

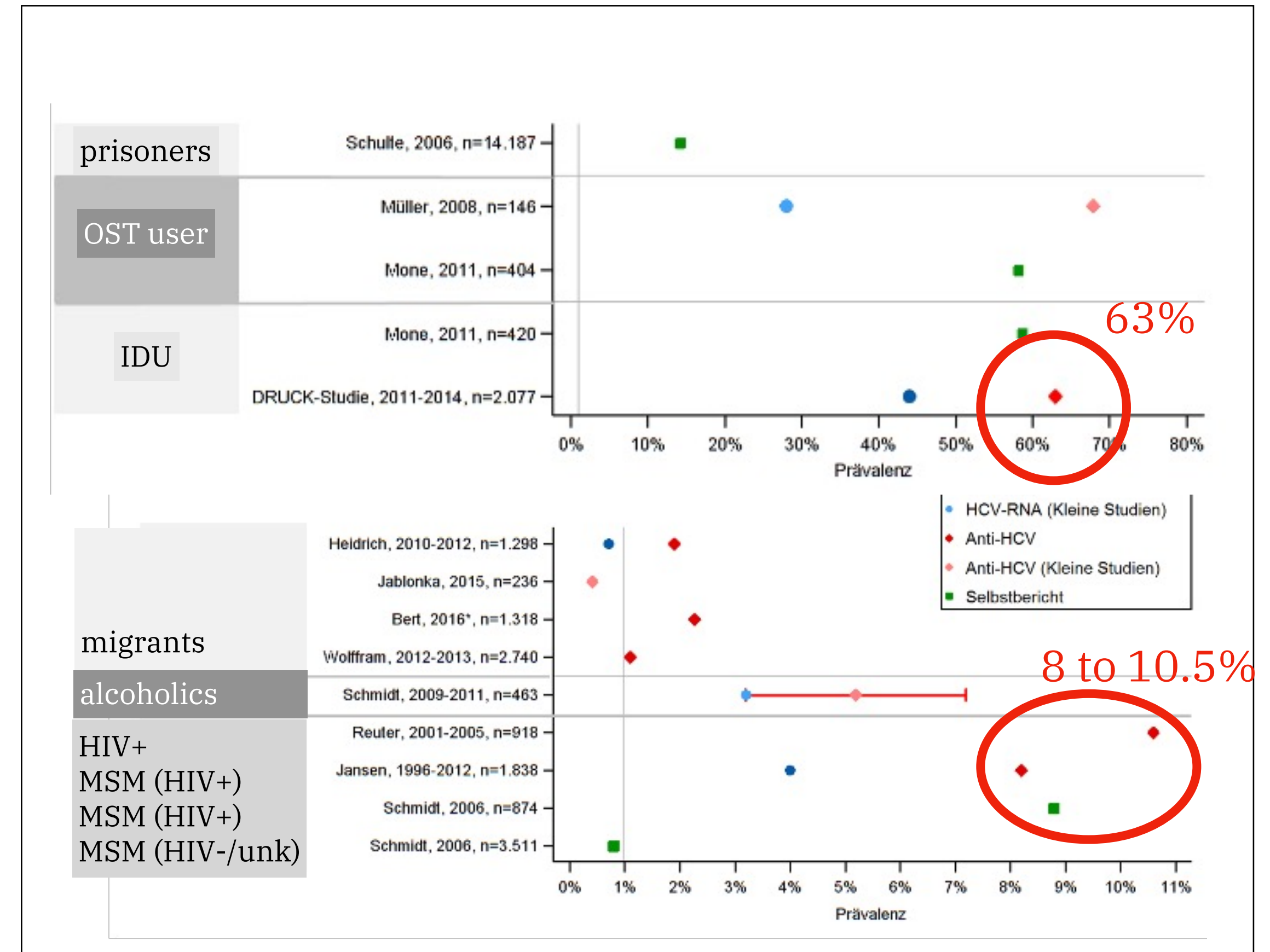
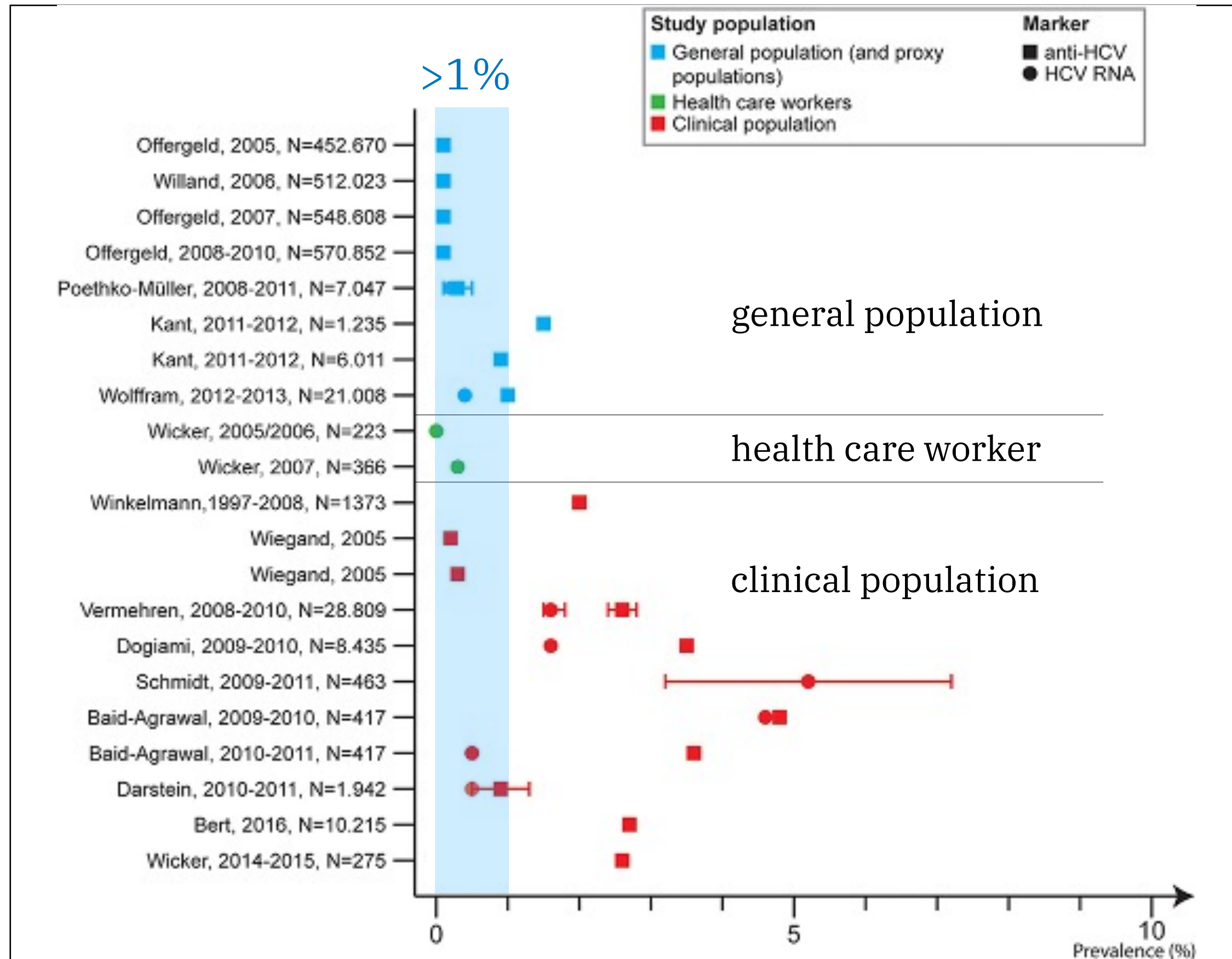
# BERLIN

Eliminating the Hepatitis C Epidemic in Urban Settings



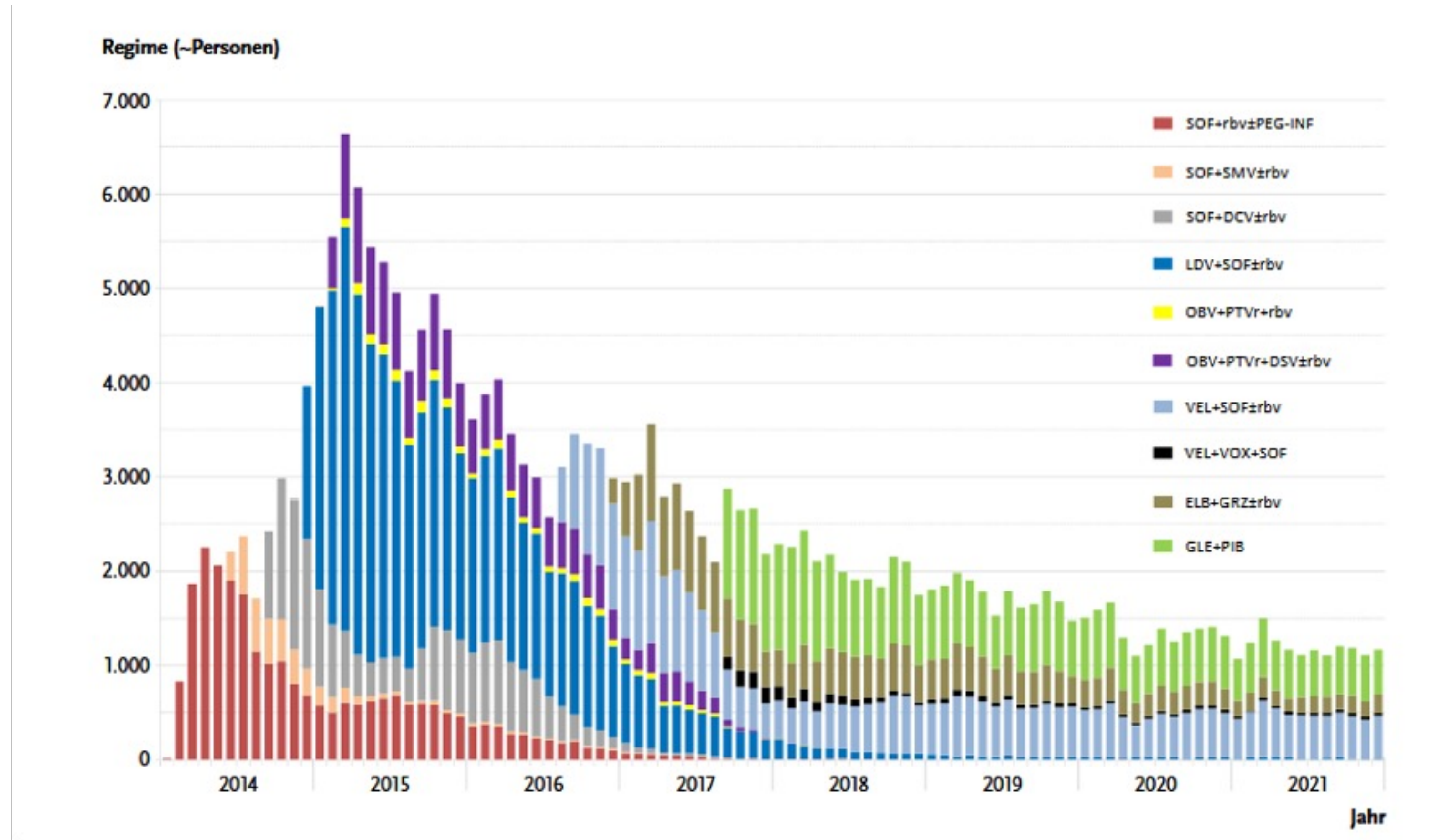
Christoph Weber, MD  
Checkpoint BLN

# Where do we come from?!



Sperle I, Steffen G, Leendertz SA, Sarma N, Beermann S, Thamm R, Simeonova Y, Cornberg M, Wedemeyer H, Bremer V, Zimmermann R, Dudareva S. Prevalence of Hepatitis B, C, and D in Germany: Results From a Scoping Review. *Front Public Health*. 2020 Aug 28;8:424. doi: 10.3389/fpubh.2020.00424. PMID: 33014960; PMCID: PMC7493659.

# HCV treatment/regimens over time



Year	treated patients [n]
2014	~7.000
2015	~20.100
2016	~13.200
2017	~11.600
2018	~9.900
2019	~8.100
2020	~6.500
2021	~5.600
<b>Total</b>	<b>~82.000</b>

Bull Epid Bull 2022;38:7-25 | DOI 10.25646/10582

# Where are we now?!

## German Hepatitis C Guideline

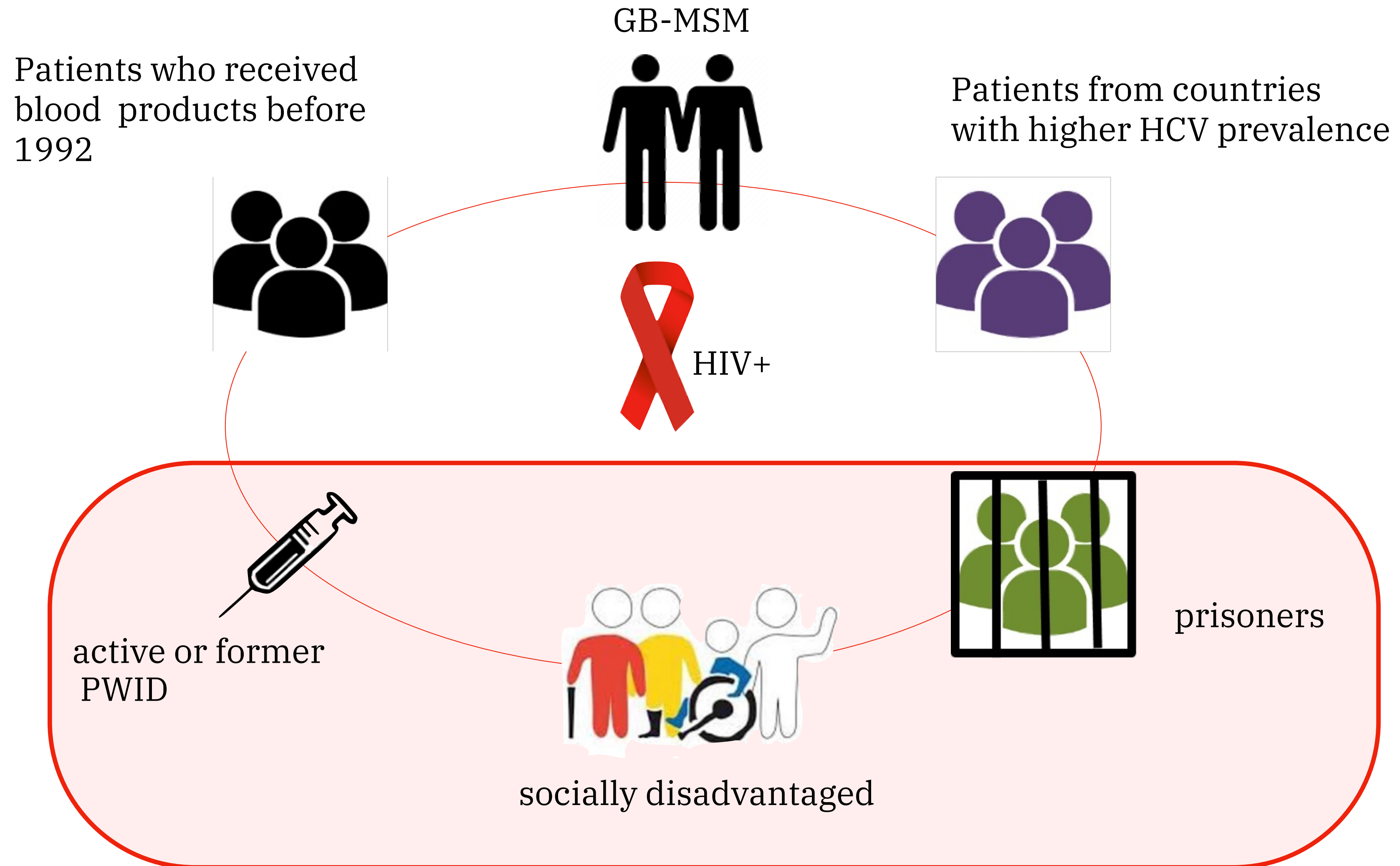
(incl. Addendum 2020)

- Pangenotypic therapy is available, very well tolerated and without restrictions (for chronic hepatitis C).
- Duration of therapy is usually 8-12 weeks; cure rate ~98%.
- Resistance does not play a role, usually.
- Patients with decompensated cirrhosis or renal insufficiency can be treated.
- Re-therapy is approved for treatment failures (sofosbuvir / velpatasvir / voxilaprevir).


hepatitis B/C  
check up 35

since Oct 2021

# Challenges for HCV elimination in Berlin




# FTC Workshop Berlin, 1st - 2nd Feb 2023



**Workshop Berlin**  
Eliminating the hepatitis C epidemic in urban settings

1-2 of February, 2023 | INNSiDE Berlin Mitte

The "Eliminating the hepatitis C epidemic in urban settings workshop" is supported by a sponsorship from AbbVie. AbbVie had no control over the selection of the steering committee, faculty, nor of the participants, themes and content of the workshops or their write-ups.



## International Experience

### **Dr. Marcelo Naveira**

World Health Organization Copenhagen, Denmark

### **Alisa Pedrana,**

Burnet Institute – Monash University Melbourne, Australia

### **Jeffrey Lazarus,**

Barcelona Institute for Global Health Barcelona, Spain

## Monitoring, (national/international level)

### **Erika Duffell**

European Centre for Disease Prevention and Control Stockholm, Sweden

### **Ruth Zimmermann,**

Robert Koch Institute Berlin, Germany

### **Sindhu Ravinshakar & Helen Olowofeso**

International Association of Providers of AIDS Care & Fast-Track Cities Institute Washington DC, USA or Lagos, Nigeria

## German/Berlin HCV Experiences

### **Prof. Dr. Frank Tacke**

Charité – University Hospital, Berlin

### **Astrid Leicht**

Fixpunkt e.V. Berlin

## Roundtable

### **Jana James**

Berlin Senate Department for Science, Health, Care, Equality,

### **Caroline Ochs**

Sozial worker, Clearingstelle Berlin

### **Prof. Dr. Heino Stöver**

Social Scientific Addiction Research at the Frankfurt University of Applied Sciences Frankfurt, Germany

## Breakoutgroups

### **3 breakout groups**

# Roundtable

## What to do with people without proper health insurance?

(HCV - DAA: app. 20.000 Euros for 8 Wks)

### **Who are those people without proper health insurance**

- EU- citizen, non employed > 3month in Germany
- Students with simple incoming health insurance from non EU-countries
- german self-employed who went bankrupt in the pandemic
- etc.pp.

### **POINT Studie showed in Berlin:**

- ▶ 16% with active HCV infections
- ▶ 25% with reactive HCV antibodies
- ▶ 29% reports active IDU in the past 30 days
- ▶ 57% have no health insurance
- ▶ 71% of PEH have been in prison at least once

## What is the situation in prison regarding HCV?

- People in prison are not located in the general health system. They are accounted for through special prison health funding.
- There is HCV testing and treatment in prison recently!
- 15% HCV RNA positiv.

### **challenges for micro-elimination:**

- Prison doctors need special retraining
- What about short termed prisoners with HCV?
- what about harm reduction methods like syringe and needle dispenser etc.

# Breakout groups

- How to integrate HCV elimination into existing HIV and other health strategies?
- How to create peer and community outreach for vulnerable groups?
- How to facilitate HCV outreach technically and practically for vulnerable groups?





# Breakout groups results/ideas

## Integrate HCV elimination into existing HIV and other health strategies

- more specified outreach within the PWID community
- Various HIV prevention groups should integrate and include HCV in their work to a greater extent.
- using HIV experience to advocate for HCV micro elimination projects

## Create peer and community outreach for vulnerable groups

- self-organizing PWID need more protection and help from HIV communities.
- open up spaces for HCV positive people in places and institutions which were focusing on HIV.
- greater involvement of activists and community volunteers

## Facilitate HCV outreach technically and practically for vulnerable groups

- Developing a service/study which offers „liver check ups“ for PWID and PEH.
- mobile unit will visit various shelters for PEH to offer this check up (blood samples for liver enzymes and HCV RNA, fibroscan/ultrasound of the liver)
  - the shelter will be informed 4-8 wks in advance to inform PEH about this service.
  - every HCV is treated, regardless of whether there is health insurance or not

Thank you!