HCV ELIMINATION IN DUTCH PWUD?

THE 5 CRUCIAL STEPS OF THE NATIONAL HEPATITIS PLAN

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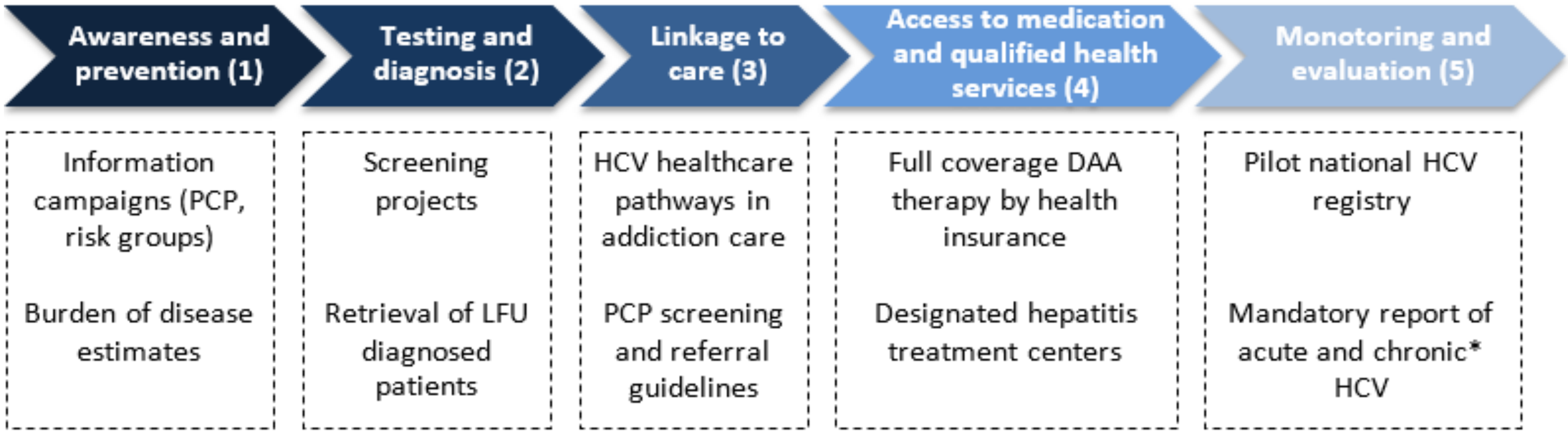
Introduction

- The Netherlands has a favourable epidemiology with low HCV prevalence & incidence; and high access to care & treatment.
- An estimated total of 23,000 individuals are chronically infected with HCV, of whom 15% are people who use drugs (PWUD).
- The Dutch national hepatitis plan (NHP, 2016) describes 5 crucial steps and focuses on micro-elimination initiatives as a pragmatic and efficient approach to eradicate HCV.
- We test whether the five steps of the NHP are also met in the treatment cascade of PWUD.

Five steps to eliminate HCV: the Dutch HCV cascade of care

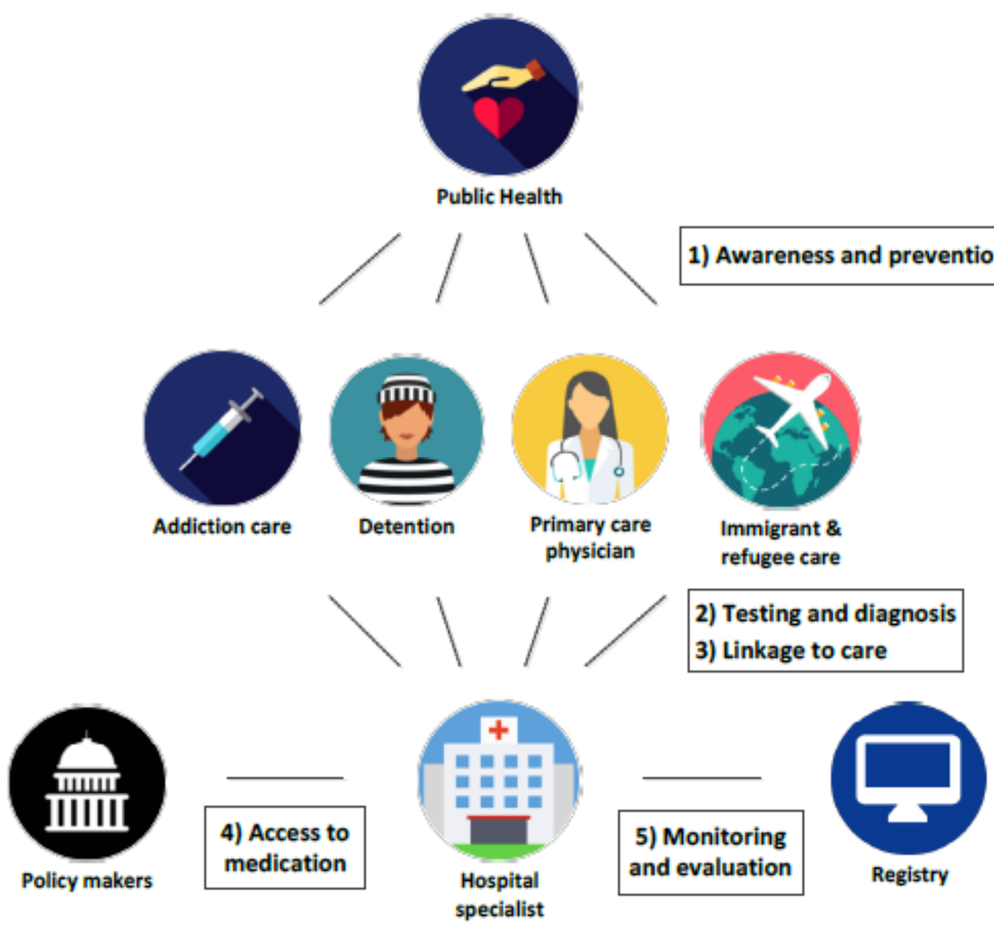


LFU, lost to follow-up; PCP, primary care physician. * implementation of mandatory report of chronic HCV is advised

THE FIVE STEPS APPLIED TO PWUD IN ADDICTION CARE

1. **Awareness and prevention**: IN 2009/2010, a large nationwide HCV awareness campaign included a specific sub-campaign targeting PWUD attending methadone clinics. It was cost-effective: ICER € 9,056 (95% CI: € 6,043–€ 13,523).
2. **Case finding**: identifying undiagnosed HCV+ PWUD (*screening* at least once, and yearly in case of continued risk behavior, embedded in opioid treatment guideline) and tracing previously diagnosed patients who are no longer in clinical care (*retrieval*). Implementation level: suboptimal.
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. Implementation in participant regions: high. Nationwide implementation: limited.
4. **Access to medication**: all available DAAs are reimbursed by basic healthcare insurance, irrespective of fibrosis stage or route of transmission. Implementation level: excellent.
5. **Monitoring and evaluation**: pilots on a hospital-based registry for hepatitis B & C mono-infections are ongoing.

Figure 2. Dutch HCV healthcare stakeholders



Effectiveness

A study modelling the future HCV burden of disease in the Netherlands (*all risk groups*) estimated an overall 85% reduction in chronic HCV infections by the year 2030, if treatment rate can be scaled up adequately; this requires increased case finding (migrants!) in the first place.

Discussion/ Conclusions

- PWUD, like other risk groups, highly benefit from a national strategy (like a NHP) to eliminate HCV.
- However, micro-elimination strategies are essential for more efficient delivery of interventions.
- For Dutch PWUD, HCV elimination is feasible if linkage to care is further improved, e.g., by allowing addiction care physicians to prescribe DAA's.
- Although challenges remain, the Netherlands are one of the global frontrunners in their efforts to national viral HCV elimination in PWUD.

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