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AMSTERDAM
FAST-TRACK CITIES 2023

ELIMINATING THE HEPATITIS C EPIDEMIC IN URBAN SETTINGS : THE MILAN 2023 WORKSHOP

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Epidemiology of HCV in Italy

In Italy, HCV is a public health concern, with an estimated 500,000 to 800,000 people infected. The prevalence of HCV is higher among elderly, those born between 1945 and 1965 (baby boomers), and individuals with a history of injecting drug use, tattoos and cosmetic treatments.

Two waves of epidemic

1- Long term infection due to an intensive epidemic wave of HCV infection in the 1950s and 1960s.

- Mainly attributed to the use of glass syringes (vaccinations and for injection of antibiotics and vitamins).
- - Poor hygiene during invasive nosocomial procedures.

2-The second intense epidemic waves occurred in the 1980s and 1990s reaching the peak around 2000.

- - Mainly associated with intravenous drug use as in other European countries.
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The number of new HCV infections has declined in recent years due to improved screening and treatment options, however, there is still much work to be done to reach the elimination targets.

Politics

- The Italian government has taken a number of steps to address the HCV epidemic, including the development of a **National Strategic Plan for the Prevention and Control of Viral Hepatitis**.
- The plan emphasizes increased access to testing, treatment, and care, as well as reducing the risk of HCV transmission through harm-reduction programs.
- However, there are still political and financial barriers to the implementation of these strategies, including a **lack of investment in public health programs and limited resources for harm-reduction initiatives**.

Public Health

Key barriers to achieving HCV elimination in Italy include

- a **lack of awareness** about HCV among the general population,
- **limited access to testing and treatment**, and stigma associated with HCV, particularly among people who inject drugs (PWID).
- The healthcare system in Italy is highly fragmented, with **varying levels of access to services** and resources depending on the region.
- This can make it difficult to effectively coordinate efforts to address the HCV epidemic at a national level.

Fast-Track Cities and FTC initiative in Italy with regards to HCV elimination

- **The FTCs and FTCTi play a critical role in the prevention, control, and elimination of communicable diseases, including HCV, in Italy.**
- These organizations are responsible for coordinating the efforts of various stakeholders, including healthcare providers, government agencies, academic institutions, and community-based organizations, to address the HCV epidemic.
- Milan is one of the largest cities in Italy and is known for its leadership in healthcare, innovation, and research.
- **The FTC Milan is an important player in the efforts to eliminate HCV in the city and surrounding region.**

FTC initiatives on HCV elimination

Strengths

- Strong **commitment** to public health.
- Highly-skilled and dedicated workforce. **Partnerships** with local organizations, academic institutions, and other stakeholders, and access to cutting-edge technology and research.
- The FTC Milan has also developed a **comprehensive plan** to address the HCV epidemic, including increased testing and treatment services, harm- reduction initiatives, and public education campaigns.

Challenges

- **Lack of political support and funding.**
 - **Stigma** associated with HCV, particularly among PWIDs.
 - **Fragmented healthcare system** in Italy can also make it difficult to coordinate efforts at the city level, leading to duplication of services and inefficiencies in service delivery.
- **Limited resources.**



Workshop Milan

Eliminating the Hepatitis C
Epidemic in Urban Settings

25-26 January 2023 | DoubleTree by Hilton Milan

Outline of the key messages and recommendations from the workshop sessions

During the two-days' workshop there were 12 presentations with several speakers including public health experts, medical doctors and NGOs representatives.



Dr. Marcelo Naveira - WHO: Elimination path of HCV by 2023

- A new global strategy was launched, focused on a development cycle of “**evaluation, assessment, planning and implementation**” and on eliminating not only HCV but also HIV and STIs by 2030.

This led to WHO drafting a document, with an 8-year plan to eliminate HCV by 2030.

This document focuses on health system delivery and design, as well as disease-specific actions; it contains country actions and it focuses on key- populations.

The pillars are:

universal healthcare, primary health care, emphasis on accessible, decentralized service delivery and person-centered care.

General Action to improve HCV elimination:

- Launch **awareness campaigns** among the general population.
- **Decentralize test and treatment** programs to reduce the drop-out of care chances.
- **Simplify laboratory testing** (e.g., reflex testing, , HCV self-test toolkit).
- **Involve all services** of all Fast-Track cities for HCV screening and linkage to care.

Dr. Alisa Pedrana - Australia's hepatitis C elimination story: Think Global – Act Local. A state-wide hepatitis C elimination program.

Key features of Australian HCV elimination stor

- Australia has a universal healthcare – including for prisoners, and harm-reduction approach for injecting drug use. Strong political commitment. Treatment available to all. Community-based models of care

Exemple of Victoria

- Local Context:*

In 2015 ~15,000–25,000 PWIDs were living in Victoria – HCV Antibody prevalence ~50%. Modelling suggested that treating ~58/1000 PWIDs would reduce new HCV infections by 80% and prevalence in PWIDs to less than 10%.

This equated to treating ~870–1,450 PWID annually (midpoint 1,160).

- *Local Response:*

A five-year state-wide partnership (2017-2021) was launched to establish a community-based treatment program to increase HCV treatment uptake in PWIDs using nurse-led models of care in the primary care and prison services.

- *EC Victoria Outcomes:*

Supported 18 primary-care centres to conduct 14,293 tests (Ab or RNA) and treat 1342 people.

Supported 14 prison sites to conduct 2465 clinical assessments and treat 1928 people.

In total ~ 3,270 PWID treated over 5 years ~ 654 PWID/year.

*Professor Jeffrey Lazarus –
Viral hepatitis elimination in Milano – reaching the undiagnosed.*

This talk focused on main recommendations to eliminate HCV in Italy and Milano, pointing out 3 main topics:

- 1. Micro-elimination:** in certain populations (such as decompensated cirrhotic, patients with haemophilia and transplant patients).
 - a) Identify all patients lost in the system through a retrospective search
 - b) Simplify pre-treatment evaluation and dispensing treatment
 - c) Implement universal screening in high-risk patients.

- 2. Simplify diagnosis** with reliable testes easy dispensable in different locations (such as pharmacies and NGOs sites).

- 3. Reduce visits.**

Prof. Antonella d'Arminio Monforte –

Decrease of prevalence of subjects harboring replicating HCV among PLWHIV in Italy: results from the NoCo study.

Background:

- Various PLWH are unaware of their HCV infection, often not tested.
- Incidence of new/re-infection needs to be assessed.
- High-risk populations (PWIDs and MSM) need preventive strategies.

Aim:

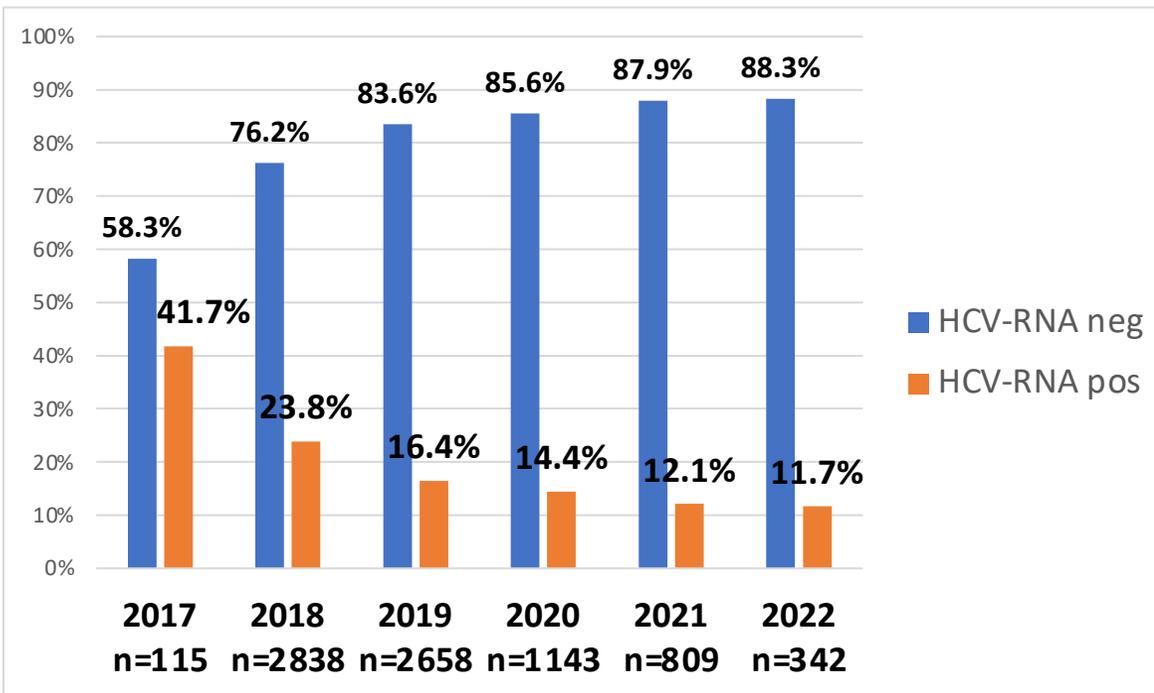
The general aim of the **NoCo Project** is to evaluate the possibility to obtain **HCV elimination** in the **HIV/HCV** co-infected population in Italy, **over a 3-year period** as result of extensive HCV testing and DAA treatment.

Strategies:

- ✓ **Extensive DAA treatment**
- ✓ **Increased HCV testing** (screening program)
- ✓ **Counselling** programs to prevent new infections/re-infections

NoCo Study conclusions:

- A low incidence of new HCV infections (0.6/100PY) and re-infections (2/100PY) occurs among PLWH.
- DAA update occurred in almost 80% of HCV viremic.
- HCV viremic clearance has been documented in 96% of people treated with DAA.
- In 2022 only 12% of our HCV-HIV coinfecteds are still viremic.



Dr. Roberto Ranieri –

HCV micro-elimination in prisons and its extension to drug addiction services in Milan.

The **prevalence of HCV in prisons, in Italy, is estimated at 5-10%** in incarcerated people. Targeting HCV could be a benefit for different settings:

- **Incarcerated individuals cured of HCV would decrease the risk of liver failure and liver cancer**, thus less healthcare costs.
- **Prison System: decreased risk of HCV transmission in the prison**, and decrease the 'risk' of infection of custodial staff.
- **General Population: decreased risk of HCV transmission by prisoners**

In Milan 44, 2% of incarcerated people are PWDs of which 9,2% are HCV+ (900 people). With the collaboration of San Paolo Hospital (Milan) in 2019, a specific **linkage to care process** was established, **reducing the HCV positivity rate to 0.9%**. This study demonstrated the need of a multidisciplinary approach across institutions for a successful, HCV micro-elimination plan.

Dr. Lella Cosmaro – The Cobatest european initiative.

Reaching out to vulnerable groups with HCV testing initiatives – A community perspective.

In Italy, **community organizations** can significantly contribute to the elimination of hepatitis C only by **offering rapid HCV tests and facilitating linkage to care** for those who receive a reactive result. HCV treatment services are accessible only in infectious disease hospitals.

Starting from 2023, the Lombardy Region is providing free testing kits for HIV, HCV and other STIs to those NGOs in the Region that have successfully completed the training in 2021 and can count on certified lay providers.

All the other costs related to such services remain an issue, but the decision of the Lombardy Region is surely a first step in the right direction.

In conclusions, it is important to increase the offer of HCV testing in drug treatment services and drop-in centres, as well as to offer rapid tests with mobile units

testing initiatives offered by NGOs should be supported by the governments, in order to become long term, stable, and reliable services.

Dr. Sara Piccinelli & Dr. Danilo Careda – Implementation of regional HCV screening in Lombardy

Campaign targeting the general population.

HCV screening was performed during regular blood test and hospital admissions.

First level centers with HCV Ab and second level center with RNA test and treatment delivery.

The results from the campaign were:

- 1st level centers: 66
- 2nd level centers: 33
- # of test done: 120.193 (reactive 604)
- # of RNA_HCV test: 441 (positive 125, 163 pending results)

Next steps and recommendations from the perspective of FTC Milan/Checkpoint Milan

The major next steps identified during the workshop and working groups was the greater involvement of governmental institutions at regional level, as well as, hospitals.

This also includes the need to have a greater involvement from politicians in the HCV agenda.

Furthermore, next steps are:

- ❖ **engaging the HCV lobbies at international level to create a network.**
- ❖ **try to allocate regional funds in healthcare and NGOs related activities.**
- ❖ **need of a movement such as FTCs to help influencing and lobbying for the activities and goals discussed throughout the 2-day workshop.**