

National hepatitis C (HCV) monitoring for equity in England; the importance of a national report to summarise elimination progress and evidence for public health action



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BACKGROUND

National monitoring to assess whether diagnosis, testing and treatment services are delivered equitably, is important but challenging for HCV.

In England, a variety of monitoring tools are used and reported annually in a new 'Hepatitis C in England' report.¹

The content and importance of this national report in supporting elimination progress are presented here.

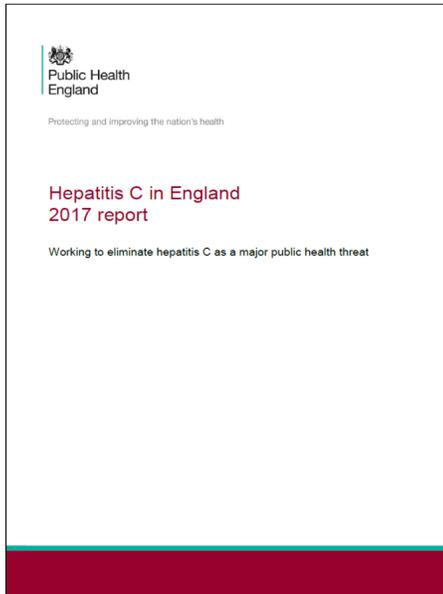
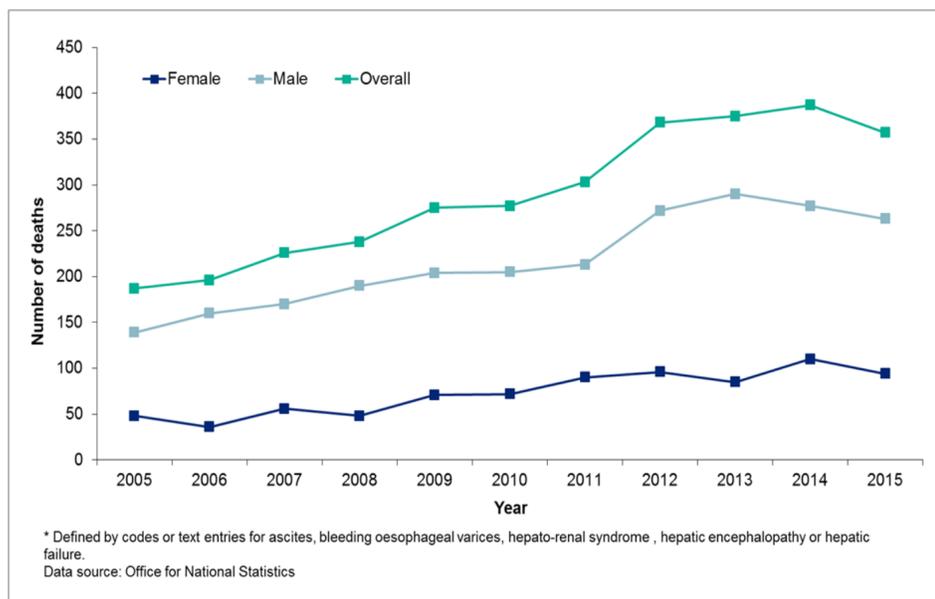


Figure 4. Deaths from ESLD* or HCC in those with HCV mentioned on their death certificate in England: 2005 to 2015



METHODS

The 'Hepatitis C in England' report¹ is structured to present monitoring metrics for the key elimination impact and service coverage targets relevant to HCV in the UK context.^{2,3} Place holders are used for indicators not currently available or in development.

The burden of HCV in England is described, along with a vision statement to capture our aspiration to eliminate hepatitis C as a major public health threat by 2030. Monitoring data for new cases of HCV-related end stage liver disease (ESLD) and hepatocellular carcinoma (HCC) are presented, along with numbers of HCV-related transplants and deaths. Methods for estimating incidence of HCV infection among people who inject drugs (PWID) are also presented.

Unlinked anonymous monitoring surveys of PWID are used to assess levels and awareness of infection as well as trends in risk behaviours, and to provide insights into treatment access.

Data on the proportion of opioid dependent PWID receiving opioid substitution treatment, and the offer and uptake of testing by PWID, are shown.

Sentinel surveillance of hepatitis C testing, and other systems, allow monitoring of testing in key risk groups, including PWID and those in prison; infection in those originating from countries with a high prevalence of infection is also presented by monitoring trends in testing in these groups using reported ethnicity or name analysis software to assign ethnicity.

National treatment monitoring is also being developed to help assess equity of access to HCV treatment.

RESULTS

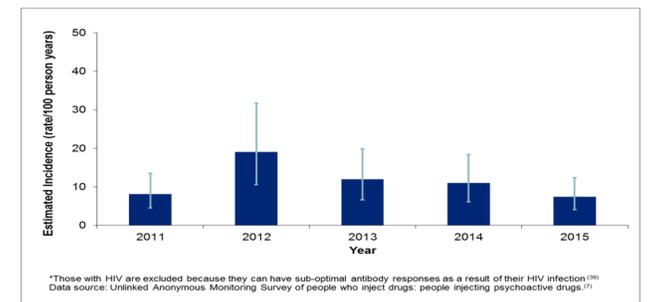
The 'Hepatitis C in England' national report¹ gives a summary of the impact of actions in England to drive down mortality from HCV, reduce the number of new infections, and outlines actions required to make further progress in key groups at risk of infection and death.

England is well placed to meet WHO Global Health Sector Strategy (GHSS) goals to reduce HCV-related morbidity and mortality^{2,3} with better access to improved treatment leading to the first fall in deaths in a decade (Fig. 4.)

While the target of 50% being diagnosed by 2020³ may have already been reached, more needs to be done if we are to reach the target of 90% diagnosed by 2030.²

At the other end of the spectrum, there is little evidence to support a fall in the number of new HCV infections over the last five years (Fig. 5.).

Figure 5. Estimated incidence of HCV among people injecting psychoactive drugs in England who reported injecting in the previous year: 2011-2015* (95% CI)



7. Public Health England. People who inject drugs: HIV and viral hepatitis monitoring. Unlinked Anonymous Monitoring survey 2017. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/599738/hepatitis_c_in_england_2017_report.pdf [Accessed 19/01/2017].
39. Cullen KJ, Hope VD, Croxford S, Shute J, Neube F, Perry JV. Factors associated with recently acquired hepatitis C virus infection in people who inject drugs in England, Wales and Northern Ireland: new findings from an unlinked anonymous monitoring survey. *Epidemiol Infect.* 2015;143(7):1339-407.

Eliminating hepatitis C as a major public health threat in England

2020 impact targets

- Reducing HCV mortality (target 10% reduction by 2020)
Figures suggest an 8% fall in deaths from Hep C-related end-stage liver disease and cancer in 2015
- Reducing new chronic HCV infections (target 30% reduction by 2020)
Surveys of people who inject drugs (PWID) suggest numbers of new HCV infections have remained stable over recent years; both estimated rates of infection and prevalence of infection in recent initiates to drug use were similar in 2015 and 2014/15 (7/100 person years and 23% respectively) to those observed in 2011 and 2006/7

Coverage of key services

- Number treated
Provisional data suggest around a 40% increase in people receiving Hep C treatment in 2015/16, up from an average of 5,100 in previous years
- Proportion of people diagnosed
Only around 1/2 of PWID sampled in surveys were aware of their HCV antibody positive status, and this figure has remained relatively stable over the last decade
- Number of sterile needles / syringes provided
Needle/syringe provision was found to be suboptimal, with just less than one half of those surveyed reporting adequate provision for their needs

160,000 people estimated to be living with chronic Hep C in England

CONCLUSIONS

In England, early indications suggest that GHSS targets to reduce mortality from HCV^{2,3} are within our reach. However, it will be important to act promptly to increase the numbers diagnosed, as our ability to sustain the current increase in numbers accessing treatment will ultimately be limited by our capacity to find and treat those who remain undiagnosed, and to help those who are diagnosed but untreated to engage with local treatment services.

Targets to reduce numbers of new infections appear more challenging and a radical change in response to HCV among PWID is required.

National reports, like the *Hepatitis C in England* report,¹ are important tools for reporting progress against GHSS targets to eliminate hepatitis C as a major public health threat, and for outlining the public health action required to achieve these targets.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest.

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