HCV: A UK view on treatment coverage

Dr Emma E Page
VIRAL HEPATITIS C IN THE WORLD

- 15m Eastern Mediterranean
- 14m Europe
- 14m Western Pacific
- 10m South-East Asia
- 10m Africa
- 7m Americas

71m Global
## Combating Hepatitis B and C to Reach Elimination by 2030

**World Health Organization**

**GHSS on viral hepatitis**

**May 2016**

<table>
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<tr>
<th>Target areas</th>
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<tr>
<td>(sterile syringe/needle set</td>
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<td>distributed per person per</td>
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<td>drugs [PWID])</td>
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<td><strong>5</strong> Treatment</td>
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Figure 3. UK-wide estimates of numbers initiating HCV treatment, calendar years 2007 to 2014 and financial years 2015 to 2016 – 2017 to 2018***
HCV in the UK – 2020 targets

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  – Estimated 66% aware of status (75%)
  – Currently around 14,000/yr (50%)
    • 125% increase from pre-2015
    • 19% increase from 2016/2017
Figure 8. Estimated UK-wide incidence of HCV among PWID, 2011-2017*,**
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Figure 6. Death registrations* for HCV-related ESLD** and HCC in UK*** Countries: 2005 to 2017
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  – Currently around 14,000/yr
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  – Incidence in PWIDs appears to be increasing (50% reduction)
  – Early estimates suggest on target for 10% reduction in deaths by 2020
Hepatitis C in the UK

2018 report

In the UK, eliminating hepatitis C as a major public health threat by driving down HCV-related mortality and preventing new infections from occurring is potentially feasible with the tools currently available. Investment in 3 core intervention areas is needed: (i) ensuring adequate harm reduction for PWID, (ii) increasing the proportion of infected individuals who are diagnosed, and (iii) increasing the proportion of infected individuals who access and complete treatment, achieving a sustained virological response (SVR).
HCV in the UK

England
- 0.4% prevalence
- 113,000 chronic HCV
- 33% undiagnosed

Scotland
- 0.7% prevalence
- 34,500 chronic HCV
  (Recent estimates HPS: 29,000)
- 40% undiagnosed

N. Ireland
- 0.4% prevalence
- 13,000 chronic HCV
- 50% undiagnosed

Wales
- 0.4% prevalence
- 13,000 chronic HCV
- 50% undiagnosed
Treatment coverage: Scotland Past
Treatment coverage: Scotland

Current

- DAAs approved by SMC with few restrictions
  - National guidelines guide treatment
  - Budget constraints
    - Priority to most advanced disease (until 2018)
    - Ultimate goal: offer all treatment .... TasP

- Move treatment to prisons, drug services & pharmacies.....
Treatment coverage: Scotland

Current

- 55 Pharmacies
- Pharmacy treatment sites increased:
  - numbers identified
  - numbers treated
- SVR12 74% vs 58% (incomplete data)
- Tayside: ‘diagnosed 80% and treated 70%’
**Treatment coverage: Scotland**

**Current**

*Figure 14: Estimated numbers initiating HCV treatment in Scotland vs. national treatment targets, 2007-2016.*

Scale up in treatment numbers:
- 450 a year 2007
- 1,739 a year 2016/17

Treatment rates still rising
- 2,000 2018/19
- Target of 2,500 by 2020
Treatment coverage: Scotland Future

刪除肝炎 C 在蘇格蘭: 呼籲行動

A summary of evidence from the Hepatitis C Elimination Inquiry held by the cross-party Scottish Hepatitis C Parliamentary Champions group and The Hepatitis C Trust

• Committed to elimination HCV by 2030
• Not on tract to meet GHSS 2030 targets
• Highlighted number of issues around access to treatment:
  – Budget constraints = prioritisation
  – Some areas not treating current PWID
  – LTC improvement needed
  – Delivering treatment in the community
  – Reported Increased incidence in PWID
• Outcome: Scottish Government to develop Hepatitis C elimination strategy

…..currently awaiting publication
Treatment coverage: England

Current

- Ensure equitable access to treatments
- And act as gate keepers to DAAS:
  - All patients treated must be discussed at ODN
  - Access to DAA controlled by NHSE
Treatment coverage: England

Current
Treatment coverage: England
Current
Treatments are currently available for all patients with chronic Hepatitis C who meet the relevant eligibility criteria (Dec 2015 ‘rate cards’ = treatment for all).

- Drug choice: genotype, cirrhosis, past treatment
- Each ODN associated run rate with penalties and cap
- Updated 6 monthly after NICE approval and tenders by NHS E & pharma
Dec 2015 ‘rate cards’ = treatment for all*

- Drug choice: genotype, cirrhosis, past treatment
- Each ODN associated run rate with penalties and cap
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Treatment coverage: England

Current

Figure 26. Provisional estimates of numbers initiating HCV treatment in England, 2007-2017/2018

- 2017/18: 127% increase vs pre-2015
- 24,592 completed treatment:
  - SVR12 95%
  - 70% PWID (16% current/recent)
  - Referrals: 16% prisons/drugs services
Treatment coverage: England

Current

Figure 32: Distribution of treatment setting (%) for patients with a treatment episode in the Hepatitis C Patient Registry and Treatment Outcome System, by ODN (n=30,870)

Treatment site: 88% secondary care, 12% prisons/drug services/other community
Treatment coverage: England
Current

2018/2019 ODN run rate % achievement

- 2018/29 run rate not achieved:
  - Over estimation of number of patients
Treatment coverage: England

Hepatitis C treatment monitoring in England

Content, completeness and preliminary findings from the Hepatitis C patient registry and treatment outcome system

Table 9. Infection details for patients in the Hepatitis C patient registry and treatment outcome system yet to be treated compared to those with a treatment episode in the Register.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Not yet treated (n= 7,816)</th>
<th>Treated (n=24,592)</th>
<th>Significance (P-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injecting route of transmission (%)</td>
<td></td>
<td></td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Current/recent PWID (injected in past 3 years)</td>
<td></td>
<td>30.4</td>
<td>16.2</td>
</tr>
<tr>
<td>Past PWID</td>
<td></td>
<td>38.7</td>
<td>46.3</td>
</tr>
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Treatment coverage: England

Current

- 2018/29 run rate not achieved:
  - Over estimation of number of patients
  - 'easy' to engage patients treated
    - Move treatment to the community
  - Still significant numbers undiagnosed:
    - Increase community testing

Polaris Observatory ‘without improved diagnosis rates number treated could fall to 5000/yr’
Treatment coverage: England

Future

May 2019

NHS England has unveiled its plan to completely eliminate hepatitis C, signing up three pharma companies to the £1bn ($1.29bn) programme which involves identifying and curing patients with drug treatments.

• 3+2 year contract
• 3 bidders given medal status
• Rate card continues:
  • Gilead 60%
  • MSD 24%
  • AbbVie 17%
Treatment coverage: England Future

Recommended Supplier EI’s with NHS England gap funding:

- Drugs and Alcohol: Funded by Gilead
- Health and Justice: Funded by MSD
- Community Pharmacy: Funded by Gilead
- GP’s: Funded by AbbVie
- ODNs: Funded by NHS

- Drug Treatment: Change, Grow, Live Gilead
- Prisons: CARE UK Pathway mapping Gilead
- Cepheid in 30 prisons MSD
- Point of care test, needle and syringe exchange community pharmacy
- Primary Care: South Asians Gilead
- GP Patient Search Identification, MSD
- GP search tool
- Per Treated Patient Payment Scheme
- Peer Coordinators AbbVie
- Hepatitis C Trust Peer to Peer and Community Liaison Officers, MSD

Gilead; Gold award (£4.2m)  MSD; Silver award (£2.1m)  AbbVie Bronze award (£0.6m)  NHS England (£12m)
Treatment coverage: N Ireland
Past

- Action plan since 2007
  - Prevention:
    - PWID
    - Healthcare settings
    - Prisons
  - Clinical services
    - Testing
    - Treatment
  - Establishment of Managed Clinical Network
To reduce the transmission of Hep B & C (HBV & HCV) infection among injecting drug users by promoting routine and low-threshold testing for Hep B & C infection among injecting drug users, and exploring best practice models for engaging and retaining injecting drug users in HBV & HCV treatment.

To promote timely diagnosis of HBV & HCV infection in NI (particularly in high-risk groups), and to facilitate equitable access to high-quality treatment of diagnosed HBV & HCV infections through the regional hepatology unit in RVH.

To deliver all treatment of HBV and HCV infection in NI through the regional hepatology unit, using treatment guidelines based on NICE recommendations.
Treatment coverage: N Ireland

Current

NI Regional Hepatitis B&C
Managed Clinical Network
Annual Report 2018

**Figure 6: Number the Hepatitis C Test Requests in Northern Ireland, 2009 - 2017**

- Significant scaling up in testing numbers:
  - 2009: 28,256
  - 2017: 47,864

*Source: Regional Virology laboratory, 2018*
Treatment coverage: N Ireland

Current

NI Regional Hepatitis B&C
Managed Clinical Network
Annual Report 2018

FIGURE 7: LABORATORY CONFIRMED HCV PCR POSITIVE CASES, NORTHERN IRELAND, 2007-2017
Treatment coverage: N Ireland

Current

- 2016 SVR 97%
- 2017: ⅔ referrals from primary and secondary care

**FIGURE 9: HEPATITIS C TREATMENT INITIATIONS IN NORTHERN IRELAND, 2007-2017**

Source: Local RVH database/Regional Hepatology clinic 2018
Treatment coverage: N Ireland

Future

- 2016/17 increase in cases of HCV among PWID:
  - increase in syringe/needle provision
  - increase in DBT

- Plans to produce an Action Plan towards WHO elimination goals
Treatment coverage: Wales

Past

- Action Plan 2010-2015
  - Focus on: prevention, testing and treating
  - DBS drug services & prisons
  - BBV prions nurse specialist
  - Move to ‘opt-out’ testing in prisons
    - 10% men HCV Ab positive
  - Database developed
Treatment coverage: Wales
Current

- Liver Disease Delivery Plan 2015-2020
  - Roll out of DAAs from 2014
  - No restrictions on numbers
  - Minimum targets set
  - BUT... since 2015 targets have been missed
  - 2017/18 600 treated (target 900)
  - 5,000 diagnosed not yet treated
  - High numbers of undiagnosed
Treatment coverage: Wales
Future

• Wales has signed up to the WHO elimination strategy

• Jan 2019 NAW held inquiry to look at what was needed to achieve elimination
  – If treatment targets met elimination delayed by 1-2 years
  – On current rates elimination could delayed to 2040.
  – The development of an Elimination Action Plan was advised
HCV: A UK view on treatment coverage

- All 4 countries at risk of not meeting WHO elimination target for 2030

- All facing similar issues:
  - Reported increasing incidence in PWID
  - Significant numbers still undiagnosed
  - ‘Easy’ to engage patients treated ...... LTC problems
  - Treatment numbers need to be sustained/increased
HCV: A UK view on treatment coverage

To achieve WHO goals need to radically change our response to tackling HCV in PWID

• Increase NSP access
• Find and inform large numbers of undiagnosed
• Increase linkage to care & access to treatment:
  – significantly expand community & prison based diagnosis and treatment
  – simplify requirements for treatment.... Pangenotypics / FibroScans
  – Be flexible ....‘one size will not fit all’
• Monitor and ensure equity of access to treatment to all
HCV: A UK view on treatment coverage

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Disclosures:
Clinical Lead for Get Tested LeEDs which is a joint working project between Leeds Teaching Hospitals Trust and Gilead Sciences Ltd.