

HCV ELIMINATION IN DUTCH PWUD? THE 5 STEPS OF THE NATIONAL HEPATITIS PLAN

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Background:

For national elimination of HCV, the Netherlands has a favorable epidemiology with low HCV prevalence and incidence, and high access to care and treatment. The Dutch national hepatitis plan focuses on micro-elimination initiatives as a pragmatic and efficient approach. Although people who use drugs (PWUD) make up only 15% of the estimated total of 23,000 individuals chronically infected with HCV, they are seen as an important target.

Description of model of care/intervention:

The Dutch national hepatitis plan defines 5 steps in the HCV healthcare cascade:

(1) *Awareness and prevention*: in 2009/2010, a large nationwide HCV awareness campaign targeted, among others, individuals attending methadone clinics. It was found cost-effective (ICER €9,056 (95% CI: €6,043–€13,523)).

(2) *Case finding* is performed through a combination of identifying undiagnosed HCV-positive PWUD (screening) and tracing previously diagnosed patients who are no longer in clinical care (retrieval). The notorious Dutch Health Council stated that addiction care institutions are responsible for actively offering HCV testing to PWUD.

(3) *Linkage to care* is improved in two implementation projects (“Breakthrough Projects”), in which stakeholders from addiction care and the (nearby) hepatitis treatment centre closely collaborate, with the main goal to develop local sustainable HCV referral cascades.

(4) *Access to medication*: all available DAAs are reimbursed by basic healthcare insurance, irrespective of fibrosis stage or route of transmission.

(5) *Monitoring and evaluation*: pilots on a registry for hepatitis B & C mono-infections are ongoing.

Effectiveness:

A study modelling the future HCV burden of disease in the Netherlands estimated an overall 85% reduction in chronic HCV infections by the year 2030, if treatment rate can be scaled up adequately.

Conclusion and next steps:

HCV elimination in PWUD is feasible if linkage to care is further improved by reducing treatment thresholds, e.g., by allowing addiction care physicians to prescribe DAA's.

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