National Hepatitis Control Programme , Elimination of Chronic Hepatitis C

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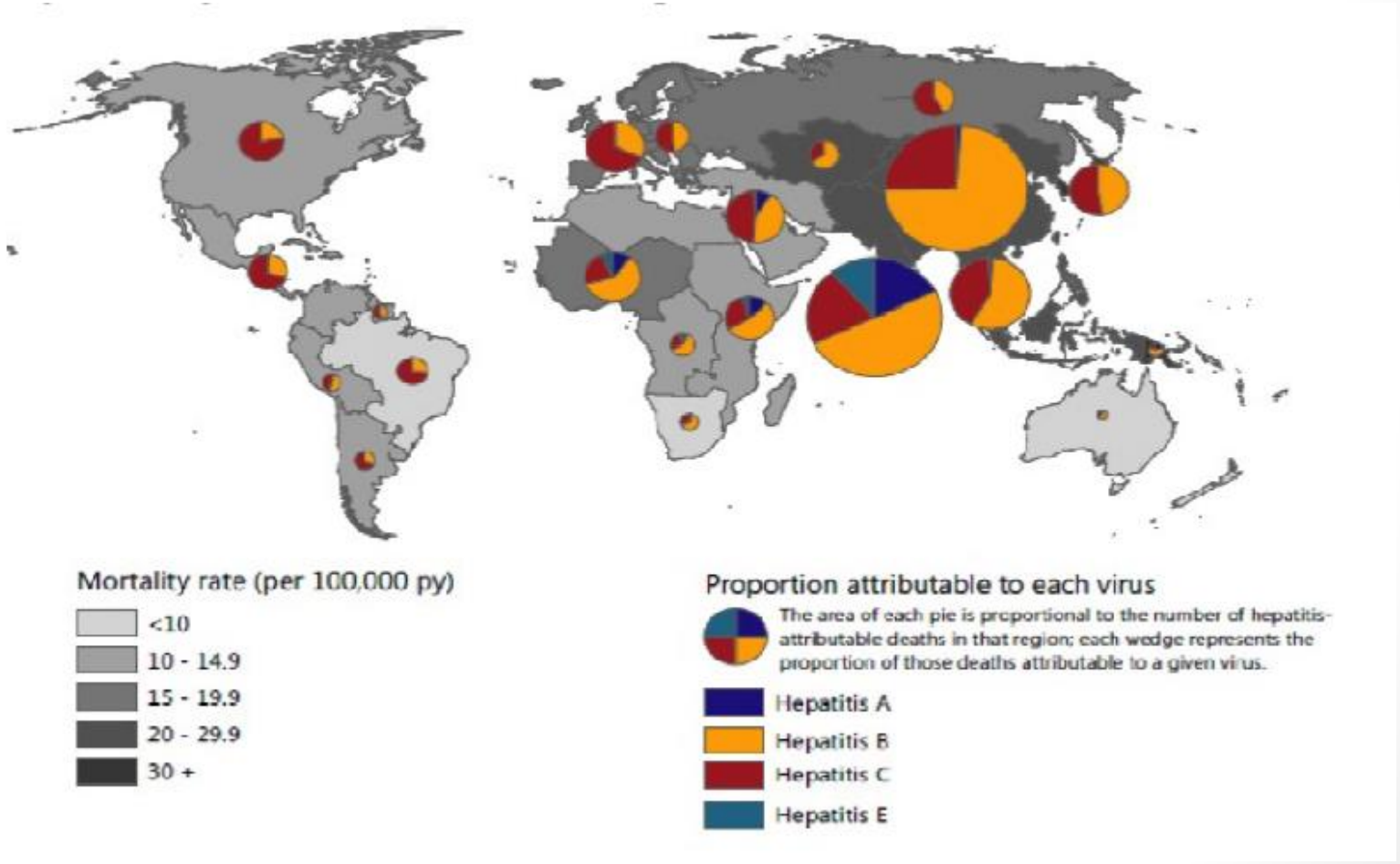
A new beginning to end hepatitis in Myanmar



Why Hepatitis is more concerned now a day?

- Hepatitis become high burden of disease – 4th leading cause of death
- Global interest – driven by new HCV drugs causing possible cure of disease
- Effective prevention and treatment options exist
- Elimination of chronic Hepatitis C----a dream to reality


HEPATITIS
KILLS
1.5 MILLION A
YEAR
alamy stock photo
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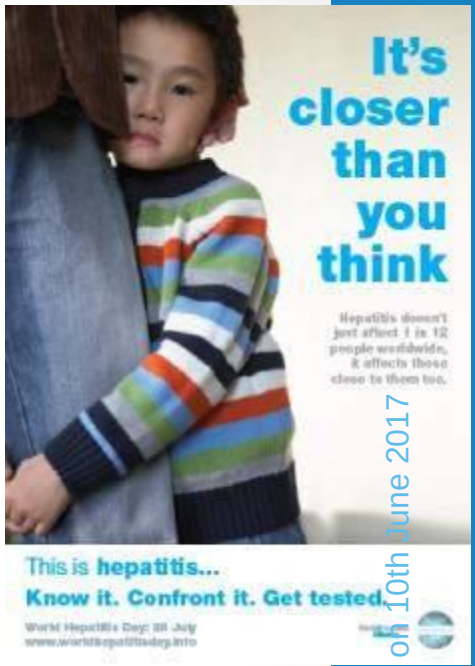
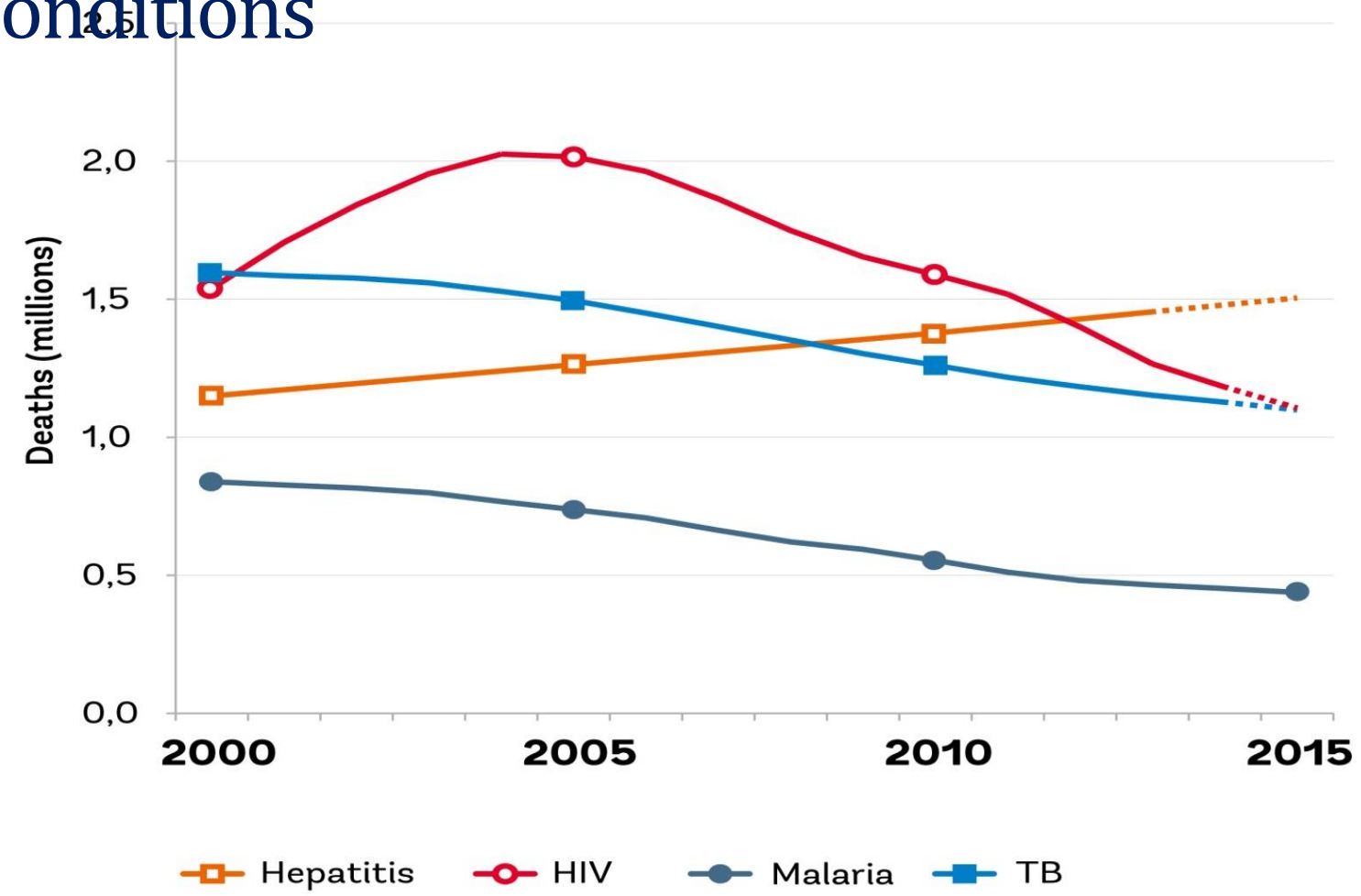
This is hepatitis…
It's closer than you think

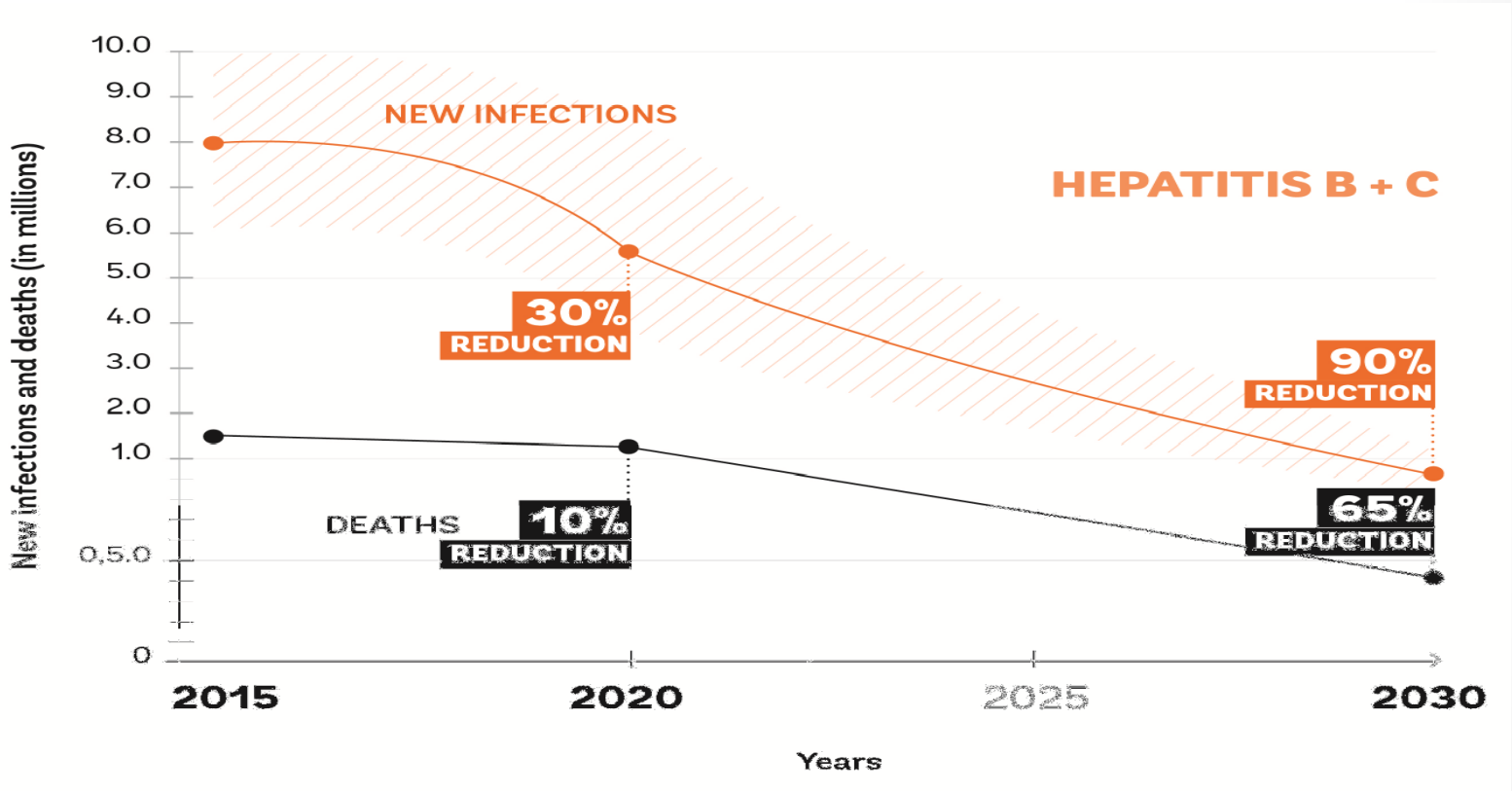


The campaign concept for 2012 and 2013 is "*It's Closer Than You Think*." The campaign focuses on the prevalence of hepatitis, including that it affects 1 in 12 people. The campaign builds on "This is hepatitis…" from last year. It continues to break down the stigma associated with hepatitis by bringing it 'closer to home.'

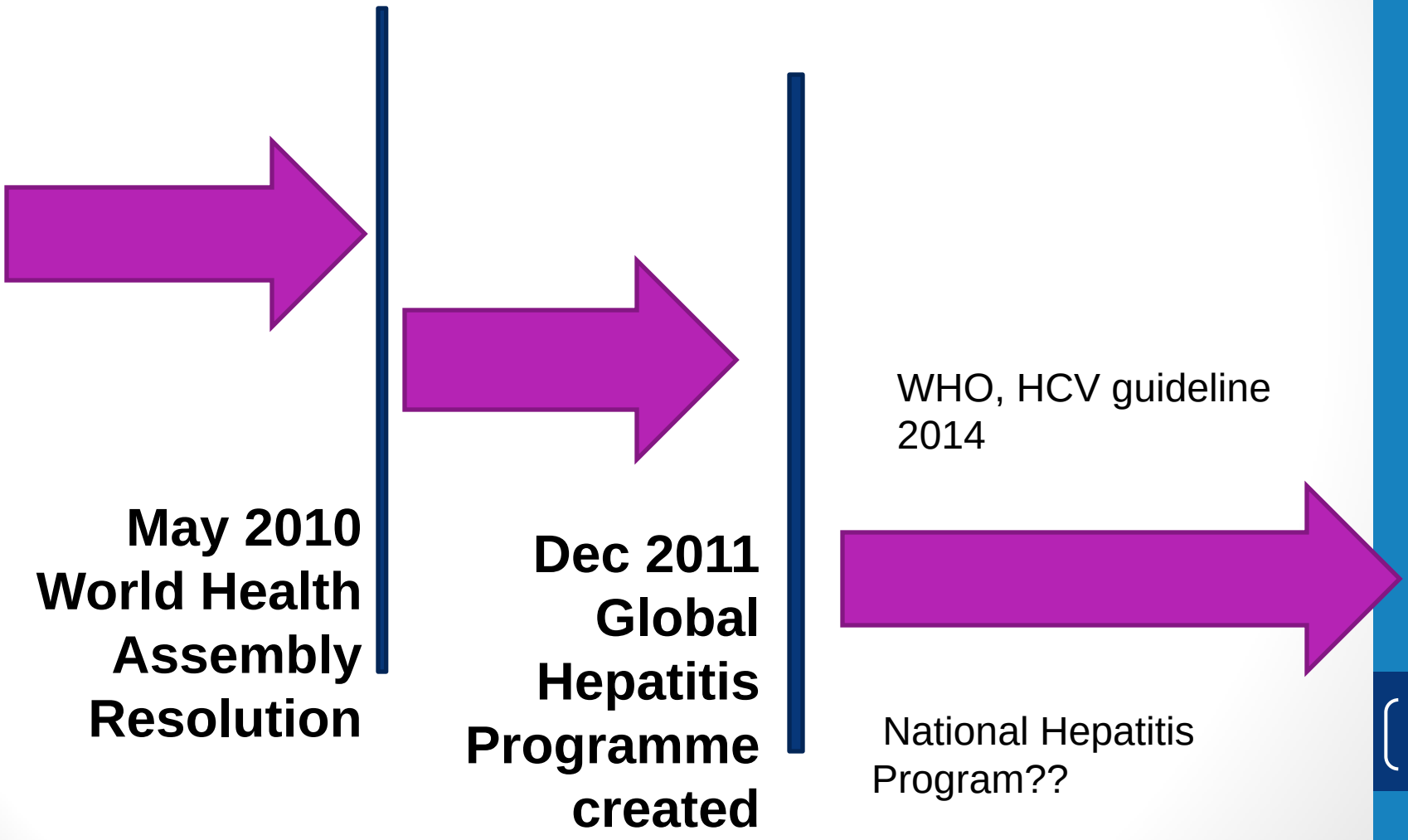
Number of deaths/year from selected conditions



SDG Countdown timer



Viral hepatitis at WHO: a historical perspective



WHO Global Health Sector Strategy on Hepatitis

- Vision : *"A world where viral hepatitis transmission is stopped and everyone has access to safe, affordable and effective prevention, treatment and care"*
- Goal: Eliminate viral hepatitis as a major public health threat by 2030.
- Framework: Universal health coverage and continuity of services

Key interventions for scale up

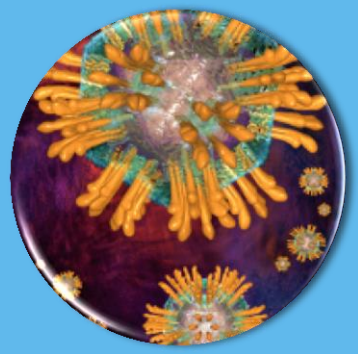
- **Hepatitis B vaccination (including birth-dose)**
- **Safe injection practices and safe blood**
- **Harm reduction interventions for people who use drugs**
- **Safer sex (including condom promotion)**
- **Hepatitis B treatment**
- **Hepatitis C cure**

Hepatitis Fact Sheet

Prevalence (all ages)
2.70 % i.e 1,455,223

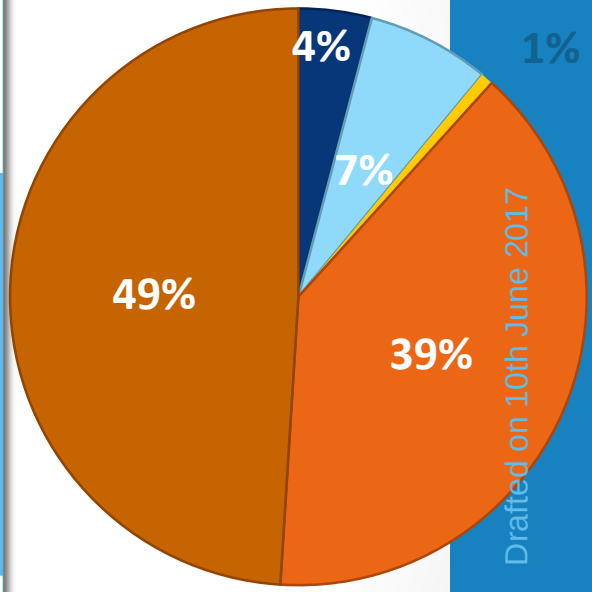
Adult Viraemic Prevalence 1.88%

i.e.1,004,104 Populations



Common Genotype is 3 (39%) , 6 (49%) and 1 (26)

Genotype Prevalence



Epidemiological Data for Action

- Nation-wide Prevalence Survey of Hepatitis B & C started in May, 2015 has been accomplished by collaborated efforts of Dept. of Medical Research and Dept of Public Health

  (HBV – 6.5%, HCV -2.7%)

- Hepatitis Symposium at Myanmar Health Research Congress with support of Burnet Institute, January 2016

- Plan to conduct operational research in the future in coordination with National Centre for Global Health & Medicine and DMR

- Routine surveillance will be established by the technical inputs of the TWG on Surveillance and Research and HMIS Programme

Primary Prevention of Hepatitis

- Blood donor screening since 2000
- Promotion and expansion of immunization of Hepatitis B (including birth dose) since 2003
- Introduction of Pentavalent vaccine in 2012
- Training of health professionals on Infection control
- Awareness raising
  - Health Education
  - IEC Materials
  - World Hepatitis Day

Secondary & Tertiary Prevention of Hepatitis

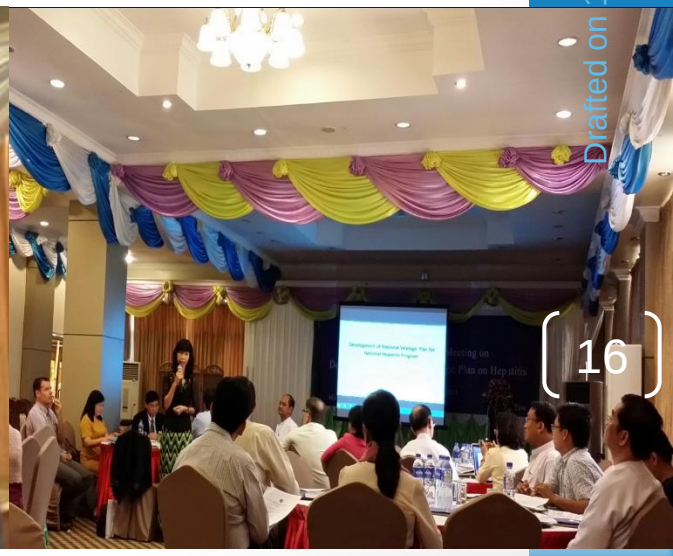
- Management Guidelines on Hepatitis B 2013 and Chronic Hepatitis C 2014 were developed by Gastrointestinal and Liver Society with the support of Roche Myanmar
- Simplified Treatment Guideline for Hepatitis C Infection has been endorsed in June 2015
- Education and counselling of patient

Comprehensive Approach for Hepatitis Control

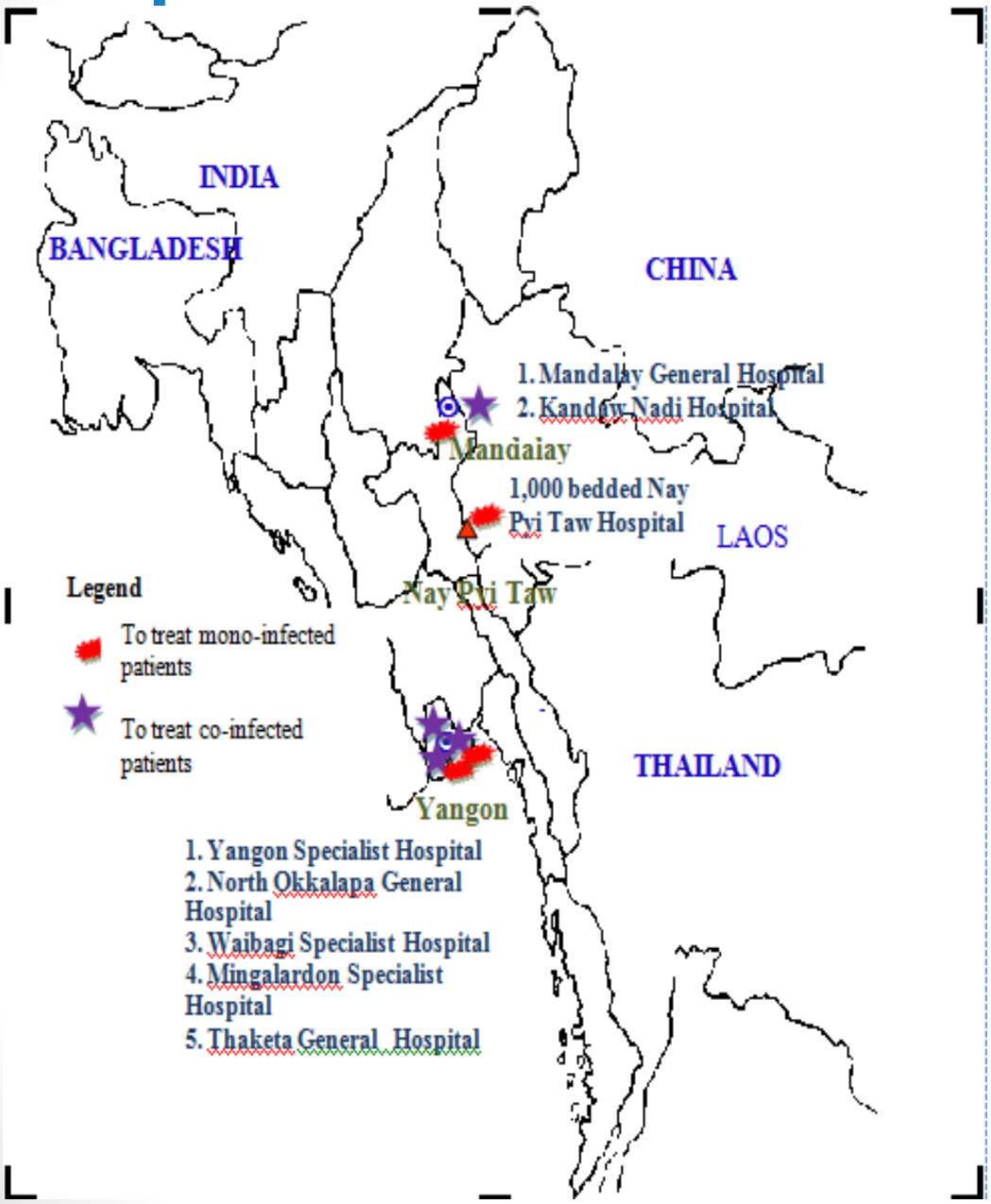
- Commitment to provide comprehensive services for hepatitis
- National consultation meeting on Hepatitis in November 2014 to advocate policy makers for development of **Road map of National Hepatitis Program**
- Nation-wide prevalence survey for Hep B and C has been started since May 2015

Comprehensive Approach for hepatitis cont.

- National Consultation on finalization of simplified treatment guideline in June 2015
- National Consultation on Development of National Strategic Plan on Hepatitis, 15-16 September 2015
- Strategic directions will be developed after NSP



Hepatitis C infection Treatment Facilities



In this year 2017, eight Government Hospitals are about to provide Hepatitis C treatment in

- ❖ **Yangon**
- ❖ **Nay Pyi Taw**
- ❖ **Mandalay**

- **1,200 mono HCV infected patients**
- **800 HIV and HCV co-infected patients**

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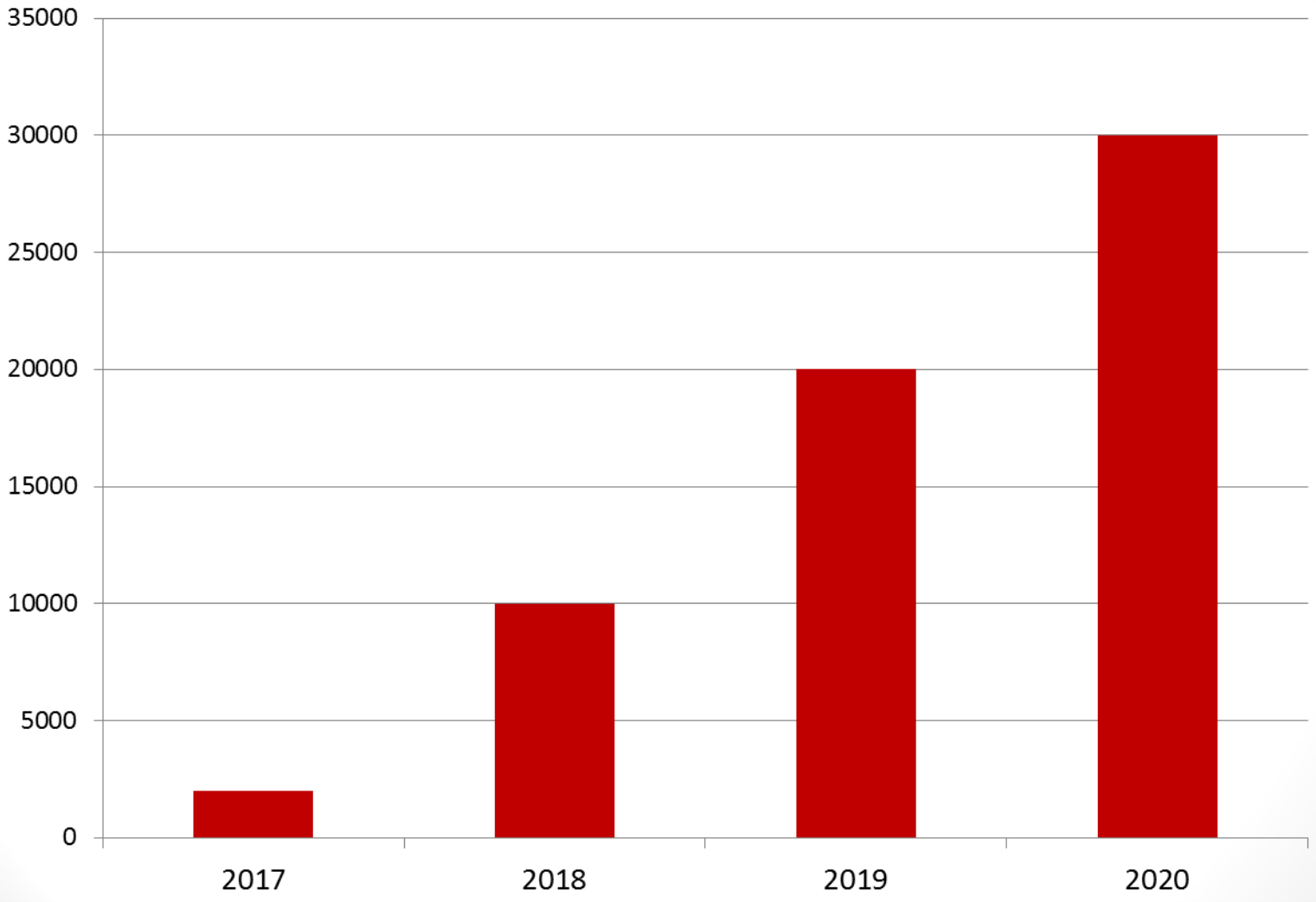
Treatment progress plan in 2017-2020



Service Delivery Model

Consultant Hepatologists

- Treat the infected patients
- Clinical monitoring of the patients
- Referral system between treatment and testing facilities
- Capacity building to the physicians and medical professionals

Consultant physicians

- Will expand to other Government General Hospitals
- Will expand testing facilities e.g. Point of care testing

International NGOs

- Community based clinical management
- Target to all infected patients

Township Hospitals

- Community based clinical management
- Target to all infected patients

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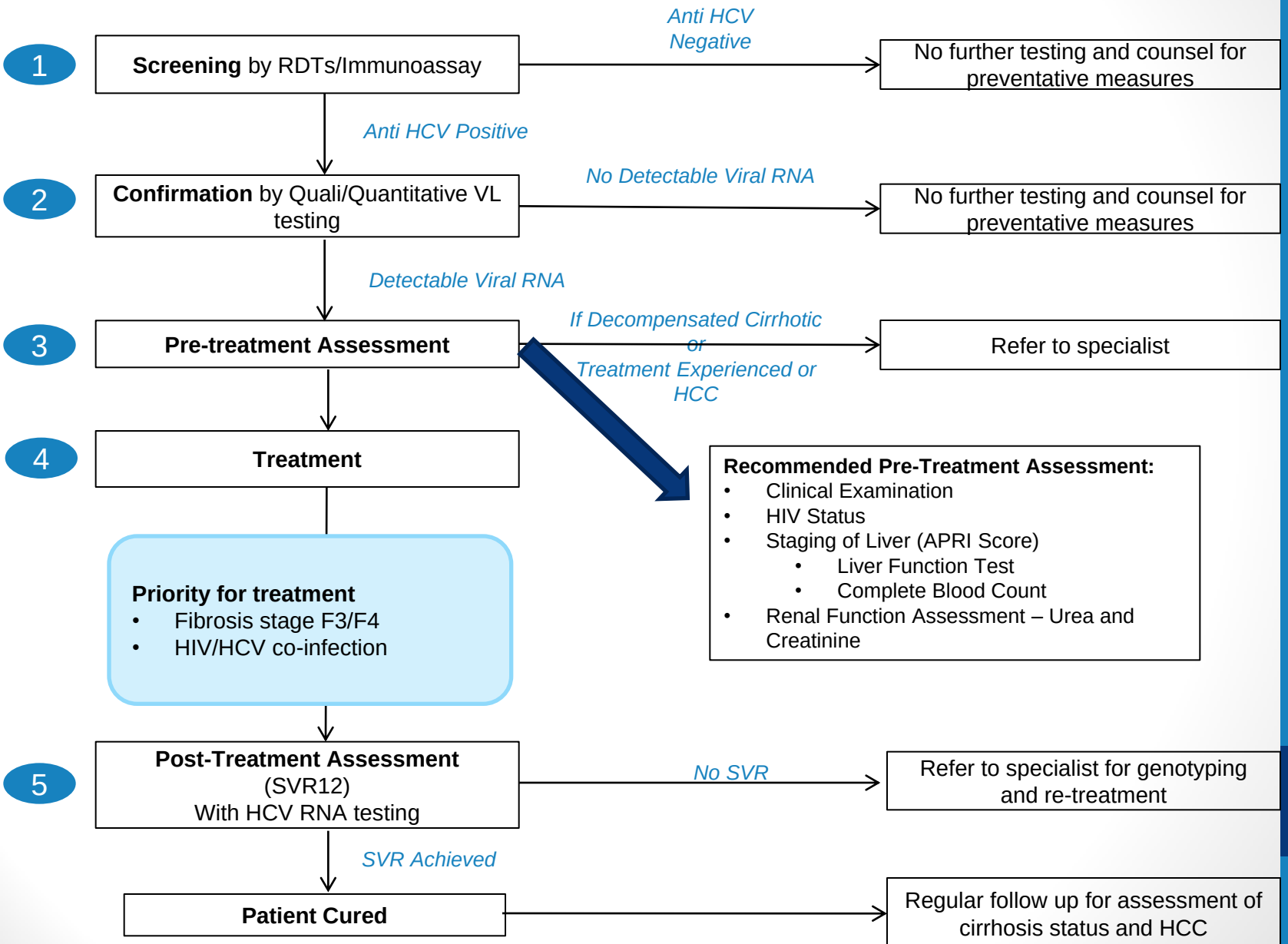
HCV Simplified Diagnostic and Treatment Algorithm



Who should be tested?

- Anti-HCV antibody tests should be administered to any patient at the discretion of attending doctor or when requested by a patient.
- Patients admitted to the hospitals with signs and symptom of liver pathology should be screened for hepatitis B and C.
- Screening of blood donors, blood products and organ donors is mandatory.
- One time screening (when feasible) is done for:
  - Pregnant woman
  - Household contacts
  - Institutionalized populations
- Screening for the population at risk: HIV infected persons, Intravenous Drug Users (IDUs), Men Sex Men (MSM), Commercial Sex Workers (CSW), Repeated transfusion recipients, Health care workers, Hemodialysis patients

Myanmar Preferred Method of Staging for Fibrosis

- **APRI scoring is preferred in Myanmar**
  - Does not require investment in new devices
  - Does not require additional workforce training
  - Access to the tests are readily available across the country
  - Low cost of testing compared to other sources
  - Non-invasive
  - Blood draws can be combined with other blood draws to reduce time spent on staging
- **At the specialist level, there may be times when liver biopsy or FibroScan may be useful**

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$$\text{APRI} = \frac{\dfrac{\text{AST level (IU/L)}}{\text{AST (Upper Limit of Normal) (IU/L)*}}}{\text{Platelet Count } (10^9/\text{L})} \times 100 = \boxed{}$$

*Most labs use 40 (IU/L) as the Upper Limit of Normal

APRI	Interpretation	Action
> 2	Cirrhosis	Prioritize for treatment
0.7 - 2	Fibrosis, risk of cirrhosis	Consider for treatment
<0.7	No Fibrosis	Monitor and/or delay treatment

Simplified treatment guideline for Hepatitis C infection, Feb 2017.

Patient Referral Guidelines

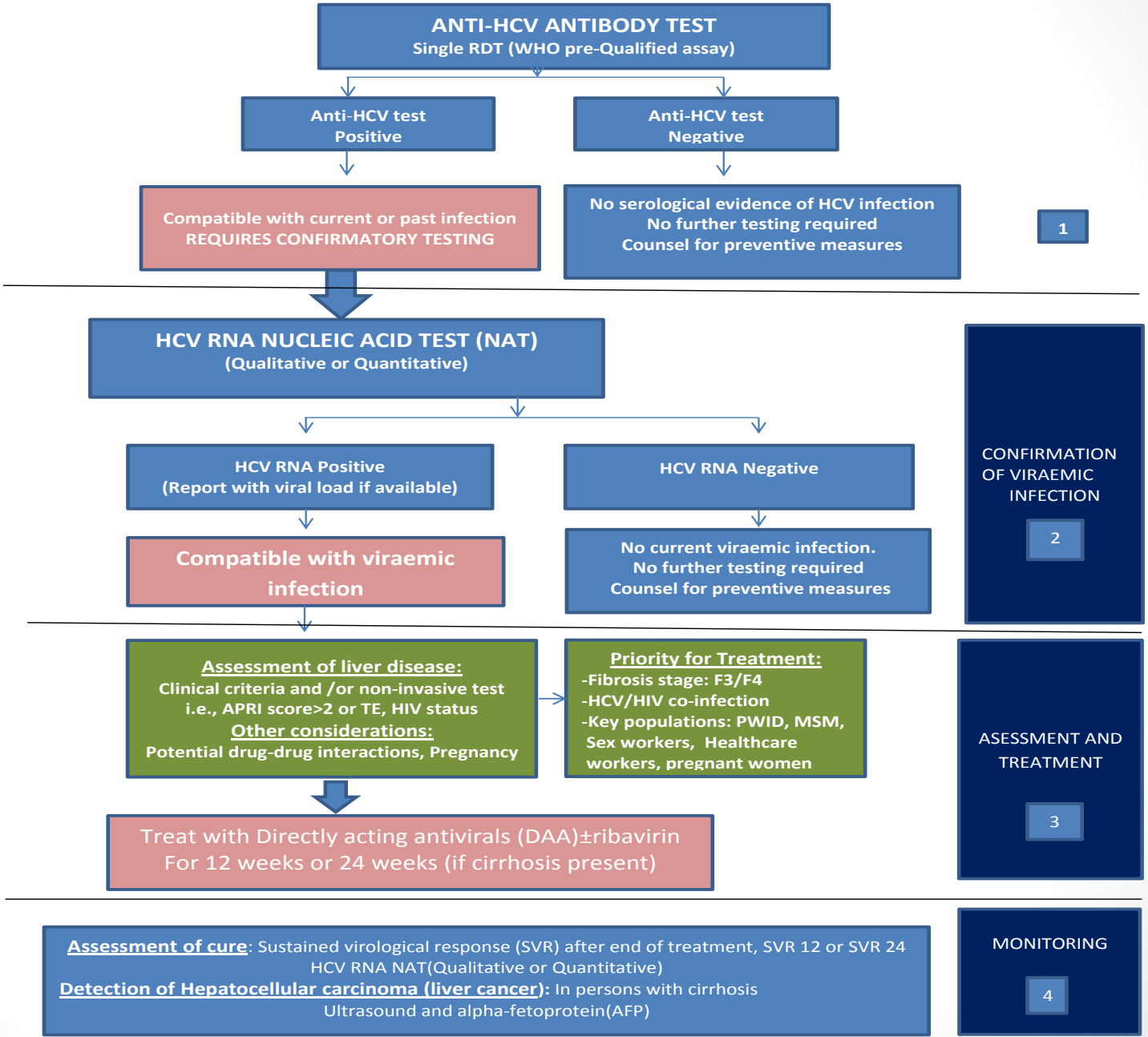
APRI Score	Physical Signs	Referral
APRI <2.0 (non-cirrhotic)	No physical signs of decompensation	Generalist
APRI >2.0 (cirrhotic)	No physical signs of decompensation	Generalist
APRI >2.0 (cirrhotic)	Physical signs of decompensation	Specialist

Preferred HCV Treatment Regimens

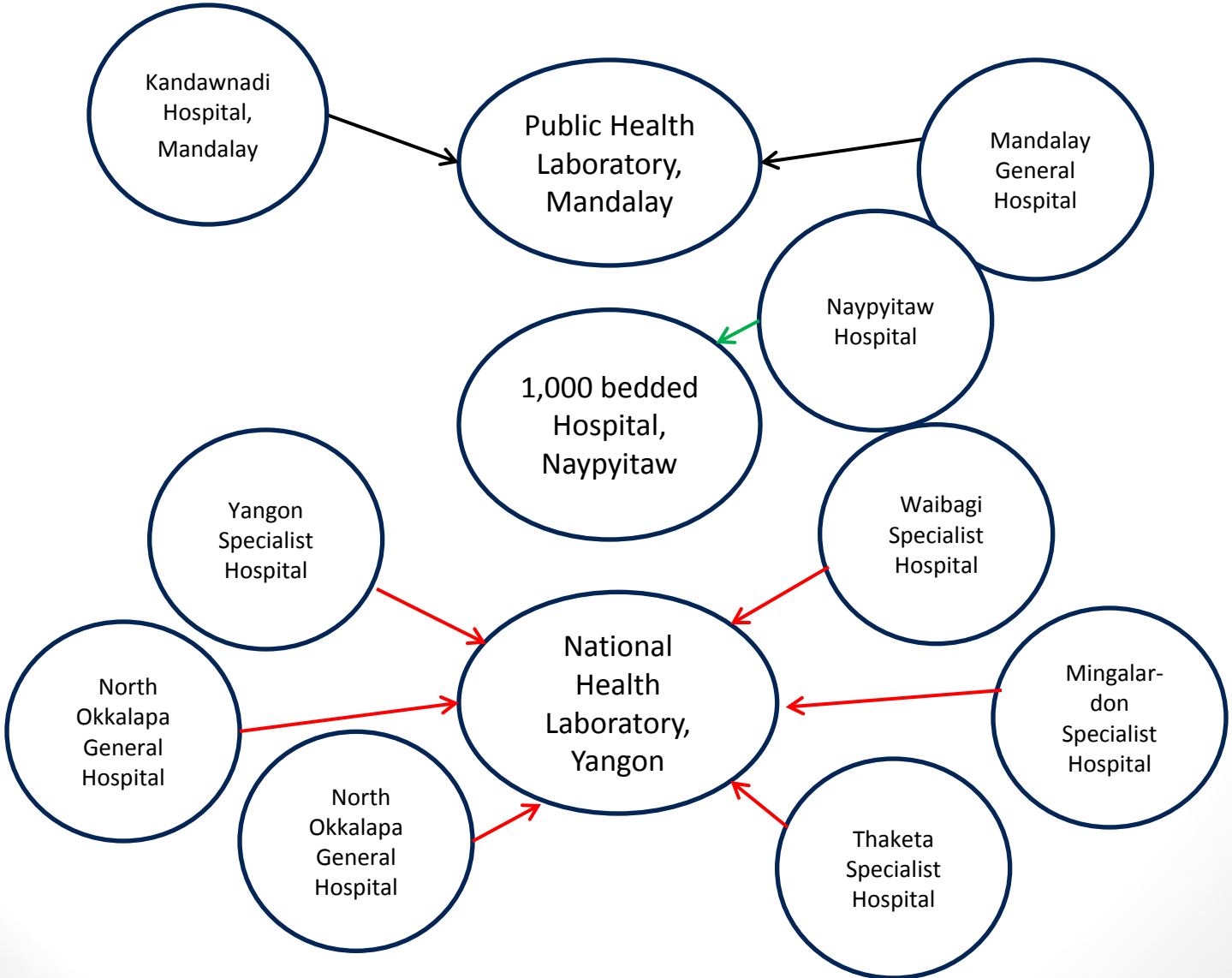
Preferred Regimen(s) for Public Health Approach in Myanmar

Regimen	Dosage per tablet	Dosing Frequency and Timing	Features	Major Contra-indication
Sofosbuvir/ Daclatasvir	400 mg tablet/ 30mg or 60mg tablet (special considera-tions for ART patients)	Once daily	Highly efficacious across all genotypes and PLHIV Well tolerated, short duration, minimum SEs, AEs and drug interactions	No clinically significant contraindication
Sofosbuvir/ Ribavirin	400 mg tablet/ 200 mg capsule or tablet	Once daily Riba dosing: <75 kg: 2 tabs qam; 3 tabs qhs; ≥75 kg: 3 tabs qam; 3 tabs qhs	Acceptable cure rates across all genotypes No risk of resistance	Pregnancy or unwillingness to use contraception
Sofosbuvir/ Ledipasvir	400 mg/ 90mg tablet (special considerations for ART patients)	once daily – morning	Only acceptable for genotypes 1, 4, 5 & 6 Well tolerated, short duration, minimum SEs, AEs and drug interactions	No clinically significant contraindication

Hepatitis C testing algorithm



HCV Testing facilities



Data recording and analysis

- Comprehensive recording of patients' data using open MRS
- Technically and financially supported by CHAI
- Data entry clerks are already trained
- Online communication and connection in between NHCP central body and onsite treatment centre
- Data analysis and reporting through open MRS

Conclusions

- Currently, Myanmar has ~1.0 million HCV viraemic people
- Nearly 25,000 new HCV infections every years
- With the current situation, the disease will continue to be a public health problem
- The impact of control program on HCV disease will depend on the level of response
- A multimodal approach for prevention, increased case diagnosis and enhanced treatment is needed to have a major impact on burden of HCV infection and disease

Thank you