The birth of the Dutch National hepatitis plan

A success story in many parts

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WHO: framework for global action

• In 2012 the WHO stated: “viral hepatitis is a global public health problem” (resolution WHA 63.18)
  – 500 million chronically HCV & HBV infected
  – 1 million deaths/yr
  – Causing 57% of liver cirrhosis; 78% of HCC

Strategy needed on four axes:
1. awareness-raising, partnerships and resource mobilization
2. evidence-based policy and data for action
3. prevention of transmission
13 (of 44 responding EuroWHO MS (29.5%) reported the existence of a written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.
Netherlands on the WHO scoring list

- **No written national strategy** or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.
- **No designated governmental unit/departement** responsible solely for coordinating and/or carrying out viral hepatitis-related activities.
- Only 2-3 full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

Furthermore:
- The National Hepatitis Centre was closed down in 2012.
- No national public health research agenda for viral hepatitis.
- HBV national vaccination campaign for drug users was discontinued (though still in place for MSM and sex workers)
Background

- Low HBV (0.4%) and HCV (0.22%) prevalence
- 40,000 chronic HBV and 28,000 chronic HCV

Contribution per risk group

- Migrants 41%
- PWID 28%
- HIV+ MSM 5%
- Haemoph. pt 2%
- Other 25%

Vriend, Epidemiol Infect 2012
But many reasons for action

- 30% aware of infection (estimate)
- No continuum of care; lack of integrated initiatives
- PWID were HCV-infected >20 yrs ago: advanced liver disease
- Mortality:

![Graph showing mortality trends for Viral hepatitis: total and HIV-AIDS from 1996 to 2014.](image)
Revolution in HCV treatment

Sustained Virologic Response in G1 (SVR)

1st Stage
1989-1998

2nd Stage
1998-2001

3rd Stage
2001-present

4th Stage
2012-2015

5th Stage
2015-2018

PEG-IFN +
ribavirin +
Proliferation

+/
NS5a inhibitors
Prot Inhibitor

+/
Protease Inhibitor

Estimated
95-100%

Estimated
65-70%

Estimated
42-50%

Estimated
10%

Revolution in HCV treatment
Comparing to the general population

Cumulative survival (%)

\[ p = 0.571 \]
\[ 91\% \text{ (95\%CI 86-97)} \]
\[ p < 0.001 \]
\[ 74\% \text{ (95\%CI 72-80)} \]

Time - Years

Matched Dutch Population

SVR

non-SVR

Van der Meer JAMA 2014
Revolution: action plan!
Organisation

• Two national programmes existing (awareness raising GPs and Breakthrough addiction care)
• Two initiators of the NHP, inviting:
  – Two public health professors (different parts of the NL)
  – Infectiologist
  – Gastro-enterologist
  – National institute for public health (RIVM)
  – Municipal health service
  – GP
  – Microbiologist (lab)
• On personal title
• *Success factor: high profile working group with workable number of members*
Starting point of the NHP

High standards achieved in reducing transmission (primary prevention)

• Hygiene: in care (blood, instruments, risk carriers); in society (condoms, tattoo's, piercings)
• Vaccine: newborns, newborns HBsAg+ mothers, work-related and risk behaviour-related risk groups

Much to gain in prevention of advanced liver disease in chronically infected (secondary prevention, care&cure)

• (Re)trace chronically infected and bring back into care
• Screening of risk groups: awareness raising, motivate, test
• (Early) treatment of chronically infected
• No thresholds in care path from tracing to treatment
National level

- **Facilities**
  - availability, affordability, accessibility

- **Policy issues**
  - Indication / reimbursement: vaccination, testing, treatment

- **Guidelines**
  - Multidisciplinary, continuum of care

- **Knowledge generation and provision (the “agenda’”)**
  - Hospital registration (evaluation therapy and prognosis)
  - Or anonymous registration for all stakeholders (GP, addiction care, MHS, prison)

- **Coordination**
  - Vaccination
  - Regional projects
Regional level: continuum of care

- **Laboratoria (microbiology and clinical chemistry):** Uniform lab forms and report/ feedback on results
- **Hepatitis treatment centres:** Treatment hepatitis
- **HIV treatment centres:** Trace hepatitis in HIV patients, treatment of co-infected
- **Addiction care:** Trace, motivate, referral and support
- **GPs and midwives:** Tracing and referral
- **Municipal health service (STD-HIV/ migrant workers):** Awareness, motivate, test
- **Prisons:** Trace, motivate, referral
- **Patient and risk group representatives:** Awareness, motivate
NHP focus

1. Prevent transmission through awareness and vaccination.

2. Timely identify chronically infected to:
   – Reduce further transmission
   – Treat early and reduce disease burden

3. Availability and affordability of test methods and adequate treatment (also for treatment as prevention)

4. Organise an efficient chain of care, including aftercare

5. Increase knowledge by surveillance and research (epidemiological, cost-effectiveness and care models/treatment)
Knowledge agenda

• Formulate framework in line with focus NHP

• Work out this agenda in a Hepatitis Program supervised by the National Organisation for Health Research and Development (ZonMW)

• Budget aims: 10 million for 5 yrs, with contributions from national government, health insurance companies and pharmaceutical industry

• Top-down for high priorities in the NHP

• Bottom-up for relevant additional research
Next steps

• All relevant stakeholders have provided feedback

• NHPlan will officially be launched at the next NHDay

• A Steering Group will take over from the Initiative group. NOT on personal title, but as representative.

• Tasks Steering Group: prioritise knowledge agenda and coordinate the execution of the NHP
What happened in the meantime

- October 2015: DAAs are available (reimbursed) for ALL HCV-patients
- The Health Council is preparing an advice on hepatitis screening
- A third national programme was launched by the national institute for public health: coordination of the regional organisation of the continuum of care
- A yearly National Hepatitis Day was reinstalled
- Local initiatives like “Heptember”