

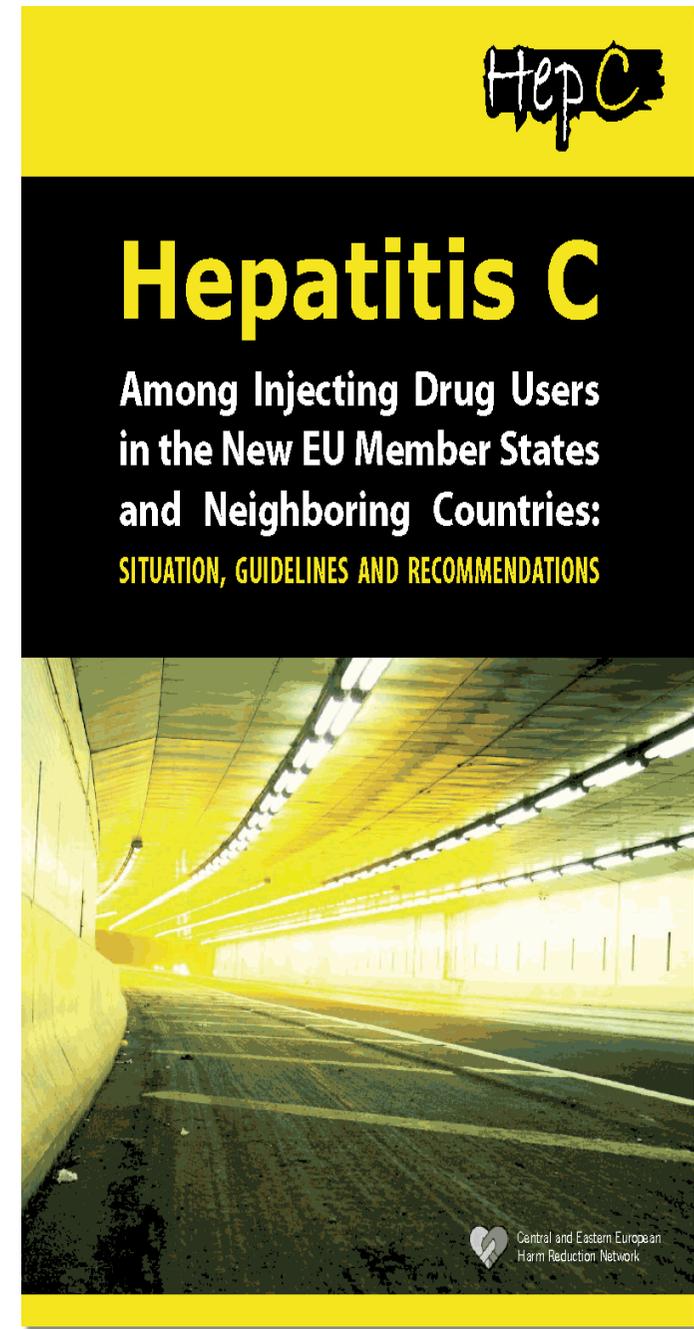
Hepatitis C treatment access for IDUs: short overview of situation in Central and Eastern Europe

Simona Merkinaite, Eurasian Harm Reduction Network

*ARV4IDUs, November 24 – 25, 2007, Vilnius,
Lithuania*

Report about HCV in Central and Eastern Europe (CEE)

- Survey in 13 countries of the CEE region in partnership with national experts (Belarus, Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Russia, Slovakia, Slovenia, Ukraine);
- Data from 2006 - Jan 2007;
- Information on treatment guidelines; reimbursement policies' assess for IDUs, availability in prisons;



High HCV prevalence throughout the region

- Eastern Europe – high prevalence rates
 - From 70% to more than 90% (in studies from Estonia, Lithuania, Russia and Ukraine);
- Central Europe – significantly lower
 - the Czech Republic, Hungary, Romania, Slovenia and Slovakia;
- Prevalence of more than 60% in samples from Central Europe, indicating high HCV prevalence throughout the region
 - Bulgaria (79%), Poland (68.3%) and Romania (84.45);

Access to HCV treatment: guidelines

International guidelines clearly state that active drug use should not be an exclusionary criterion... Any assessment of treatment eligibility should be made on case-by-case basis – European Consensus Conference Jury, 2005

- **Guidelines exist in 12 out of 13 countries adopted between 1998 - 2006** (pending for approval in Ukraine and new guidelines in Hungary);
- **Drug use - contraindication to HCV treatment in 9 countries** - Belarus, Bulgaria, the Czech Rep., Estonia, Hungary (guidelines for 2006), Latvia, Lithuania, Romania and Slovenia); not mentioned in Russia and guidelines project in Ukraine;
- **Slovenia: “treatment recommended with cooperation with drug treatment specialists”.**

Problems within guidelines

- No consultation with drug addiction specialists;
- No mentioning how together address drug dependency and hepatitis C;
- No guidelines on HCV/HIV co-infection management;

Access to HCV treatment for IDUs

- In practice some can be treated based on individual decisions by doctors – very few examples;
- Abstinence for at least 6 months required
 - Bulgaria, Czech Republic, Estonia, Hungary, Lithuania, Slovakia;
 - Hungary - from 6 to 12 months;
 - Slovakia – requirement by health insurance companies;

Access to HCV treatment for people on ST

“Treatment of patients on opioid substitution therapy should not be deferred” – WHO Clinical Protocol for the WHO European Region

- Access available according to HCV treatment guidelines only in Romania, Slovakia and Slovenia;
- Most guidelines in the region do not address drug dependency and HCV infection, or treatment for people on drug treatment, including substitution therapy;
- In practice – more accessible than for drug users
 - in Bulgaria, Czech Republic, Hungary, Lithuania, Romania, Slovakia
- Most often – limited and can be rejected by doctors (better access in Czech Republic where treatment is linked to harm reduction services, including ST)
- Very limited data on actual number of people on OST in HCV treatment;

Barriers to HCV treatment

- Restrictively high price, reimbursement policies:
 - In countries where available - 20,000 to over 30,000 EUR for 48 weeks' treatment course (with PEG-IFN+RBV);
 - Partial reimbursement e.g. in Latvia (75% of price);
 - 'Ceilings' of how many people per year can get treatment funded by state or other sources e.g. Bulgaria 50-60 people per year, PEG-IFN+RBV to 80 people in Latvia;
- Limited availability of PEG-IFN+RBV treatment
 - Not provided in Romania, Belarus;
 - in Lithuania until the beginning of 2007 provided to 120 people in case of non response to IFN or IFN+RBV treatment;

Barriers to HCV treatment II

- Limited free of charge diagnostics:
- Not possible to get reimbursement for some tests like, confirmatory test, RNA and genotype tests; e.g. in Ukraine; in Russia antibody tests available through GPs, covered by health insurance, a person has to pay for all other tests;
- “Ceilings” how many people can get free of charge diagnostics each year, e.g. in Lithuania due to centralized purchase of tests, by the end of 2006 there were no diagnostic tests available;
- Stigma and discrimination against IDUs, especially on behalf of health care professions;
- Lack of cooperation between drug treatment and infectious disease specialists and lack of information about HCV treatment among IDUs (supposedly low compliance, drug interaction, possible re-infection);
- Limited access to additional care and treatment, substitution treatment (not available in Russia, Belarus, limited in Ukraine), mental health management and counseling on side effects, usually provided only by doctors appointing treatment and peer support limited

People on treatment

Country	# HCV cases	# on treatment	# of people on OST
Czech Rep.	7372 (reported 1993 - 2006)	550 (end of 2005)	~50%
Hungary	60,600 (estimated number)	1301 (end of 2005)	No data
Lithuania	3,000 – 3,500 (end of 2006, people registered in Centers providing HCV treatment)	370 (beginning of 2006)	No data
Romania	1,058,000 (estimated number)	4,000 (end of 2005)	No data

For more information

simona@harm-reduction.org

EHRN publications on HCV in English and Russian:

- Hepatitis C infection in Europe (2007)
- Hepatitis C Among Injection Drug Users in the New EU Member States and Neighboring Countries: Situation, Guidelines and Recommendations (2007)
- Hepatitis C Among Injecting Drug Users in the New EU Member States and Neighboring Countries: Key Facts and Issues (2007)
- Hepatitis C Among Injection Drug Users in the New EU Member States and Neighboring Countries: Recommendations for Action (2006)

All available at www.harm-reduction.org