**

  Disease : Less than 10 deaths/ liver failure/liver cancer cases

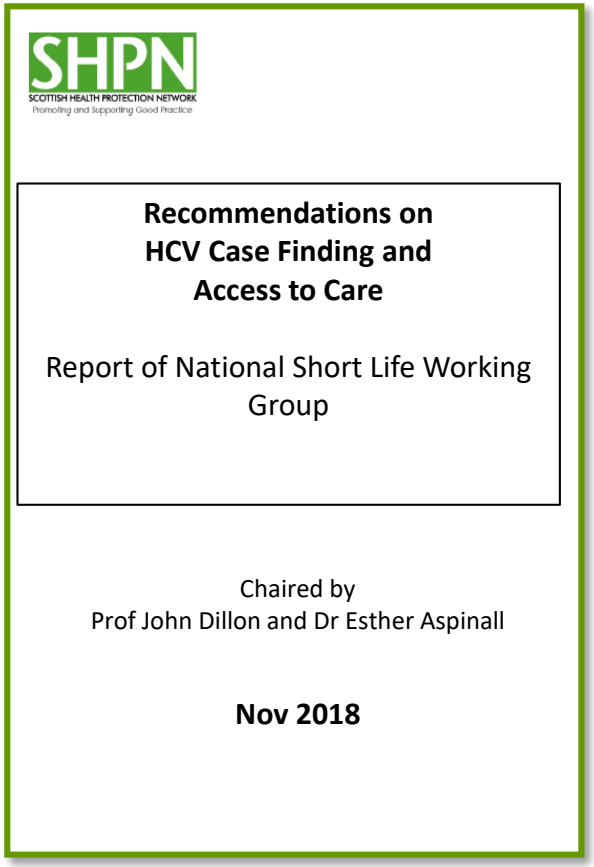
  Infection : Less than 5,000 infected (1 in 1,000)



Elimination challenges



HCV Case Finding and Access to Care


SHPN
SCOTTISH HEALTH PROTECTION NETWORK
Promoting and Supporting Good Practice

Recommendations on HCV Case Finding and Access to Care

Report of National Short Life Working Group

Chaired by
Prof John Dillon and Dr Esther Aspinall

Nov 2018

18 recommendations

- **Opt-out testing** for high risk groups (e.g. prisons, drug/harm reduction services, homeless services)
- Local MCNs to **support GPs** in testing initiatives
- Pilots of **POC testing** and other novel testing initiatives
- Local **awareness raising** campaigns led by Public Health
- **Training** for primary and secondary care HCWs
- **Treatment provided at the testing venue**, where possible
- **Regular look-back re-engagement exercises**
- Feasibility study to identify people at risk from OST/drug addiction administrative records
- **Pilot of birth cohort screening** in high deprivation areas

In summary

- **Robust evidence informed the Scottish strategy AND continual monitoring and evaluation informs updates to that strategy**
- **Government targets on treatment numbers both at national and local level proven important in scaling up efforts**
- **Compelling evidence of population impact of DAAs in averting liver morbidity/mortality, and emerging evidence on *HCV treatment as prevention***
- **Monitoring data critical to help identify issues in the scale-up of services and drive innovation to achieve elimination**

Acknowledgements

Glasgow Caledonian University / Health Protection Scotland
David Goldberg, Esther Aspinall, Chris Biggam, Hamish Innes, Andy McAuley, Allan McLeod, Scott McDonald, Norah Palmateer, Kevin Pollock, Shanley Smith, Alan Yeung, Heather Valerio, Amanda Weir
Scottish HCV Testing Laboratories
Rory Gunson, Sam Shepherd, Kate Templeton
Scottish HCV Clinical Database Committee
Peter Hayes, Stephen Barclay, Peter Bramley, John Dillon, Ray Fox, Andrew Fraser, Nick Kennedy, David Wilkes
NIHR programme grant: EPIToPe (Evaluating the Population Impact of HCV DAA Treatment as Prevention for People who Inject Drugs)
Matt Hickman (co-PI), Sharon Hutchinson (co-PI), John Dillon, Daniela De Angelis, Lawrie Elliott, Graham Foster, David Goldberg, Natasha Martin, Ann Eriksen, Peter Donnan, Sema Mandal, Peter Vickerman, William Hollingworth, David Liddell, Paul Flowers, Samreen Ijaz, Magdalena Harris.

Supported through funding from Scottish Government, Health Protection Scotland, and National Institute for Health Research