

National campaign against hepatitis C in France (1999-2002)

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Abstract

Since 1988, several measures have been applied in France to control HCV infection. HCV seroprevalence in the adult population is estimated at 1.1% (500 000 to 650 000 persons) and the number of chronically infected at 400 000 to 500 000 persons. In 1994, most of them might not be aware of their infection. Blood products administration and injecting-drug use are identified as the main transmission routes.

The national hepatitis C plan (1999-2002) was based on scientific data and developed after a consensus conference and several expert consultations. It involves six programs and quantified objectives : prevention of new infections, enforcement of screening access ; improvement of care management ; implementation of a surveillance system, clinical research and evaluation. Specific financial supports were attributed for the implementation of the plan. The 2001 progress report confirmed a major increase in national and regional actions.

In 2000, considering the high proportion of persons still unaware of their infection (at least one third) and the increase of treatment efficacy, the target population of the screening strategy was considerably extended after scientific analysis. A national consciousness-raising campaign directed at general practitioners was launched in June 2000. In 2001, a media campaign directed to the general population was developed, in newspapers and on radio stations. Since the end of 1999, a national toll free phone number provides information to the public. In order to improve access to screening, a new regulation added HCV testing to the missions of anonymous and free HIV testing centres, as well as of family planning centres. The hepatitis C prevention strategy is still included in a national public health program and improved in view of its renewal. (*Acta gastroenterol. belg.*, 2002, 65, 87-112-114).

Key words : hepatitis C, public health program, national campaign, prevention strategy.

Introduction

Since 1988, several measures have been applied in France to control HCV infection including blood donation screening in 1990 and 100% reimbursement of HCV testing in 1993 (1). Hepatitis C virus infection was recognized as a public health problem (2-3). Surveys conducted by the «Réseau national de santé publique» in a concerted action in 1994 evaluated the HCV prevalence in the French adult population, risk factors of the infected population, number of patients admitted to hospital from 1991 to 1994 and screening strategies (3). Since the first estimation in 1994, the anti-HCV seropositive population is estimated between 500,000 and 650,000 persons. Most of them (80%) are chronically infected. In 1994, about 80% might not be aware of their infection. The two most common exposures associated with transmission were identified as blood transfusion or derivative products administration (before screening of blood donations and/or inactivation proce-

dures) and injecting- drug use, these two exposures representing at least 60% of HCV seropositive population.

Objectives and program design

The hepatitis C prevention strategy is considered a health priority for France. The hepatitis C program was developed in 1997-1998 and based on data available collected from 1994 to 1997 (3-6) together with several expert consultation meetings. The hepatitis C public health program (1999-2002) was announced by the Ministry of Health on January 22, 1999. It involves six programs and objectives : primary prevention of new infections, reinforcement of access to screening to detect, before 2002, up to 75% seropositive persons ; improvement of care management with the objective that, before 2002, up to 80% of patients who need therapy will be treated ; implementation of a surveillance system, improvement of clinical research and evaluation.

Implementation

The strategy is directed by the «Direction générale de la santé» with a project coordinator and two committees, a follow-up committee and a specific committee for communication with public, media, professionals, patients support groups. The programs are coordinated at a national level but had to be implemented at regional and local levels. The 2001 progress report confirmed a major increase of national and regional actions which paralleled the financial support provided.

Primary prevention priorities

The first priority of primary prevention is to reduce the incidence of HCV infection among drug users contaminated by intravenous use as well as intranasal use. Among a total population of 100,000 to 160,000 intravenous drug users, the HCV prevalence is estimated at 40 to 60% and the incidence still high, about 10 per cent person-year. Since October 1999, prevention was reinforced by the sale of a new ad hoc kit (Stéribox 2®) for intravenous drug users at reduced cost and by distribution of similar kits by support groups. A second impor-

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tant concern is the risk of viral transmission by percutaneous exposure through body modification practices (piercing, tattoo...) which are increasing. Recommendations of the «Conseil supérieur d'Hygiène Publique de France» were applied. A specific radio campaign was addressed to young people and recommended precautions in case of piercing and tattoo practices. Leaflets with basic safety recommendations were mailed to all jewelers and estheticians and to piercing and tattoo shops. Reduction of nosocomial risk is further reinforced by recommendations regarding sterilization and utilization of single use disposable material. Safety of blood products has been further improved since July 2001 by systematic genome detection on blood donations.

Screening strategy

Considering the high proportion of persons still unaware of their infection (about 50% in 1998 and at least one third in 2000) and the progression of treatment efficacy of combined therapy with ribavirin (introduced in 1999), the target population to whom screening tests should be systematically offered was widened in comparison with the 1997 strategy. The strategy is based on a scientific analysis (7). The decision was made to publicize a first national awareness campaign which was launched on June 28th, 2000. It was mostly directed to general practitioners and provided mailing and distribution of leaflets and posters to practitioners as well as to patients and intravenous drug users. A study among general practitioners showed the impact to have been satisfactory. In 2001, a second large media campaign directed to the general population was conducted, first in 70 national and regional newspapers (colored information, full page), then by messages on numerous radio stations. A specific «Hepatitis C» file was created on the internet site of the Ministry of Health. Since the end of 1999, a national toll free phone number, «Hépatites Info Services», provides information to the public. Access to screening was improved by extending HCV testing to the anonymous and free HIV testing centers, as well as family planning centers, according to a new regulation. In France, around 80% of screening tests are performed in the private sector and 20% in hospitals. It is estimated that 1,175,000 anti-HCV ELISA tests, 10,300 seropositivity control tests and 60,000 HCV RNA tests have been performed in the year 2000.

Care management

The organisation of care is specified in a recommendation drafted in May 1999, which aims at reinforcing accessible quality care through networks involving private and public sectors. Thirty one hepatitis C reference centers (1 or 2 per region), located in teaching hospitals, have been created with the mission of coordinating protocol care and improving clinical research. New medi-

cines have been provided, including ribavirine in 1999 and pegylated interferon $\alpha 2b$ in hospital in 2001. The annual number of treated patients averages 10,000 since 1998. It is estimated that, in 2000, 23,000 new patients have been admitted to hospitals and 35% of medical care included treatment.

Clinical research

Support of clinical research is provided by the «Agence nationale de recherches sur le Sida» (ANRS). Two new concerted actions and scientific evaluation committees were created. Sixty nine projects have been financed in the last three years.

Public health surveillance

A surveillance system has been implemented by the «Institut national de la veille sanitaire» on major aspects of the epidemic. By early 2002, it will provide the first results of two continuous data gathering files, one on screening activity from a network of 257 voluntary medical biology laboratories and one concerning the characteristics of new patients consulting in hepatitis C reference centers. The proportion of persons unaware of their HCV seropositivity and of patients receiving care will be re-evaluated by a national epidemiologic survey in 2002.

Specific budget and costs

Costs of testing (screening, confirmation and genome detection tests) were estimated at € 2,640,417 in 2000, € 3,003,245 in 2001 and the prevision for 2002 is € 3,399,613. In 1999, hospitals were allocated a specific budget of € 5,442,430, increased to € 8,384,696 in 2000 and to € 10,671,431 in 2001. In 2001 and 2002, € 3,613,041 have been allocated for national actions and € 1,631,204 for regional and local actions. Media action cost increased from € 655,531 in 2000 to € 4,070,389 in 2001 and an equivalent sum will be spent in 2002. The specific budget of ANRS for clinical research on hepatitis C has been of € 9,146,941 since 1999.

Outlook and conclusion

In 2002, a report will be obtained from an expert analysis by the «Institut national de la Santé et de la Recherche médicale» of the scientific data at present, probable evolution of patients in the next 50 years, quality of life, probability of risk of contamination in the different at-risk situations. A french consensus conference on therapy by the «Agence nationale d'Accréditation et d'Evaluation en Santé» (February 27-28th, 2002) will provide recommendations (8-9). An external evaluation of the program is ongoing. These combined data should contribute to the improvement of the program in view of its renewal. The future hepatitis program will be announced by the Ministry of Health in early 2002.

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