

Trends in Hepatitis C testing and treatment over ten years in France

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Background

In the 1990s:

- the prevalence of hepatitis C virus antibodies (anti-HCV) was around 1% in general population and around 600,000 persons were estimated anti-HCV positive,
- a national Hepatitis C control and prevention programme was implemented from 1999. Its main objectives were to increase screening of at risk population and improve access to treatment.

In the 2000s:

- InVS set up two national surveillance networks to monitor:
 - . trends in anti-HCV screening (Rena-VHC),
 - . changes in epidemiological and clinical characteristics of HCV patients newly referred to Hepatology Reference Centers,
- a population-based prevalence survey was conducted in 2004 to obtain accurate data.

Objective

This poster synthesizes temporal trends in hepatitis C prevalence, testing and treatment from 1994 to 2004.

Methods

Four data sources were used:

- two national cross sectional population-based serosurveys of French adult metropolitan residents conducted in 1994 and 2004. Serum samples were tested for anti-HCV and HCV-RNA. Information was collected on demographic, at risk exposures and awareness of anti-HCV positive serostatus,
- Rena-VHC surveillance network based on 159 private and public laboratories throughout France. They report number of performed anti-HCV tests, number of positive tests, age and gender of positive diagnosed persons,
- Hepatology Reference Centers surveillance network based on 26 university hepatology wards in hospitals throughout France. For newly referred patients they report circumstances of previous anti-HCV testing, at risk exposures for HCV, HCV-RNA serum status, co morbidities and severity of the liver disease.

Results

CROSS SECTIONAL SEROSURVEYS

TABLEAU 1 PREVALENCE RESULTS FROM 1994 AND 2004 SEROSURVEYS, FRANCE			
Study population	1994		2004
	20-59 year-old	20-59 year-old	18-80 year-old
Anti-HCV prevalence (%)	1.05 (CI95%:0.75-1.34)	0.71 (CI95%:0.52-0.97)	0.84 (CI95%:0.65-1.10)
% of HCV RNA + among anti-HCV +	81	57 (CI95%:40-72)	65 (CI95%:50-78)

FIGURE 1 ANTI-HCV PREVALENCE BY AGE AND GENDER FRANCE 2004

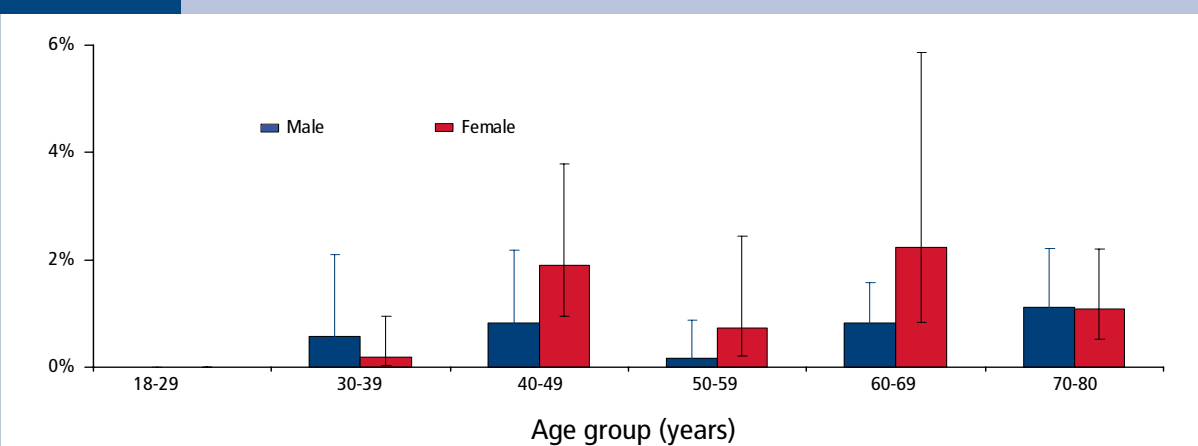


TABLEAU 2 EVOLUTION OF AWARENESS OF BEING ANTI-HCV POSITIVE, FRANCE 1994-2004

	Proportion of anti-HCV positive persons aware of their seropositivity	
	%	CI 95%
In 1994, overall	24	-
In 2004, overall	56	41-71
In 2004		
IDU	93	77-98
Transfusion <1992*	72	47-89
Others**	28	14-49

*IDU Excluded **no IDU and no transfusion<1992

SCREENING

FIGURE 2/3 NUMBER OF ANTI-HCV TESTS RENA-VHC, FRANCE 2000-2005 PROPORTION OF ANTI-HCV POSITIVE TESTS, RENA-VHC, FRANCE 2000-2005

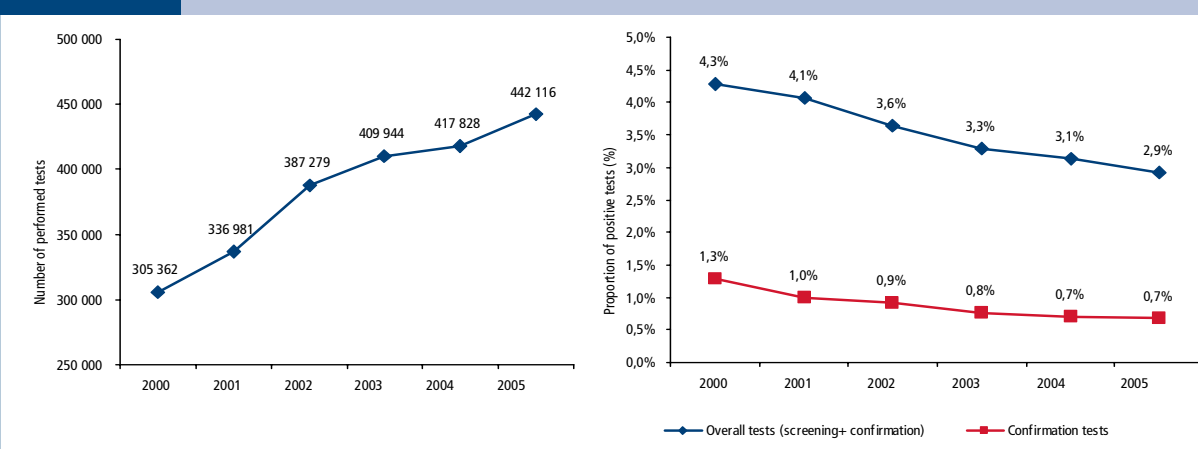
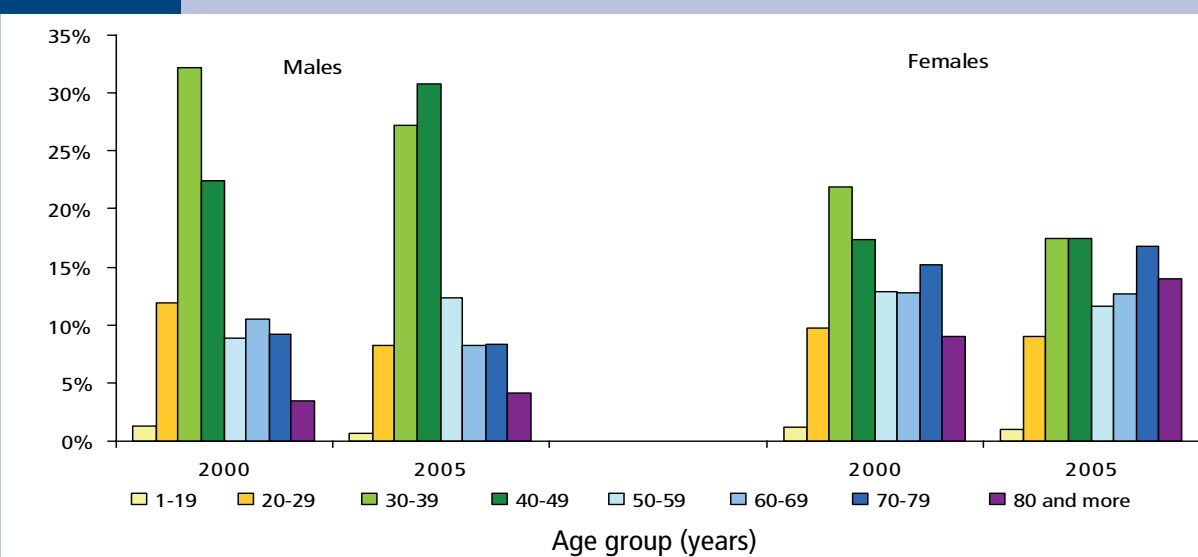


FIGURE 4 DISTRIBUTION OF PERSONS DIAGNOSED ANTI-HCV POSITIVE, BY AGE AND GENDER, RENA-VHC, FRANCE 2000-2005



TREATMENT

From 2001 to 2005:

- Past excessive alcohol intake remains high (38% in males, 11% in females) in patients newly referred for treatment, particularly in those reporting drug use (50% in males, 30% in females),
- Proportion of genotyped patients increased from 55% in 2001 to 83% in 2005.

FIGURE 5 DISTRIBUTION OF HCV GENOTYPES IN NEWLY REFERRED PATIENTS IN HEPATOLOGY REFERENCE CENTERS, FRANCE 2001-2005

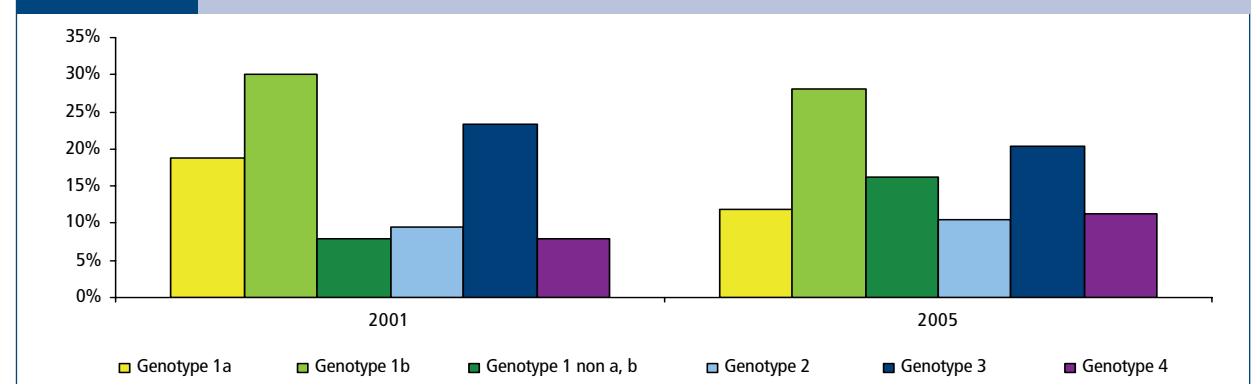


TABLEAU 3 DISTRIBUTION OF PATIENTS NEWLY REFERRED IN HEPATOLOGY REFERENCE CENTERS, BY STAGE OF THE DISEASE, FRANCE 2001-2005

Stage of the disease	2001 N= 3056	2005 N= 2335
Information available	86%	89%
Normal ALT	20%	17%
Recovering	-	9%
Acute hepatitis	0.6%	1%
Chronic hepatitis	69%	61%
Cirrhosis	9%	10%
Hepatocellular carcinoma	0.7%	1%

Conclusions

From 1994 to 2004:

- Anti-HCV prevalence decreased in the general population, which may indicate some impact of the Hepatitis C national programme (table1),
- Proportion of HCV RNA positive persons decreased, which may be due to improvement of treatment and therapeutic efficacy (table 1),
- Awareness of anti-HCV positive status increased, which suggests an increase of HCV screening (table 2).

From 2000 to 2005:

- Increase of testing from 2000 and decrease of proportion of positive diagnosed persons from 2003, suggest that recently more persons at lower risk have been screened (fig2-3),
- Alcohol consumption in patients who reported drug use underlines the need of an integrated treatment of HCV and alcohol dependence,
- Remaining high proportion of patients with severe complications (cirrhosis, HCC) when newly treated, indicates that earlier screening is still warranted for at risk patients (table 3).

Acknowledgements

To social security medical centres, laboratories and Hepatology Reference Centers.