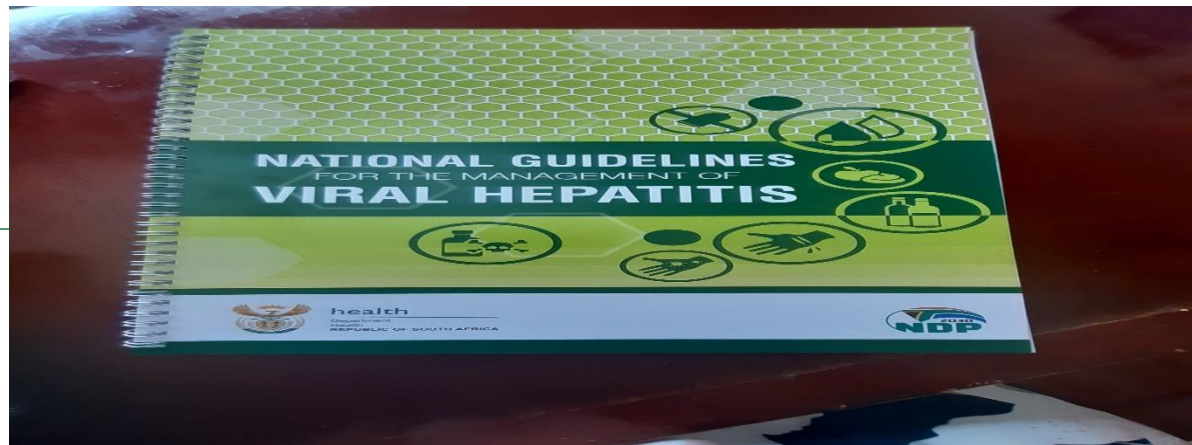


SA NATIONAL MANAGEMENT GUIDELINES & ACTION PLAN FOR VIRAL HEPATITIS

INHSU CONFERENCE AFRICA 2020



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National Department of Health
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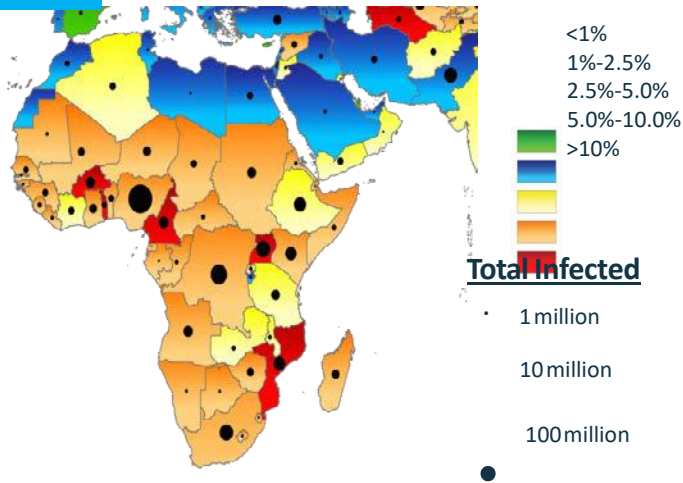
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Viral hepatitis in South Africa is a significant problem



HBV

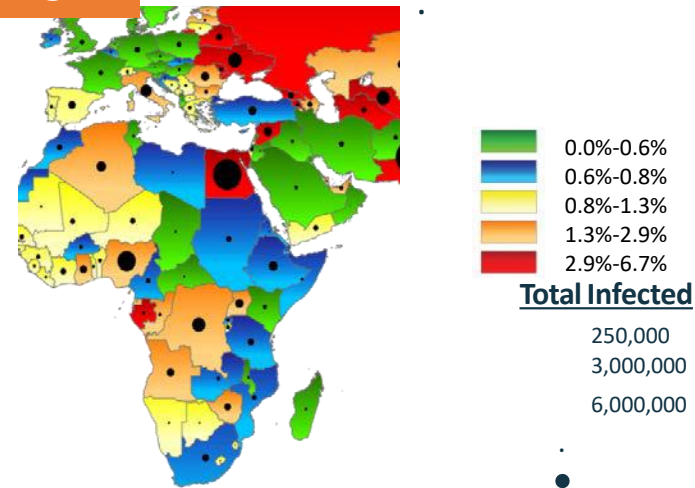


South Africa has one of the highest HBV prevalence globally¹

- At 6.7% HBsAg seroprevalence³
- An estimated 3.4 million persons affected³
- HBsAg prevalence 4% among sex workers, 3% among men who have sex with men and 5% among PWID⁴
- Up to 60% HBV-HIV co-infection in public HIV clinics⁴

v

HCV



South Africa has a moderate HCV burden²

- Seroprevalence estimates range from 2.4% to 3.8% among sub-populations²
- At least 400,000 persons affected²
- Concentrated HCV epidemics among PWID in major metropolitan areas, with HCV viraemic prevalence ranging from 28% in Durban to 93% in Pretoria⁵
- 1/3rd of PWID were HCV-HIV co-infected in Pretoria⁴

The National Clinical guidelines and Hepatitis Action Plan



- The clinical guidelines for the management of viral hepatitis were updated by a technical working group
- WHO guidelines were used to update the existing guidelines to the latest international norms and evidence
- The guidelines include the introduction of new direct acting antivirals for HCV
- The guidelines recommend that the country adopts hepatitis B birth dose (HBV-BD) for newborns
- Guidelines were used to extract a set of activities required to implement guidelines in practice(developed an Action Plan to make the guidelines practical)
- The National Guidelines for the Prevention and Control of Viral Hepatitis, and the Action Plan for Viral Hepatitis were approved by the National Health Council on the 21st of September 2018



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South Africa's National Strategic Plan for HIV, TB and STIs 2017-2022



A comprehensive package for the prevention, treatment and care of HIV among PWID includes the following **nine interventions**:

- 1. Needle and syringe programmes (NSPs)**
- 2. Opioid substitution therapy (OST) and other drug dependence treatment(OST guidelines and implementation plan currently under development)**
3. HIV testing and counselling (T&C)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for PWID and their sexual partners
7. Targeted information, education and communication (IEC) for PWID and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis (TB).

WHO, UNODC, UNAIDS, Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users(2009)



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Laboratory Based Surveillance NICD-(2018)

Over 36,000 cases of HBV cases identified including 167 cases in children 0-5 years



Of 553,825 samples, 6.6% HBsAg positive

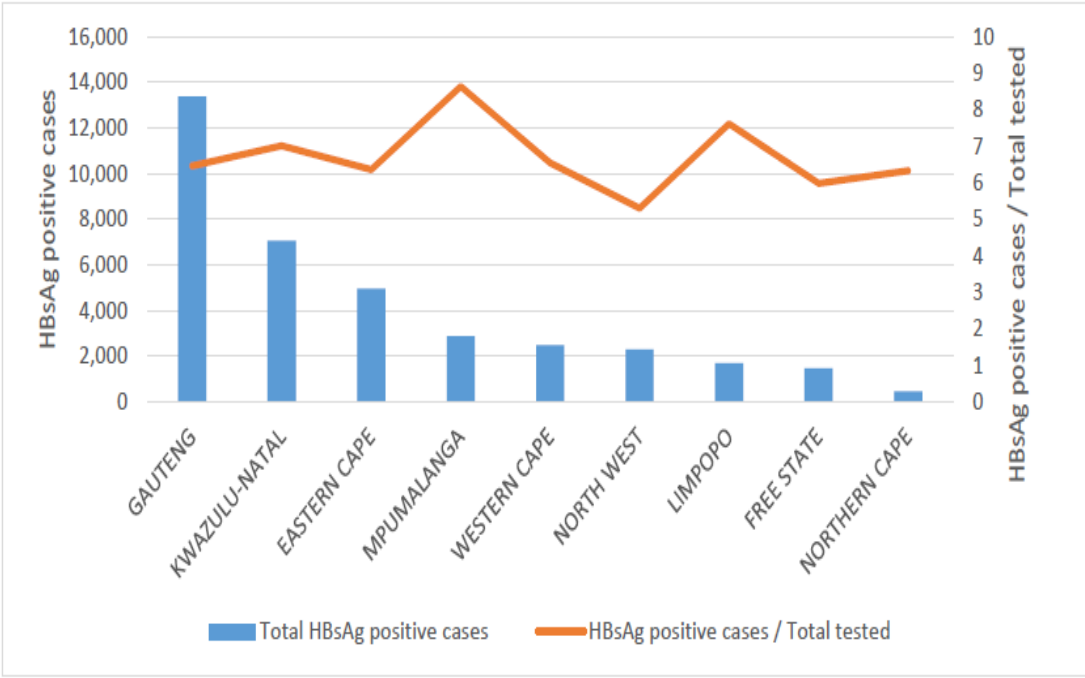
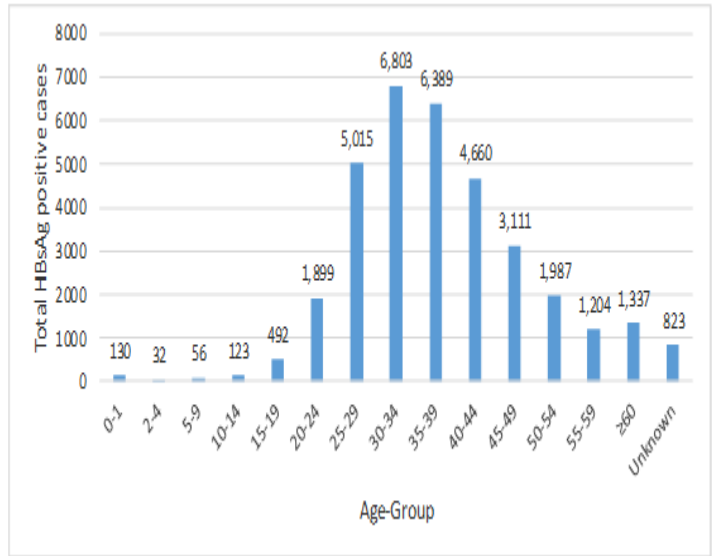


Figure 1. Detection rate of hepatitis B surface antigen (HBsAg) by total cases tested by province, South Africa, 2018.

1,076 acute HBV infections

167 HBsAg+ cases among children aged 0 to 1, showing that infants are still at risk of infection



Laboratory Based Surveillance-NICD (2018)

Over 3000 anti-HCV identified positive



Of 10,401 samples, 28.7% were anti-HCV positive, and 53% viraemic rates

Province	Hepatitis C Antibody	
	HCV antibody positive (Number)	HCV antibody positive (Percentage)
Eastern Cape	265	9
Free State	80	3
Gauteng	1497	51
KwaZulu-Natal	346	12
Limpopo	232	8
Mpumalanga	149	5
North West	125	4
Northern Cape	34	1
Western Cape	189	6
Total	2 917	100



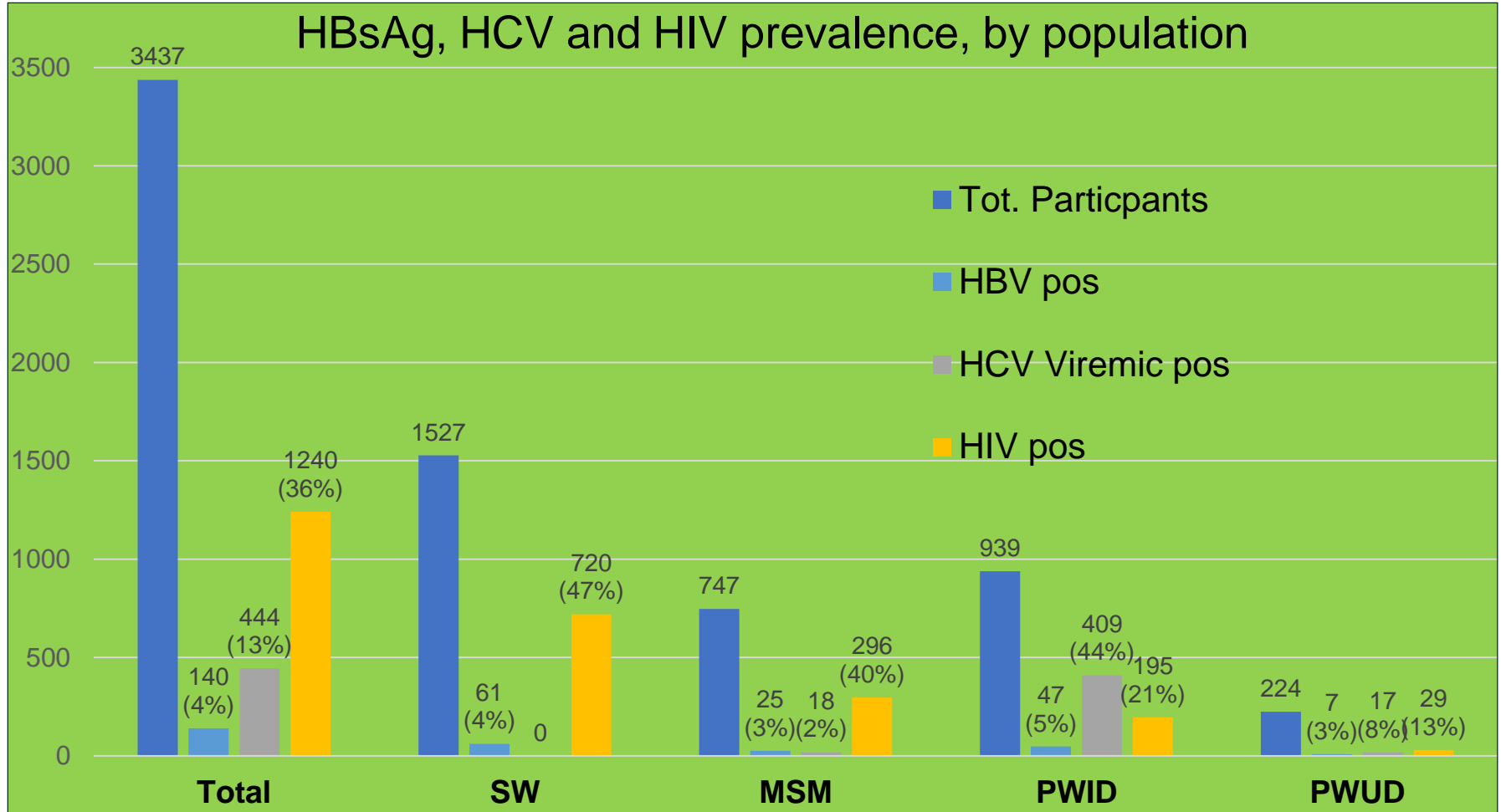
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Hepatitis C in Key populations in South Africa



HBsAg, HCV and HIV prevalence, by population



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Hepatitis B, hepatitis C and HIV prevalence and related risk practices among 3437 key populations in South Africa: Findings from a seven-city cross-sectional survey (2019)

The Action Plan covers 5 priority areas



- 1. Management, coordination and evidence-based policy**
- 2. Raise awareness of Hepatitis Viral infection amongst the health care workers and the general population (Knowledge and information on VH is very limited in these 2 populations)**
- 3. Strengthen knowledge of hepatitis burden of disease (Research and surveillance-no existing system in the country, most data is from studies performed in different parts of the country)**
- 4. Prevent transmission of viral hepatitis (education ,vaccination,diagnosis,treatment)**
- 5. Improve diagnosis and treatment of chronic hepatitis**



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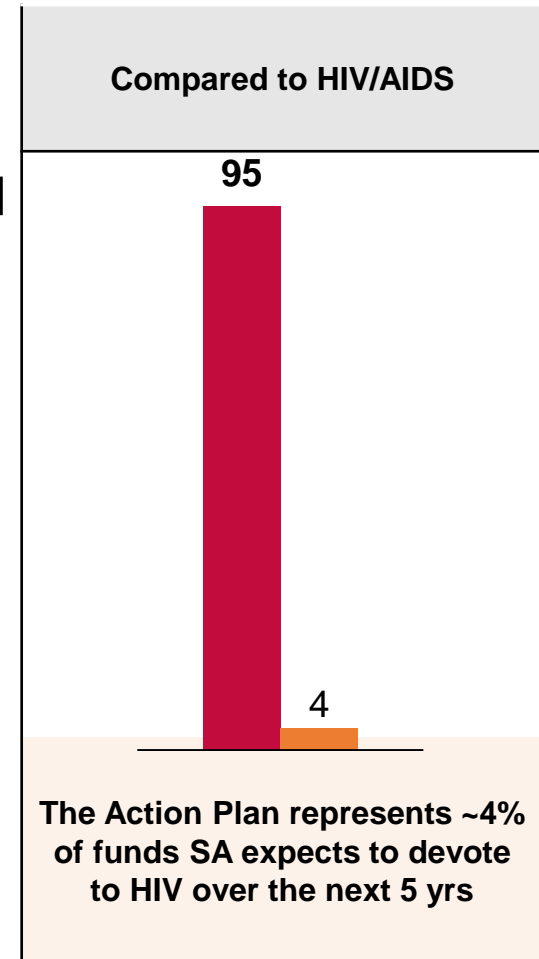
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Leadership/Management, coordination and evidence-based response



Achievements

- Availability of a focal person at NDOH to ensure political, technical and operational support
- Hepatitis technical working group Constituted
- Development of strategic and technical documents, and plans.
- Development of an investment case that shows the cost-effectiveness of Viral hepatitis program in SA – if implemented
 - **Costs are 4% of HIV budget**
 - **Averts 670,000 new HBV/HCV infections**
 - **Prevents 230,000 deaths**



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Leadership/Management, coordination and evidence-based response



Gaps

- Nil specific Funding
- Plan and treatment guidelines not widely disseminated.
- Weak coordination
- Lack of hepatitis strategic information for program development

Recommendations

- **Dedicated domestic funding**
- **Disseminate guidelines and ensure high level advocacy for implementation**
- **Improve coordination**
 - Advocate for VH focal persons at provincial and district levels.
 - Develop an HR plan, to cover all aspects of national policy for VH.
- **Develop and integrate Strategic Information for VH**
 - Identify key indicators for inclusion in the DHIS-2 or other existing surveillance platform
 - Population based survey: DHS, HIV impact, ANC survey



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Raise awareness among health care workers (HCW) of viral hepatitis burden and risk



Achievements

- Awareness and training module in TLD training, GPs, TB/HIV Clinicians implemented in some provinces ,
- Developed and distributed brief education materials (IEC) to Key populations and community
- Commemorated the World hepatitis Day (July 28) at provincial and national

Gaps

- Inadequate community & HCW awareness
- Suboptimal civil society involvement and community engagement

Recommendations

- Health care workers
 - Sensitization and education of HCWs at all levels are informed ,trained and implement guidelines
- General population,
 - Awareness raising in population
 - Empower civil society via knowledge transfer and service provision



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Prevent transmission of viral hepatitis



Achievements

- Established blood safety with dual utilization of ELIZA and PCR for HIV/HBV/HCV/Syphilis detection in donor blood and rational use of blood products
- Established EPI programme (Pentavalent) since 1995
- **Screening and** vaccination of HCW (started with Lab staff)
- Injection safety exceeds 98% in HCF
- NSP and OST in 8 metropolitan cities

Gaps

- Insufficient coverage of routine EPI/hepatitis immunization
- HBV birth dose and HB-PMTCT not fully implemented
- Limited linkage to care from blood banks and other HCF



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Prevent transmission of viral hepatitis



HBV Vaccination

- Improving EPI B3 coverage to 90%
- Introducing HBV birth dose- universal implementation
- HB-PMTCT- triple PMTCT (HIV/Syphilis/HBV)

Linkage to care

- Improvement in counselling of HBV/HCV positive patients and linkage to care

Other prevention interventions

- Scale up COSUP model (**COMMUNITY ORIENTED SUBSTANCE USE PROGRAMME-NSP/OST City of Tshwane**)
- Routine HBV vaccination of HIV positive patients, testing and tracing of household and family contacts of HBV and HCV positive patients (including HIV)



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Diagnosis and Treatment of Chronic Viral Hepatitis



Achievements:

- Only screening and treatment of patients with symptoms of liver disease done systematically at tertiary and secondary health facilities
- Well developed and resourced specialty care and tertiary care centres

Gaps.

- Missed opportunity to evaluate treat, track nearly 45,000 people with HBV in 2018/2019 (NICD data), 5000 with HCV
- Lack of implementation of hepatitis screening strategy using POC diagnosis
- Treatment is fragmented and absent in most primary /secondary facilities
- Curative HCV drug therapy (DAA) available only through section 21 (>95% cure rates)
- No systematic reporting/recording of VH screening and care



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Diagnosis and Treatment of Chronic Viral Hepatitis Recommendation



- Implement HBV/HCV screening strategy
 - as in national guidelines
 - HIV programs including (Prep/PEP) pre and post exposure prophylaxis
 - In TB programs*(especially in Key pops- e.g. PWID)
 - Routine ANC
- Expand hepatitis B & C treatment services to secondary and district hospitals and include in basic package of care for NHI
- Integrate hepatitis testing and treatment into existing programmes in terms of shared diagnostic services- (GeneXpert and PCR platform), Medical supply chain, human resources for health



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Best Practices



National Institute of communicable diseases: Laboratory based hepatitis surveillance

Blood Banking Services: Centralized blood banking system with 80% voluntary donors, testing algorithm, dual testing with ELISA and PCR for all donor samples and quality assurance

COSUP model: 17 sites in the city of Tshwane. Community based injection safety and OST

-COSUP services include:

- Screening and brief interventions
- Medical examinations and treatment
- Counselling services
- Needle exchange programmes
- Opioid substitution therapy
- HIV/TB screening
- Social services
- Skills development
- Post-rehabilitation support services



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Key recommendations



1. High level advocacy and multi-sectoral leadership and mobilization of domestic funding
2. Promote strategic collaboration with stakeholders (including laboratory) and relevant regulatory authorities for implementation of the hepatitis strategy (e.g. DAA registration, access to OST medication)
3. Update and disseminate updated action plan
4. Provide hepatitis B & C screening and treatment services in secondary and district hospitals using integrated diagnostic & treatment platforms
5. Establish standardized surveillance, monitoring and evaluation- e.g. DHIS2
6. Scale up Hepatitis awareness in populations, community and HCW
7. National seroprevalence survey using stored samples for DHS, integrate with other sero-surveys (e.g. Testing of stored ANC HIV Survey samples for HBsAg)



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- National Viral Hepatitis Technical Working Group
- Clinical care options



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- Ndi a livhuwa
- Thank you
- Ke a leboga
- Dankie
- Ha khensa
- Ndiyabulela



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