

A national multidisciplinary healthcare network for treatment of hepatitis C in PWID in Slovenia



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Disclosure

Within the last 36 months:

- Lecturer: Abbvie, Bayer, Boehringer-Ingelheim, Gilead, Janssen, Merck, Roche
- Manuscript preparation: Abbvie, Gilead, Janssen, Merck, Roche
- Travel/accommodational meeting expences: Abbvie, Gilead, Janssen, Merck, Roche

No conflict of interest regarding this presentation



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Gross national income per capita (2012):

27,240 \$

Life expectancy at birth m/f (2011):

77 / 83 years

Probability of dying under five (2012):

3 / 100 000

Probability of dying between 15 and 60 years m/f (2011):

118/51 / 1 000

Total expenditure on health/capita (2011):

2,519 Intl \$

Total expenditure on health as (2011):

9.1 % GDP

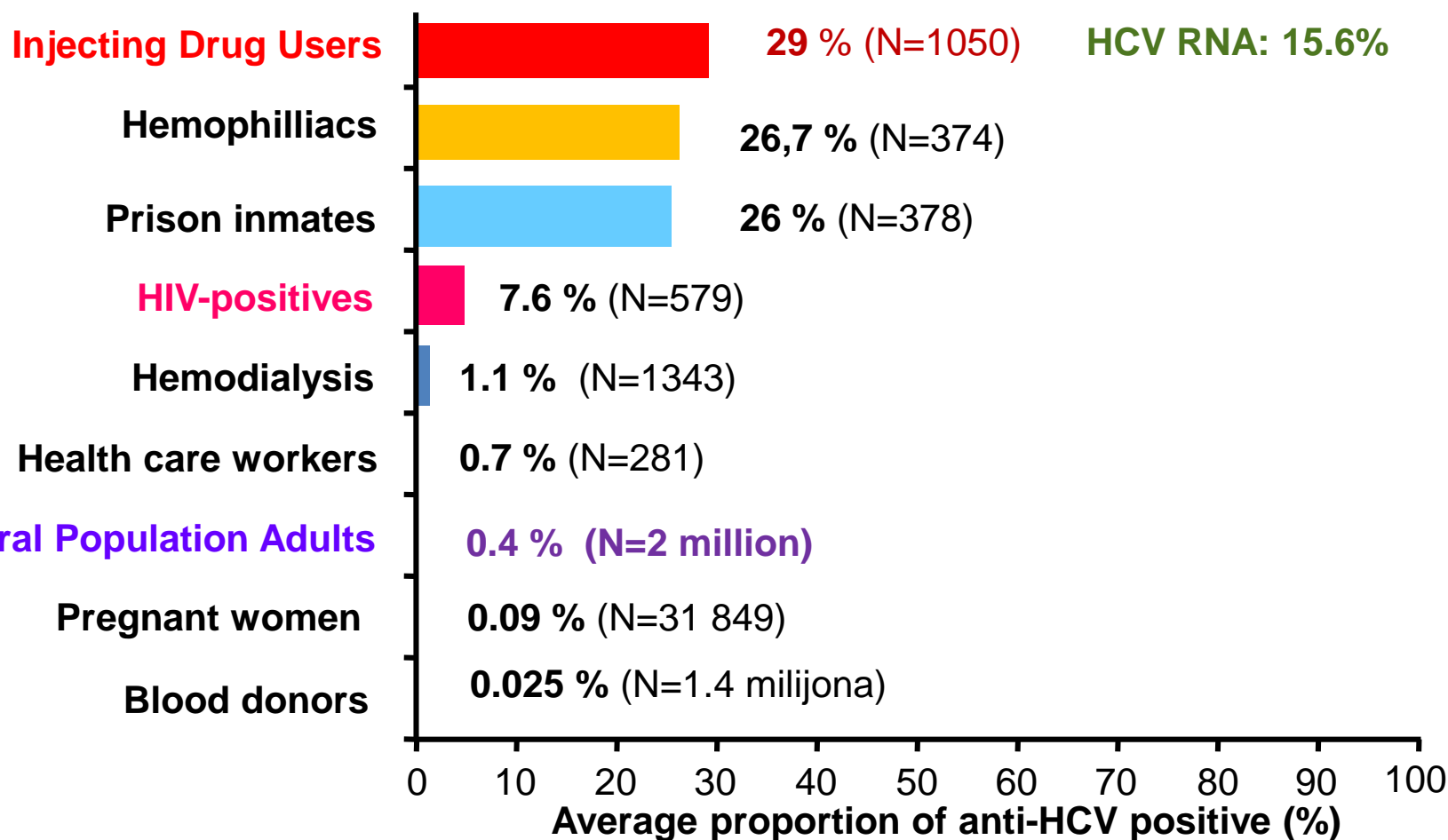
Inhabitants: **2 million**

Drug users: est. 10 000

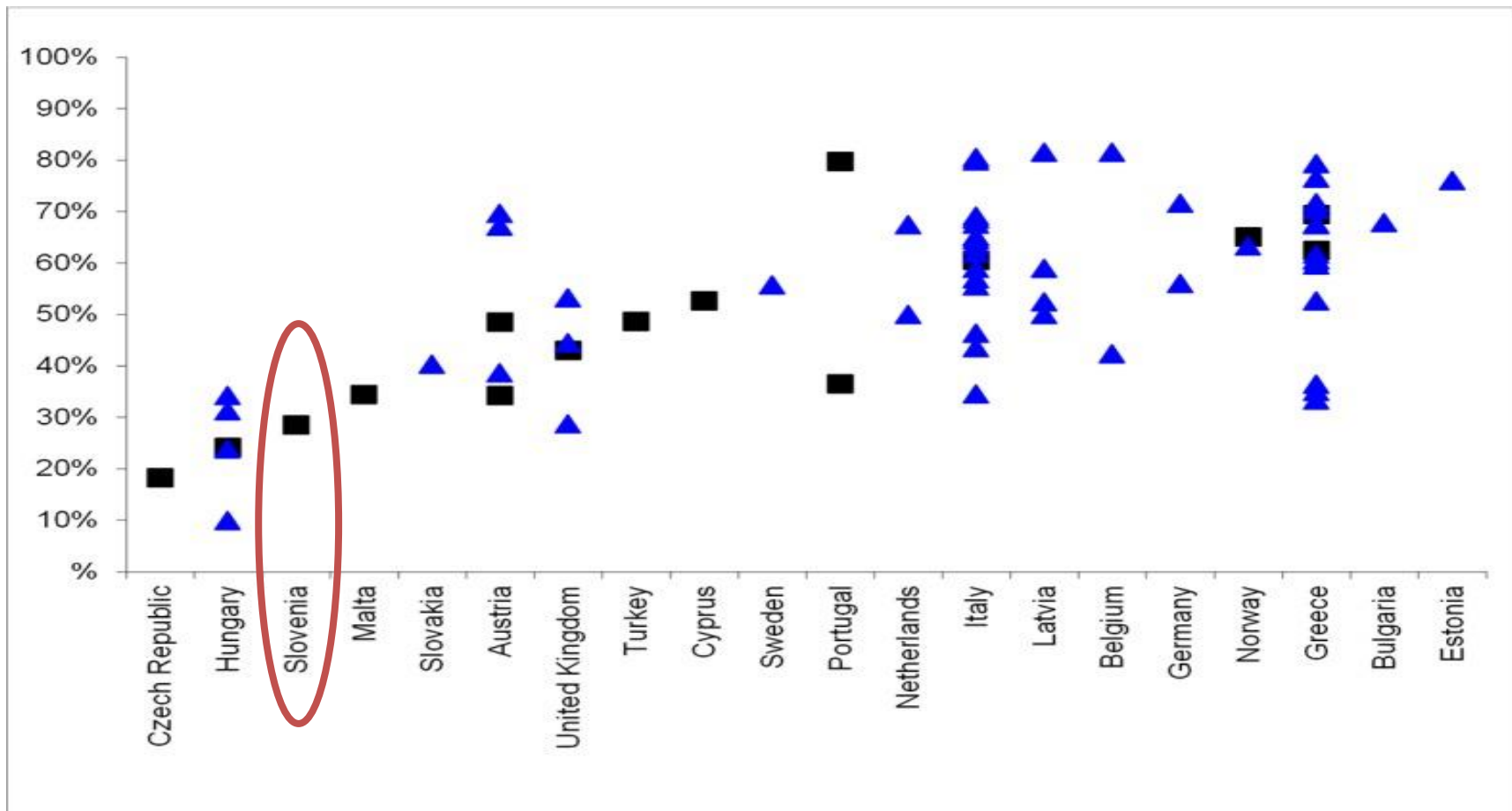
Injectors: est. 6-8 000

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Anti-HCV prevalence by selected groups

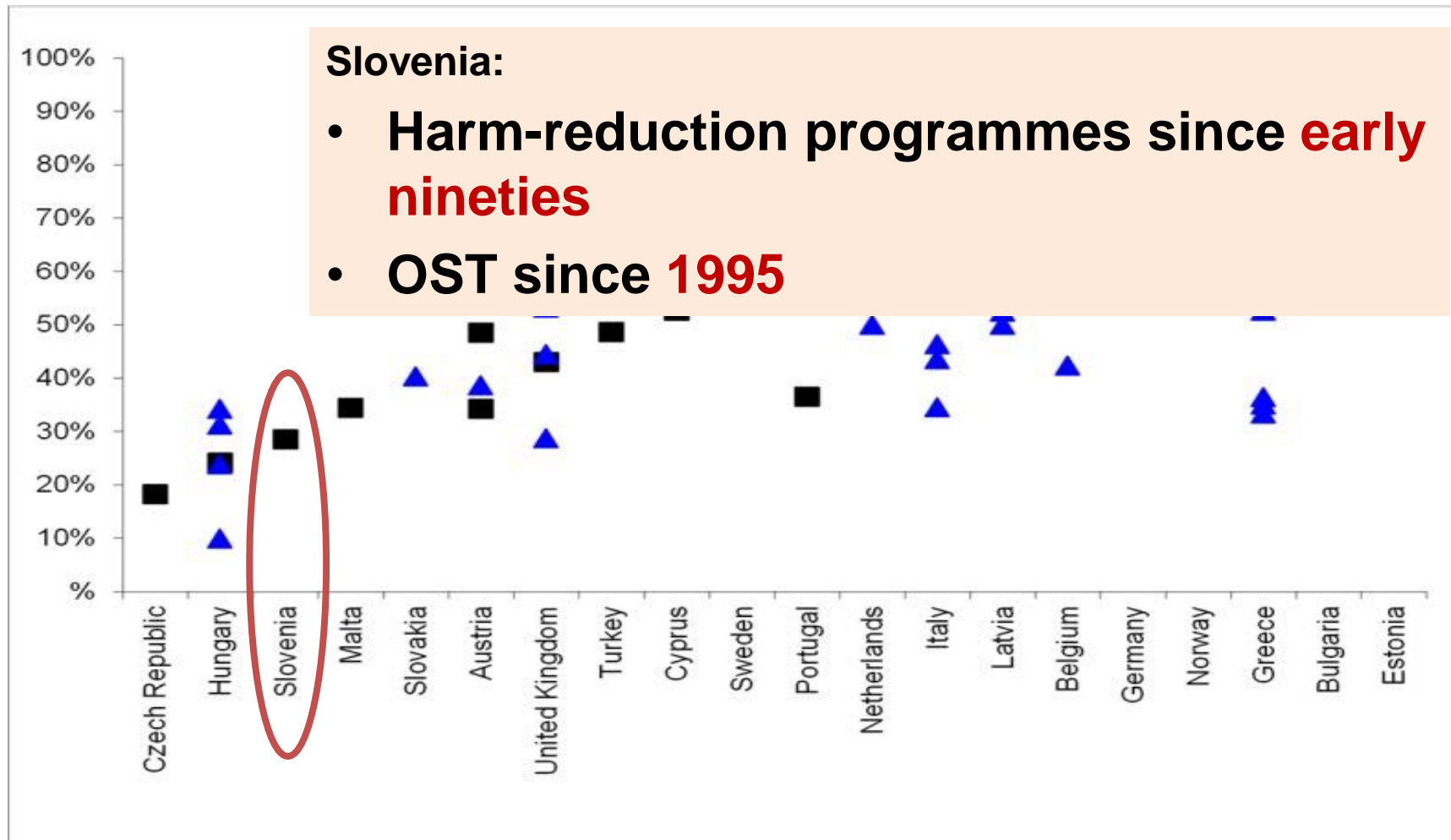


HCV seroprevalence among PWID in the EU 2006–2011



- black squares are data with national coverage, blue triangles are data with sub-national (local, regional) coverage.

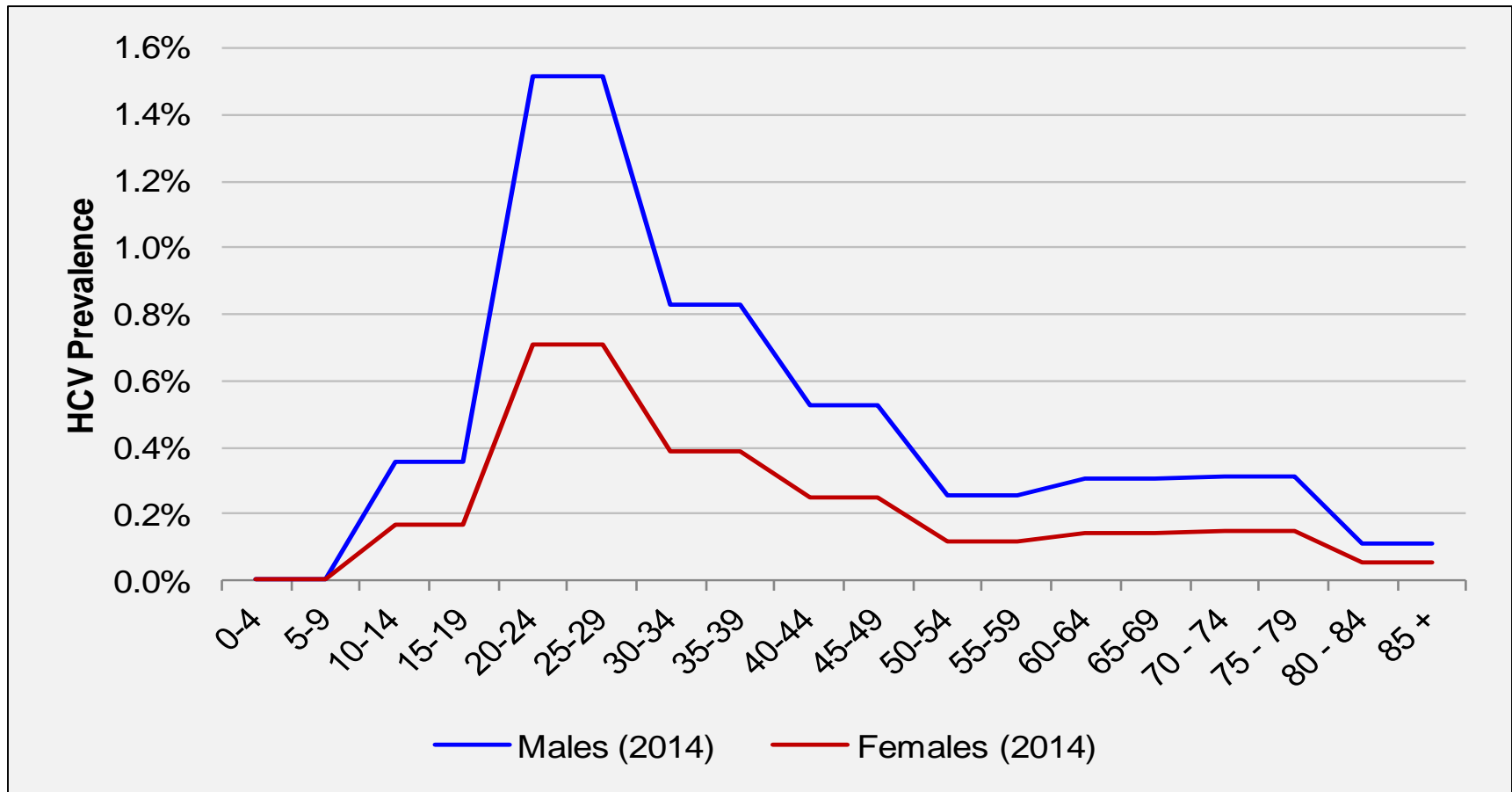
HCV seroprevalence among PWID in the EU 2006–2011



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Anti- HCV seroprevalence according to gender and age

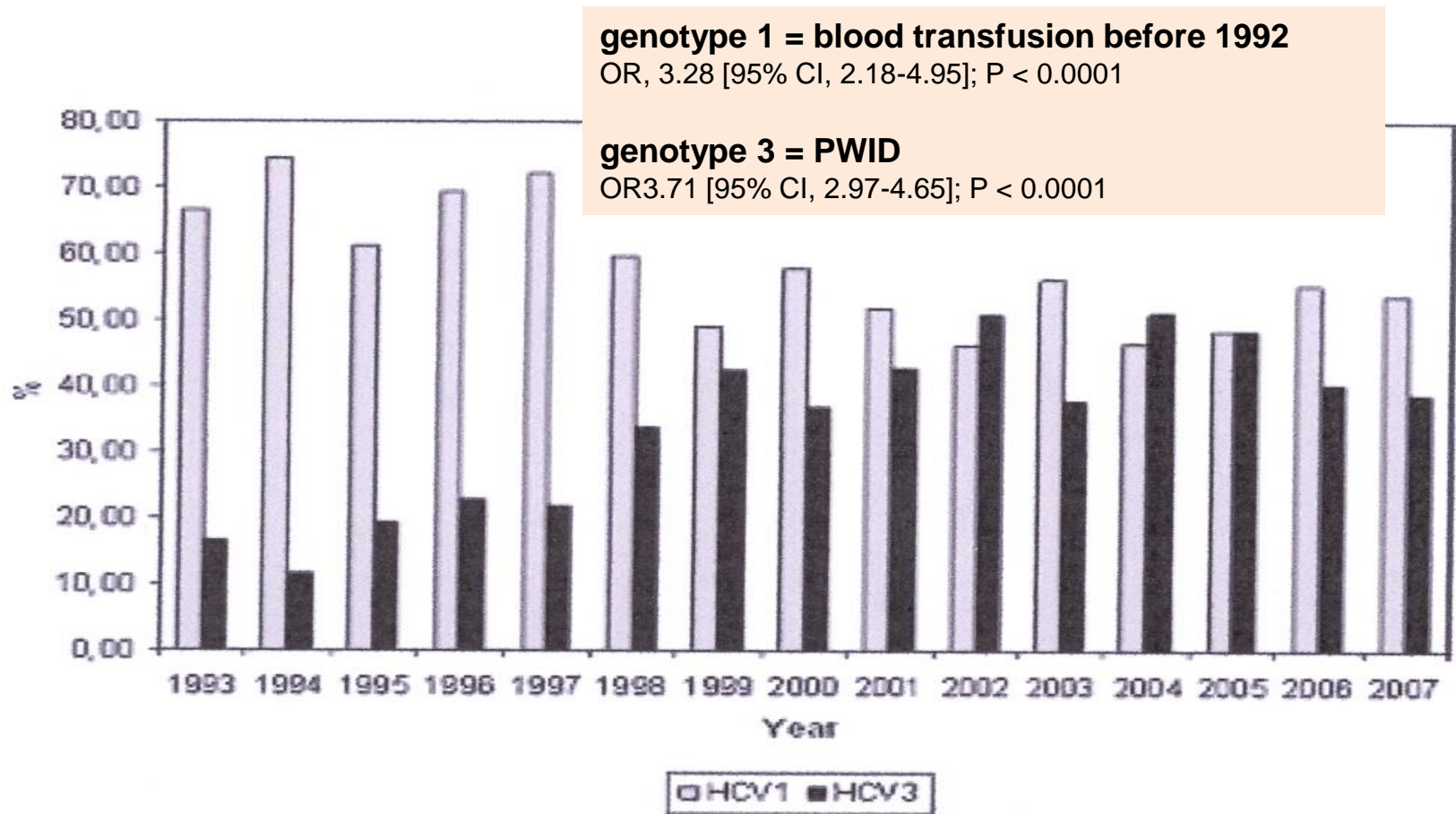
N=1504



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Dynamics of HCV-1 and HCV-3 genotypes

N=1504



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Management of hepatitis C

An integrated approach

- **National Institute of Public Health of Republic Slovenia**

(Ministry of Health: Law on communicable diseases)

Surveillance of communicable diseases

Strategies for reducing transmission and harm (drug use)

- **National Viral Hepatitis Expert Group**

(Interdisciplinary team of highly involved professionals, self-founded in 1997)

National strategy

Action plan

Consensus clinical guidelines

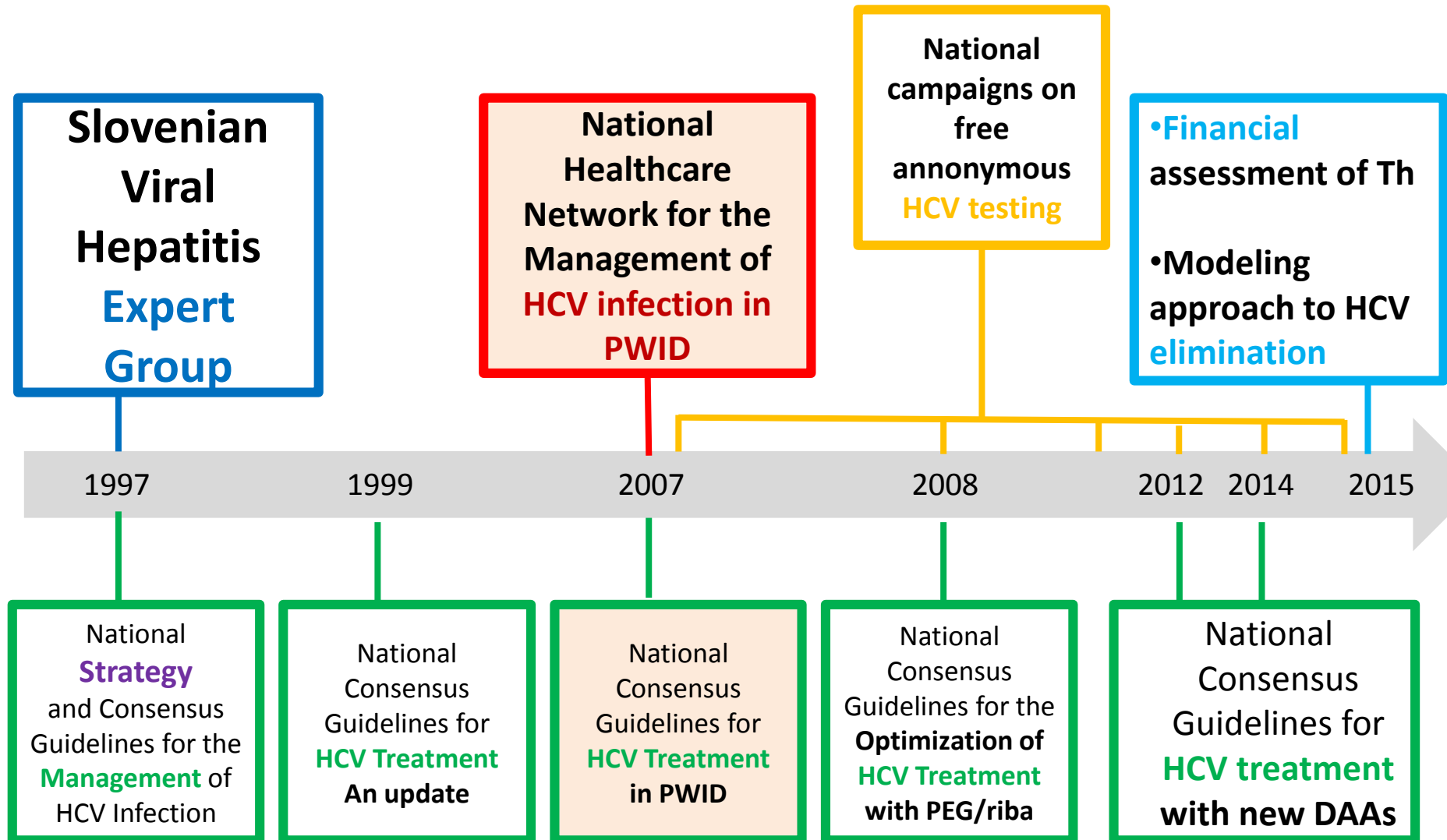
National Viral Hepatitis Expert Group

National strategy for complex management of HCV infection

- **Testing:** - special populations: case finding, surveillance
- general population: **voluntary free-of-charge testing**
(**routine** + campaigns)
- **Treatment:** - availability, access, process, follow-up
- systematical **analysis** of treatment efficacy and safety (since 1997)
- National consensus **guidelines** on management of HCV infected
- **Research**
- **Education** (professionals, general population)
- **Mass media campaigns** (World Hepatitis Day, etc.)

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Management of HCV infection during period 1997 - 2015



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Clinical management of patients with HCV infection

- 5 clinical centers for viral hepatitis: infectologists, (hepatologists)



Refferential:

Clinic for Infectious Diseases nad Februle Illnesses, University Medical Centre Ljubljana

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Clinical management of patients with HCV infection

THERAPY for HCV:

- IFN (1993)
- IFN/RBV (1999)
- PEG/RBV (2001)
- BOC/TVP (2012)
- SIMEPREVIR (2014)
- SOFOSBUVIR (2015)
- 3D (2015)
- SOFOSBUVIR+LEDIPASVIR (2015)
- Liver transplantation (since 1998)

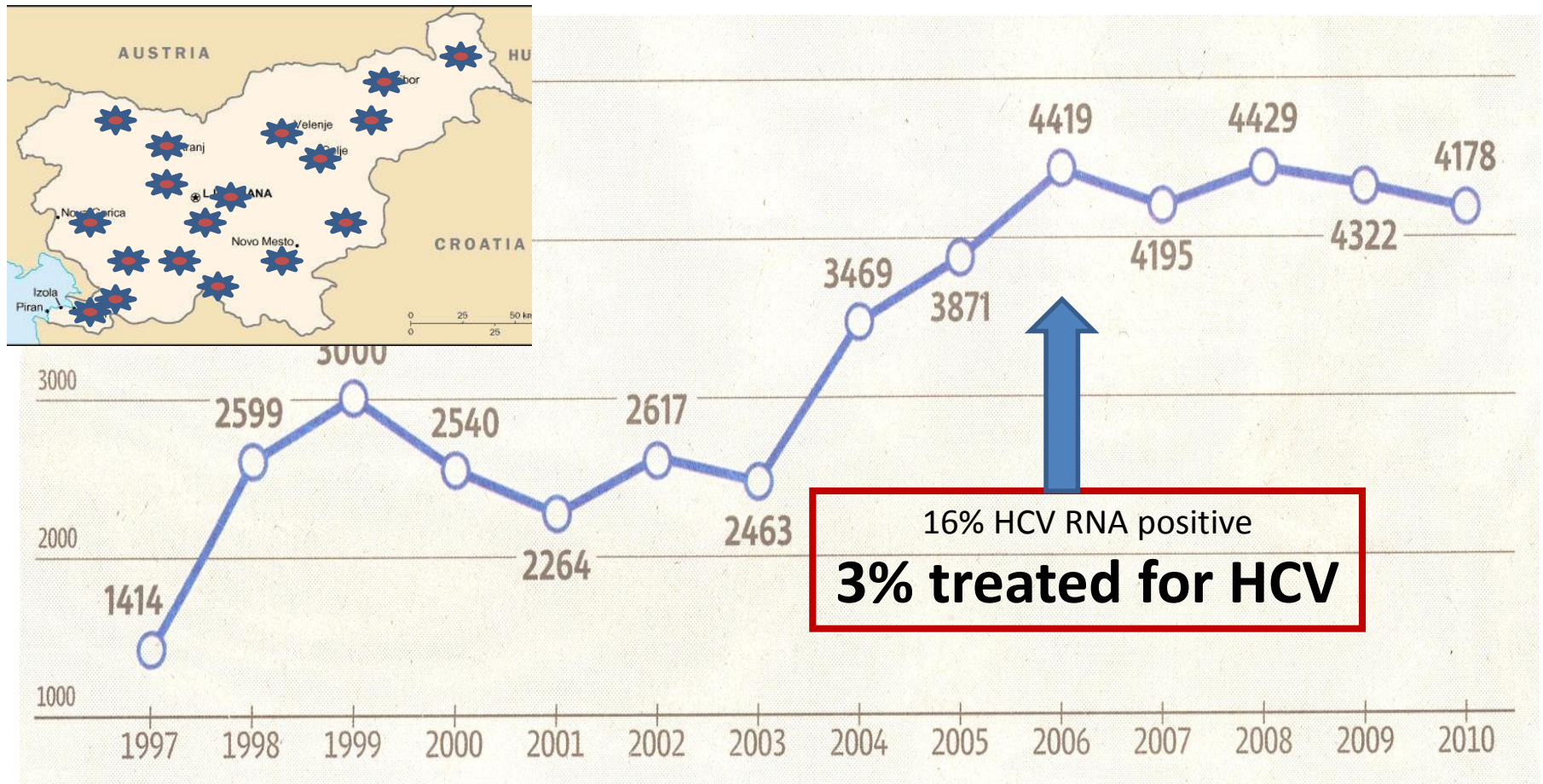
FINNANCING of HCV management :

- Public Health Insurance System:
 - Nominated specialists** to prescribe P/R, DAAs
 - National consensus guidelines** for the management of HCV infection
- **National register**: all the HCV treated patients (since 1997)

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Centres for Prevention and Treatment of Drug Addiction

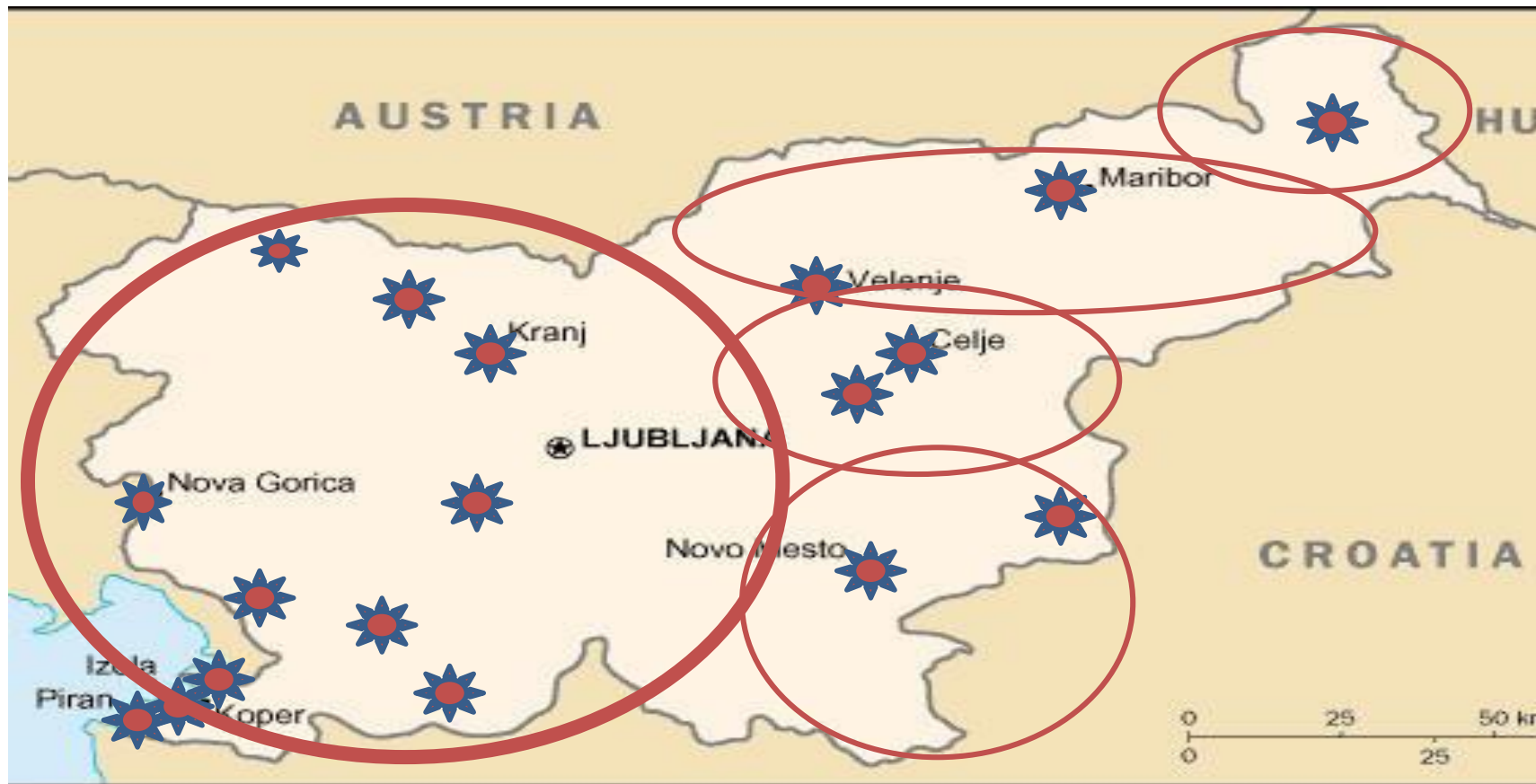
Number of PWID managed per year



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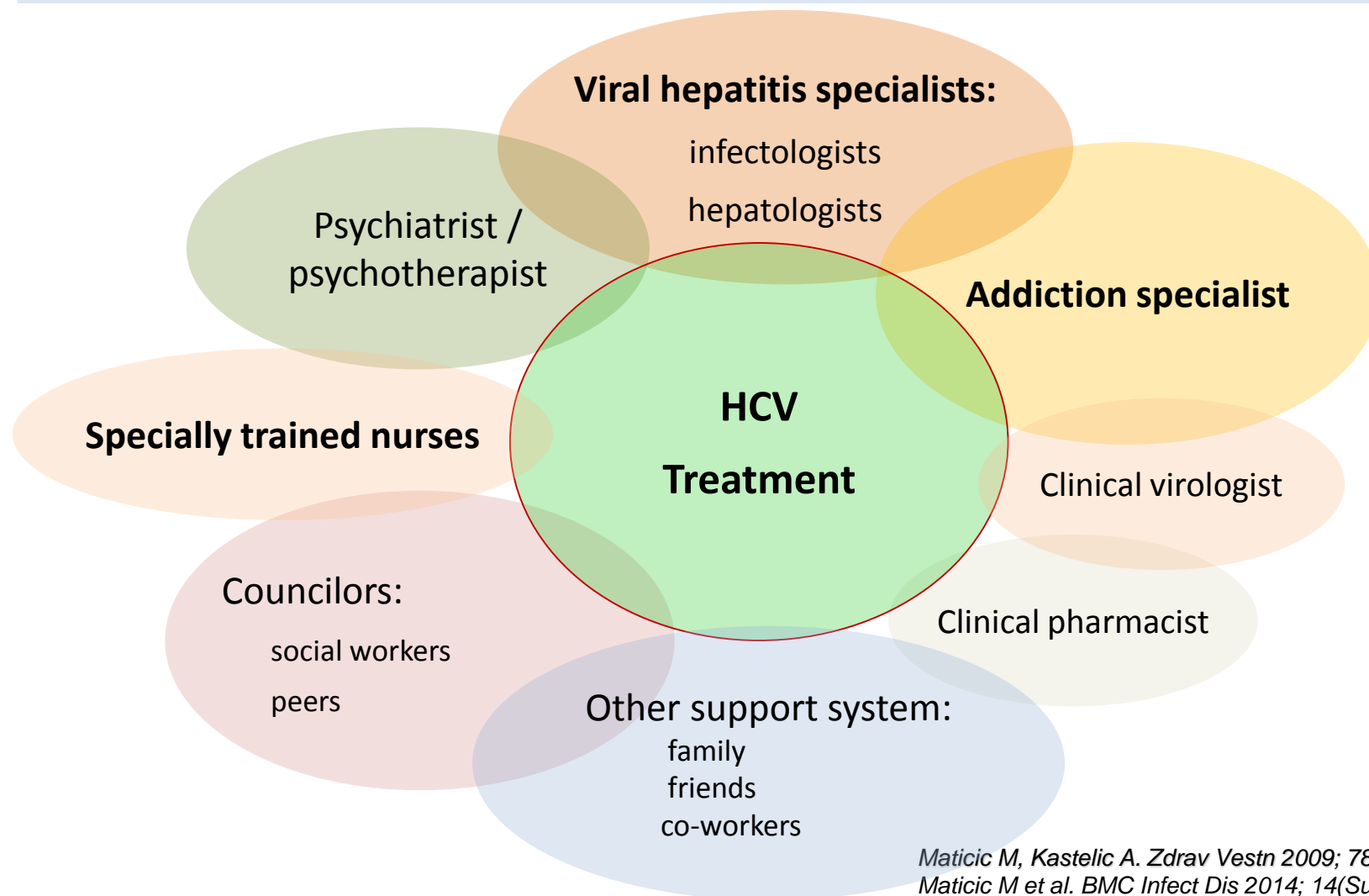
National healthcare network for managing HCV in PWID

INTEGRATED already existing facilities: **18 Drug Treatment Centers**
5 Viral Hepatitis Centers



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A multidisciplinary team for HCV treatment in PWID



Maticic M, Kastelic A. Zdrav Vestn 2009; 78: 529-39
Maticic M et al. BMC Infect Dis 2014; 14(Suppl 6): 12-3.

National Conferences “HCV in PWID” for integrated providers of HCV treatment

- **1st Slovenian Conference on HCV Infection in IVDU (Jan 2006):**
basic medical and supportive education
strategies, interventions
- **2nd Slovenian Conference on HCV Infection in IVDU (Mar 2007):**
set up National guidelines for the management of HCV in IVDUs
- **3rd Slovenian Conference on HCV Infection in IVDU (Apr 2008):**
vulnerable groups
- **4th Slovenian Conference on HCV Infection in IVDU (Feb 2010):**
experiences/improvements of the National guidelines
future perspectives
- **5th Slovenian Conference on HCV Infection in IVDU (Dec 2011):**
role of addiction programmes, new drugs for HCV, HIV and IVDUs in Slovenia
- **6th Slovenian Conference on HCV Infection in PWID (Mar2015):**
indications for new DAAs, increase HCV testing, Inauguration of Slovene Liver Patient Association



Hepatitis C pri uživalcih
drog v programih
substitucijske terapije:

**Priporočila za
klinično obravnavo
in zdravljenje**

Asist. **Andrej Kastelic**, dr. med., spec. psih.
Doc. dr. **Mojca Matičič**, dr. med., spec. intern.

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Hepatitis C in drug users on
substitution treatment:

**National guidelines for clinical
management and treatment**

March 2007

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National healthcare network for managing HCV in PWID An integrated approach

- **Un-infected:** counselling to **prevent** HCV infection
testing for HCV infection (every 6-12 mths)
HBV/HAV vaccination
- **Chronically infected:** identification of treatment eligible
motivation
linkage-to-care
medical evaluation (**Fibroscan**)
clinical management
counselling, motivation
treatment



+



National healthcare network for managing HCV in PWID

An integrated approach

Viral hepatitis specialist

Drug addiction therapist

drug user
HCV RNA +

drug user
HCV RNA +

First visit

First visit "fill-in form"

Follow up visits-report

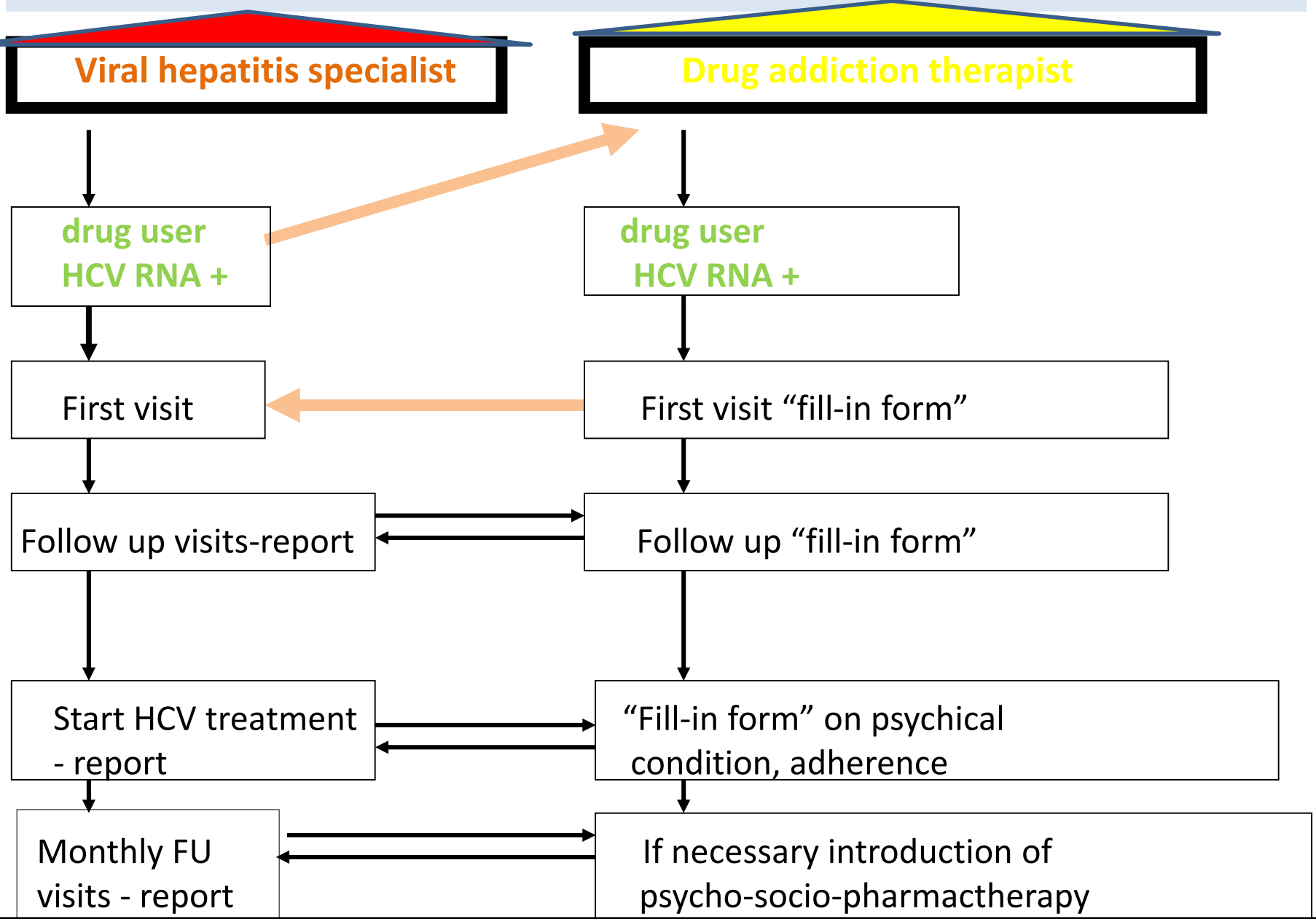
Follow up "fill-in form"

Start HCV treatment
- report

"Fill-in form" on psychical
condition, adherence

Monthly FU
visits - report

If necessary introduction of
psycho-socio-pharmacotherapy



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National healthcare network for managing HCV in PWID

Written communication between viral hepatitis and drug addiction specialists

PODATKI O BOLNIKU

namenjeno specialistu za klinično obravnavo hepatitisa C

prvi pregled

Center za preprečevanje in zdravljenje odvisnosti od prepovedanih drog: _____

Center za zdravljenje odvisnih od prepovedanih drog, Psihiatrična klinika Ljubljana ☐

ime in priimek bolnika: _____ datum rojstva: _____

dovoljujem, da se podatki o mojem zdravljenju posredujejo specialistu za klinično obravnavo hepatitisa C

podpis bolnika: _____

trajanje uživanja drog leta: _____ meseci: _____ v zdravljenju odvisnosti od: _____

vrsta substitucijske terapije: _____ trenutni odmerek substitucijskega zdravila: _____

morebitno uživanje drog: _____ pogostnost: _____ način: _____

urinski test: _____ uživanje alkohola: _____

pridružene telesne bolezni: _____

pridružene duševne motnje: _____

prejemanje psihofarmakov / odmerek: _____

terapevtski načrt: _____

ima stalnega partnerja ☐ DA ☐ NE urejeno bivališče ☐ DA ☐ NE

zaposlitev: _____

okužba s HCV: anti-HCV pozitiven ☐ DA ☐ NE datum testa: _____ ☐ ni testirano
HCV RNA pozitiven ☐ DA ☐ NE datum testa: _____ ☐ ni testirano
ALT _____ µkat/L datum testa: _____ ☐ ni testirano
AST _____ µkat/L datum testa: _____ ☐ ni testirano

okužba s HBV: HBsAg pozitiven ☐ DA ☐ NE datum testa: _____ ☐ ni testirano
anti-HBs pozitiven ☐ DA ☐ NE datum testa: _____ ☐ ni testirano
anti-HBc pozitiven ☐ DA ☐ NE datum testa: _____ ☐ ni testirano

okužba s HIV: anti-HIV 1/2/0 pozitiven ☐ DA ☐ NE datum testa: _____ ☐ ni testirano

cepljenje proti HBV: ☐ DA datum zadnjega odmerka _____ št. odmerkov _____ anti-HBs _____ IU/ml
☐ NE ☐ NEZNANO

mnenje glede zmožnosti zdravljenja: _____

kontrolni pregled: _____ datum, podpis in žig zdravnika: _____

PODATKI O BOLNIKU

namenjeno specialistu za klinično obravnavo hepatitisa C

ponovni pregled

Center za preprečevanje in zdravljenje odvisnosti od prepovedanih drog: _____

Center za zdravljenje odvisnih od prepovedanih drog, Psihiatrična klinika Ljubljana ☐

ime in priimek bolnika: _____ datum rojstva: _____

dovoljujem, da se podatki o mojem zdravljenju posredujejo specialistu za klinično obravnavo hepatitisa C

podpis bolnika: _____

trajanje uživanja drog leta: _____ meseci: _____ v zdravljenju odvisnosti od: _____

vrsta substitucijske terapije: _____ trenutni odmerek substitucijskega zdravila: _____

morebitno uživanje drog: _____ pogostnost: _____ način: _____

urinski test: _____ uživanje alkohola: _____

pridružene telesne bolezni: _____

pridružene duševne motnje: _____

prejemanje psihofarmakov / odmerek: _____

terapevtski načrt: _____

pomembna nova opažanja

splošna: _____

sprememba somatskega stanja: _____

sprememba psihičnega stanja: _____

drugo: _____

terapevtski načrt: _____

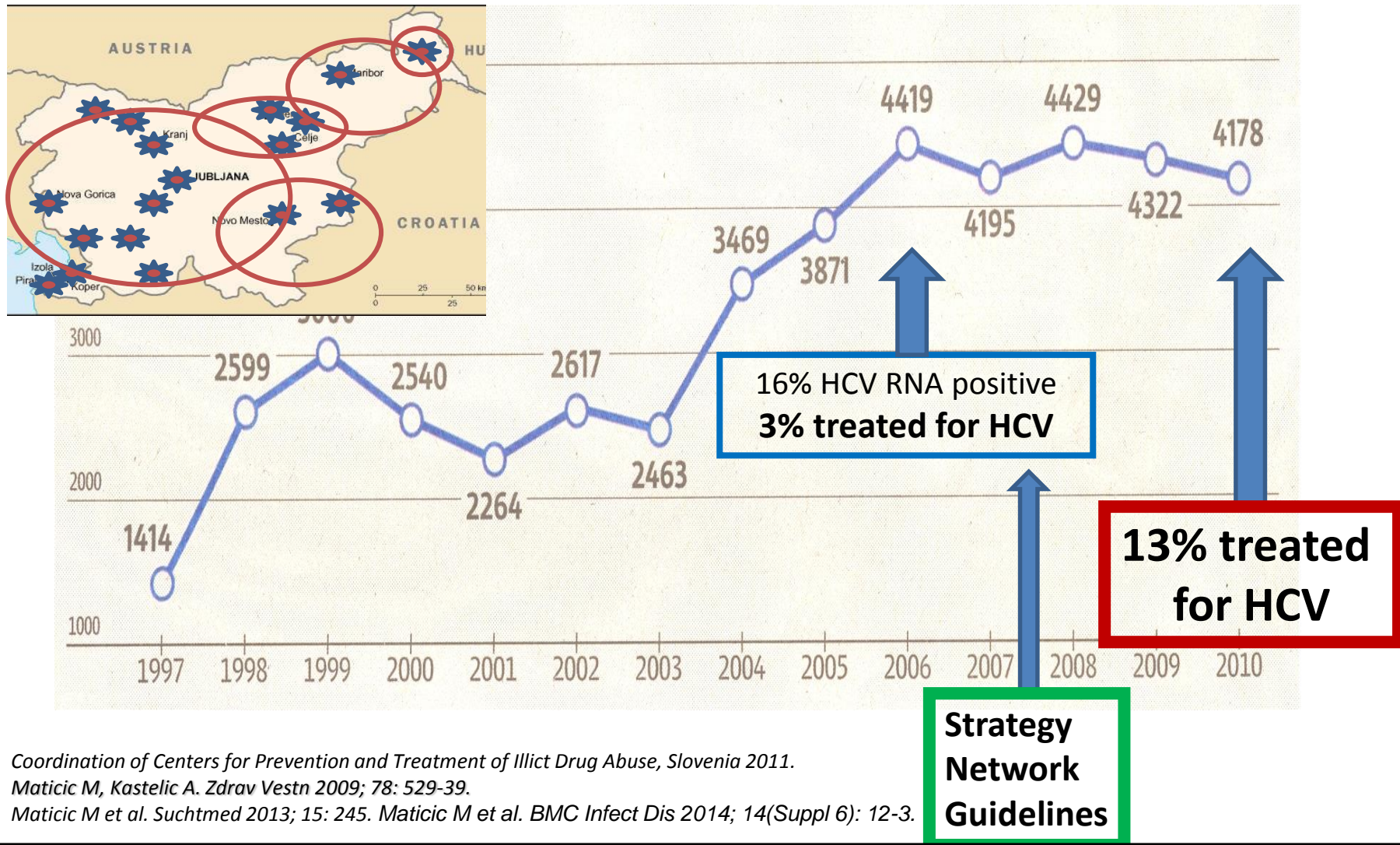
na novo uvedeno zdravilo / ukinjeno zdravilo / odmerek: _____

mnenje glede zmožnosti zdravljenja: _____

kontrolni pregled: _____ datum, podpis in žig zdravnika: _____

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National healthcare network for managing HCV in PWID



Coordination of Centers for Prevention and Treatment of Illicit Drug Abuse, Slovenia 2011.

Maticic M, Kastelic A. Zdrav Vestn 2009; 78: 529-39.

Maticic M et al. Suchtmed 2013; 15: 245. Maticic M et al. BMC Infect Dis 2014; 14(Suppl 6): 12-3.

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Four prospective national studies on currently recommended treatment of **all** naive patients with chronic hepatitis C

Standard of care treatment	Period	Among all the treated patients in Slovenia % of treated PWID
Interferon	1997-1999	5 %
Interferon/ ribavirin	1999-2001	16 %
Peginterferon/ribavirin	2001-2004	36 %
National healthcare network for PWID	2007	
Optimised peginterferon/ribavirin	2008-2010	78 %

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CLINICAL PRACTICE GUIDELINES FOR HCV TREATMENT

DAAs: Sofo, 3D, Sofo/Ledipa

1. URGENT :

- Decompensated cirrhosis
- HCC on waiting list for Tx
- Cirrhosis on waiting list for Tx
- Hepatitis C in Tx liver

2. PRIORITY:

- HCV relapse in Tx liver
- HCC for resection/other treatment
- HIV/HCV co-infection
- HCV with serious extra-hepatic manifestations

3. REGULAR INDICATIONS :

- Compensated cirrhosis

- **METAVIR > F2**

- Updating the guidelines:

Expected in June 2016 (DAAs for F \geq 2?)

PegIFN/riba, Sime

NO limitations

(except medical contraindications)

National healthcare network for managing HCV in PWID

An integrated approach

- **Un-infected:** counselling to **prevent** HCV infection
testing for HCV infection (in the last 6 mths)
HBV/HAV vaccination



- **Chronically infected:** identification of treatment eligible
motivation, FIBROSCAN
linkage-to-care
medical evaluation (Fibroscan)
clinical management
counselling, motivation
treatment



+



Conclusions

- National healthcare network for HCV treatment in PWID increases identification of HCV treatment eligible PWID, significantly increases the proportion of treated and enables high HCV treatment adherence, efficacy and safety.
- Already existing facilities and a multidisciplinary team of providers can be used to set up a national healthcare for HCV treatment in PWID
- Close cooperation of a multidisciplinary team is crucial
- A comprehensive national policy is needed to set up national strategies, action plans and clinical guidelines for the integrated management of HCV infection in PWID

Thank you !

