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Modules de formation numérique AFRAVIH

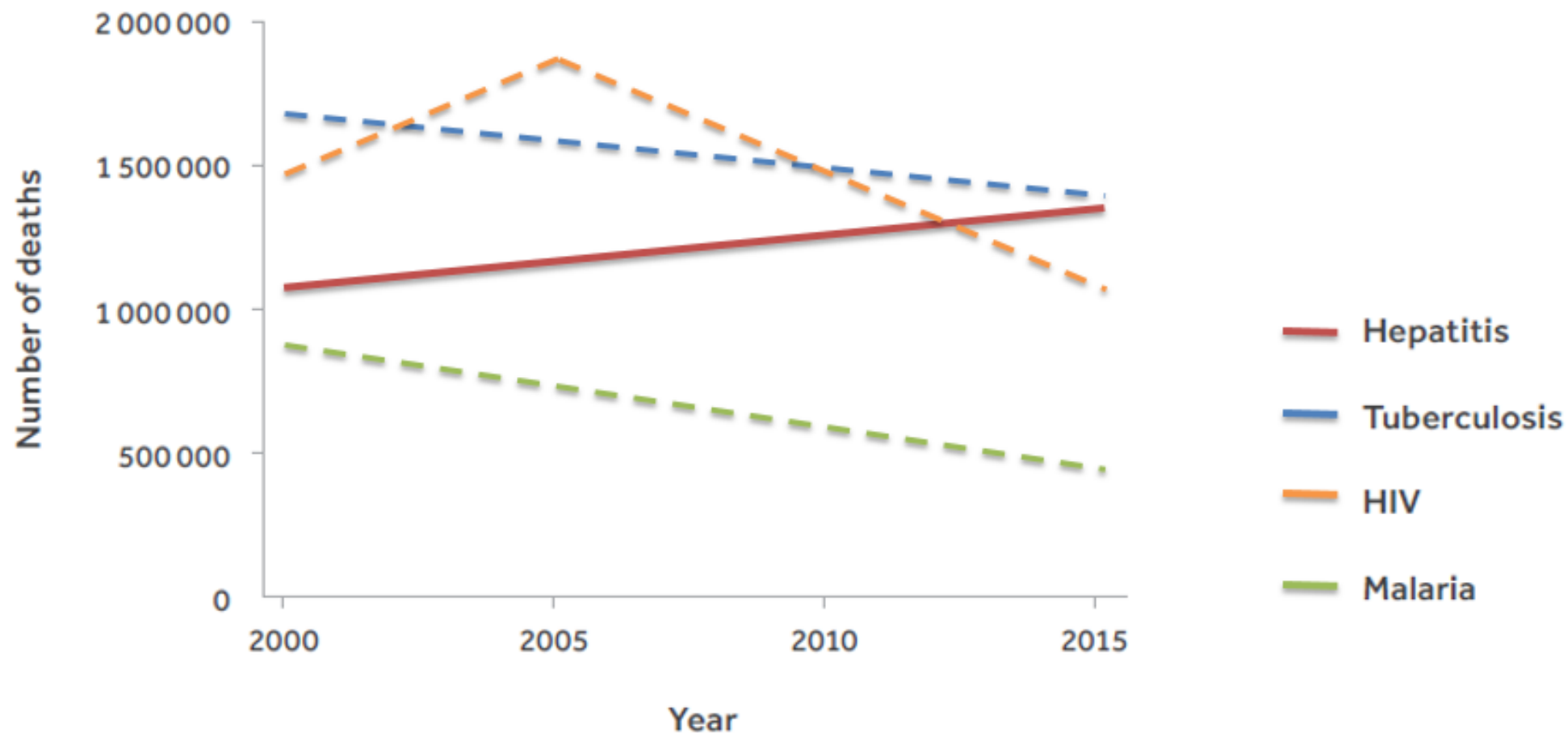
Stratégies de dépistage de l'hépatite C

Gilles Wandeler

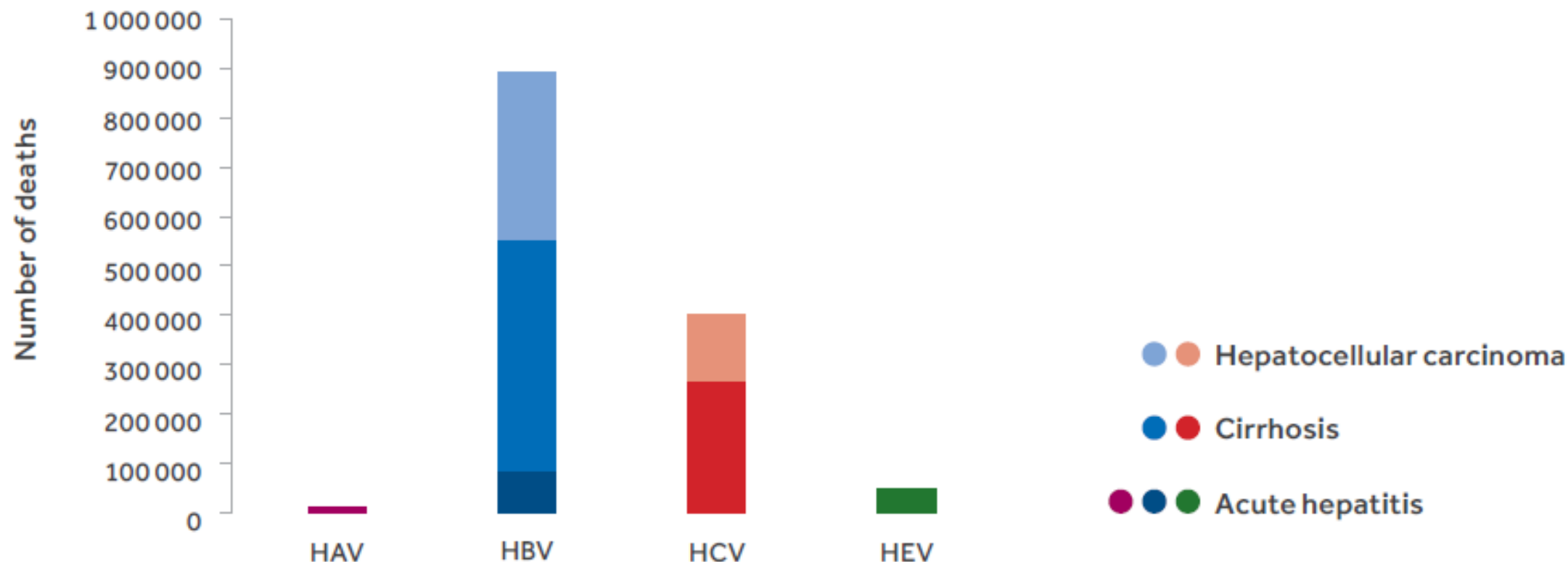
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AFRANUM juin 2022

Mortalité liée aux hépatites virales en augmentation...



Près d'un demi-million de personnes meurt du VHC chaque année



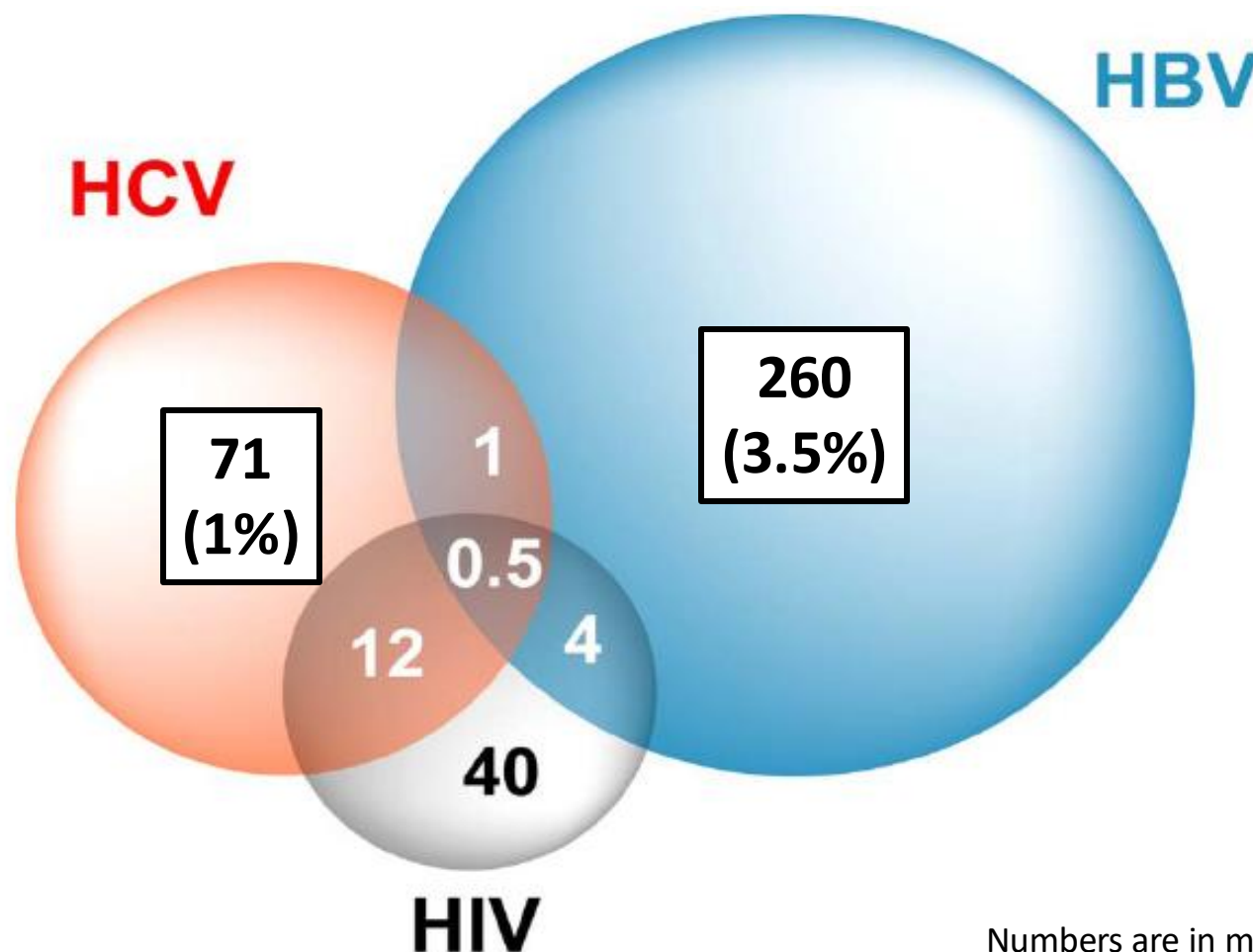
1% de la population mondiale est infectée par le VHC



11
1%



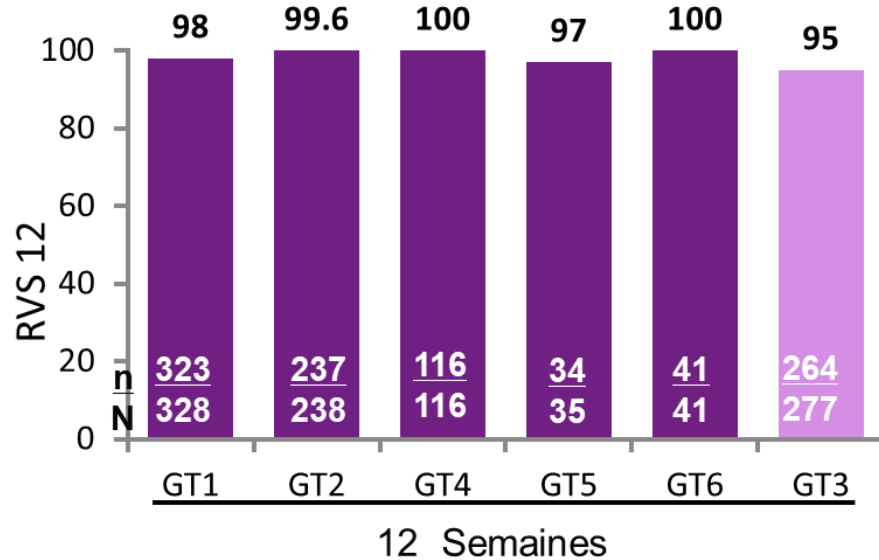
60
6.1%



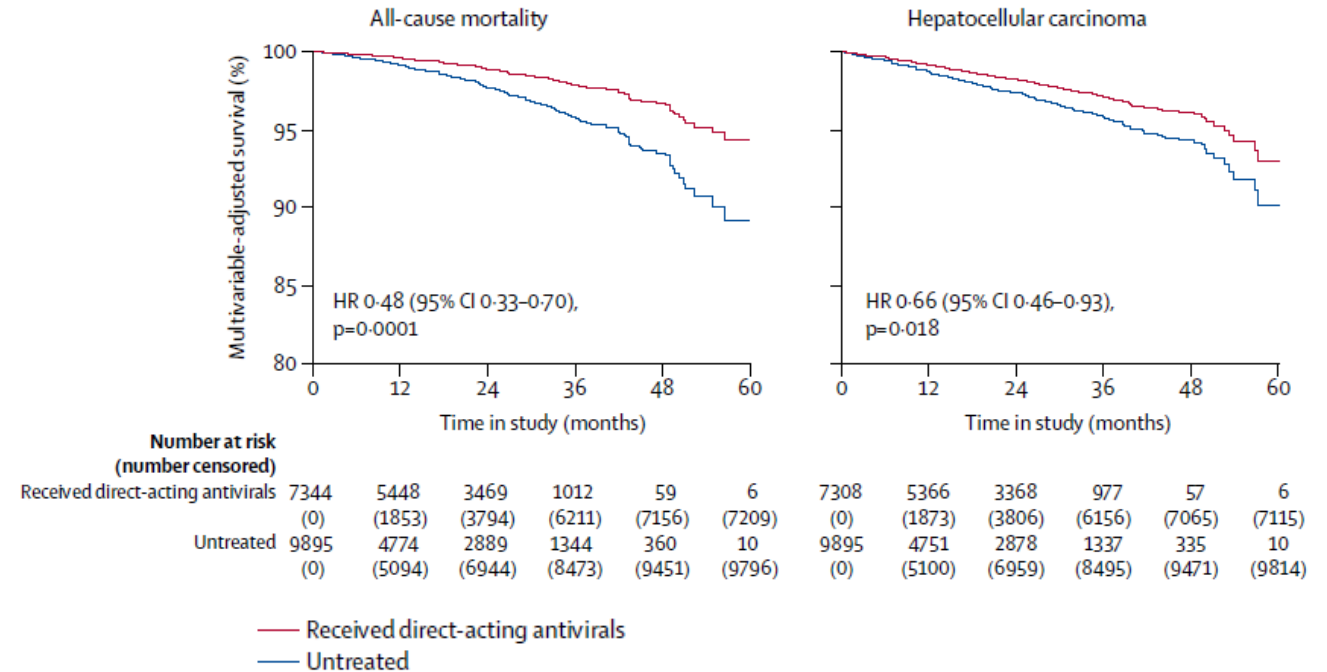
Numbers are in millions of individuals

Les antiviraux à action directe permettent la guérison de l'infection

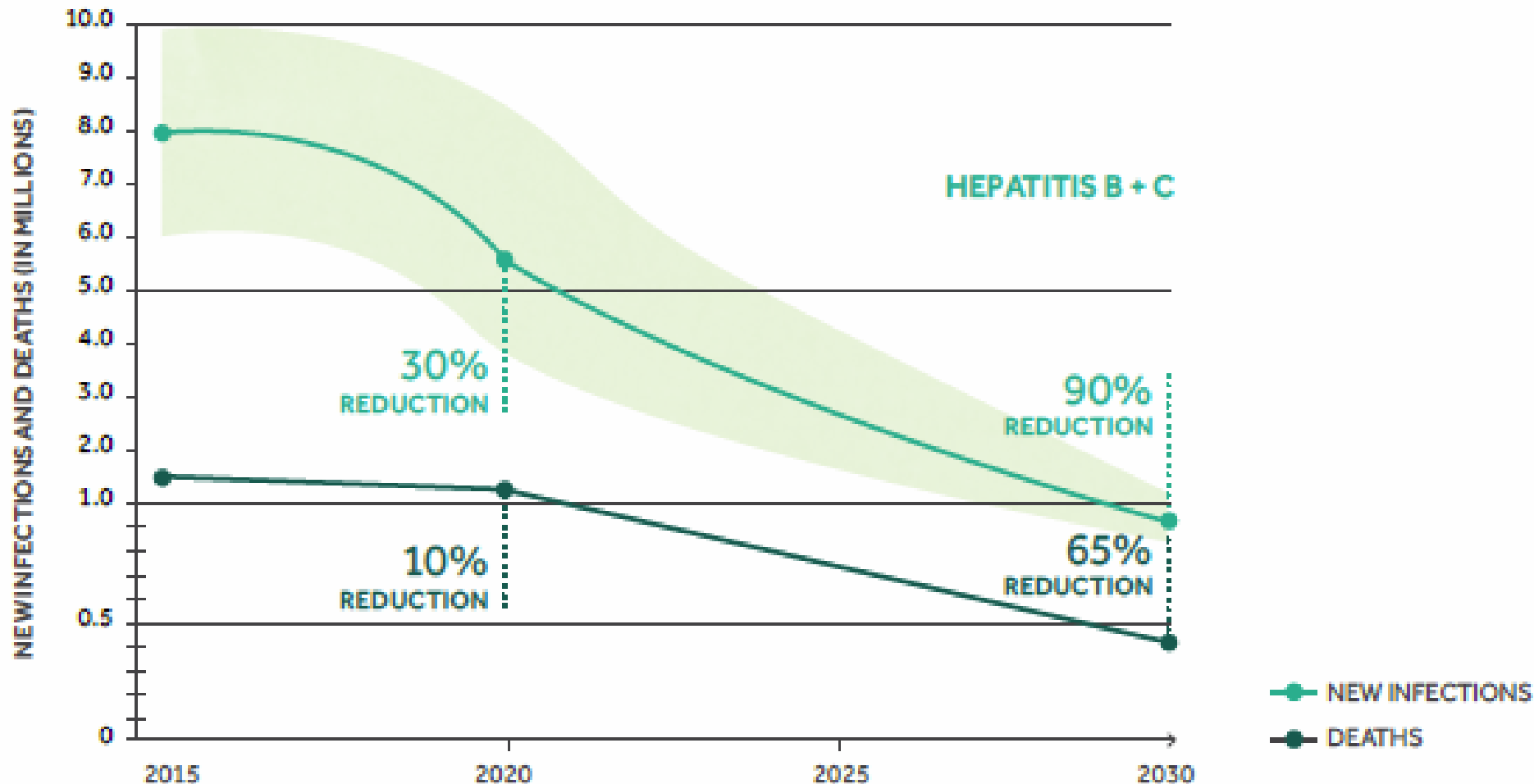
SOF/VEL 12 semaines quelque soit le stade de fibrose ou le génotype



Réduction de la mortalité et du risque de cancer dans Hepather

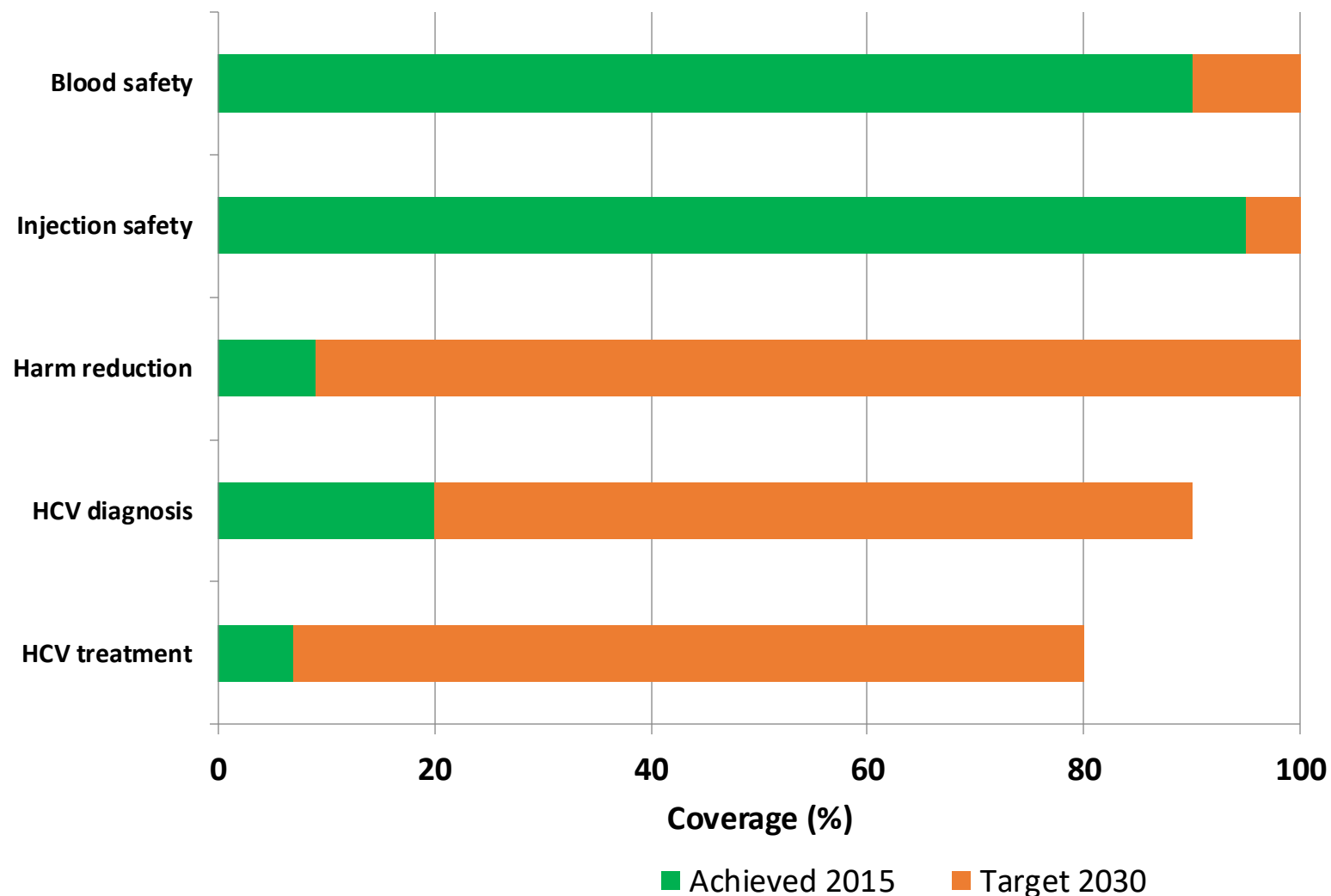


L'élimination des hépatites virales comme problème de santé publique d'ici 2030

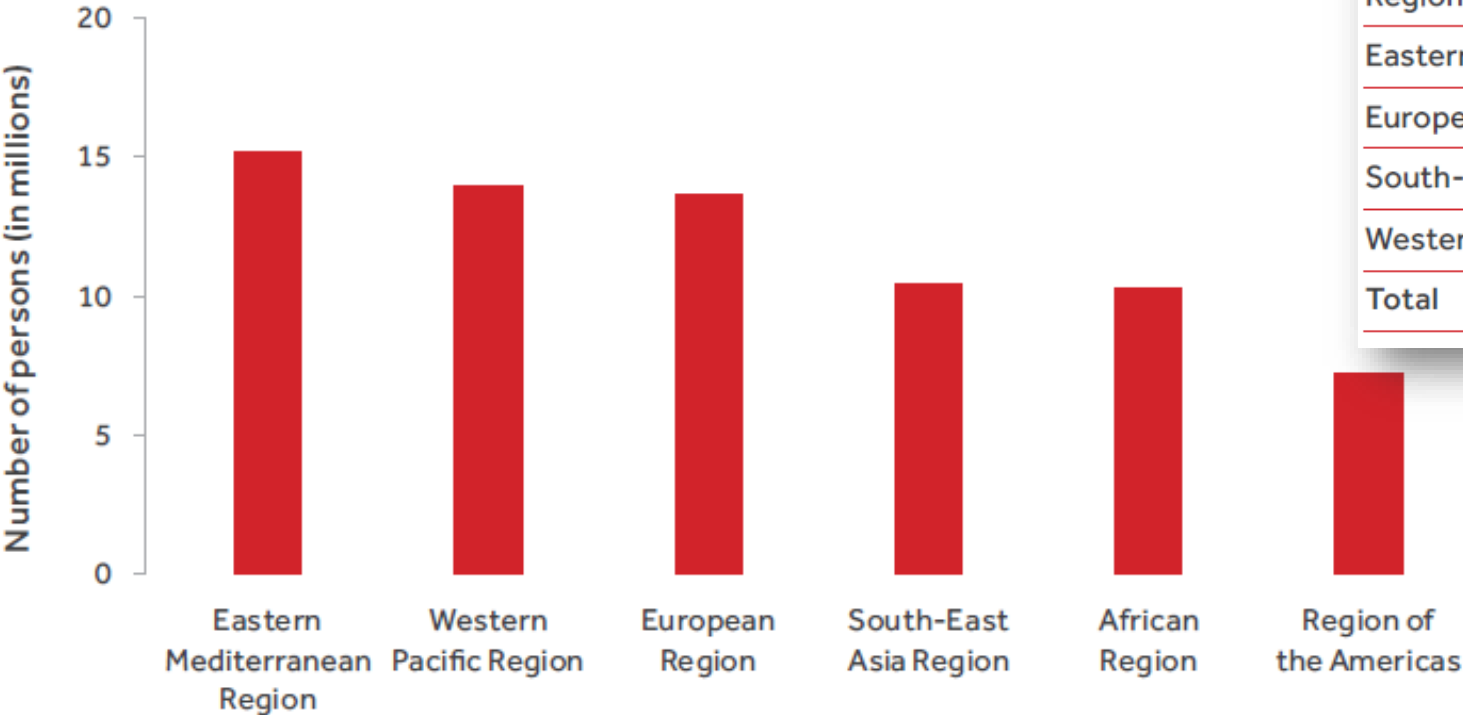


Barrières à l'élimination du VHC d'ici 2030

L'importance du dépistage !



Epidémies VHC localisées en Afrique



WHO region	Estimates of the prevalence of HCV infection (%)		
	Uncertainty interval		
	Best	Lower	Higher
African Region	1.0	0.7	1.6
Region of the Americas	0.7	0.6	0.8
Eastern Mediterranean Region	2.3	1.9	2.4
European Region	1.5	1.2	1.5
South-East Asia Region	0.5	0.4	0.9
Western Pacific Region	0.7	0.6	0.8
Total	1.0	0.8	1.1

Stratégies de dépistage du VHC

Focused testing

In most affected populations

Test: anti-HCV (or HCV RNA)

Birth cohort HCV testing

If prevalence is high in specific age groups

Test: anti-HCV

General population testing

If prevalence >2% in the general population

Test: anti-HCV

GUIDELINES ON HEPATITIS B AND C TESTING

FEBRUARY 2017

GUIDELINES

Stratégies de dépistage du VHC

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- **Populations à séroprévalence élevée**
Populations mobiles/migrantes
Certaines populations indigènes
- **Anamnèse de risque élevé**
Personnes injectant des drogues
Prisonniers
HSH
Travailleurs/euses du sexe
Enfants de mères positives
Personnes vivant avec le VIH
- **Suspicion clinique d'hépatite**

IL FAUT CONNAITRE L'EPIDEMIO LOCALE !

Les facteurs de risque VHC varient en Afrique !

Coiffeurs (n=150) : 5% anti-VHC+

Risque infectieux lié au sang chez les coiffeurs-barbiers traditionnels et leurs clients au Maroc

Cahiers Santé 2004 ; 14 : 211-6



Pop. générale (n=18,111) : 14% anti-VHC+

Research Article



EASL JOURNAL OF HEPATOLOGY

Excess mortality rate associated with hepatitis C virus infection:
A community-based cohort study in rural Egypt



PWID (n=506) : 23% anti-VHC+

Leprière A et al. *Journal of the International AIDS Society* 2015, 18:19888
<http://www.jiasociety.org/index.php/jias/article/view/19888> | <http://dx.doi.org/10.7448/IAS.18.1.19888>



Research article

Prevalence and behavioural risks for HIV and HCV infections in a population of drug users of Dakar, Senegal: the ANRS 12243 UDSen study



Hémophiles (n=70) : 50% anti-VHC+



Available online at www.sciencedirect.com



Transfusion Clinique et Biologique 12 (2005) 301-305

TRANSFUSION
CLINIQUE ET BIOLOGIQUE

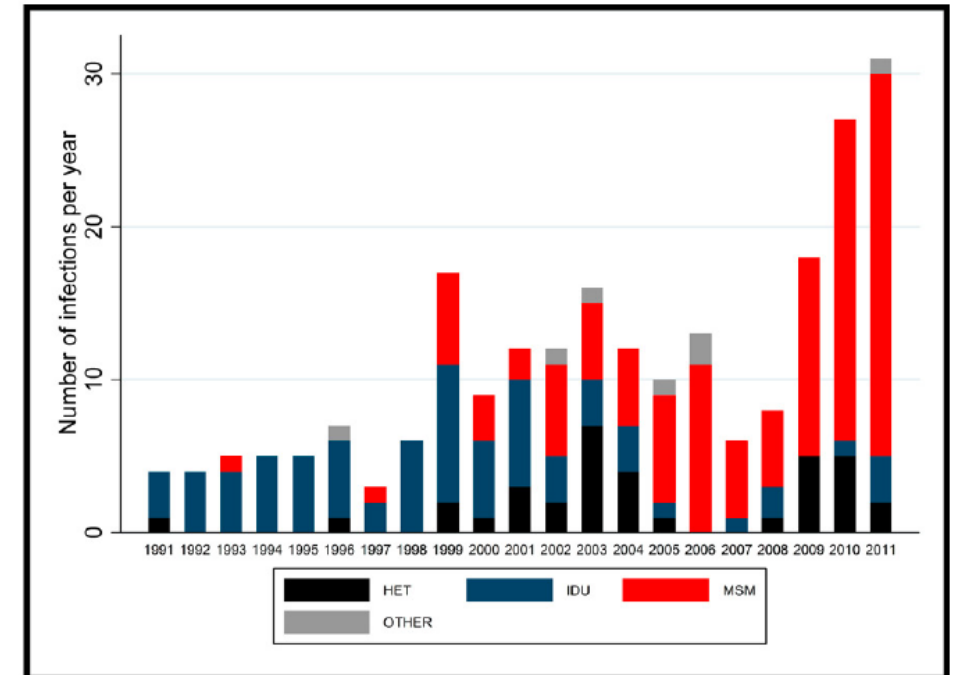
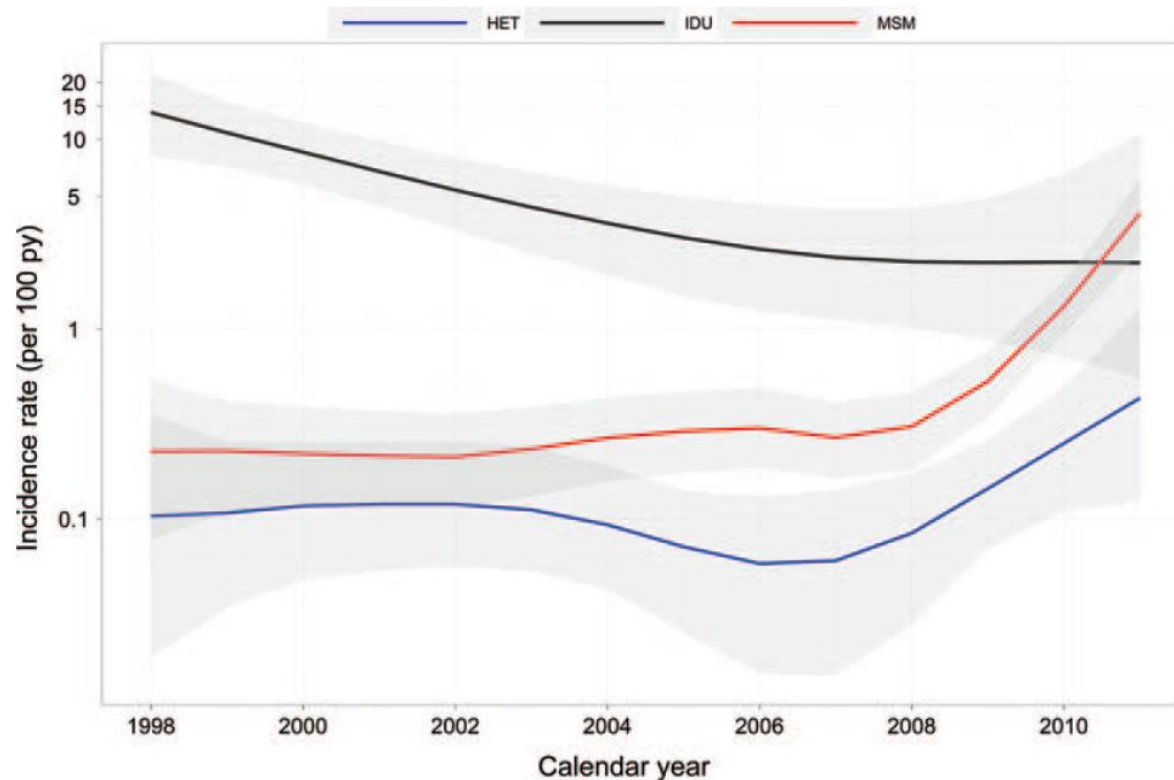
<http://france.elsevier.com/direct/TRACLI/>

Article original

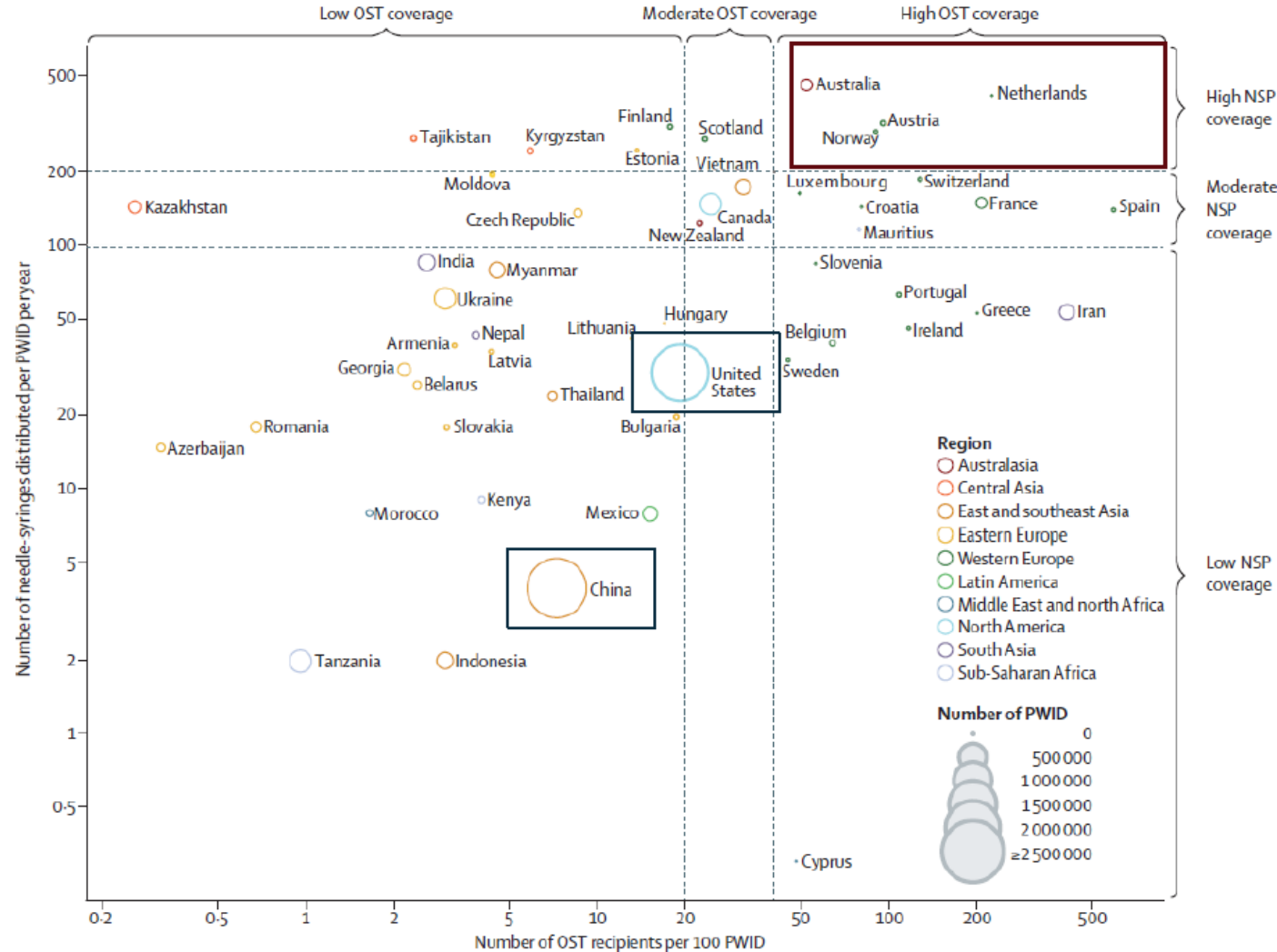
Infections par des virus transmissibles par le sang chez
des hémophiles en Tunisie



Changement de l'épidémiologie du VHC chez PvVIH au début des années 2000



Réduction des risques : priorité pour l'élimination du VHC



- PWID comprise 8.5% of all HCV infections (absolute 6.1 M, prevalence among PWID 39%)
- >50% of infections are from 4 countries (Russia, USA, China, Brazil)
- Only 1% of PWID live in countries with high coverage of NSP and OSP (among those with available data)
- Under current status, HCV elimination among PWID is impossible

Transmission faible du VHC chez HSH en Afrique

Low Seroprevalence of Hepatitis C Among Men Who Have Sex With Men in West Africa

TO THE EDITOR—Irvine et al reported a high seroprevalence of hepatitis C virus (HCV) in US urban men who have sex with men (MSM) living with or without human immunodeficiency virus (HIV) (20% and 17%, respectively) [1]. Given that HCV seroprevalence is

Table 1. HCV Seroprevalence and its Associated Factors in 880 MSM in West Africa

	HCV Seroprevalence		Univariate Analysis ^a		Multivariate Analysis ^a	
	n+/N	% (95% CI)	PR (95% CI)	PValue	aPR (95% CI)	PValue
Study site						
Bamako, Mali	2/320	0.63 (0.02–2.40)	1		1	
Abidjan, Côte d'Ivoire	2/206	0.97 (0.04–3.70)	1.55 (0.22–10.95)	.659	1.50 (0.29–7.64)	.628
Ouagadougou, Burkina Faso	2/183	1.09 (0.04–4.15)	1.75 (0.25–12.32)	.575	1.49 (0.25–8.95)	.663
Lomé, Togo	1/171	0.58 (0.00–3.57)	0.94 (0.09–10.26)	.957	1.18 (0.14–10.17)	.881
HIV status						
Negative	5/630	0.79 (0.28–1.90)	1			
Positive	2/250	0.80 (0.03–3.06)	1.01 (0.20–5.17)	.992		

Tester les populations à risque en Suisse : faisable ?

A. Clinical signs or symptoms of hepatitis
Persons with elevated liver enzymes (transaminases)
Persons with clinical signs or symptoms of hepatitis
Patients with liver cirrhosis, fibrosis or hepatocellular carcinoma
B. Risk factors
<u>Medical</u>
Recipients of clotting-factor concentrates and blood products before 1987
Recipients of blood transfusions before July 1992
Recipients of solid-organ transplants before July 1992
Patients who are undergoing or have undergone haemodialysis
Persons with HIV infection
Persons with HBV infection
Persons who have received repeated percutaneous injections
Persons who have had invasive medical and paramedical or dental work in settings with high prevalence or poor infection control practices
<u>Demographic</u>
Persons and migrants born or having lived in regions of high HCV endemicity
<u>Behavioural</u>
Persons who inject or have ever injected drugs (injection drug users)
Persons who use or have ever used intranasal drugs
Men who have sex with men
Household members or sexual partners of persons with HCV infection
<u>Occupational</u>
Healthcare workers at risk for occupational exposure to blood or blood-contaminated body fluids
Healthcare workers after exposure to blood or blood-contaminated body fluids (e.g. needlestick injury)
Public-safety workers at risk for occupational exposure to blood or blood-contaminated body fluids
<u>Others</u>
Persons with imprisonment history
Persons with body piercings or tattoos if being performed in poor hygienic environments
Children of HCV-infected mothers
Persons with accidental needlestick injury in public places (e.g. park or street)

Stratégies de dépistage du VHC

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Birth cohort HCV testing

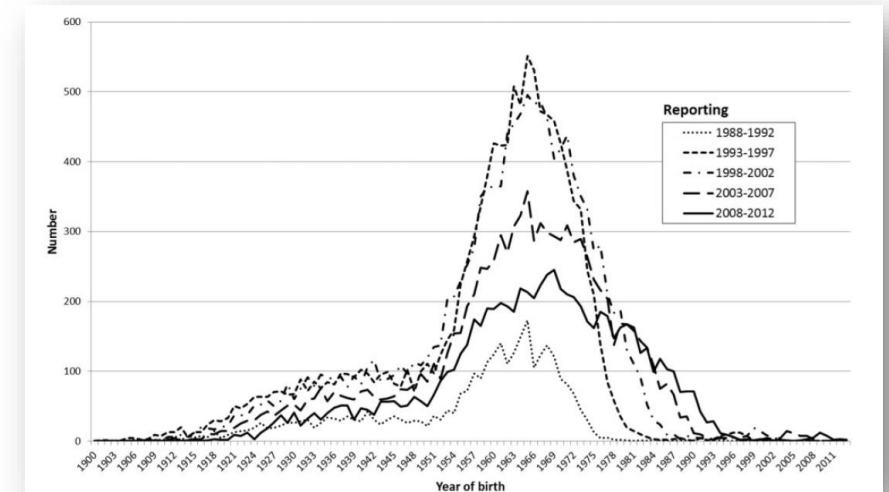
If prevalence is high in specific age groups

Test: anti-HCV

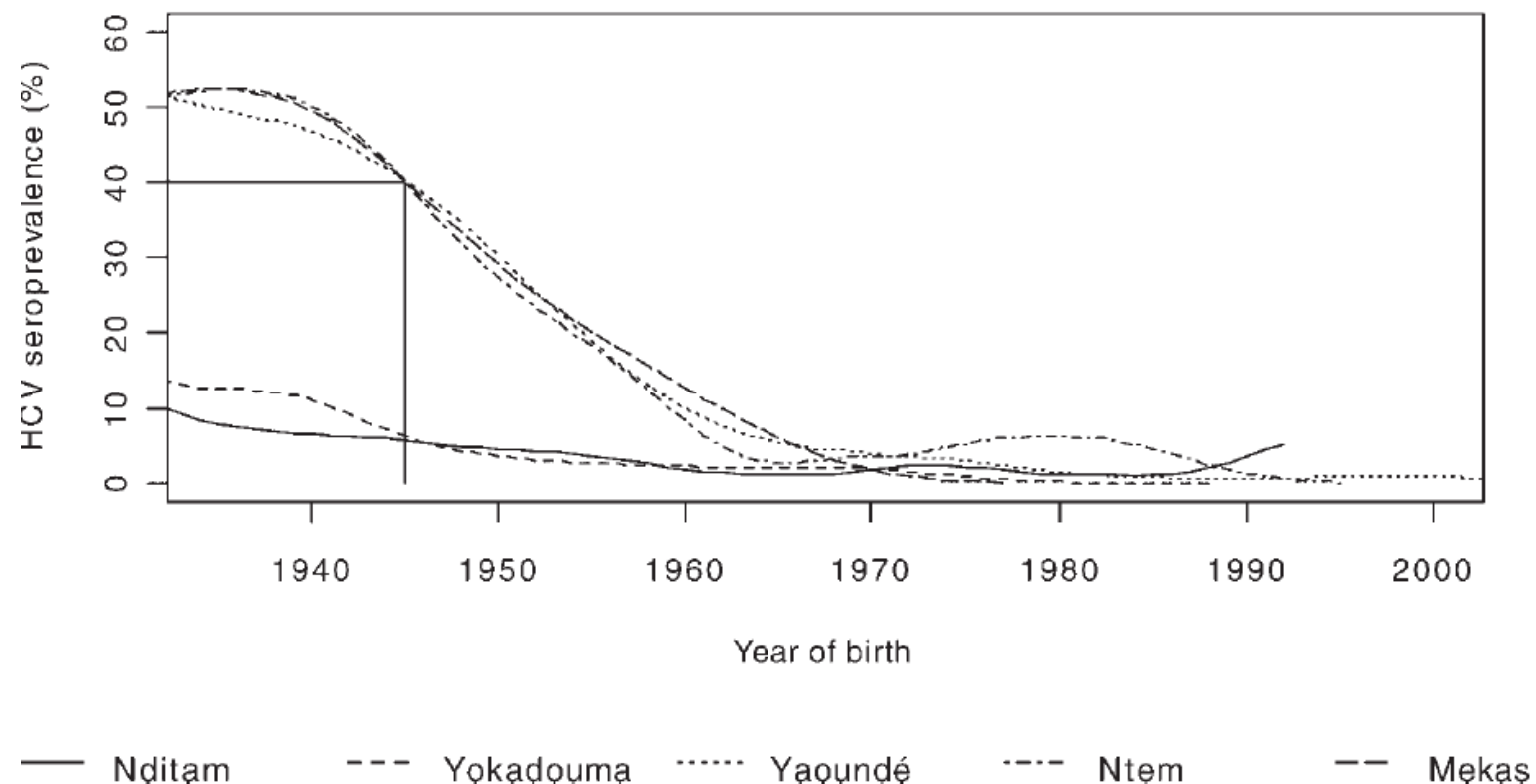
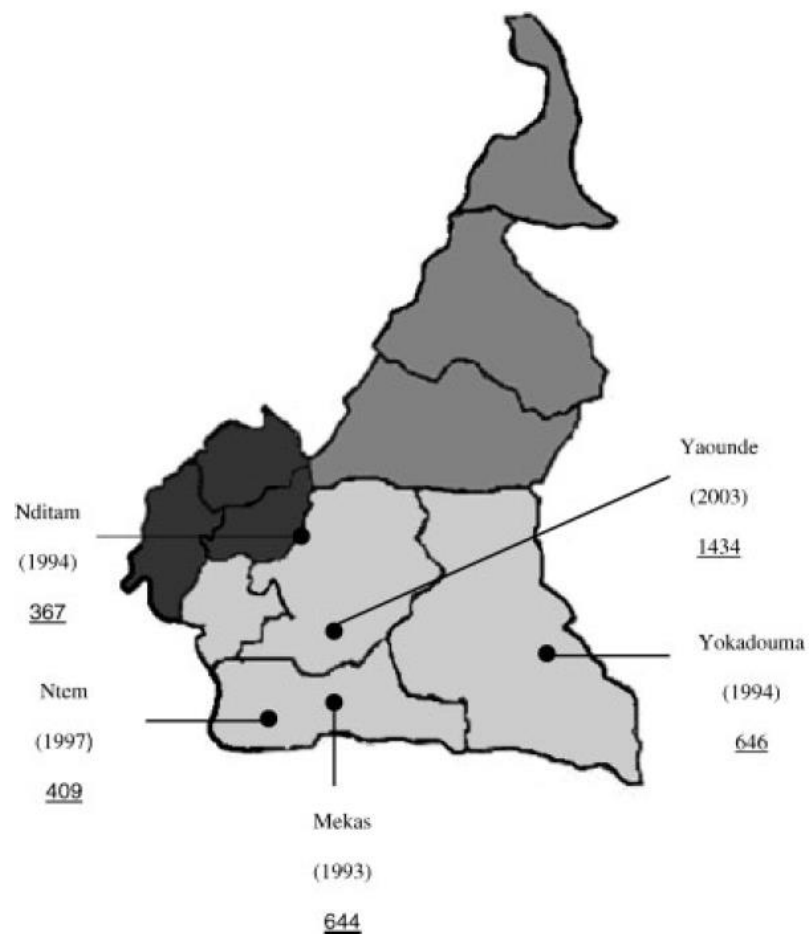
General population testing

If prevalence >2% in the general population

Test: anti-HCV



Cohorte de naissance VHC au Cameroun ?



Stratégies de dépistage du VHC

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General population testing

If prevalence >2% in the general population

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RECOMMANDATIONS AFEF POUR L'ÉLIMINATION DE L'INFECTION
PAR LE VIRUS DE L'HÉPATITE C, EN FRANCE

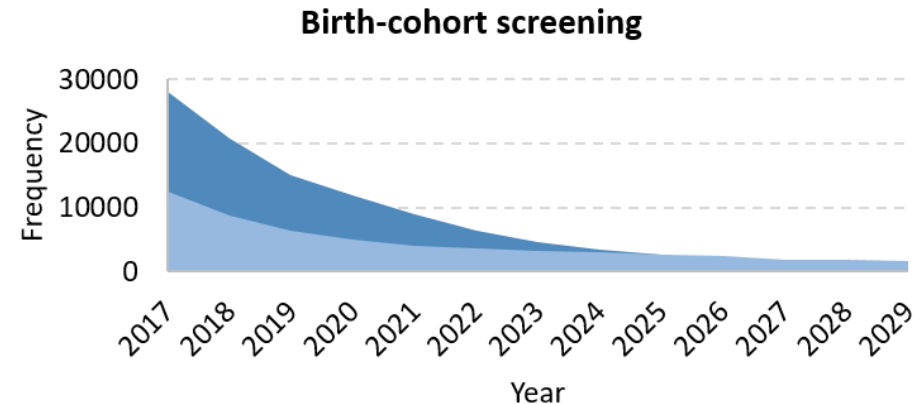
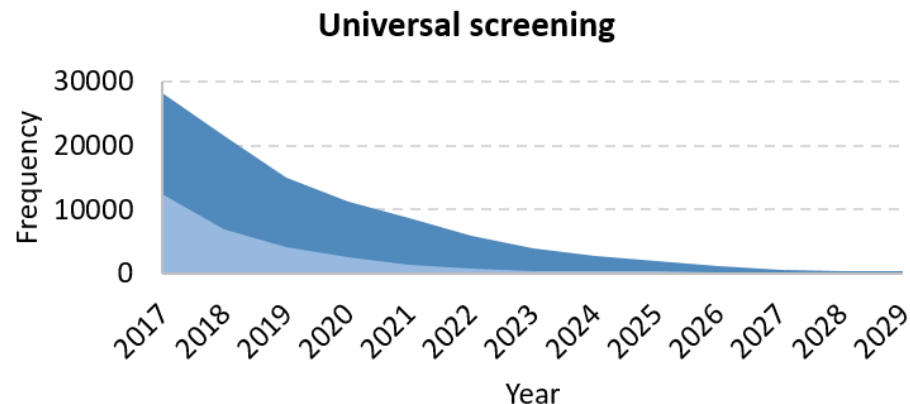
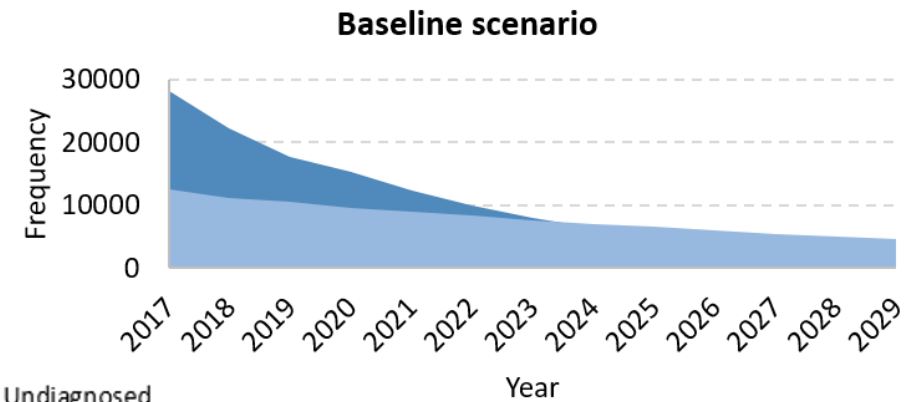
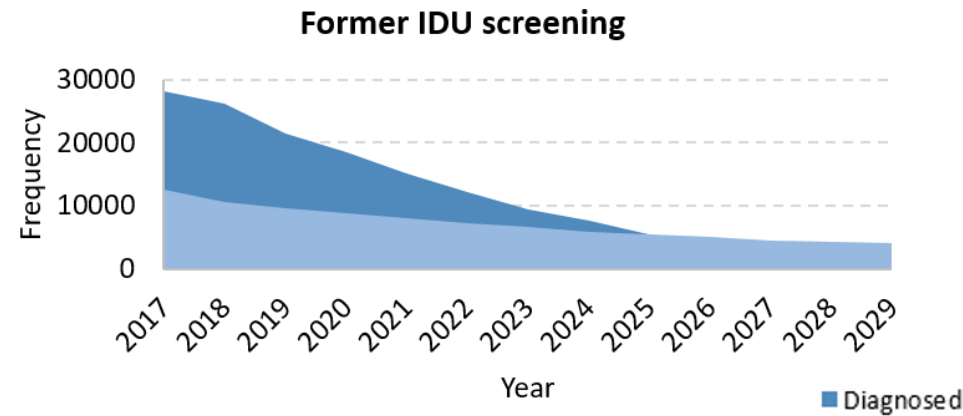
RECOMMANDATIONS :

1. Le dépistage de chaque adulte au moins une fois dans sa vie est recommandé (AE)
2. Le dépistage du VHB, du VHC et du VIH doit être combiné (AE)
3. Tous les tests de dépistage doivent être remboursés à 100% par la sécurité sociale (AE)

Assessing the cost-effectiveness of hepatitis C screening strategies in France

Sylvie Deuffic-Burban^{1,2,*}, Alexandre Huneau¹, Adeline Verleene¹, Cécile Brouard³, Josiane Pillonel³,
Yann Le Strat³, Sabrina Cossais¹, Françoise Roudot-Thoraval⁴, Valérie Canva⁵, Philippe Mathurin^{2,5},
Daniel Dhumeaux⁶, Yazdan Yazdanpanah^{1,7}

Réduction de la population virémique grâce à un dépistage à grande échelle



Importance des 5-10,000 non-diagnostiqués (morbidité, transmission)?

Tests de dépistage VHC : attention aux faux-positifs !!

1,000 PVVIH testées
en Ouganda

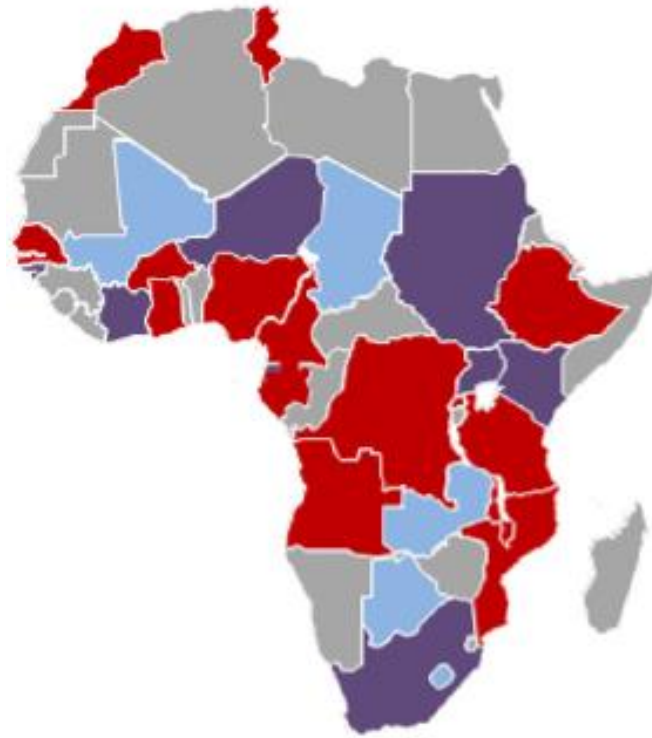
- 76 anti-HCV pos.
- 0 HCV RNA pos.

Table 1. Factors Associated With Positive Hepatitis C Virus Enzyme-Linked Immunosorbent Assay

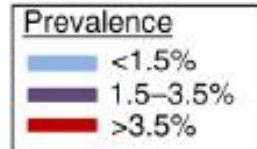
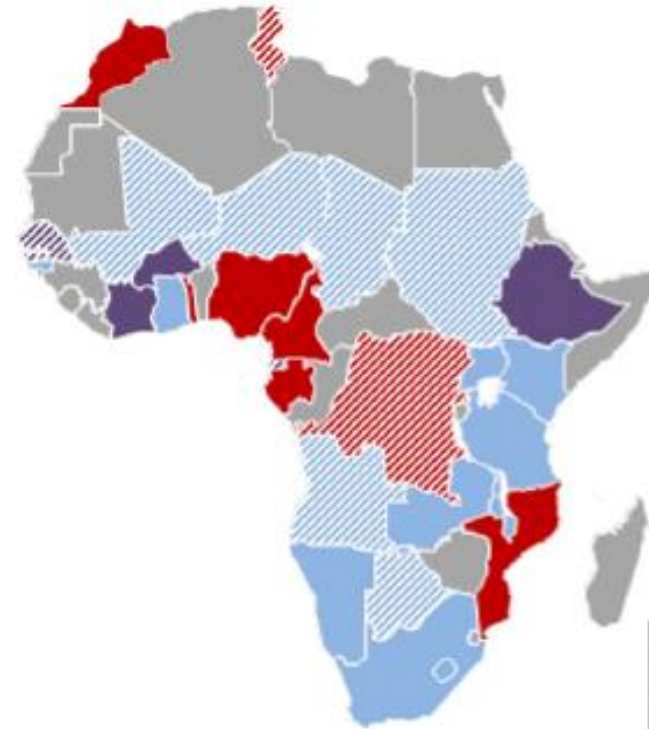
Factor	% HCV ELISA Positive (No.)	OR (95% CI)	P Value	Adjusted OR (95% CI)	P Value
Age, y					
<30	18.42 (14/191)	1		1	
30–34	13.16 (10/220)	0.60 (.26–1.39)	.234	0.61 (.26–1.42)	.255
35–39	18.42 (14/192)	0.99 (.46–2.15)	.989	0.99 (.46–2.17)	.989
40–44	23.68 (18/167)	1.53 (.73–3.17)	.257	1.57 (.75–3.30)	.235
45–49	17.11 (13/152)	1.18 (.54–2.60)	.676	1.20 (.54–2.66)	.653
≥50	9.21 (7/78)	1.25 (.48–3.22)	.649	1.39 (.53–3.67)	.505
Sex					
Female	6.87 (46/670)	1		1	
Male	9.09 (30/330)	1.36 (.84–2.19)	.213	1.23 (.754–2.02)	.404
HIV status					
Negative	9.00 (45/500)	1		1	
Positive	6.20 (31/500)	0.67 (.42–1.08)	.097	0.61 (.37–1.00)	.049
Schistosoma Ab					
Negative	6.58 (58/882)	1		1	
Positive	15.38 (18/117)	2.58 (1.46–4.56)	.001	2.80 (1.57–5.01)	.001

Tests anticorps surestiment la prévalence du VHC

Méta-analyse :
108,000 PvVIH
de 152 études
et 35 pays en
Afrique



Ac-pos.: 8.5% (95% CI: 6.9-10.1)



RNA-pos.: 2.0% (95% CI: 1.5-2.6)

Charge virale VHC rarement disponible en Afrique

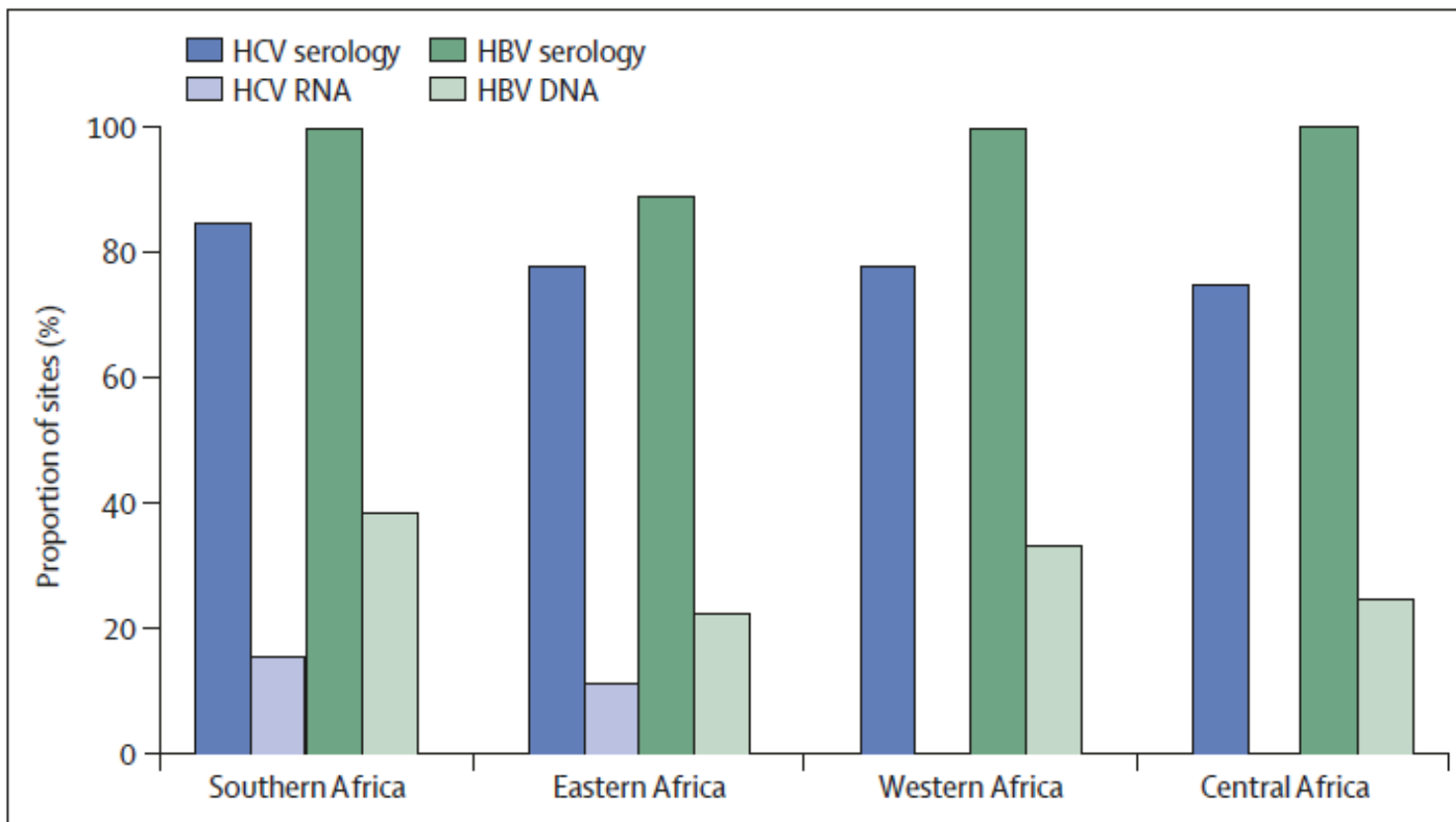


Figure: Availability of HCV and HBV diagnostic tests in 35 HIV clinics across sub-Saharan Africa
Data are from the International Epidemiological Databases to Evaluate AIDS collaboration.⁶ HCV=hepatitis C virus. HBV=hepatitis B virus.

Take home messages

- 1% de la population mondiale a une hépatite C chronique, la plupart des infections étant concentrée dans des populations à risque
- Différentes stratégies de dépistage possibles, selon l'épidémiologie locale: ciblé, cohorte de naissance ou généralisé
- Testing VHC ciblé : stratégie attractive dans un monde parfait, mais...
 - le contexte épidémiologique est généralement mal défini
 - son efficacité n'est pas prouvée
 - sa faisabilité est douteuse...

Merci de votre attention



**KEEP
CALM
AND
GET
TESTED**