

The Paris HCV testing and treatment program

Dr Stéphanie Dominguez, Project leader

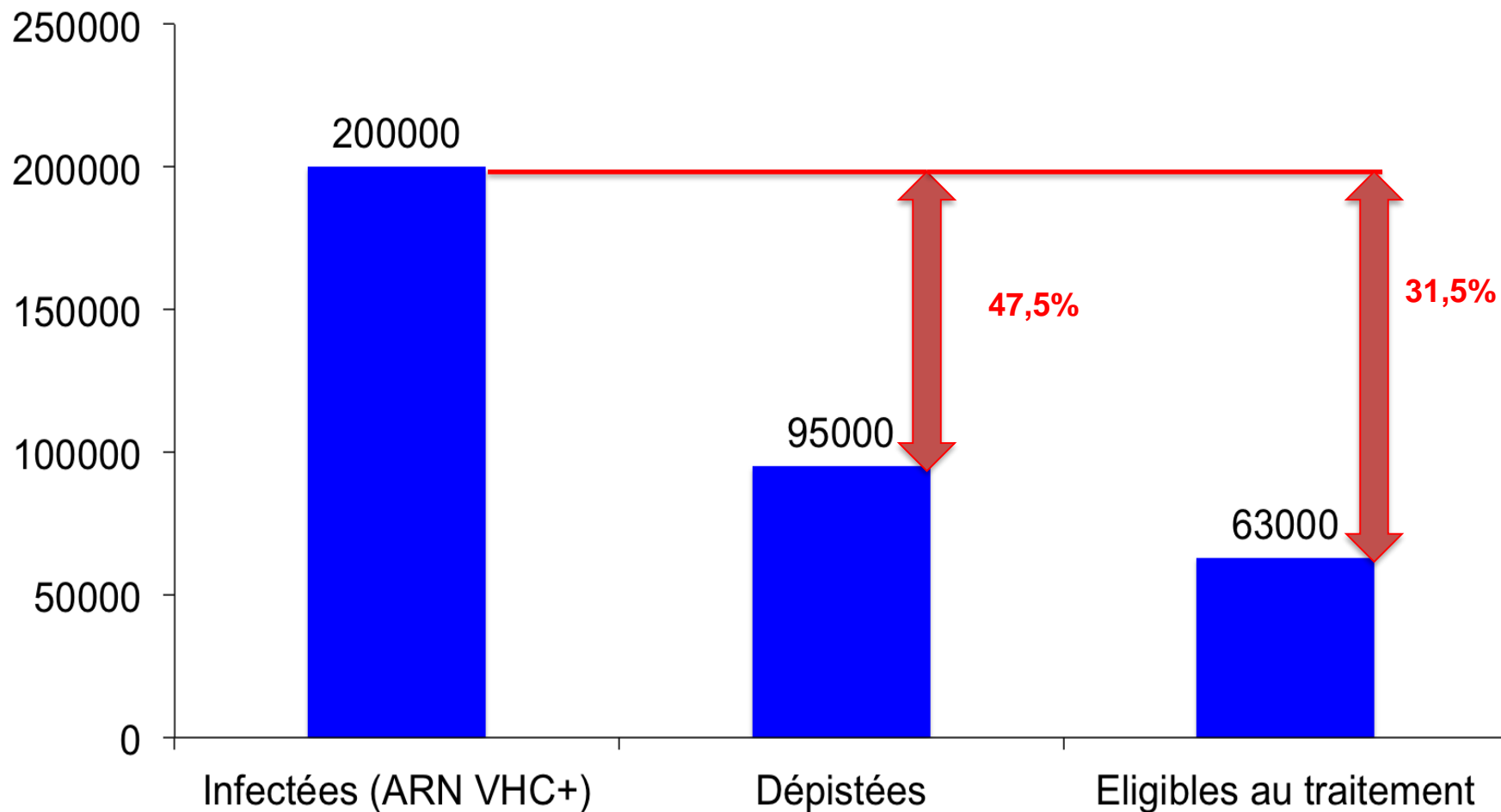
Estimated number of people with positive HCV antibodies and chronic HCV i in 2011

Risk factor for HCV	HCV antibodies+		HCV RNA +	
	Estimation (median)	ICr95	Estimation (median)	ICr95
Active drug injectors	94 450	[87 732-100 900]	43 860	[37 513-50 532]
Non injectors drug users	6 325	[3 573-10 155]	2 935	[1 632-4 797]
People transfused before 1992	93 219	[44 652-167 123]	59 859	[29 485-105 356]
Migrants	90 035	[75 151-108 902]	51 166	[36 169-69 834]
People without major factor risk for HCV	58 718	[39 587-83 579]	33 210	[20 443-51 455]
total	344 503*	[287 373-423 549]	192 737*	[150 935-246 055]

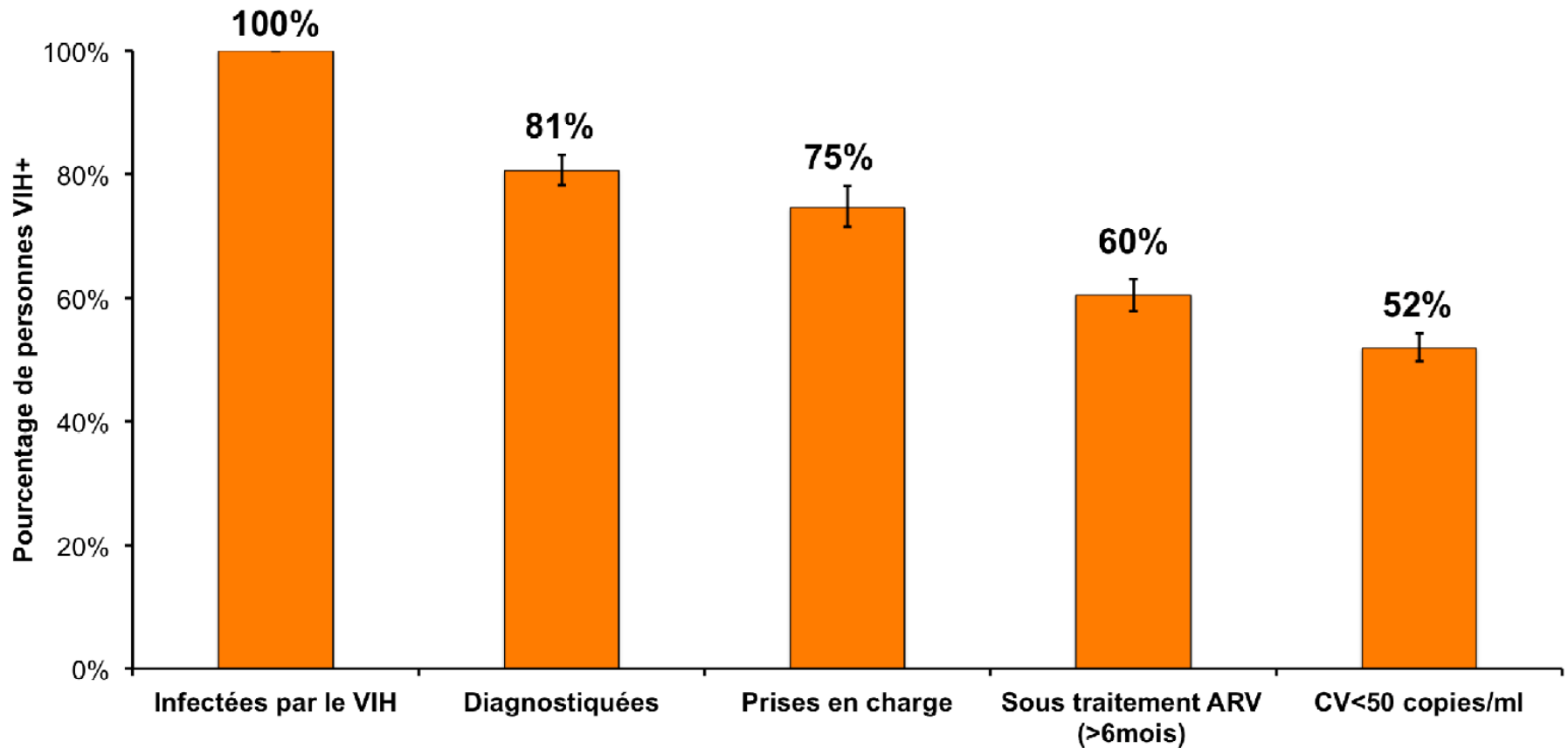
ICr : intervalles de crédibilité à 95%.

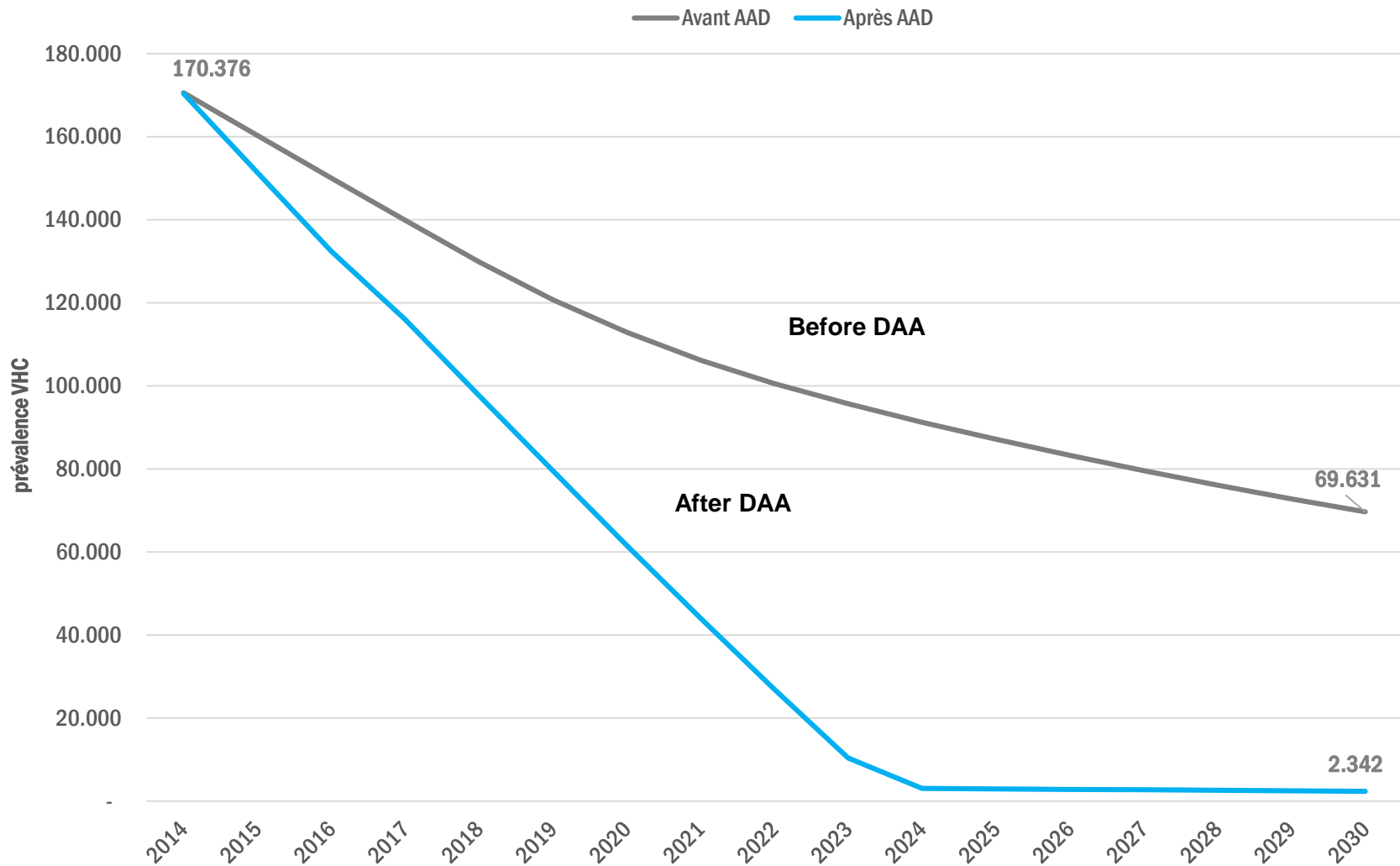
* La médiane de la somme n'est pas nécessairement égale à la somme des médianes.

HCV Cascade Course in 2013



French HIV cascade course in 2010





Between 2014 and 2030
Prevalence reduction e : 64,000
Avoid death : 4400
Avoid cirrhosis : 6200

Main Objectives

Improve HCV cascade course in « hard to reach and treat people »

Improve screening strategies by increasing the number of performed HCV testing in GP clinics and upscaling "community based testing" in high-risk groups: drug users / migrants / MSM / inmates

Build easy access to the monitoring and treatment of HCV by creating simplified route after a positive screening, to hospital

Early consultation 24 to 72 hours after positive diagnosis to complete fibrosis assesment and prepare HCV treatment with DAA .

Sample size

10 000 HCV screening tests to diagnose 500 new HCV-positive people.

In addition, inclusion 500 patients who already know their positive status for HCV but not currently supported in the care sectors and never been treated with DAA

Total: 1000 people followed and treated with DAA

Methodology and tools

HCV cascade course optimization

- Updating knowledge of people involved in the field of HCV , strong incentive to the systematic and targeted screening
- - Facilitation of a specialized management through early consultation with a dedicated telephone number for a host within 24 to 72 hours after a positive HCV screening
- - Integrated therapeutic and strengthening prevention messages and harm reduction (precariousness / addiction / comorbidities)
- - Systematic discussion in multidisciplinary meeting
- - Support throughout the course by health mediators, social coordinator and a medical coordinator.

: e-CRF

- Biological and medical patients follow up for one year
- Global evaluation at 1 and 3 years
- Cost effectiveness evaluation at 1 and 3 years

HCV care Partners

80 HCV Screening Partners

STI clinics

Drug users care units

General Practitioners

Patients Associations

Jails health units

Follow up and DAA treatment

conducted in 15 hospitals

In hepatology , infectious disease or internal medicine units

Coordination Team

- Project leader: Dr Stéphanie Dominguez
- Medical coordinator: Dr Antoine Bachelard
- 2 Health mediators
- 1 social coordinator
- 1 Monitoring Coordinator Amandine Rialland
- 1 Research assistant : Sarah Pak
- 1 Data Manager: Mylène Allain

- Financial support by the Regional Health Agency