

Australia's
Global
University

Viral Hepatitis in 2019: Opportunities and Challenges

A/Professor Gail Matthews

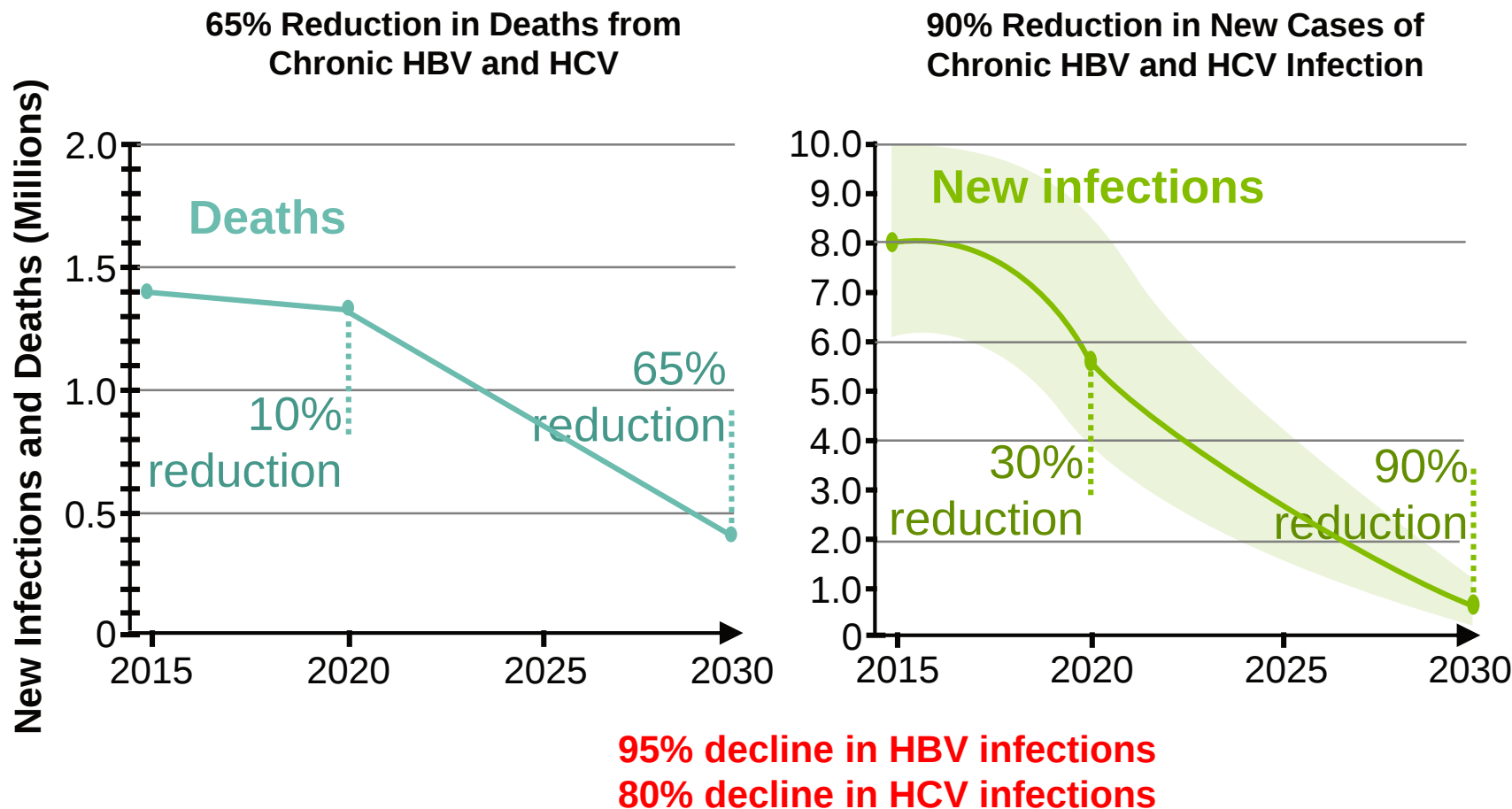


Kirby Institute

Disclosures

I have received research funding from Gilead Sciences and Abbvie Inc

WHO Viral Hepatitis Elimination Targets: 2016

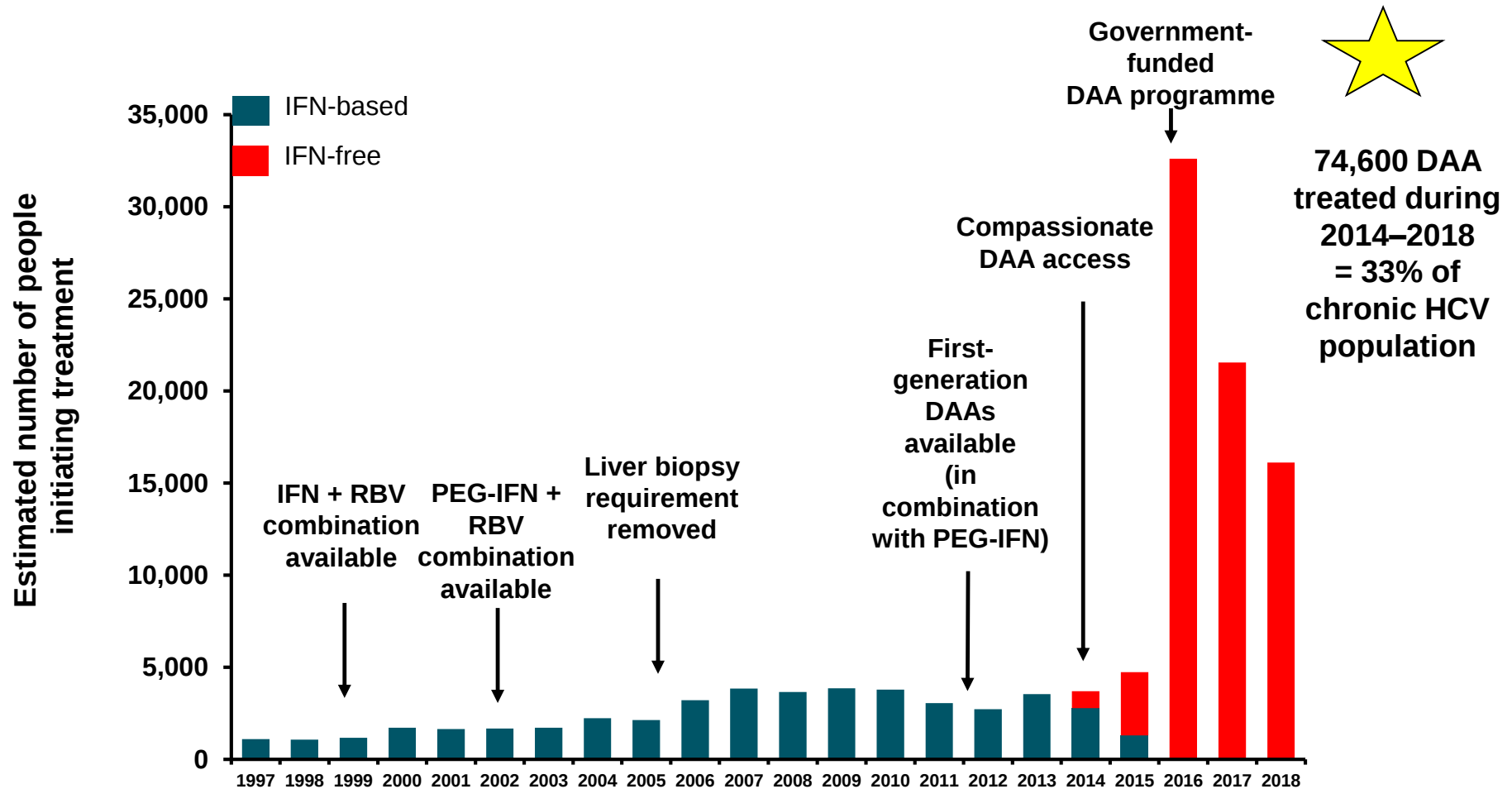


80% of eligible patients treated; 90% of treated patients cured

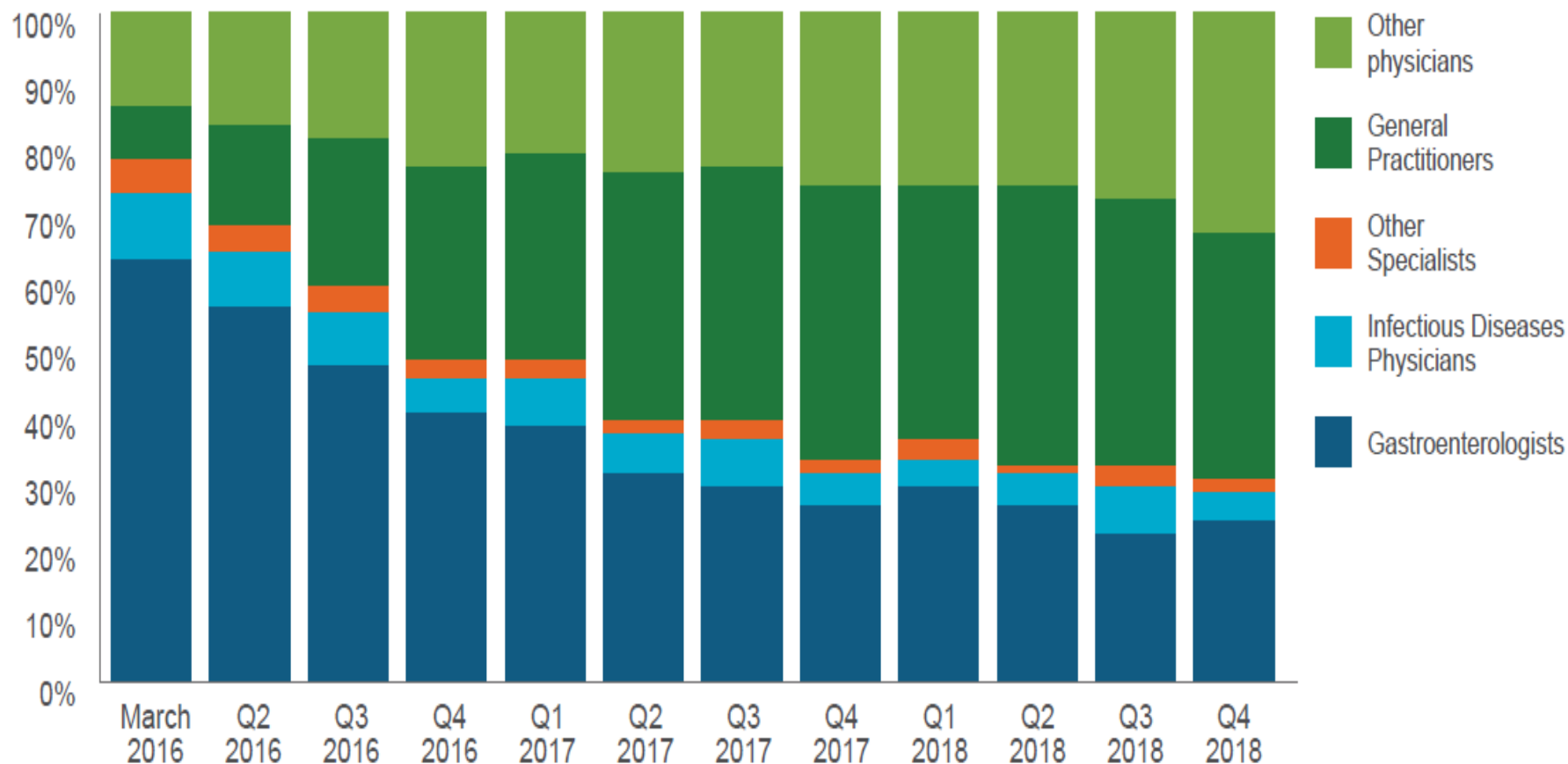
2017



HCV treatment uptake in Australia: 1997–2018

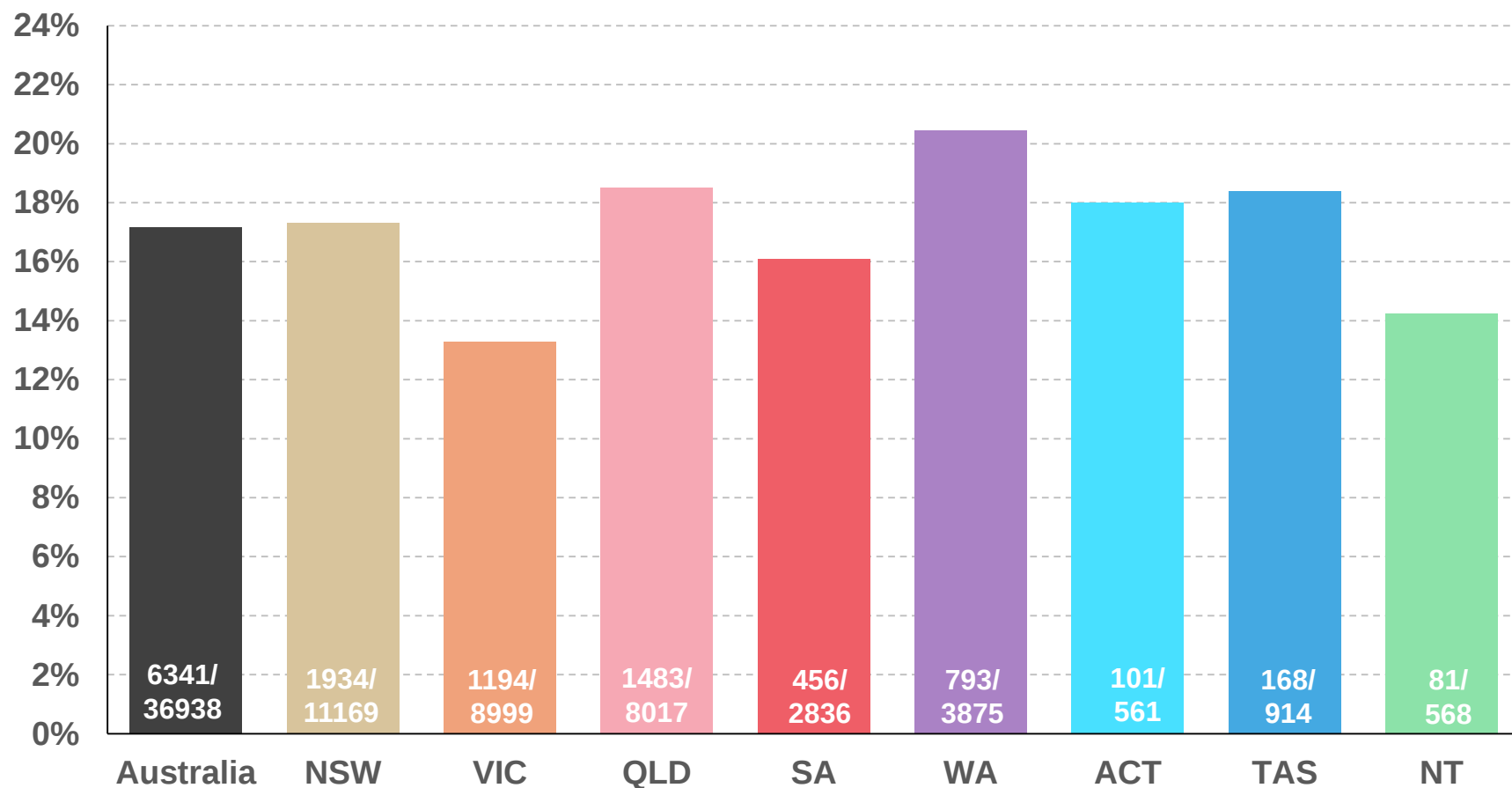


Increasing proportion of non-specialist treatment



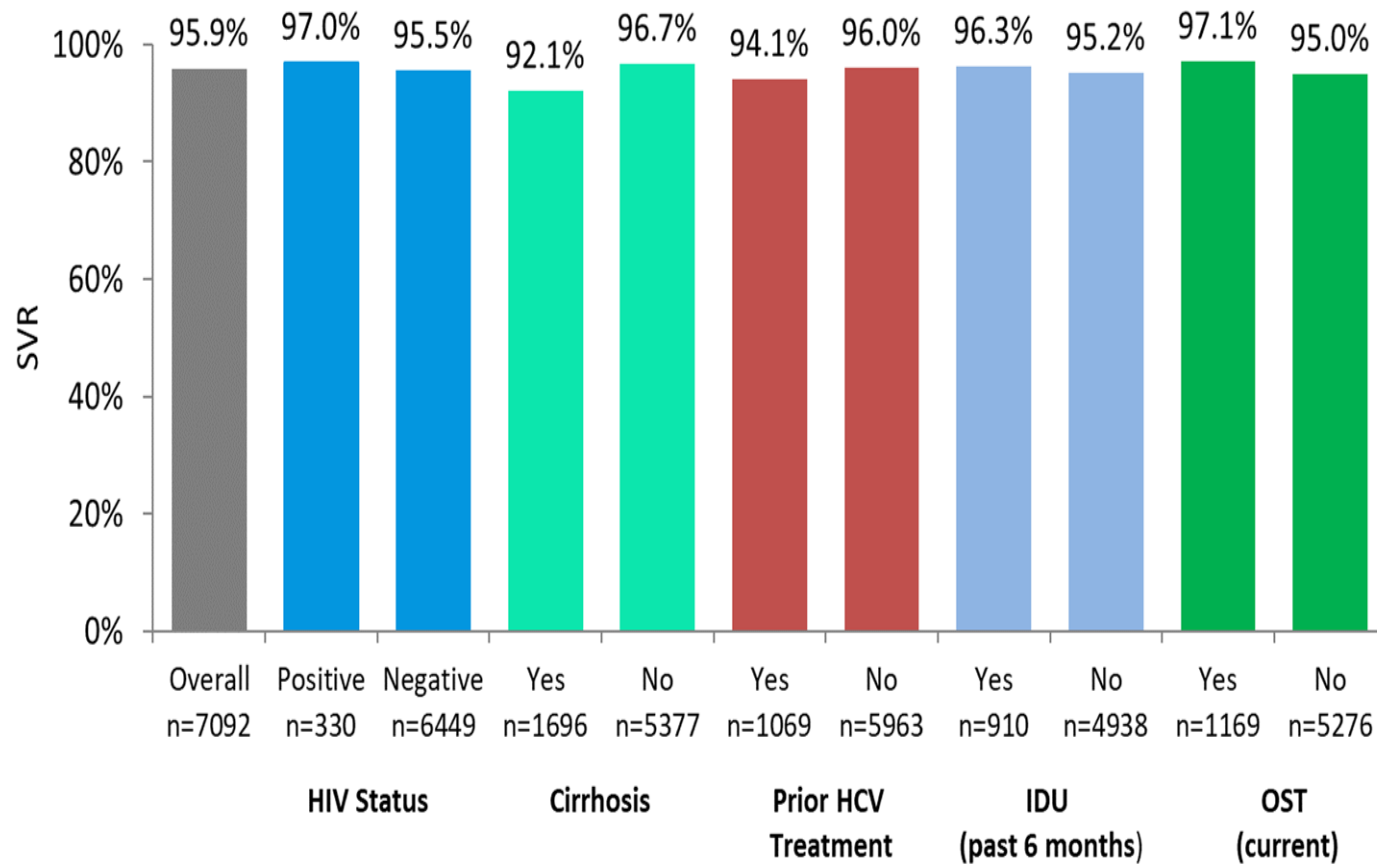
GP DAA prescribing: March 2016 to March 2019

17% of GPs (13% to 20% across jurisdictions) prescribed DAA



High DAA efficacy across all sub-populations

REACH-C study: Per protocol analysis*
(n=7,092)

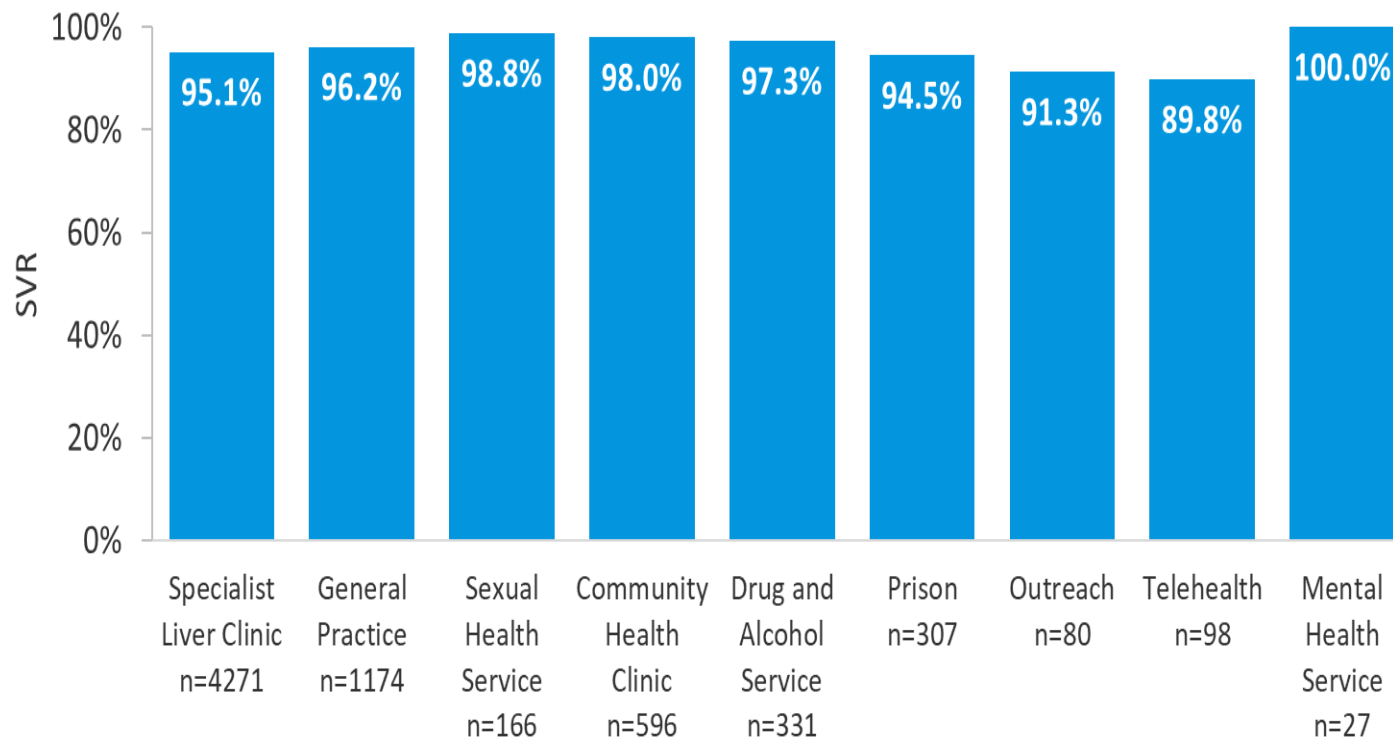


*n=1,746 with unknown SVR;
20%

Initiations from Mar 2016 – Dec 2018

High DAA efficacy across all service models

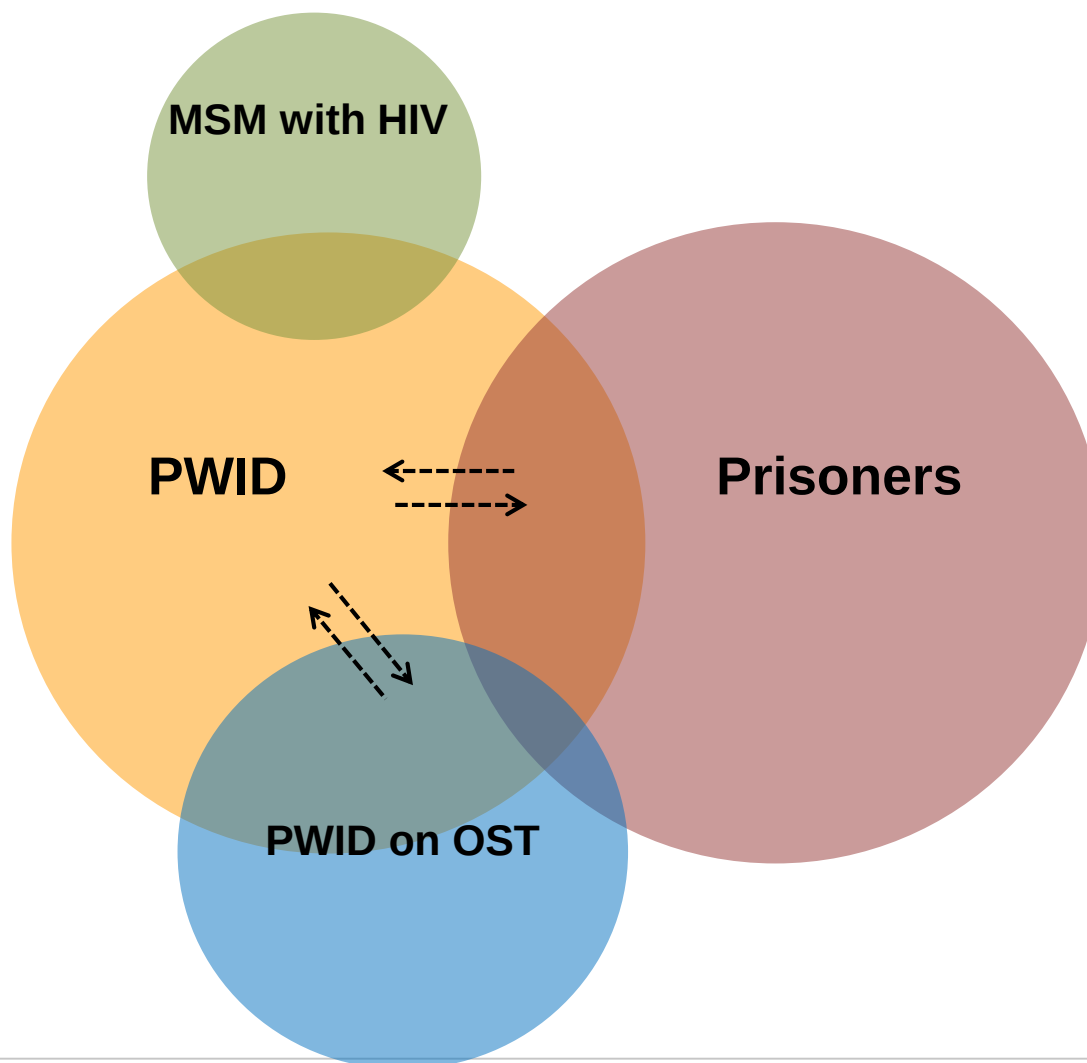
REACH-C study: Per protocol analysis*
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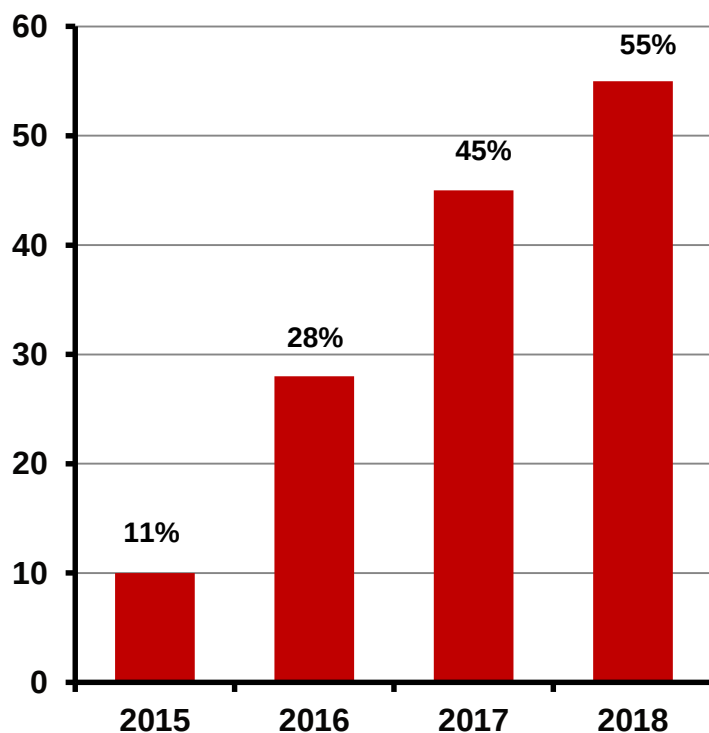
High risk transmission populations for HCV



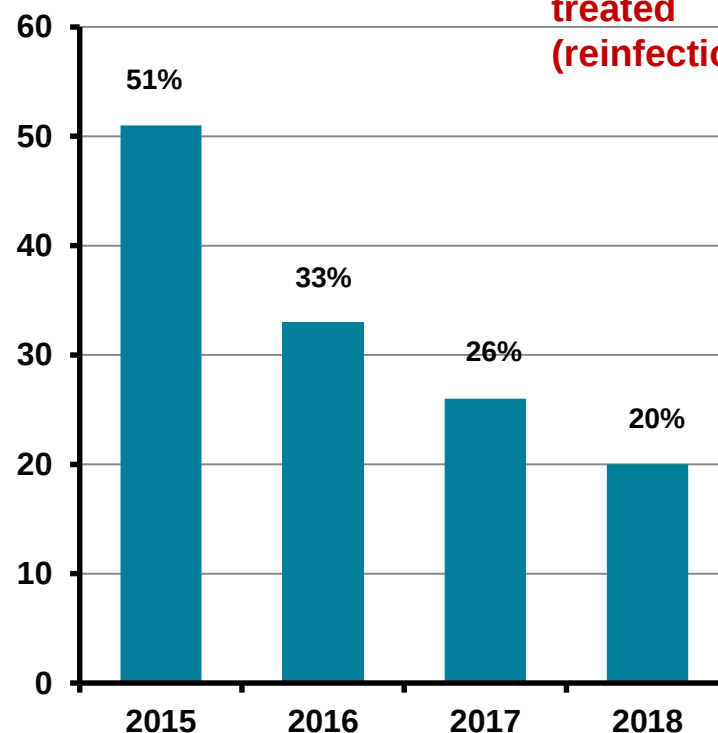
DAA uptake high in current PWID

Annual Needle Syringe Program Survey (n = 2,000-2,500)

Ever HCV Treatment
among Chronic HCV (%)

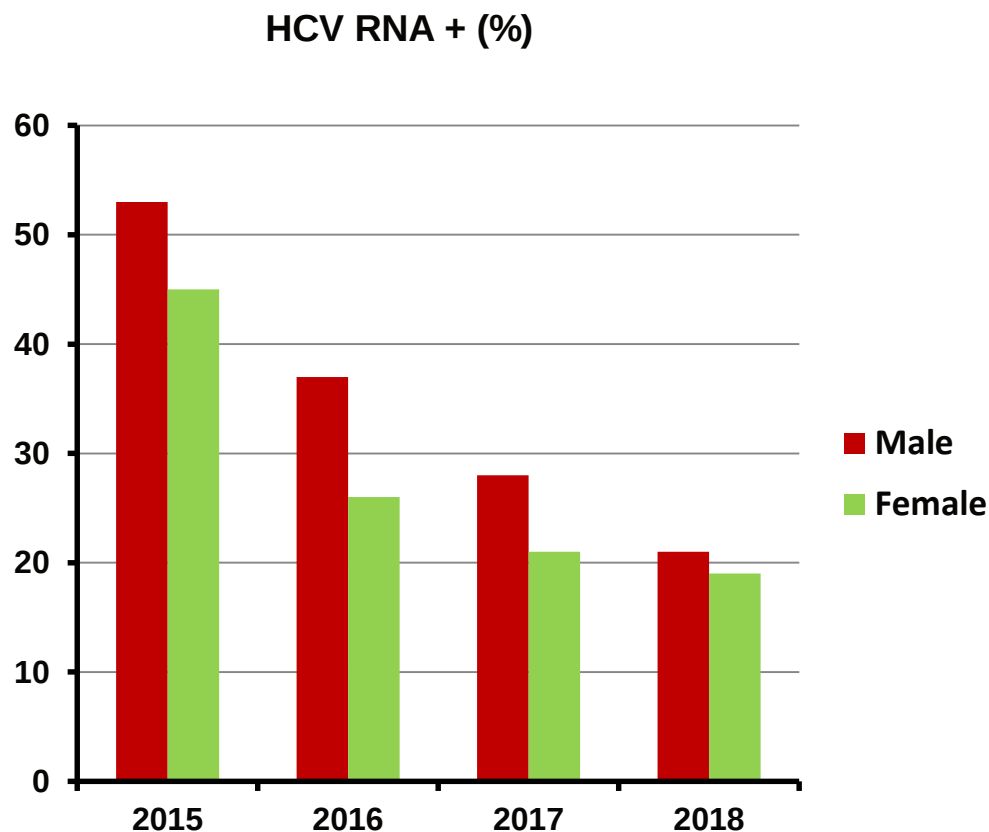


HCV RNA+ (%) = untreated +
treated (VF) +
treated
(reinfection)



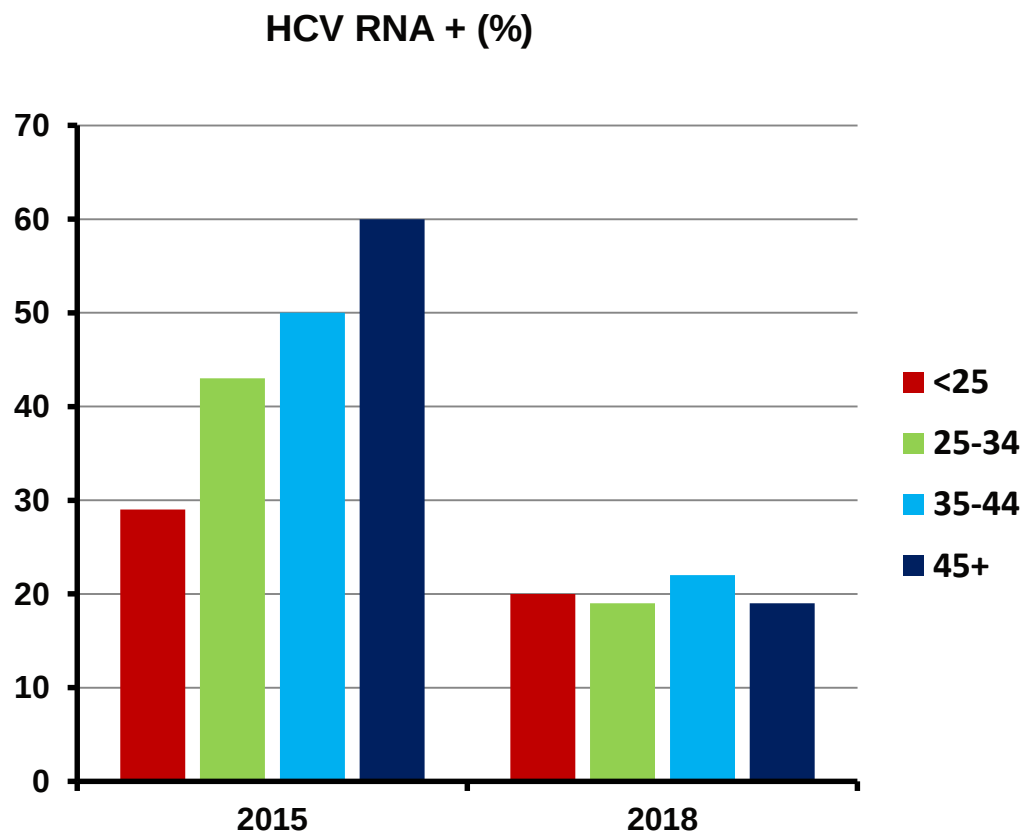
HCV RNA prevalence by gender in PWID

Annual Needle Syringe Program Survey (n = 2,000-2,500)



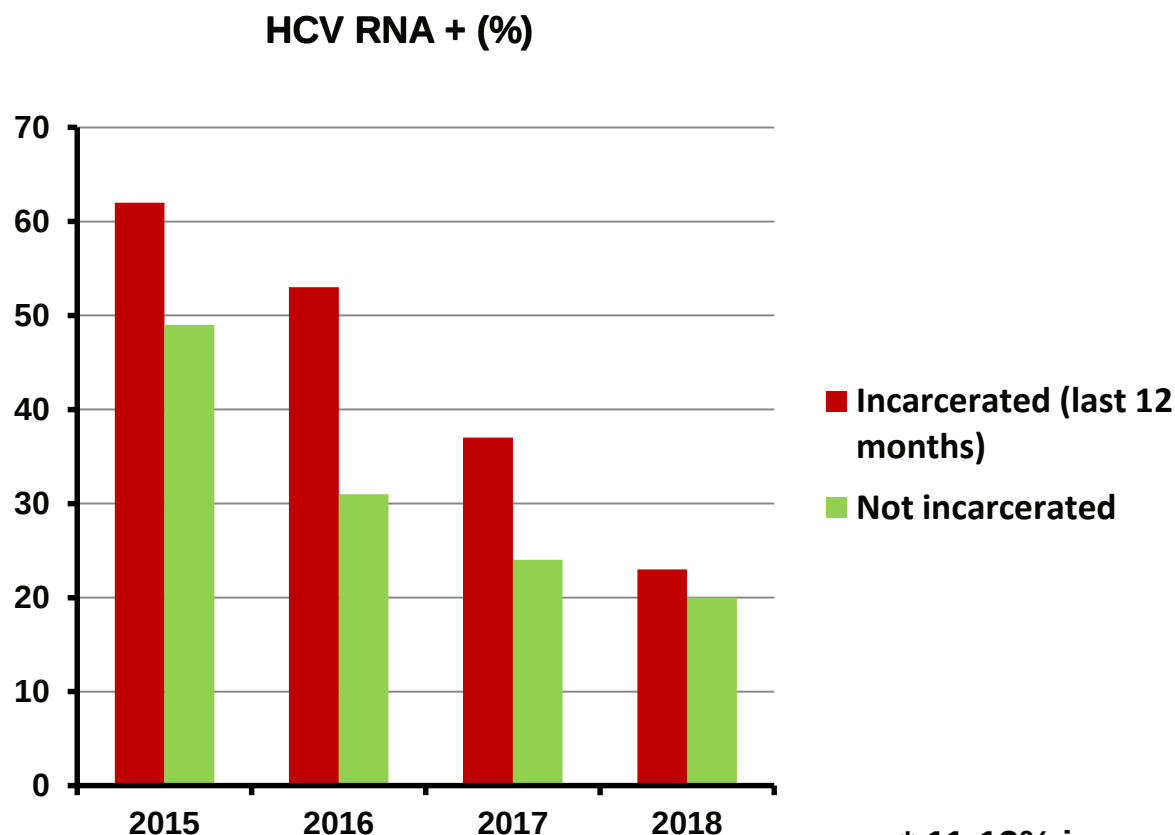
HCV RNA prevalence by age in PWID

Annual Needle Syringe Program Survey (n = 2,000-2,500)



HCV RNA prevalence by incarceration* in PWID

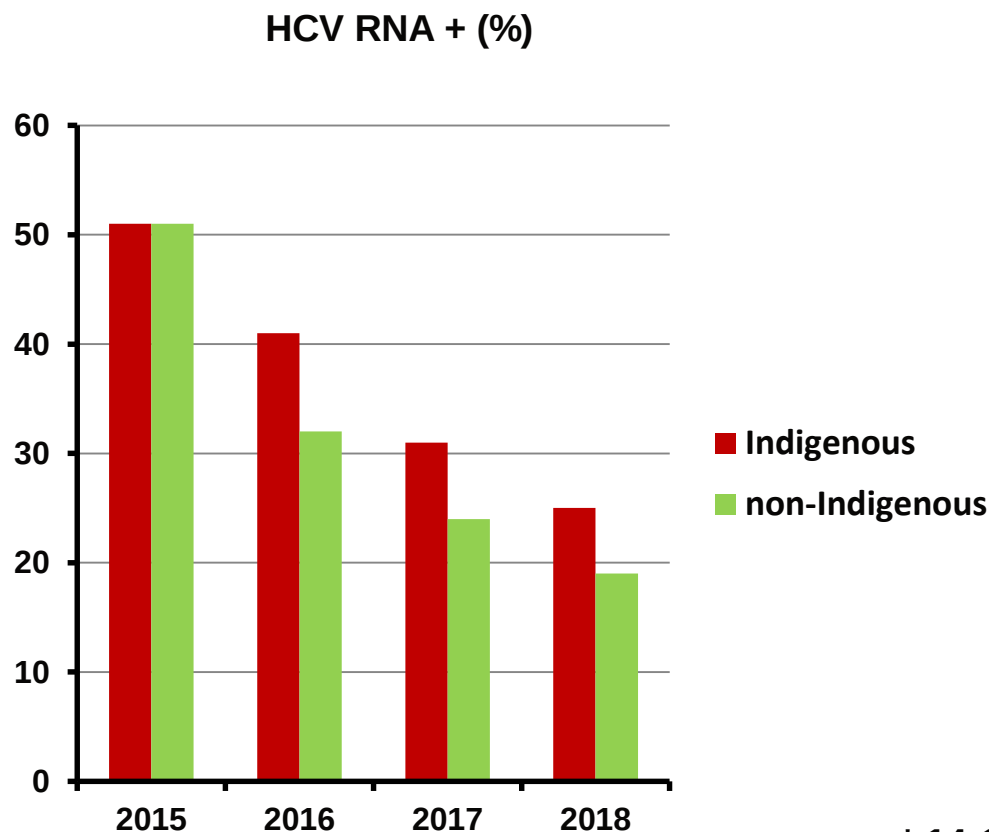
Annual Needle Syringe Program Survey (n = 2,000-2,500)



* 11-13% incarcerated in last 12 months

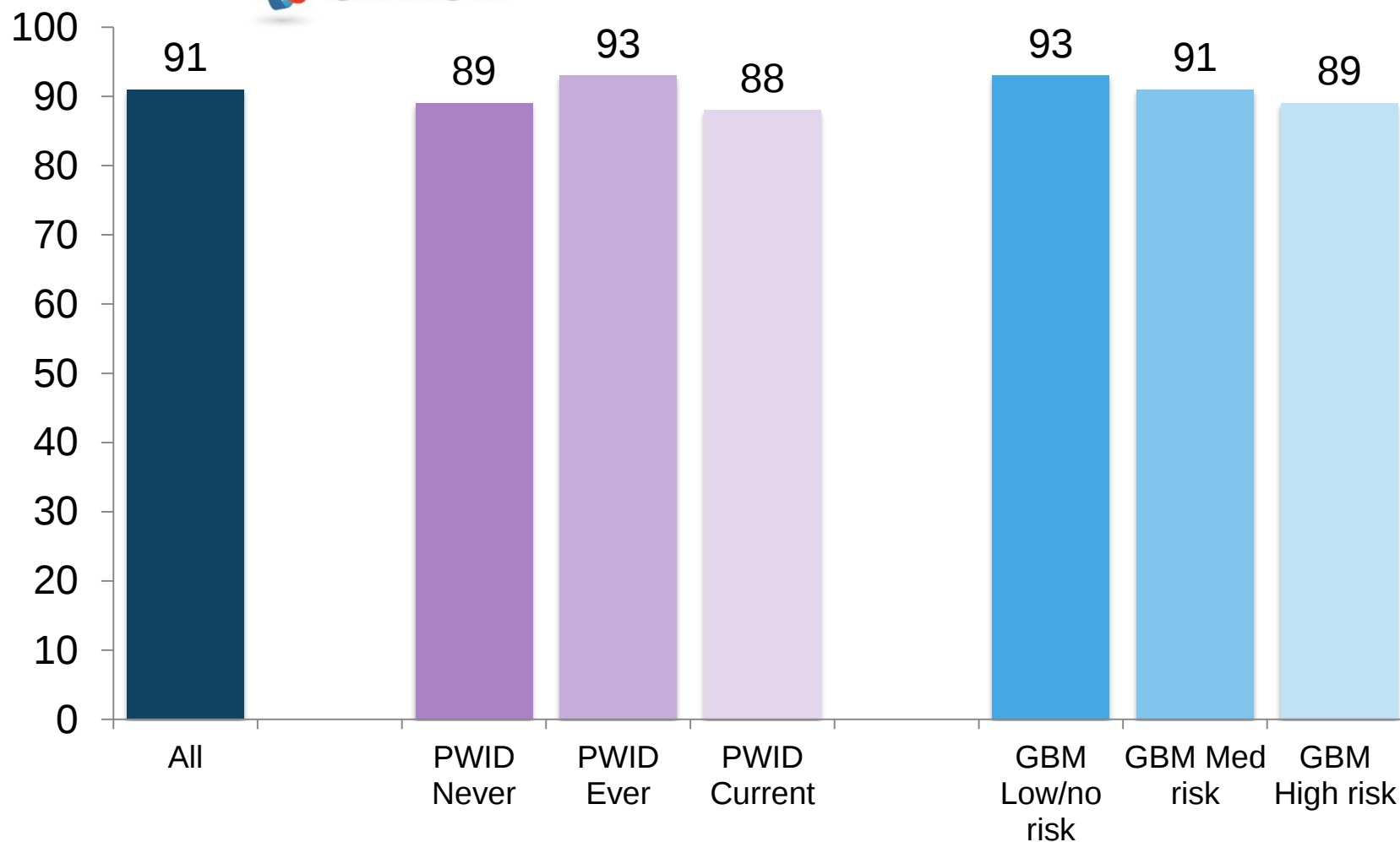
HCV RNA prevalence by Indigenous* in PWID

Annual Needle Syringe Program Survey (n = 2,000-2,500)



* 14-19% report Indigenous status

HIV/HCV: treatment uptake to 2018

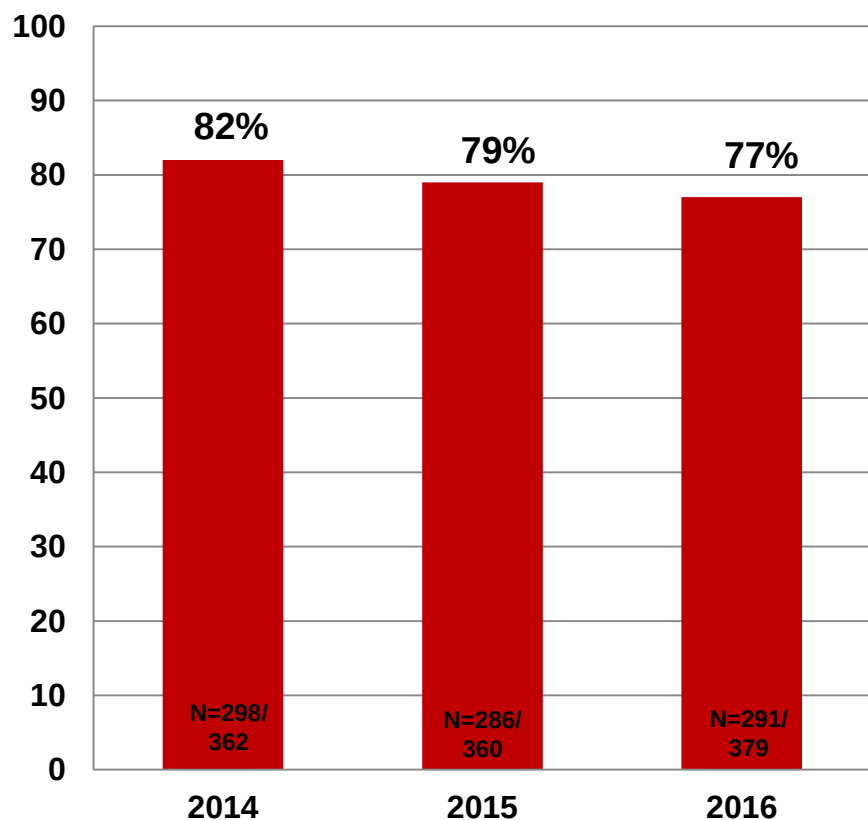


HCV elimination in HIV population



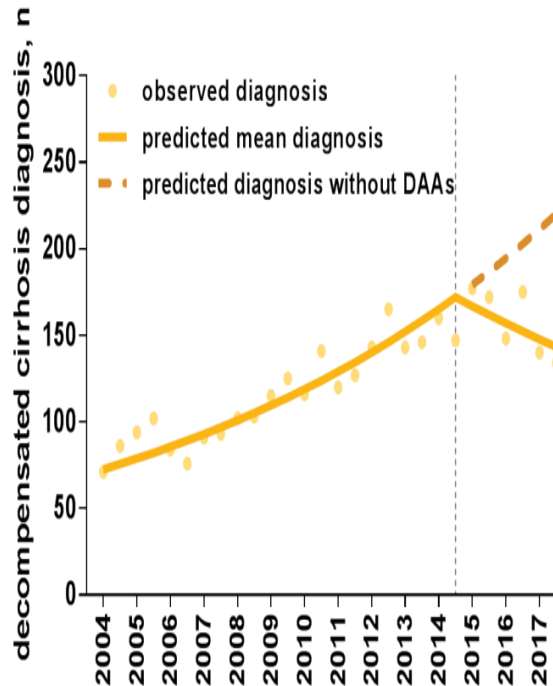
Reinfection incidence 0.81 per 100 py,
5 cases (mostly sexual transmission)

% HCV RNA+

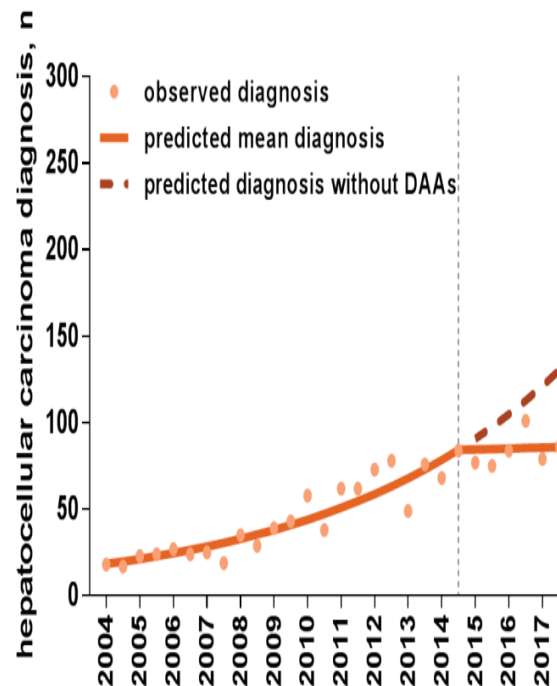


ESLD and liver-related deaths: NSW data linkage

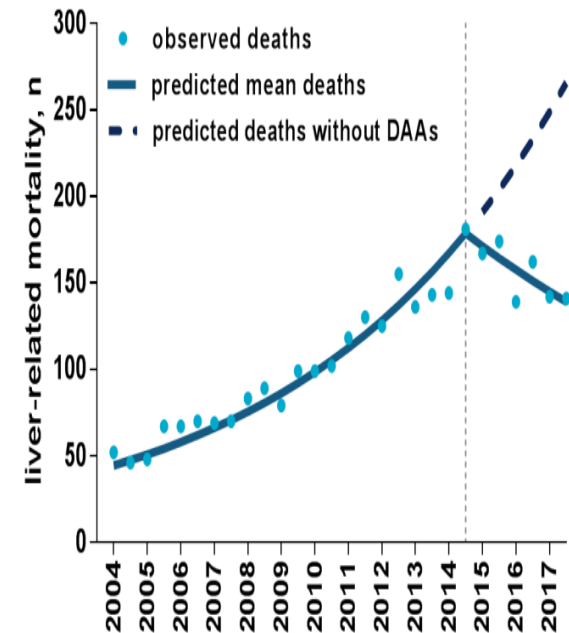
Decompensated cirrhosis



Hepatocellular carcinoma

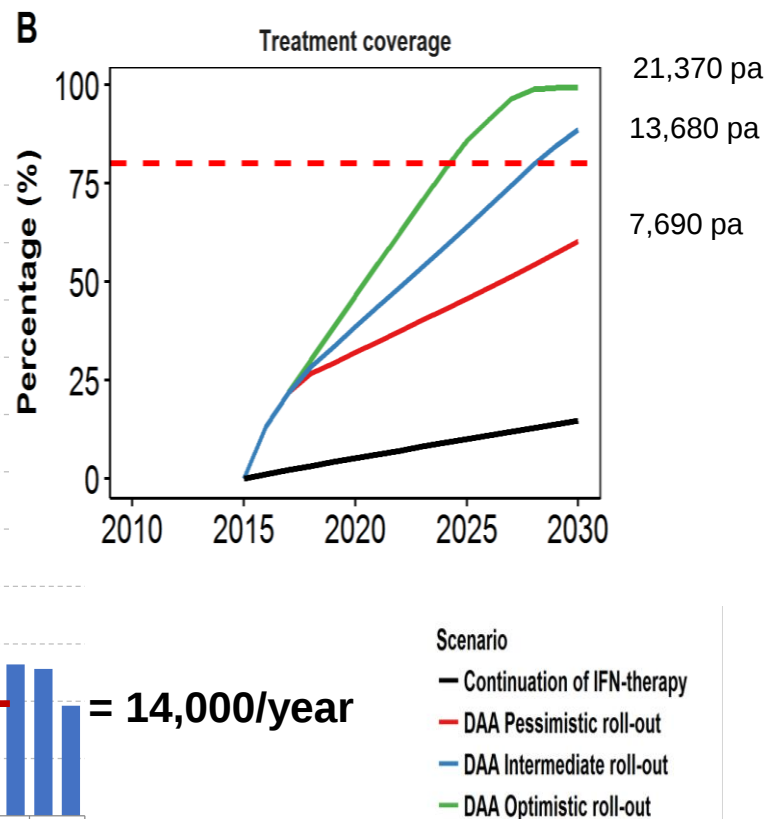
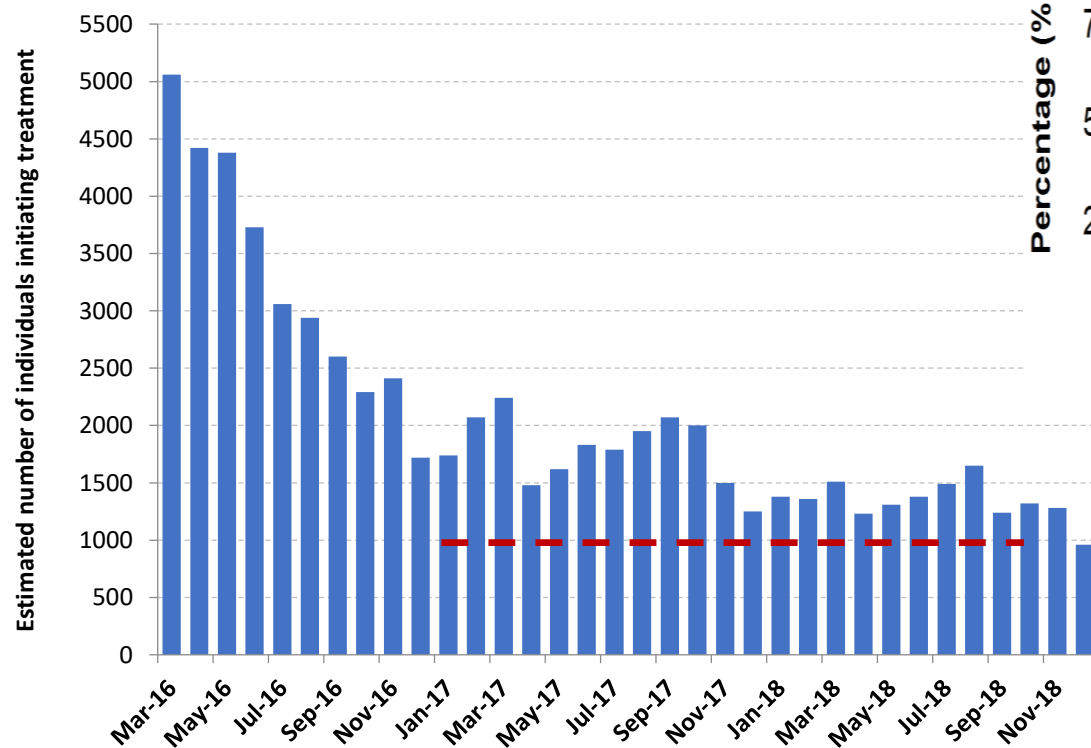


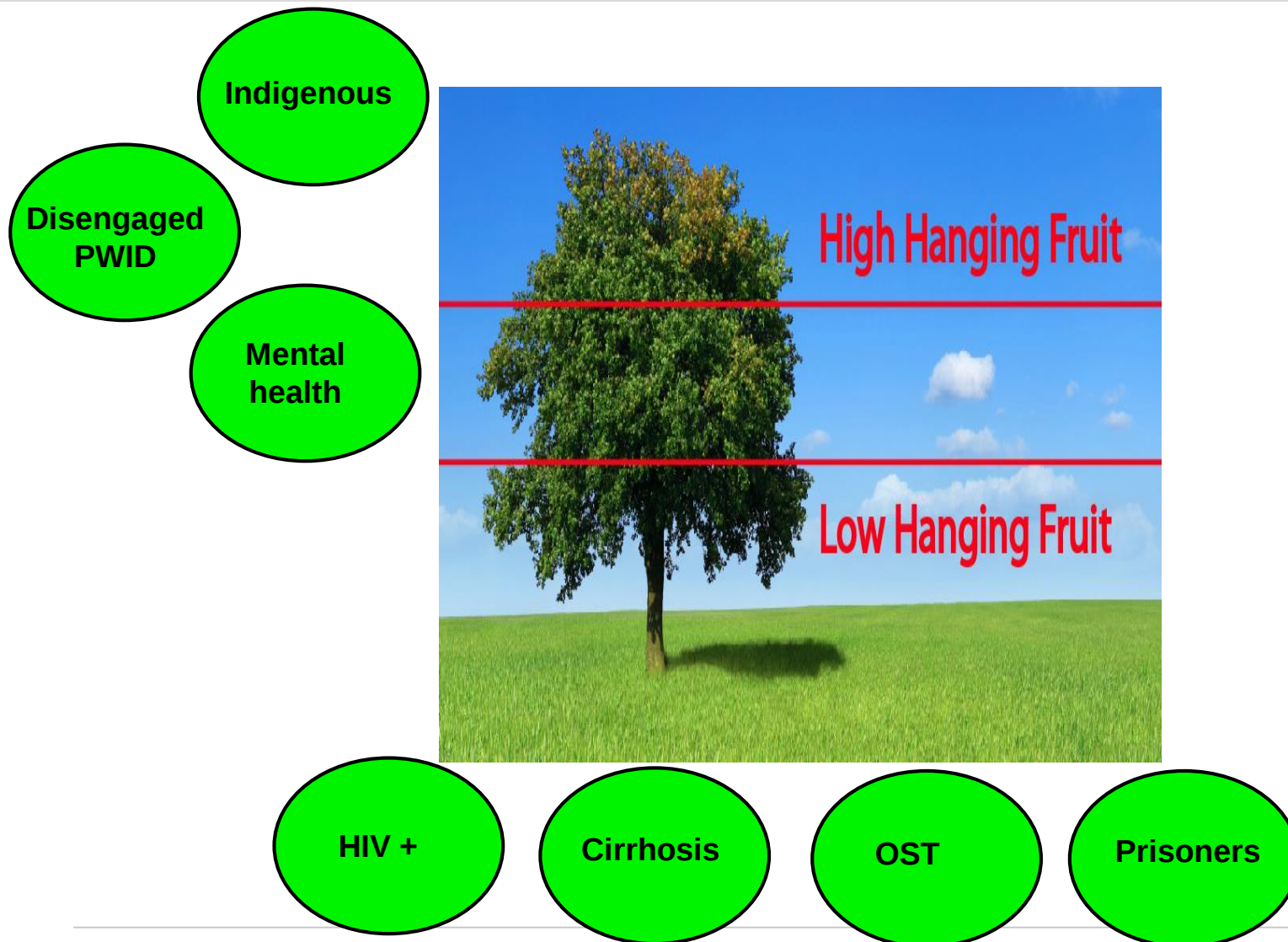
Liver-related deaths



The challenges

DAA initiations/month

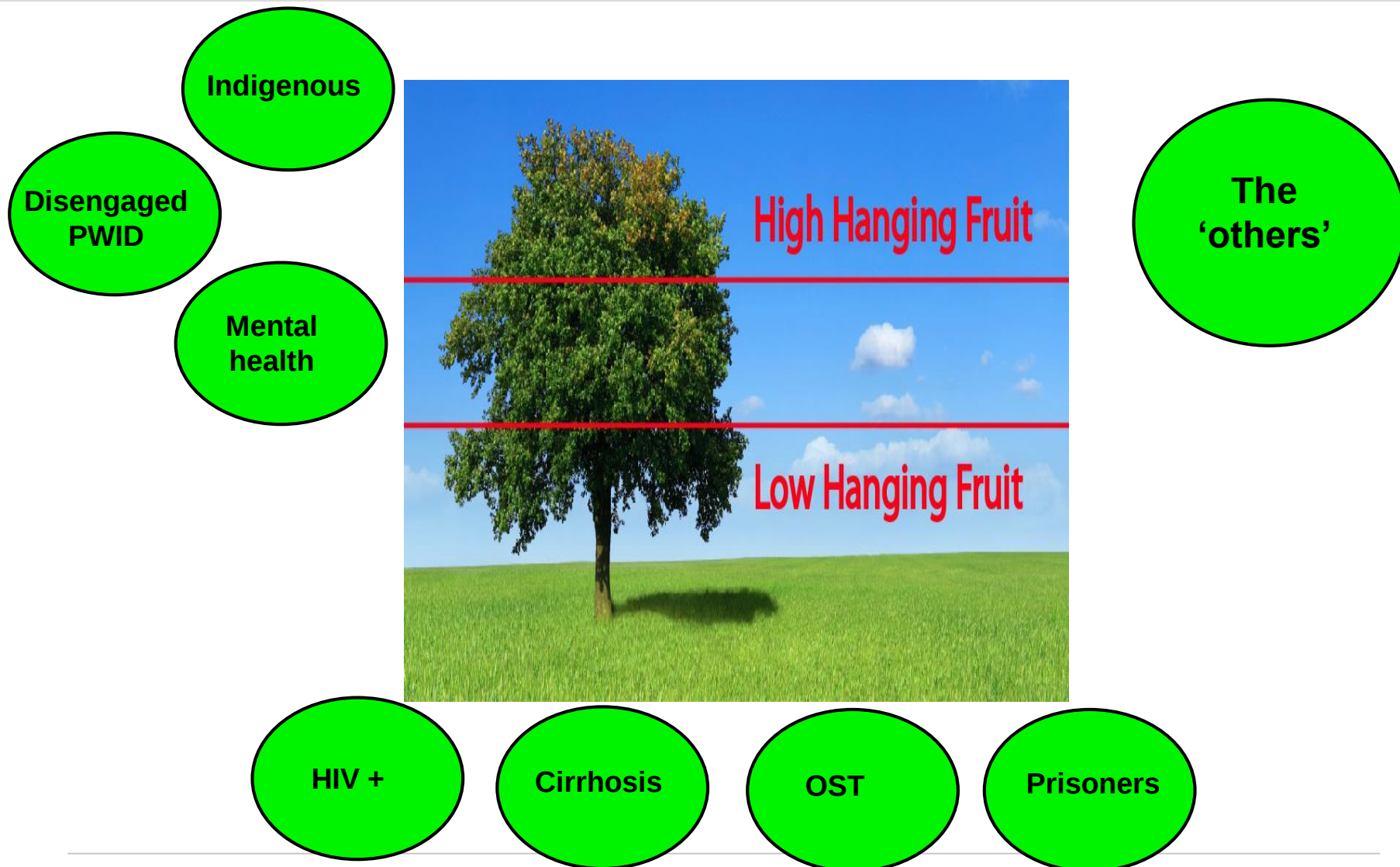




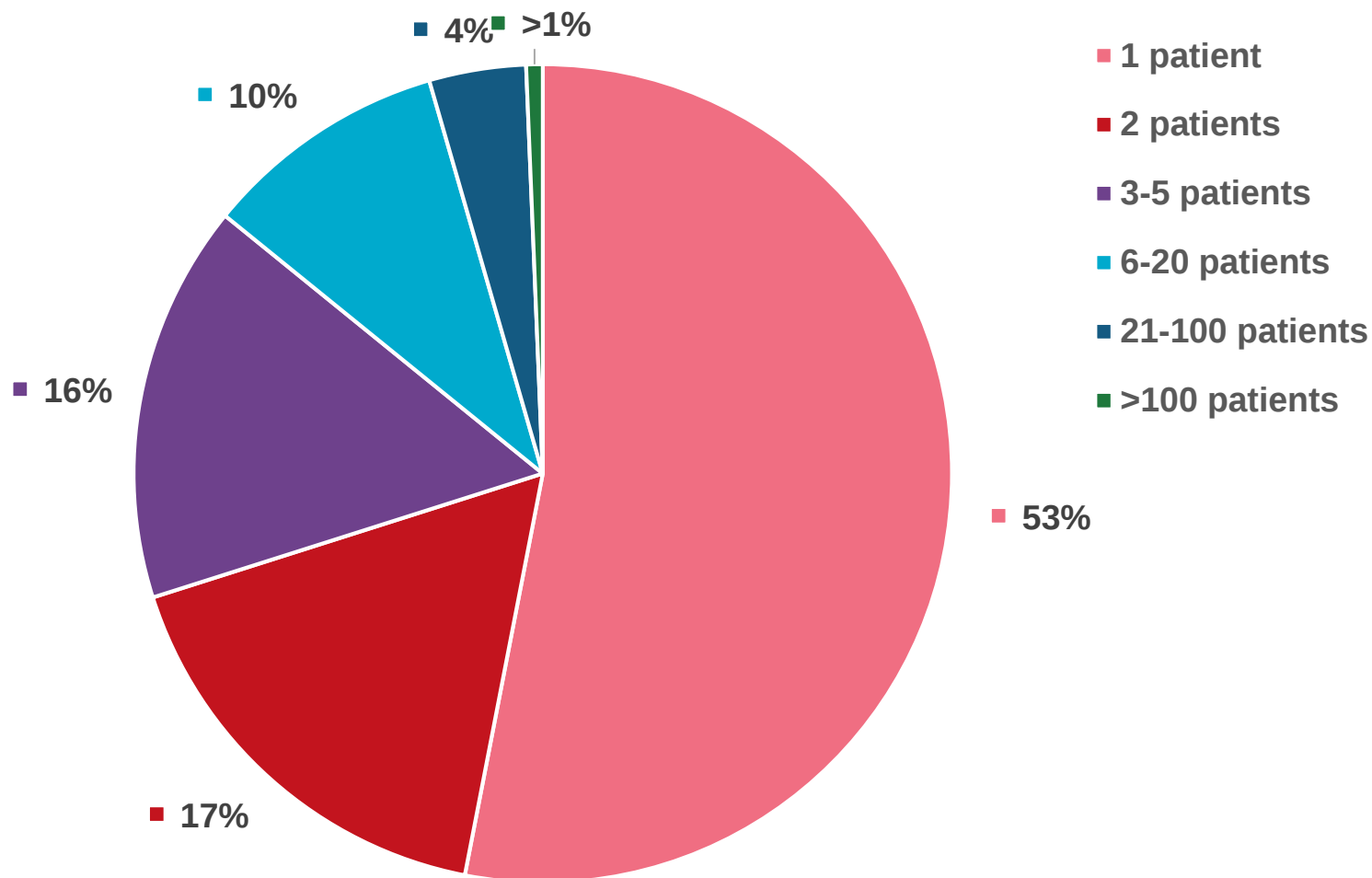
MOC projects underway in Australia



And many other MOC underway.....<http://www.avhec2019.com.au/>



GP DAA prescribing: March 2016 to March 2019



Reaching 'the others'

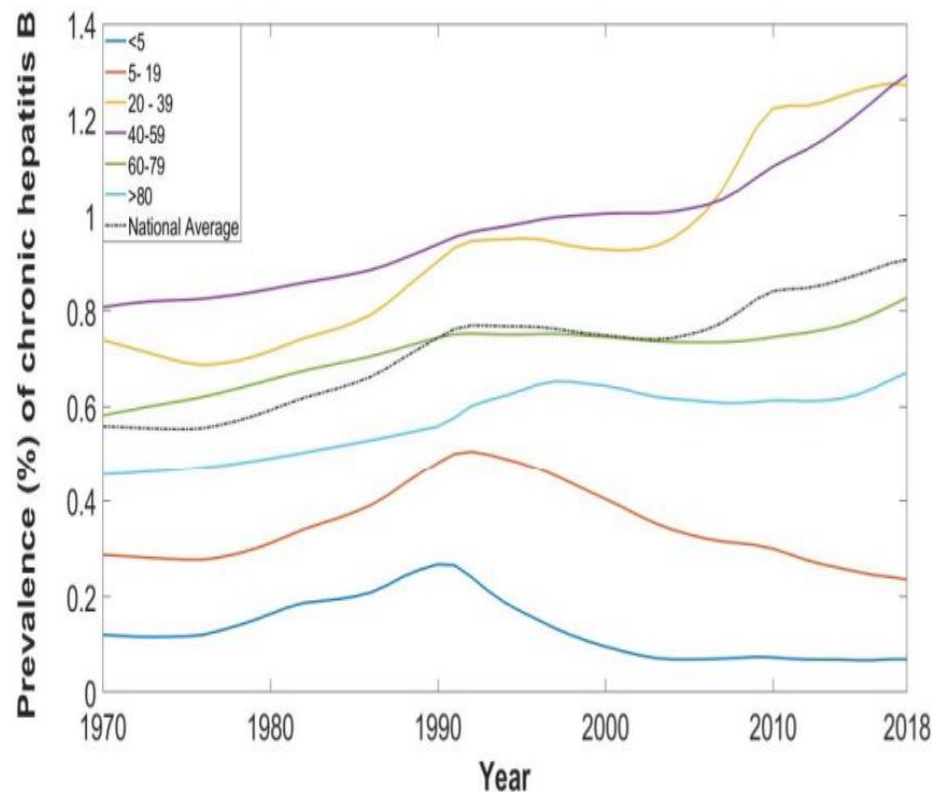
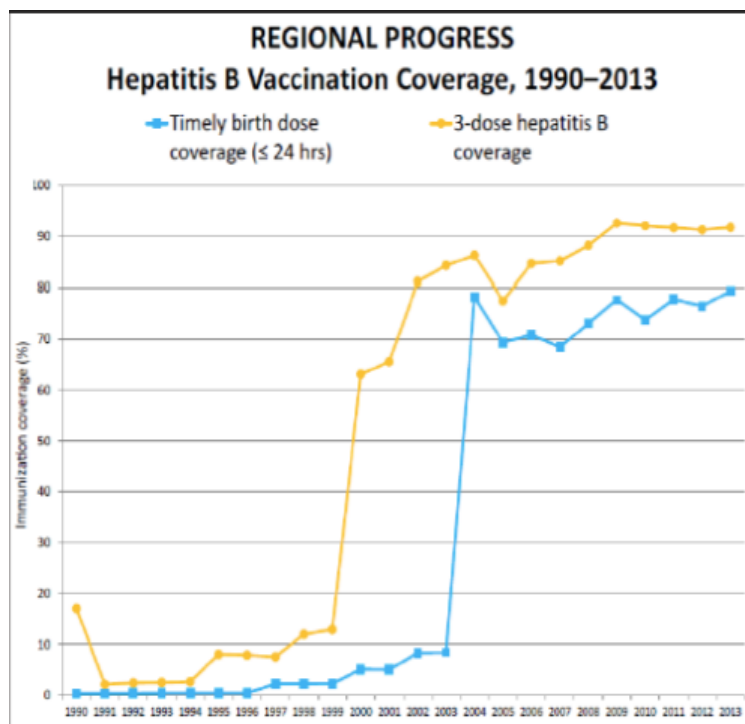
- Universal testing?
- Look back campaigns?
- GP awareness campaigns?
- Community awareness campaigns?



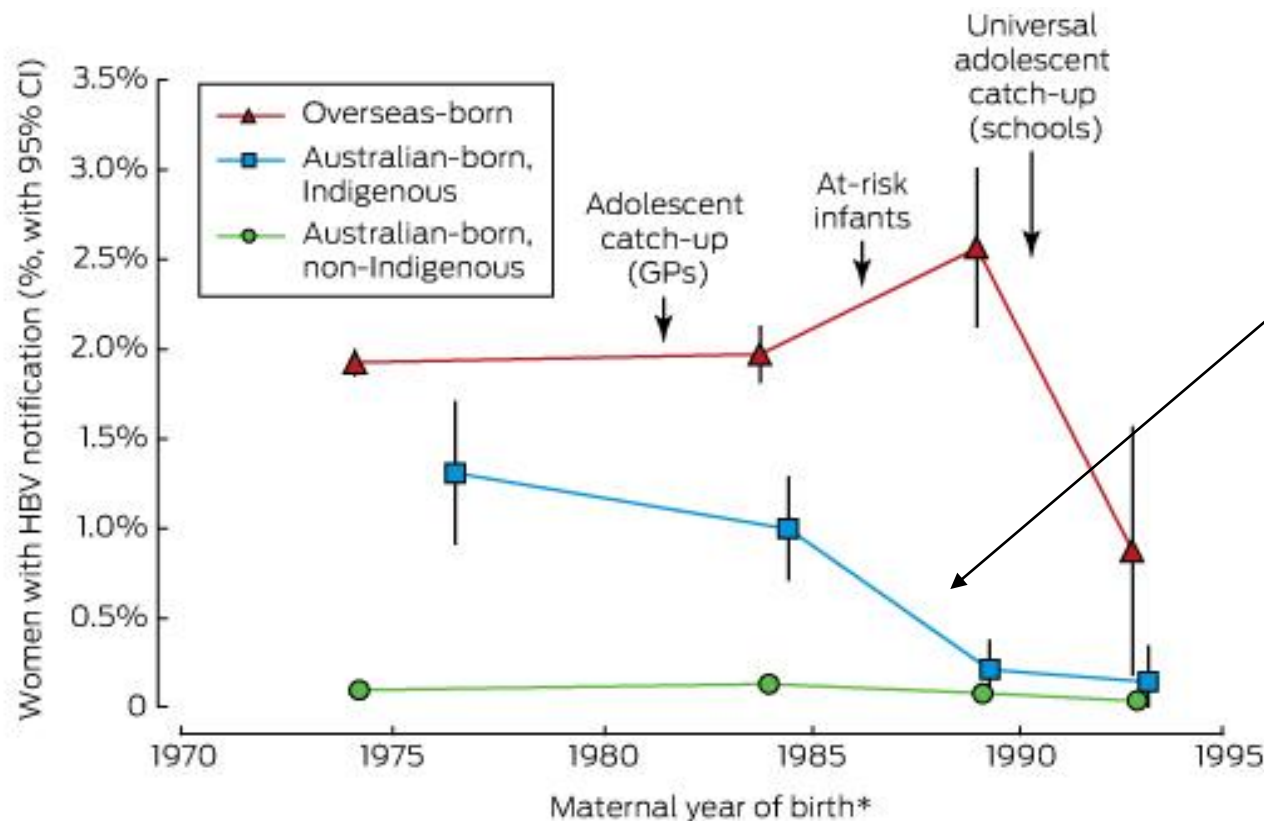
HBV: a different challenge?

Cheap effective prevention exists for HBV

Estimated prevalence of CHB in Australia by age, 1970-2018



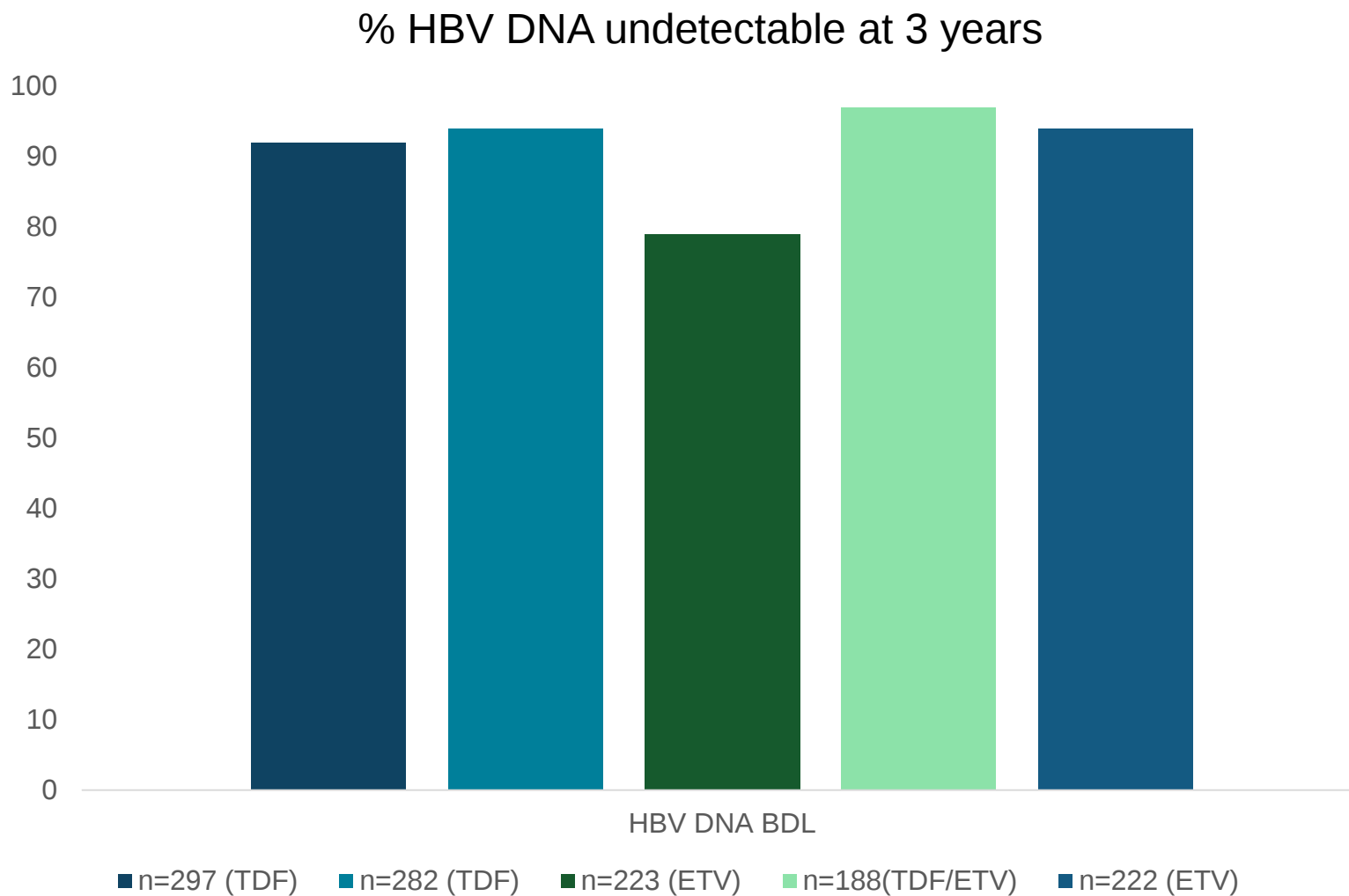
Including from highest prevalence populations



An 80% reduction in HBV notifications in Indigenous women after targeted vaccination

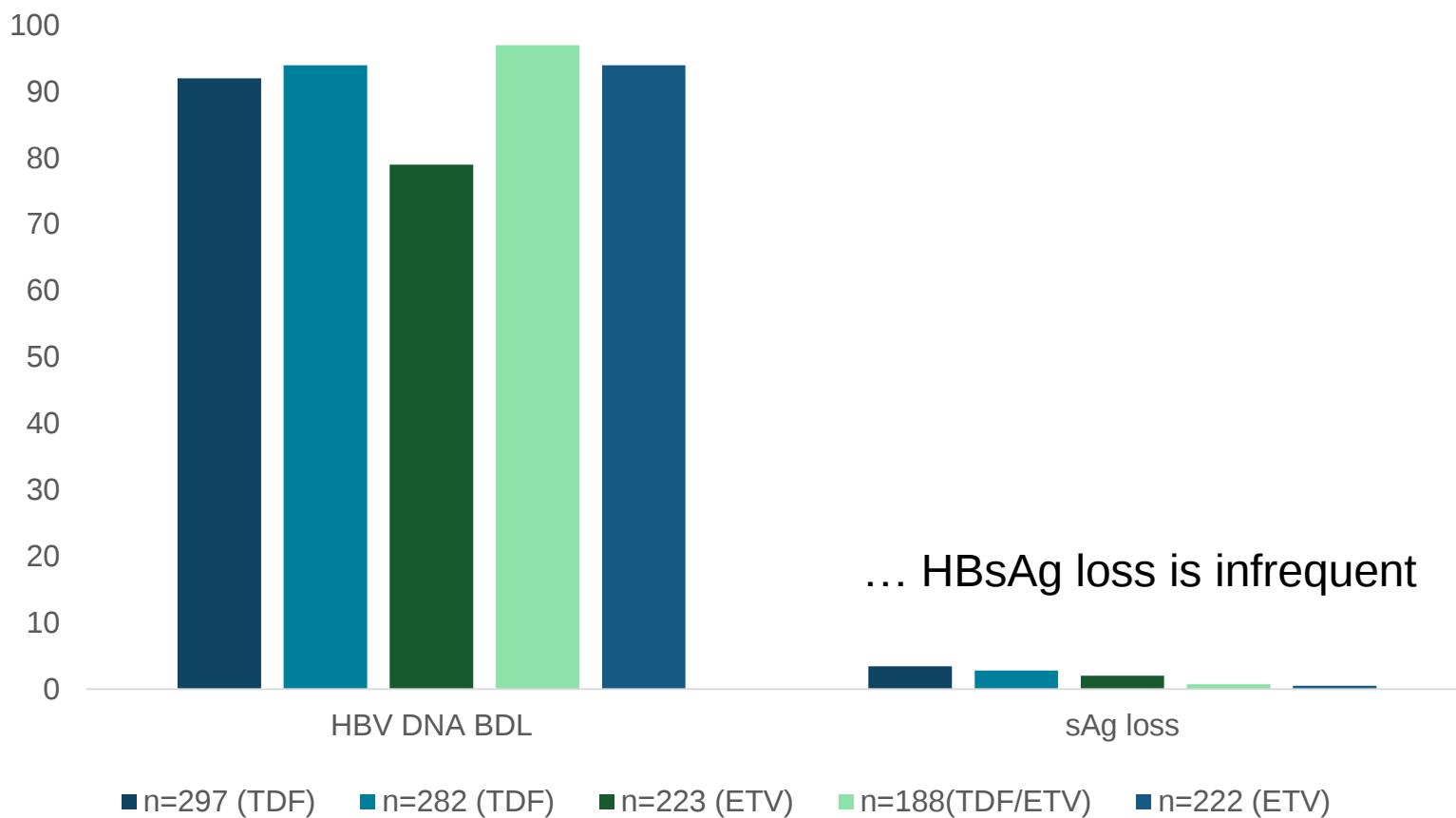
Hepatitis B notifications for primiparous women giving birth, by maternal birth year, New South Wales, 2000–2012

Cheap effective therapy for HBV also exists

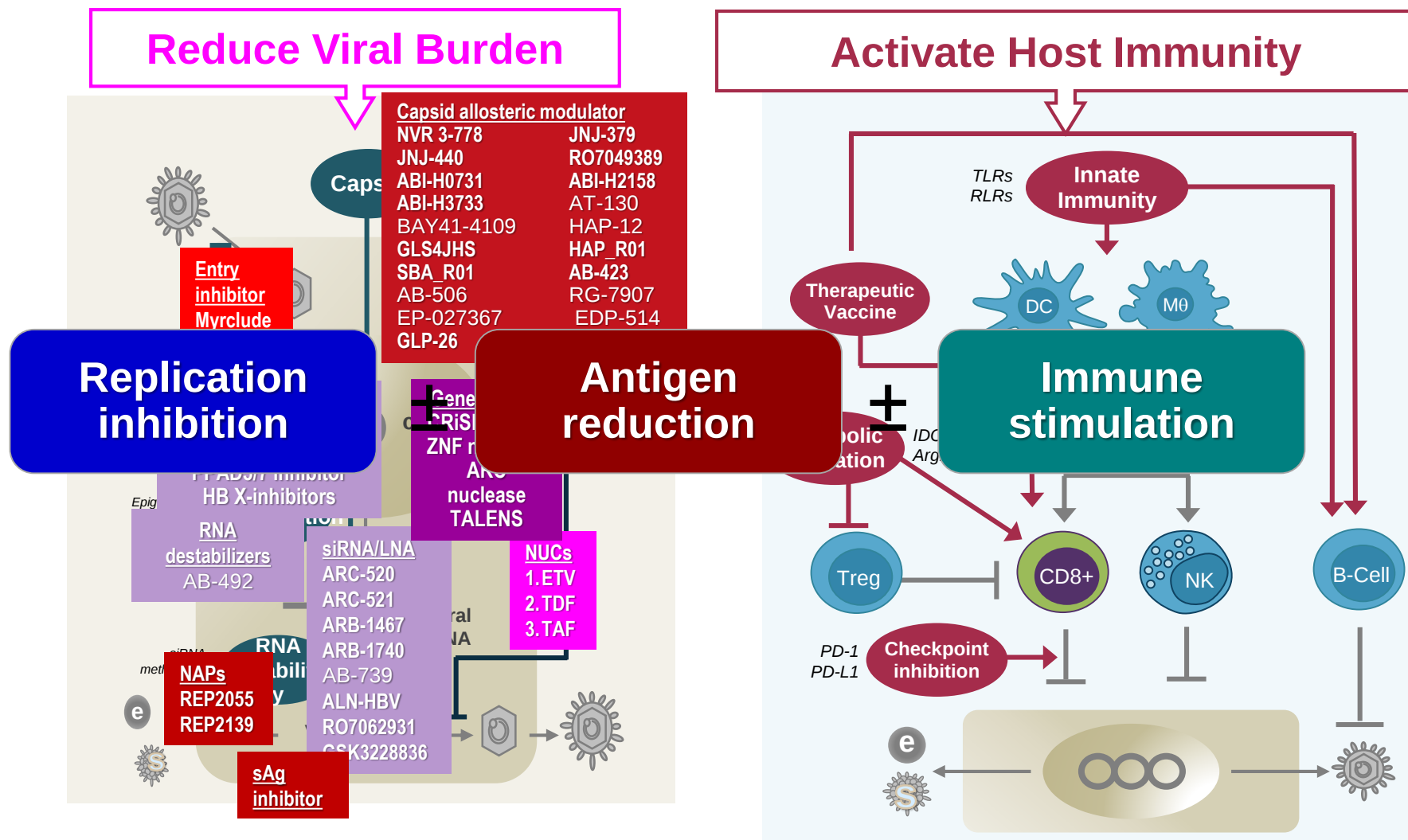


Current therapies may not be optimal

% HBV DNA undetectable at 3 years



New therapeutic options are coming: HBV cure



And new ways of measuring 'cure'

Current

HBV DNA suppression
ALT normalisation
HBeAg seroconversion

Future?

HBV RNA suppression
HBcrAg levels
quantitative HBsAg decline
cccDNA measures

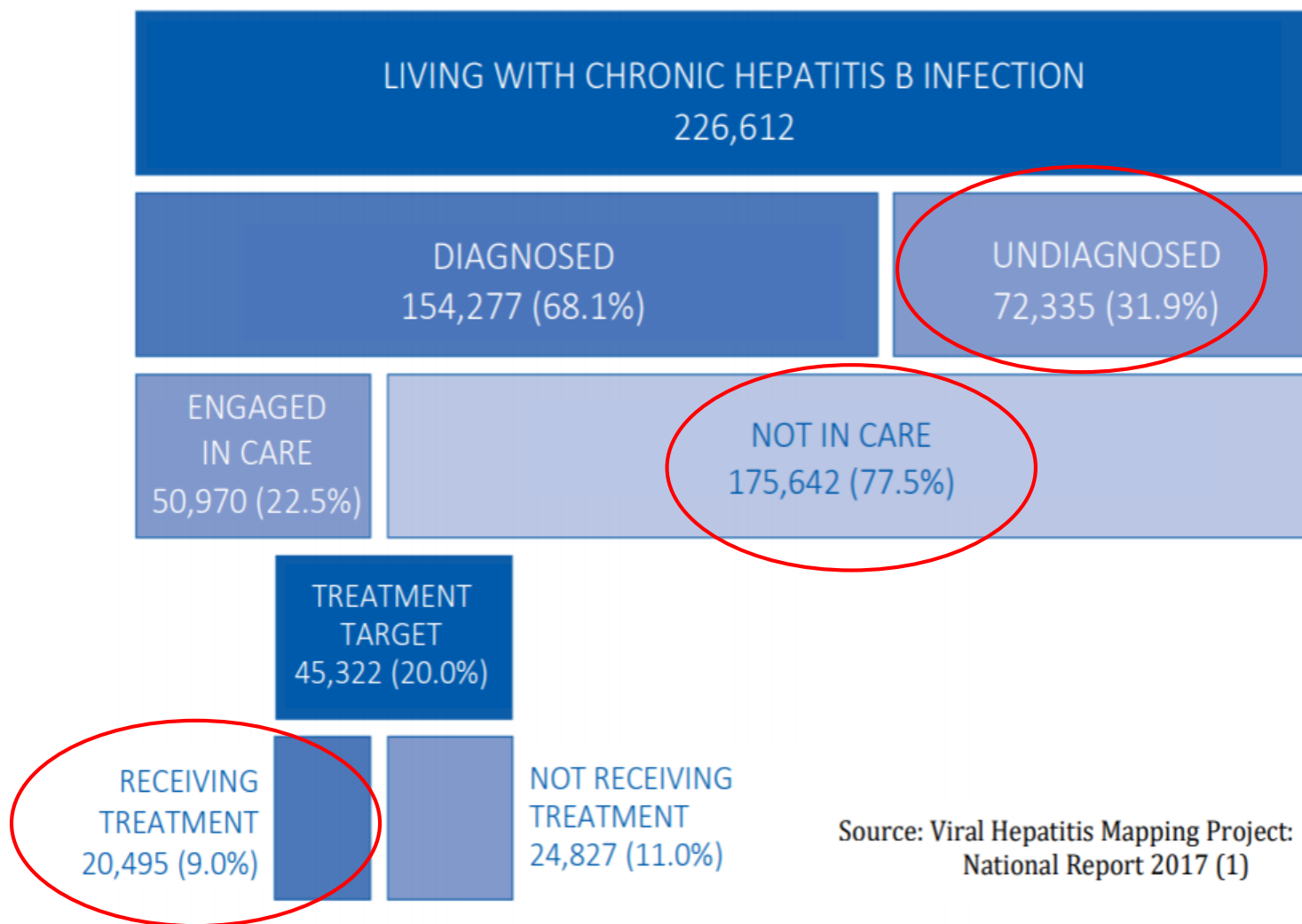
Loss of HBsAg = functional cure

Loss of cccDNA = absolute cure

Loss of integrated HBV DNA = sterilising cure

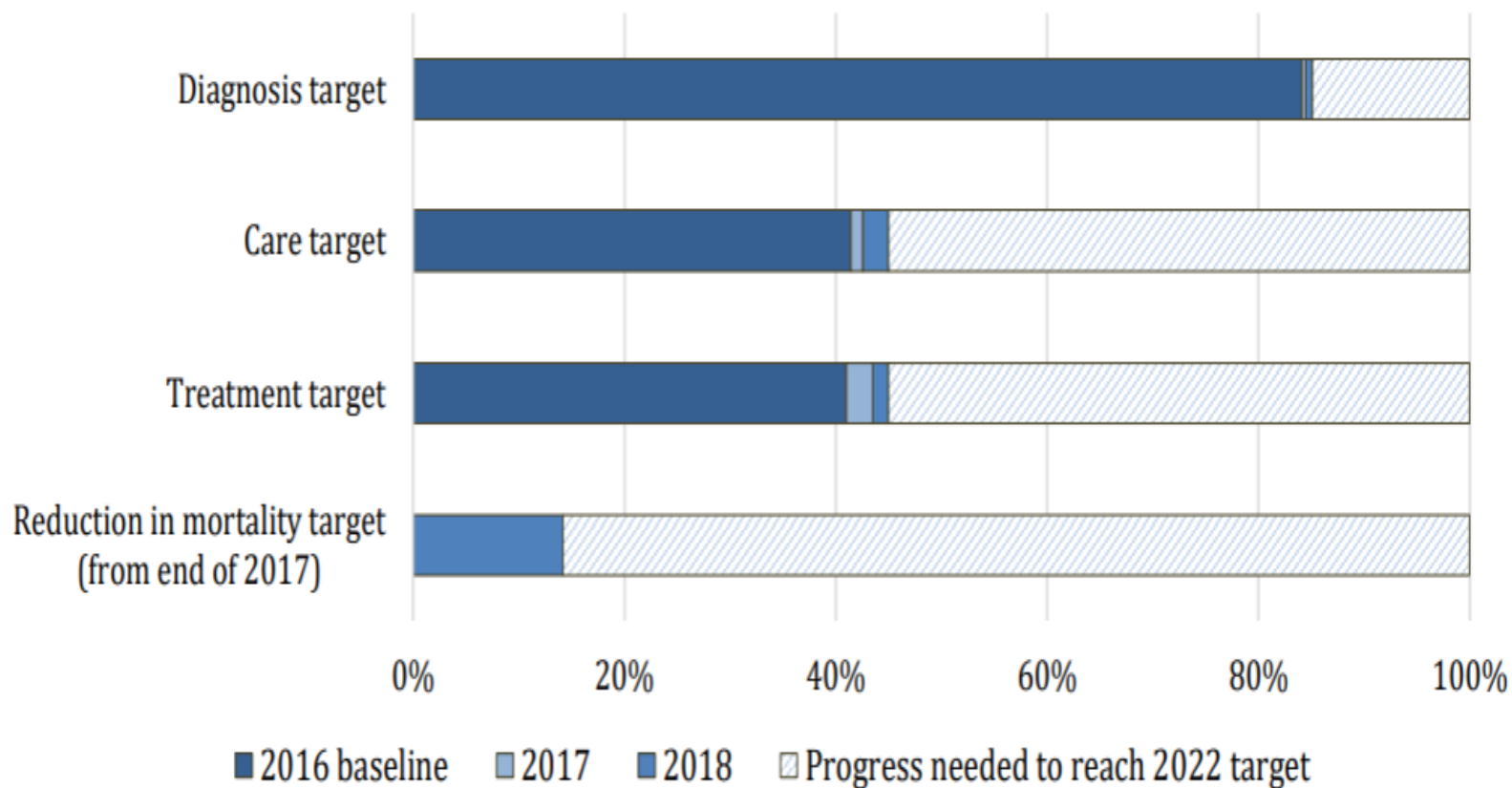
What do patients want?

HBV care cascade in Australia :2016



Source: Viral Hepatitis Mapping Project:
National Report 2017 (1)

Progress towards goals: 2022 target

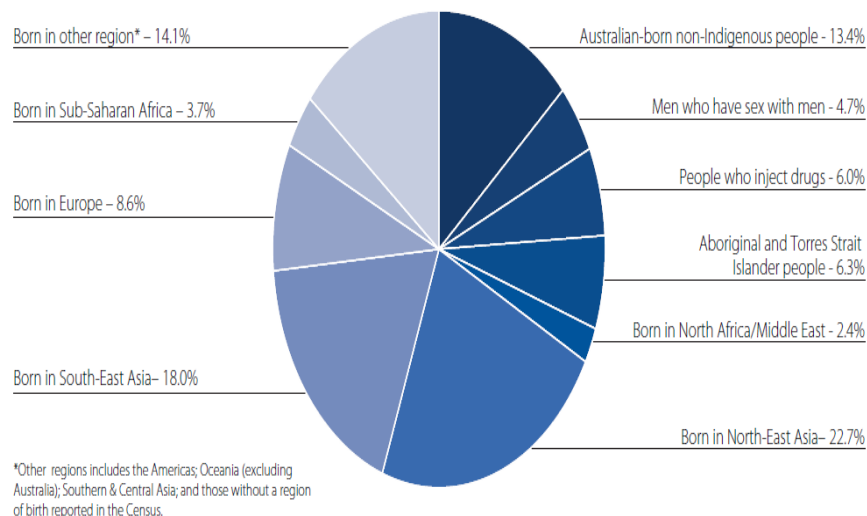


Inequities in access to care

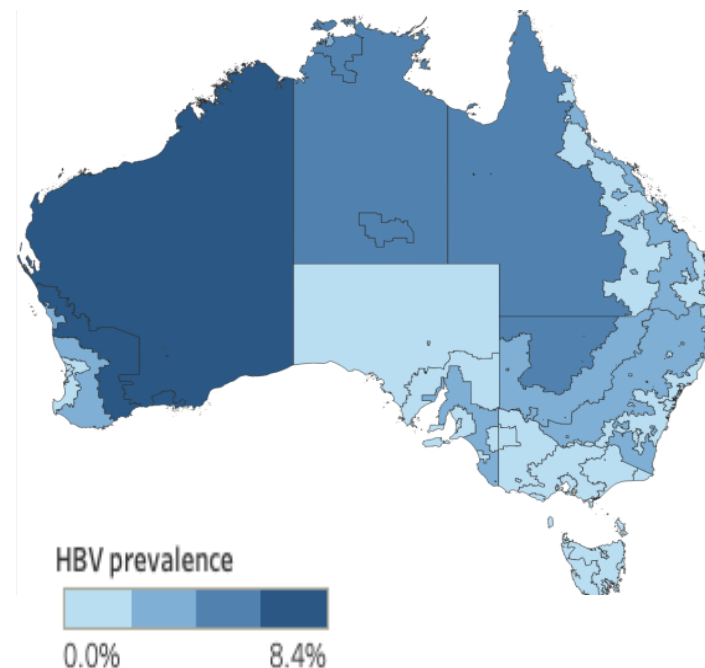
	PREVALENCE	CARE	TREATMENT
	Proportion of the population living with CHB	Proportion of people with CHB who received treatment or monitoring	Proportion of people with CHB who received treatment
Primary Health Network			
NATIONAL AVERAGE	0.95%	20.2%	8.3%
Northern Territory	1.00%	20.5%	5.2%
Central and Eastern Sydney	1.45%	24.2%	11.5%
South Western Sydney	1.42%	36.6%	17.0%
Western Sydney	1.32%	33.8%	14.0%
North Western Melbourne	1.28%	26.4%	9.9%
Northern Sydney	1.22%	28.0%	11.6%
Eastern Melbourne	1.17%	25.8%	9.6%
Brisbane South	1.10%	23.1%	8.9%
Western Queensland	1.09%	2.9%	1.4%
Country WA	1.07%	4.1%	1.7%
South Eastern Melbourne	0.98%	24.0%	9.4%
Australian Capital Territory	0.95%	16.7%	7.5%
Perth South	0.94%	10.2%	5.3%
Perth North	0.94%	11.6%	6.6%
Adelaide	0.93%	17.9%	6.4%
Northern Queensland	0.87%	10.8%	2.8%
Gold Coast (QLD)	0.77%	9.0%	4.4%
Brisbane North	0.75%	9.7%	4.3%
Western NSW	0.69%	8.1%	2.4%
Darling Downs and West Moreton (QLD)	0.64%	11.1%	4.2%
Nepean Blue Mountains (NSW)	0.62%	13.4%	5.4%
Murrumbidgee (NSW)	0.60%	6.2%	2.6%
South Eastern NSW	0.60%	9.2%	4.1%
Hunter New England and Central Coast (NSW)	0.55%	9.2%	3.9%
North Coast (NSW)	0.54%	9.5%	3.9%
Central Queensland, Wide Bay, Sunshine Coast	0.54%	6.2%	3.0%
Tasmania	0.53%	9.1%	3.1%
Murray (VIC)	0.52%	11.8%	4.5%
Country SA	0.52%	7.6%	2.4%
Western Victoria	0.51%	9.0%	3.0%
Gippsland (VIC)	0.49%	9.1%	3.3%

<https://ashm.org.au/products/product/Viral-Hepatitis-Mapping-Project-2017>

Different barriers exist for people living with HBV



People living with CHB in Australia, by priority population, 2017



Diversity in estimated CHB prevalence in Aboriginal and Torres Strait Islander people

Many questions remain unanswered

- Should we be treating ALL patients with HBV?
- If so when should treatment be started?
- How long will treatment duration need to be?
- How will we measure cure?
- What is the effect on HCC reduction?
- What is the 'cost effectiveness' of cure?

These are both challenges and opportunities

Opportunities and challenges

Therapeutics
Point of care tests
Innovative
biomarkers
Models of care



HCV: Reaching the
'missing millions'

HBV: Understanding cure

.....and then delivering it

Acknowledgements

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