

THE DEVELOPMENT OF NATIONAL STRATEGIES, PLANS AND GUIDELINES FOR THE TREATMENT OF HEPATITIS C IN PEOPLE WHO INJECT DRUGS BETWEEN 2013 AND 2016 IN 33 EUROPEAN COUNTRIES

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Background

People who inject drugs (PWID) represent the majority of hepatitis C virus (HCV) infections, but are often excluded from treatment. The aim of this study was to report on current national HCV strategies, action plans and clinical guidelines that include HCV treatment for the general population and PWID in various European countries. These data were analysed and compared to similar data collected in 2013. New data on access to direct acting antivirals (DAAs) were also collected.

Methods

In 2016, 38 non-governmental organisations and public health/university institutions were invited to complete our online survey. The invited organizations all worked with PWID and represented 33 European countries. The 16-item survey asked about current national HCV treatment policies and guidelines. Where possible, data were compared to the results of a similar study conducted in 2013 (1).

Results

The response rate was 100%. 14 study countries (41%) reported having a national HCV strategy and/or a national action plan covering HCV treatment. The strategies and/or action plans of 12 these countries (86%) include measures to address PWID specifically. Respondents from 29 countries (85%) reported having national HCV clinical treatment guidelines, with PWID specifically included in 23 of these countries (79%). Improvements have been observed from 2013, as from an additional seven countries reported having national strategies. An additional six countries were reported to have action plans and an additional six countries had HCV clinical treatment guidelines. PWID were reported to be addressed in four of the new national strategies, in four of the new action plans, and in one of the new clinical treatment guidelines adopted by study countries (Figure 1). Resource capacities differ substantially among European countries, as do health priorities and access to HCV treatment. With the exception of three countries (Macedonia, Montenegro and Serbia), DAAs were reportedly available in 91% of the study countries, with restrictions in 71% of them (Figure 2).



Figure 1. Reported presence of the national strategies, action plans and clinical guidelines for the treatment of hepatitis C from 33 European countries in 2013 and 2016. *Scotland was treated separately from the United Kingdom.

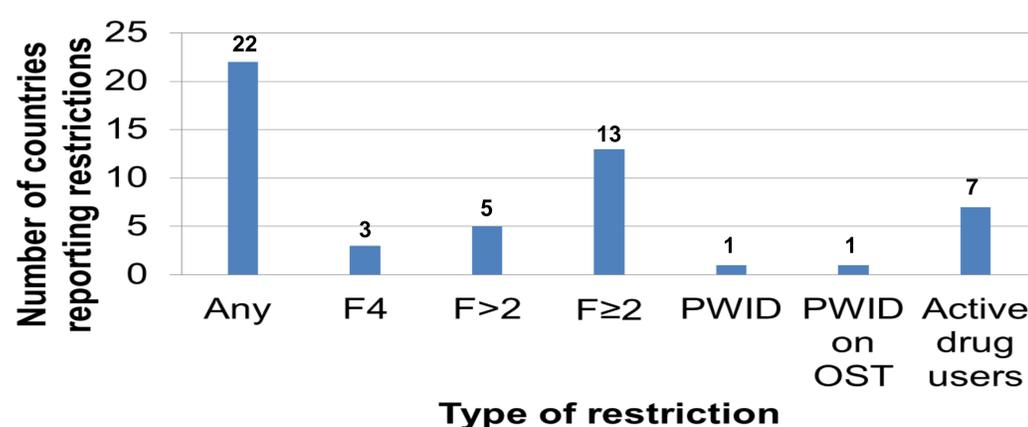


Figure 2. Reported restrictions on access to direct acting antivirals for treatment of hepatitis C in 31 European countries.

F—fibrosis stage according to METAVIR, OST—opioid substitution treatment, PWID—people who inject drugs

Conclusions

Respondents reported that fewer than half of European countries have a national HCV strategy and/or action plan, with even fewer including PWID; however, compared to 2013 some improvements were detected. Although often recognised in clinical guidelines, PWID remain a group where strategic action is still needed to increase access to HCV treatment.

Reference

1. Maticic M, Videcnik Zorman J, Gregorcic S, Schatz E, Lazarus JV. Are there national strategies, plans and guidelines for the treatment of hepatitis C in people who inject drugs? A survey of 33 European countries. *BMC Infect Dis* 2014;14 Suppl 6: S14.