



## Workshop 6

**HCV epidemiology to assess HCV treatment as prevention: treatment scale-up, populations, data sources and missing data**

**Friday Sept. 9<sup>th</sup> 8.30-10.**

**Venue: Oslo**

### Chairs:

Matthew Hickman, University of Bristol

Julie Bruneau, Université de Montréal

Greg Dore, Kirby Institute

### Workshop overview

Scaling up HCV treatment among people who inject drugs (PWID) – so called Treatment as Prevention - is likely to be critical to HCV prevention. There are at least three major drivers to determining whether HCV treatment as prevention works in a site/city or country:-

- 1) Are HCV DAAs cheap enough for treatment to be scaled up in PWID with mild disease?
- 2) Can HCV treatment be delivered in the community – what care pathways/ integrated treatment strategies are in/ or can be put in place to deliver HCV treatment to PWID

And if you have (1) and (2) then:-

- 3) Can you estimate how many PWID there are, how many get treated for HCV (the exposure), assess coverage of other interventions (additional exposure/intervention), and monitor chronic HCV prevalence and incidence in the population (the outcome).

Uncertainties around prevalence of PWID and HCV prevalence and incidence in PWID mean that small changes in outcome may be difficult to detect. [Other issues that can influence HCV transmission and effect of HCV treatment include:- duration of injecting, prevalence of stimulant injecting, coverage of needle and syringe programmes & opioid substitution treatment, level and turnover of high risk injecting behaviour.] Ideally monitoring of re-infection rates should be interpreted and compared with HCV incidence risk in the population.

HCV treatment as prevention is an opportunity for specialists in hepatology, addiction, and epidemiology to collaborate on improving care pathways and epidemiological evidence base.

### References

Harris, R. J., Martin, N. K., Rand, E., Mandal, S., Mutimer, D., Vickerman, P., Ramsay, M. E., De Angelis, D., Hickman, M. & Harris, H. E. New treatments for hepatitis C virus (HCV): Scope for preventing liver disease and HCV transmission in England. *Journal of Viral Hepatitis*. 2016

Martin, N. K., Vickerman, P., Dore, G. J., Grebely, J., Miners, A., Cairns, J., Foster, G. R., Hutchinson, S. J., Goldberg, D. J., Martin, T. C. S., Ramsay, M., STOP-HCV Consortium & Hickman, M.



Prioritization of HCV treatment in the direct-acting antiviral era: An economic evaluation. Journal of Hepatology. 2016

**Please give a short description of the workshop form.**

We want the workshop to be practical and participative. We will outline briefly some of the issues with clinical strategies and epidemiological evidence base – and we invite participants to describe the situation in their settings - in order to prompt debate on how specialists can work together to undertake or prepare for monitoring the impact of HCV treatment scale-up.

**At the end of this workshop, participants should be able to:**

1. Identify strategies to increase HCV treatment to PWID
2. Identify uncertainties in the evidence base on HCV outcomes among PWID
3. Identify ways in which local evidence can be improved

**Please advise of any resources that will be provided to participants, if applicable: (**

- Printed hand-outs
- Power Point presentation
- Online
- Additional resources, please indicate: [Click here to enter text.](#)