BERLIN
Eliminating the Hepatitis C Epidemic in Urban Settings

Christoph Weber, MD
Checkpoint BLN
Where do we come from?!


FTC-Conference Amsterdam 2023: Eliminating the Hepatitis C Epidemic in Urban Settings, Christoph Weber.
HCV treatment/regimens over time

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

- Patients who received blood products before 1992
- GB-MSM
- Patients from countries with higher HCV prevalence
- Active or former PWID
- Socially disadvantaged
- Prisoners
## FTC Workshop Berlin, 1st - 2nd Feb 2023

### International Experience

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Institution/Location</th>
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</thead>
<tbody>
<tr>
<td><strong>Dr. Marcelo Naveira</strong></td>
<td>World Health Organization Copenhagen, Denmark</td>
</tr>
<tr>
<td><strong>Alisa Pedrana</strong></td>
<td>Burnet Institute – Monash University Melbourne, Australia</td>
</tr>
<tr>
<td><strong>Jeffrey Lazarus</strong></td>
<td>Barcelona Institute for Global Health Barcelona, Spain</td>
</tr>
<tr>
<td><strong>Erika Duffell</strong></td>
<td>European Centre for Disease Prevention and Control Stockholm, Sweden</td>
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<tr>
<td><strong>Ruth Zimmermann</strong></td>
<td>Robert Koch Institute Berlin, Germany</td>
</tr>
<tr>
<td><strong>Sindhu Ravinshakar &amp; Helen Olowofeso</strong></td>
<td>International Association of Providers of AIDS Care &amp; Fast-Track Cities Institute Washington DC, USA or Lagos, Nigeria</td>
</tr>
</tbody>
</table>

### German/Berlin HCV Experiences

<table>
<thead>
<tr>
<th>Speaker</th>
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<tbody>
<tr>
<td><strong>Prof. Dr. Frank Tacke</strong></td>
<td>Charité – University Hospital, Berlin</td>
</tr>
<tr>
<td><strong>Astrid Leicht</strong></td>
<td>Fixpunkt e.V. Berlin</td>
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### Roundtable

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<thead>
<tr>
<th>Speaker</th>
<th>Institution/Location</th>
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<tbody>
<tr>
<td><strong>Jana James</strong></td>
<td>Berlin Senate Department for Science, Health, Care, Equality</td>
</tr>
<tr>
<td><strong>Caroline Ochs</strong></td>
<td>Sozial worker, Clearingstelle Berlin</td>
</tr>
<tr>
<td><strong>Prof. Dr. Heino Stöver</strong></td>
<td>Social Scientific Addiction Research at the Frankfurt University of Applied Sciences Frankfurt, Germany</td>
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### Breakoutgroups

3 breakout groups
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 > 3 month 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?
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 where 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!