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The impact of COVID 19 on HCV elimination programs





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Disclosures

• Grant and research support: AbbVie, Alfasigma, Bayer, BMS, Gilead Sciences, Intercept, MSD, Roche

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 Speaking and teaching: AbbVie, Alfasigma, Bayer, BMS, Gilead Sciences, Intercept, MSD, Roche

A call for Global HCV Elimination

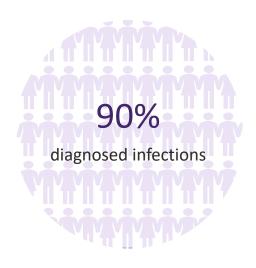


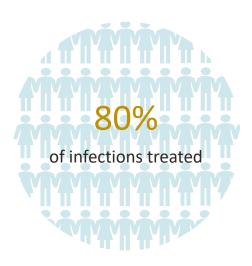
Eliminate viral hepatitis as a major global public health threat by 2030

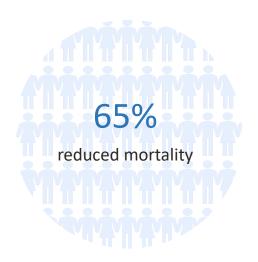
-- World Health Organization



WHO 2030 HCV targets

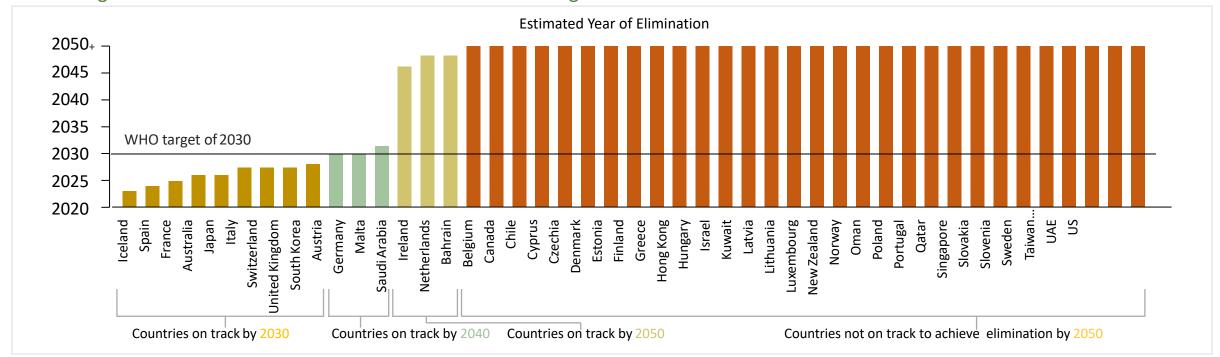






HCV Elimination: Timing Across High-Income Countries

Estimating when countries will achieve the WHO elimination targets



Markov model assessment of the progress made in

45 high-income countries towards meeting the WHO 2030 HCV elimination targets for incidence, mortality, diagnosis, and treatment of chronic HCV infection

80% of high-income countries are not on track to meet the WHO's 2030 targets, and 67% are off-track by at least 20 years. Immediate action to improve HCV screening and treatment is needed to make the WHO's HCV elimination targets attainable by 2030.

The number of high-income countries that failed to meet each WHO target was: 34 (incidence), 30 (mortality), 20 (diagnosis), and 26 (treatment).

The Burden of Pandemic: Global COVID-19 CSSE Dashboard at Johns Hopkins University

Confirmed Cases Global: 106,880,652

■ US: 27,189,188

India: 10,847,304

Brazil: 9,599,565

■ UK: 3,983,756

Russia: 3,953,970

Deaths Global: 2,339,991

■ US: 399,003

Brazil: 210,299

■ India: 152,556

Mexico: 141,248

■ UK: 90,031

Recovered*
Global: 59,709,992

■ India: 10,548,521

Brazil: 8,577,207

Russia: 3,455,582

Turkey: 2,437,382

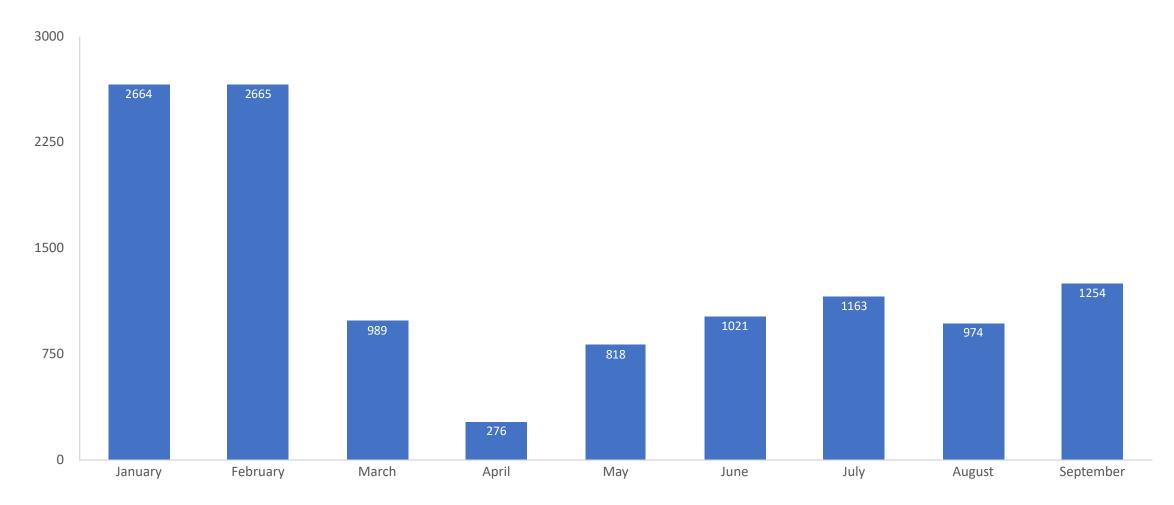
Italy: 2,149,350

Last updated: February 9, 2021, 11:59 PM US ET

^{*}US country-wide statistic not available.

Italy: Patients with Chronic HCV treated with DAAs

Official monthly data during 2020 from AIFA registry





How is COVID-19 Impacting HCV Elimination?

N=132 respondents from civil society organizations and hepatitis service providers in 32 countries: 123 (94%) reported hepatitis services affected*



Reduced access to HCV testing

- 85/132 reported no access to HCV testing
- 46/101 reported the testing facilities had been closed
 - 16/54 were from outside the United States
- 66/101 reported that patients were avoiding testing facilities



Lack of treatment access

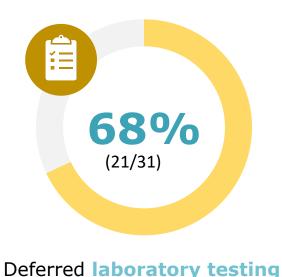
- 5/64 reported that patients were unable to access HCV treatment
 - 23/68 were from outside the United States; more common in low-income countries
- 32/64 reported that patients were avoiding treatment clinics
 - 26/64 reported that COVID-19 prioritization contributed to decreased treatment access

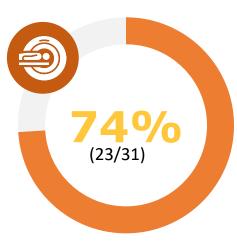
^{*}The survey consisted of 13 online questions, which were sent via email to WHA members and stakeholders between March 30 and May 4, 2020. COVID-19, coronavirus disease; WHA, World Hepatitis Alliance. Wingrove C, et al. Lancet Gastroenterol Hepatol 2020;5:792–794.

The COVID-19 Pandemic Resulted in More Deferred Laboratory Testing, Imagery and Increased Pill Count per Prescription

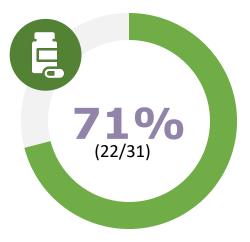
Results from the Task Force for Global Health: Global Survey of COVID-19 Impact on Hepatitis Services

Changes in hepatitis clinical services to decrease SARS-CoV-2 exposure







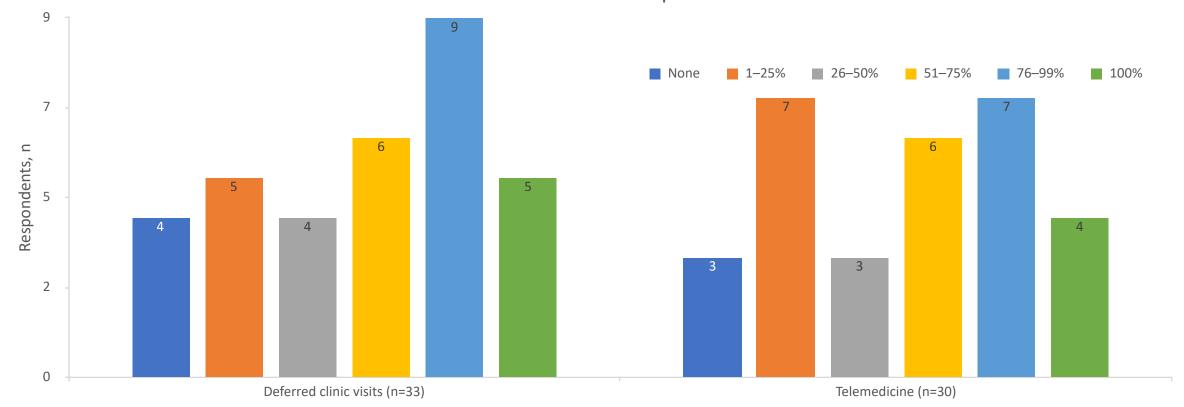


Increased pill count per prescription (multi-monthly refills)



The COVID-19 Pandemic Resulted in More Deferred Clinic Visits and Higher Use of Telemedicine

Percent increase in deferred clinic visits and telemedicine versus baseline during the month with the highest Results from the Task Force for Global Health: Global Survey of COVID-19 Impact on Hepatitis Services COVID-19 Impact

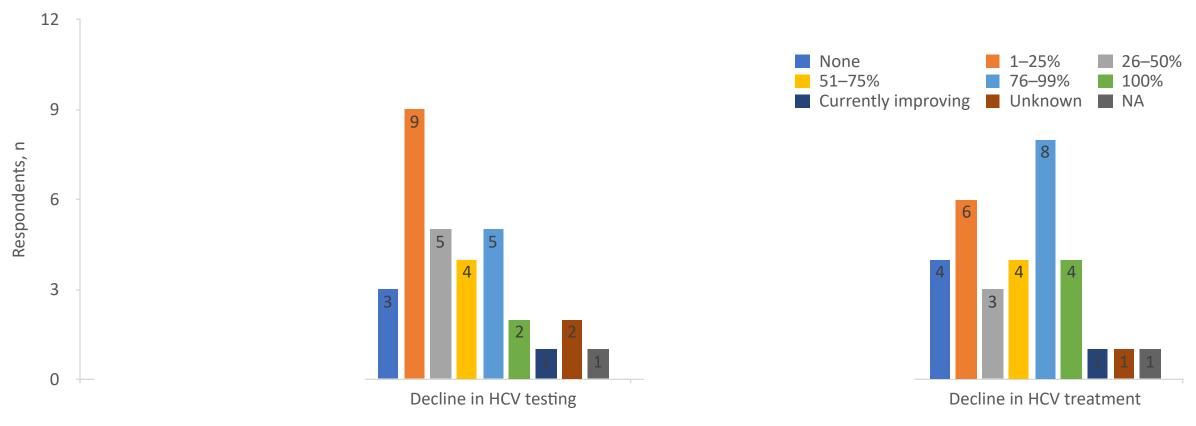




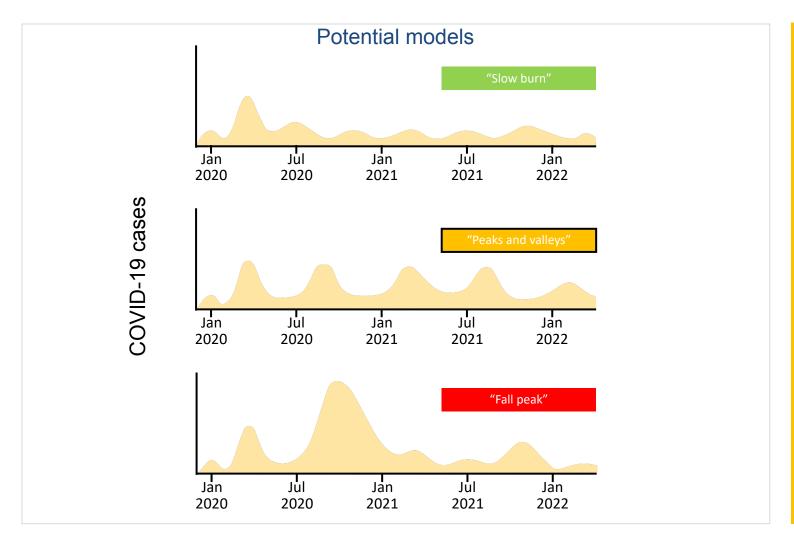
The COVID-19 Pandemic Resulted in Decline of HCV Testing

Results from the Task Force for Global Health: Global Survey of COVID-19 Impact on Hepatitis Services

Percent decline in HCV testing and treatment versus baseline during the month with the highest COVID-19 Impact



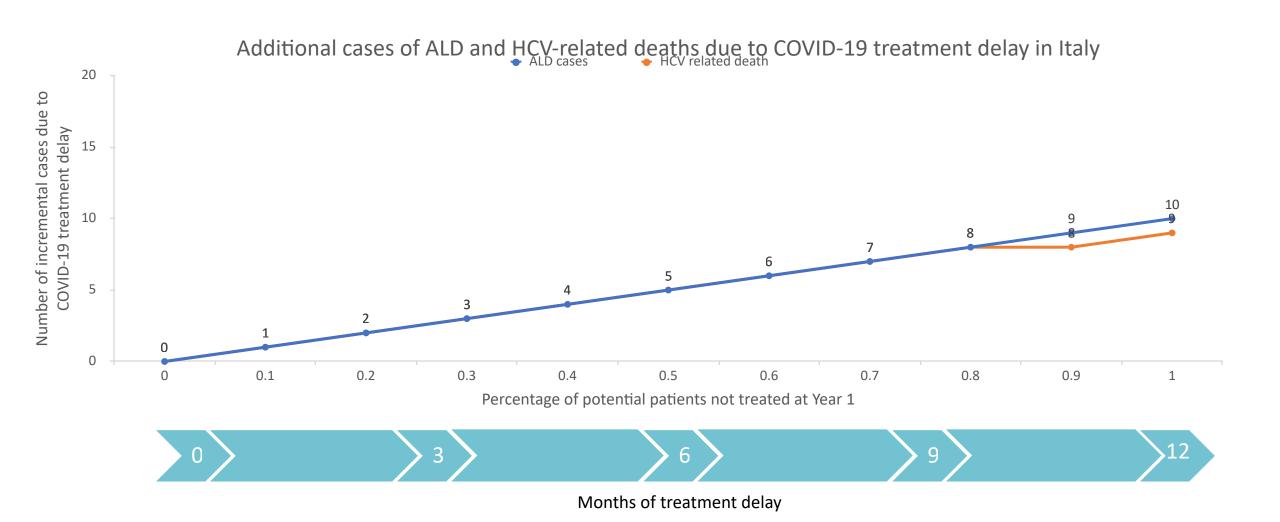
Projecting Post-pandemic SARS-CoV-2 Transmission: Should We Bother About Patients with HCV?



Recurrent outbreaks likely after initial, most severe pandemic period

- Interval and height of coming waves will depend on multiple factors, including control measures and vaccines
- Prepare for ≥18–24 months of significant COVID-19 activity with periodic hot spots across diverse geographies

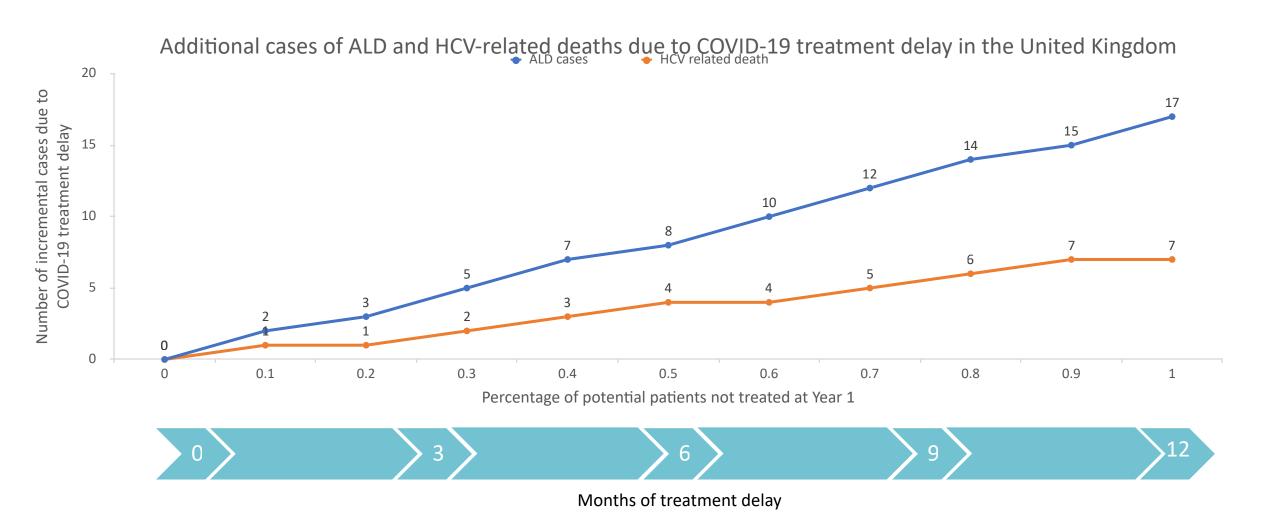
Will the COVID-19 Pandemic Affect the HCV Disease Burden?



Kondili LA, Marcellusi A, Ryder S, Craxì A. Will the COVID-19 pandemic affect HCV disease burden? Dig Liver Dis. 2020 Sep;52(9):947-949. doi: 10.1016/j.dld.2020.05.040.

ALD, advanced liver disease

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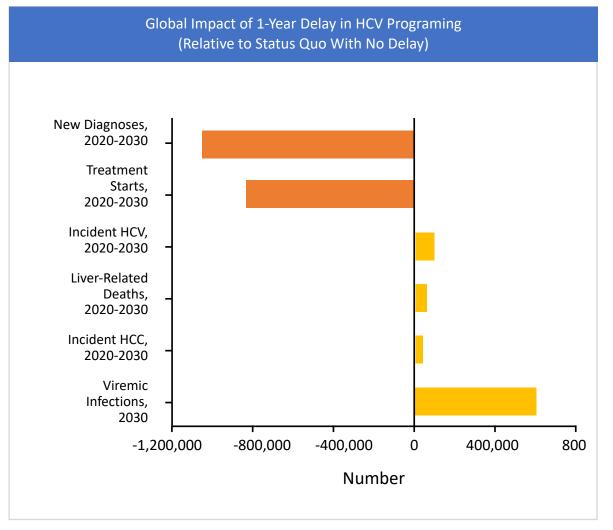


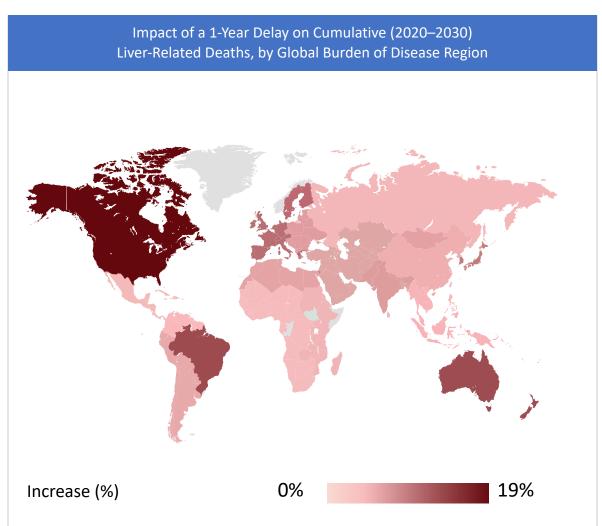
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Modelling the Global Impact of COVID-19 on Global Hepatitis C Elimination Efforts





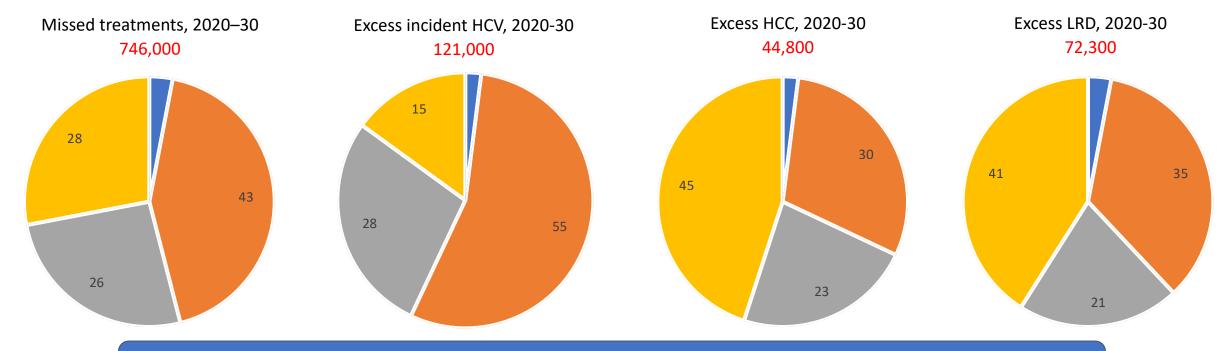
Blach S, Kondili LA, Aghemo A, Cai Z, Dugan E, Estes C, Gamkrelidze I, Ma S, Pawlotsky JM, Razavi-Shearer D, Razavi H, Waked I, Zeuzem S, Craxi A. Impact of COVID-19 on global HCV elimination efforts. J Hepatol. 2021 Jan;74(1):31-36. doi: 10.1016/j.jhep.2020.07.042



Modeling the Global Impact of COVID-19 on Global Hepatitis C Elimination Efforts

Proportion of missed treatments and cumulative (2020–2030) excess incident HCV, HCC, and liver-related deaths (LRD) by World Bank income group,





COVID-19 is impacting hepatitis programs and progress toward elimination and could result in excess mortality.

Policy makers should prioritize hepatitis programming when it is safe to do so.

Blach S, Kondili LA, Aghemo A, Cai Z, Dugan E, Estes C, Gamkrelidze I, Ma S, Pawlotsky JM, Razavi-Shearer D, Razavi H, Waked I, Zeuzem S, Craxi A. Impact of COVID-19 on global HCV elimination efforts. J Hepatol. 2021 Jan;74(1):31-36. doi: 10.1016/j.jhep.2020.07.042

COVID-19—Related Opportunities to Advance HCV Elimination Goals



Testing and contact tracing

- Increase testing capacity in many countries
- Combine COVID-19 testing and care referral with testing for HCV
- Improve health equity: target populations with shared health risks and disparities in access
- Potentially decrease stigma and increase acceptability
- Hepatitis programs can deliver culturally competent testing and referral services for COVID-19 and HCV testing



Public health surveillance

- Increase awareness of importance among the public and providers
- Improved IT capacity
- Building staff with skills for data collection and analysis



Service delivery

- Increase awareness of benefits of infection detection and treatment
- Seize opportunity to eliminate an infectious disease
- Telehealth can increase access
- Diversify sources of care in clinical and community settings