

Viral Hepatitis



8th RSA AIDS Conference
Durban, South Africa
15 June 2017

Dr Kgomotso Vilakazi Nhlapo
Medical Coordinator:TB,HIV&Viral Hepatitis
National Department of Health



health

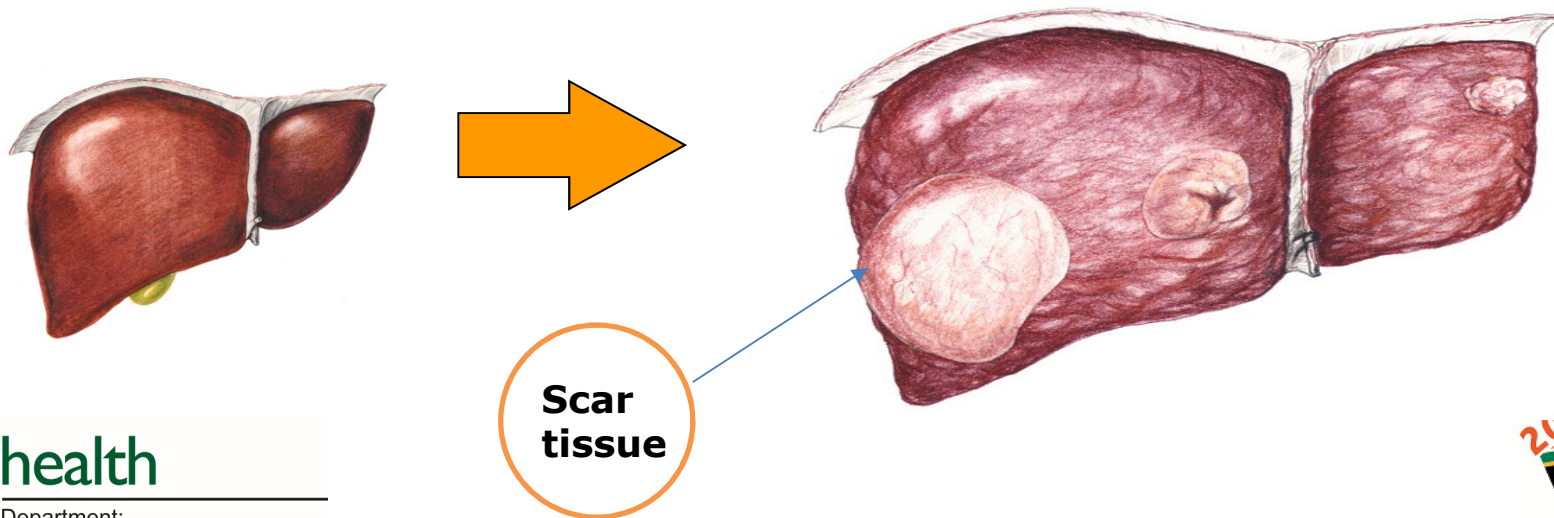
Department:
Health
REPUBLIC OF SOUTH AFRICA



What Is Hepatitis?



- Hepatitis means inflammation of the liver
 - Hepat (liver) + itis (inflammation)= Hepatitis
- Viral hepatitis means there is a specific virus that is causing your liver to inflame (swell or become larger than normal)



health

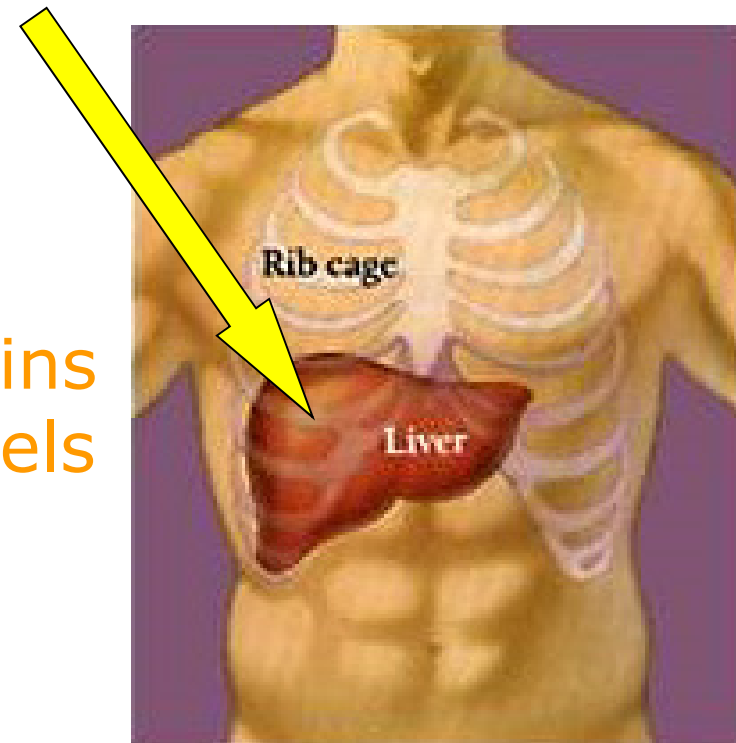
Department:
Health
REPUBLIC OF SOUTH AFRICA



The Liver



- Is located in the upper right quadrant of the abdomen
 - Cleans the blood
 - Regulates hormones
 - Helps with blood clotting
 - Produces bile
 - Produces important proteins
 - Maintains blood sugar levels
 - And much, much, more
- The liver is essential



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

for life !



Signs and Symptoms



- A few may have specific liver related symptoms initially:
 - Pale stool (poo)
 - Jaundice (yellowing of the skin or eyes)



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Viral Hepatitis



5 types:

A: fecal-oral transmission

B: sexual fluids & blood to blood

C: blood to blood

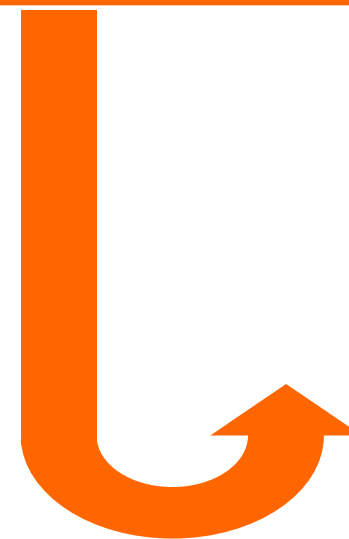
D: travels with B

E: fecal-oral transmission



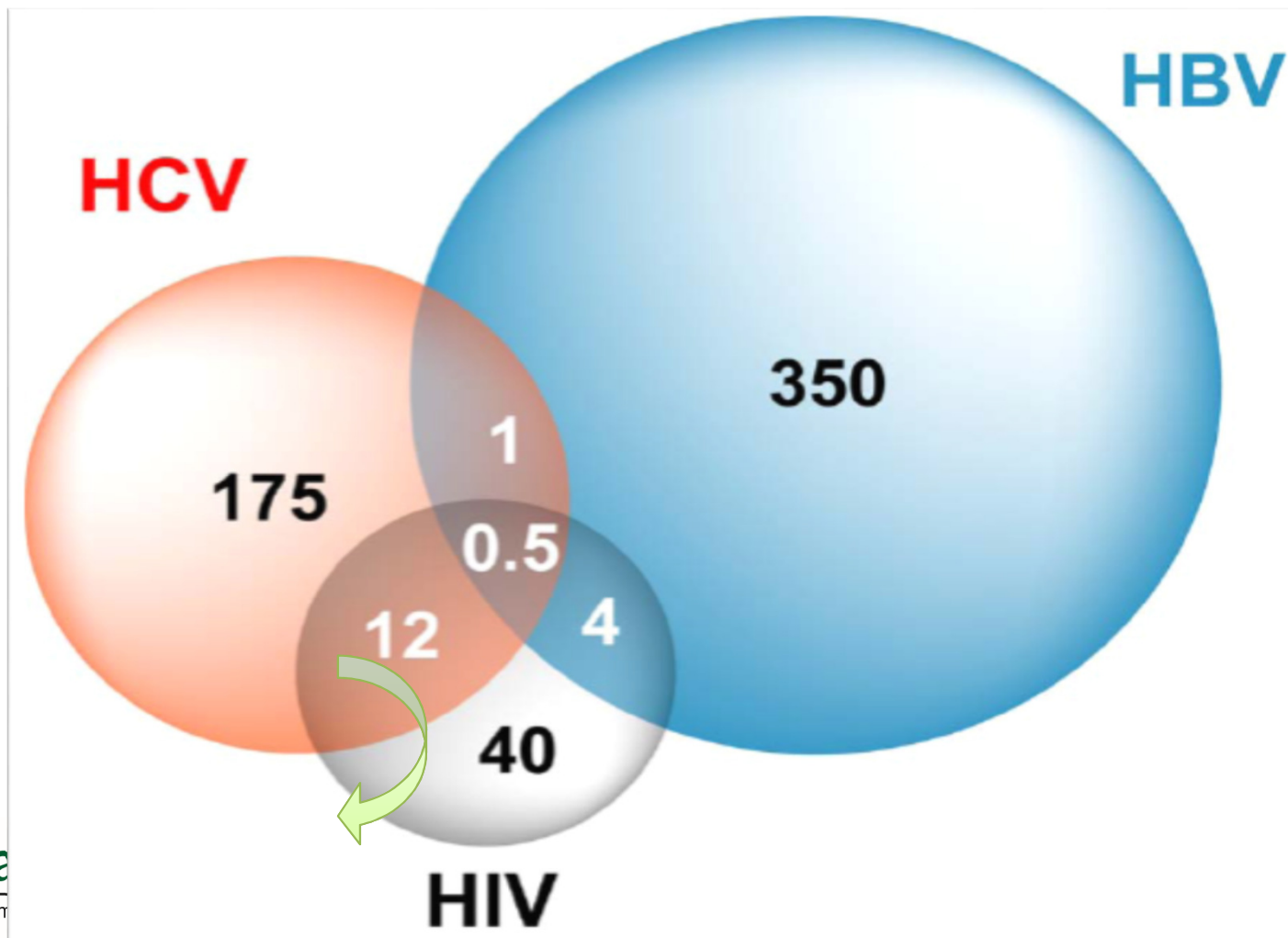
health

Department:
Health
REPUBLIC OF SOUTH AFRICA



BACKGROUND

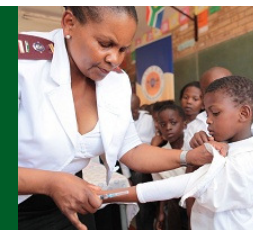
Global Co-infection



health
Department
Health
REPUBLIC OF SOUTH AFRICA



WHO: Eradication of Viral Hepatitis



WHO aims by 2030

- 90% reduction in new cases of chronic hepatitis B and C
- 65% reduction in hepatitis B and C deaths
- 80% of treatment eligible persons with chronic hepatitis B and C infections treated

Globally, this will require

- Development and Implementation of National Guidelines for the Prevention and Treatment of Viral Hepatitis
- Development and Implementation of National Surveillance Strategies
- Access to sustainable and affordable diagnostics and therapeutics



Enabling identification and linkage to care

health

Effective utilization of existing infrastructures for delivery of care

Department of Health
REPUBLIC OF SOUTH AFRICA



BACKGROUND

South Africa



- Chronic viral hepatitis: silent and neglected cause of morbidity and mortality
- Hepatitis A and B are highly endemic

Hep B

- Estimated 3 445 477 individuals infected with HBV
- HBV is 100 times more infectious than HIV and 10 times more infectious than HCV
- 15 to 25% risk of dying from HBV-related liver diseases

Hep C

15 to 40% risk of developing cirrhosis, liver failure or HCC

- 10-40% of HCV infected individuals have no identifiable risk factor
- 10% of HIV-infected persons are co-infected with HCV in general



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Hepatitis B : Prevention



- HBV and its associated complications of cirrhosis, liver failure and HCC
VACCINE PREVENTABLE- SA introduced universal HBV vaccination in April 1995
 - ❖ Added to existing 6, 10 and 14 week EPI schedule, now 18 month booster, Hexavalent vaccine

Prevention of MTCT of HBV

- Maternal HBsAg screening
- Tenofovir in 3rd trimester pregnancy (HBV DNA >200 000 IU/ml)
- Birth dose HBV vaccine within 24 hours of delivery
- Universal HBV vaccination as part of EPI

Prevention of Adult transmission



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Vaccination of high-risk groups

Treatment of HBV-infected individuals



How to reduce burden of HCV in HIV infected persons?



- Testing
- Harm reduction, counselling and services
- Safe injection and infection control practices
- Need to increase general knowledge among patients and clinicians and referral to HCV care and services
- Treatment
 - Clear evidence that successful HCV treatment leads to reduced disease burden (e.g. Reduces rates of cirrhosis, ESLD and HCC)

– ? Treatment as prevention



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



WHO 2030 Goals Implications for practice in SA



South Africa adopted the WHO 2030 Goals and initiated process to review current practice and to develop national guidelines through:

- Review of current polices, guidelines and data
- Consultations with stakeholders {,Expert Committee on Virology and the National Essential Medicine List Committee (NEMLC) }
- Development of national draft guidelines

The Draft national Viral hepatitis guidelines were reviewed and approved by the Technical Working Group ,

The guidelines will be distributed following ratification by the NHC



health

Department:
Health
REPUBLIC OF SOUTH AFRICA





National Viral Hepatitis Action Plan



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Purpose of National Action Plan



- Translate guidelines in to large scale action at population level
- Articulate attainable medium-term (5 year) goals
- Spell out key activities needed to achieve the goals
- Estimate the financial and other resources required
- Enlist and coordinate relevant organizations
- Assess risks and how to address them
- Develop metrics and system for accountability
- Express “promise” or commitment to the nation



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Action Plan Priority Areas



1. Raise Awareness of Hepatitis Infection amongst the Health Work Force and General Population
2. Strengthen Knowledge of Hepatitis Burden of Disease
3. Prevent Transmission of Viral Hepatitis
4. Improve Testing, Care, and Treatment to Prevent Liver Disease and Cancer
5. Management, Coordination and Evidence-Based Response



health

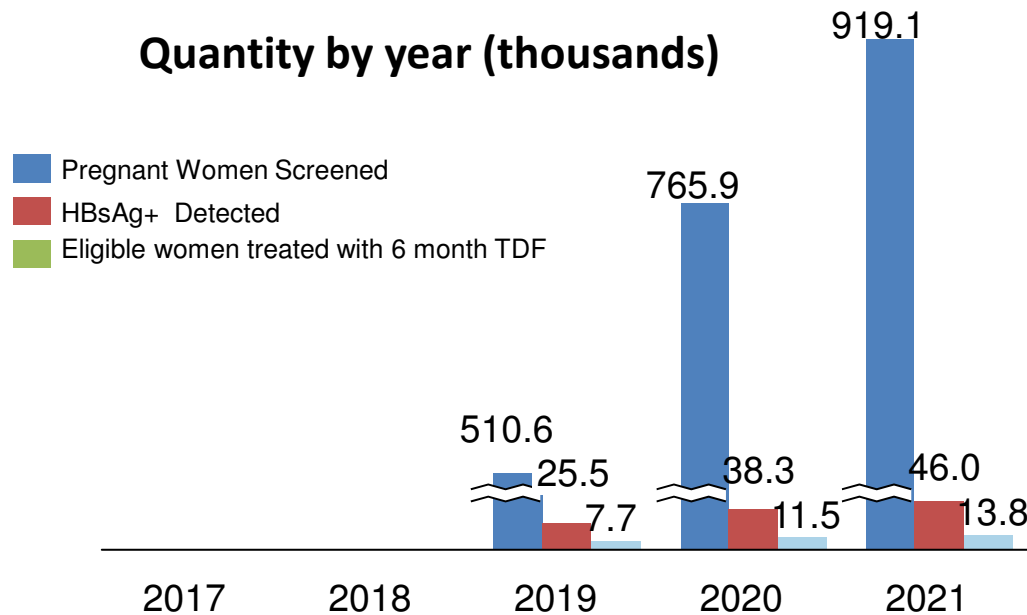
Department:
Health
REPUBLIC OF SOUTH AFRICA



Priority 1: PMTCT-Universal Birth Dose and HBsAg+ Screening



Quantity by year (thousands)



Assumptions on birth dose:

- About 1.1 million births in South Africa
- Target: HBV BD within 12 hours for 95% of in-facility deliveries (About 85-90% coverage of births)

Assumptions on screening:

- Coverage of HBsAg screening (currently 0%) increases from 50% in 2019 to 90% in 2021
- 5% of women HBsAg+ and have VL needing PMTCT treatment

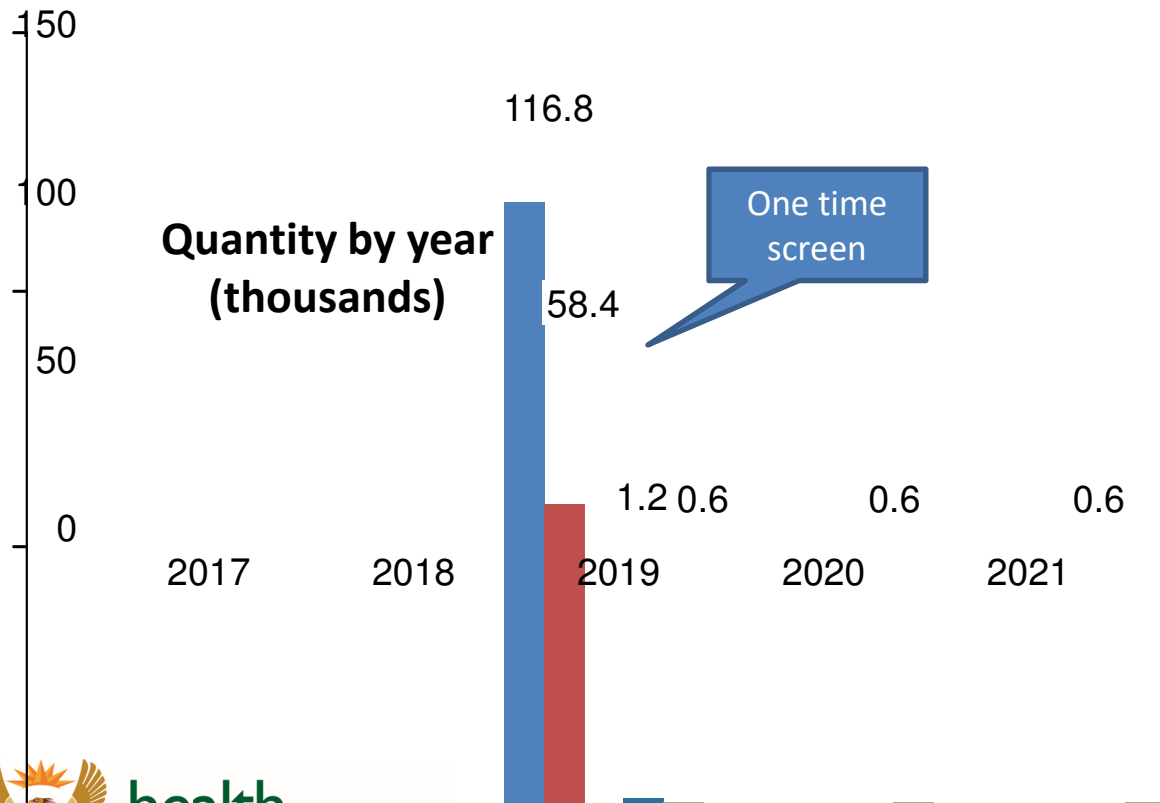
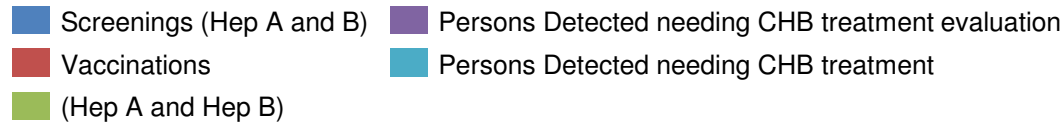


health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Priority 2: Health Worker Protection Opt-out Screening



Assumptions:

- One-time campaign style push to get all health workers screened, vaccinated, or treated in 2019
- This program assumes 65% of health workers get screened
- Assume 50% need vaccination for Hep A and Hep B
- Program cost includes evaluation and treatment of those with CHB that are detected.

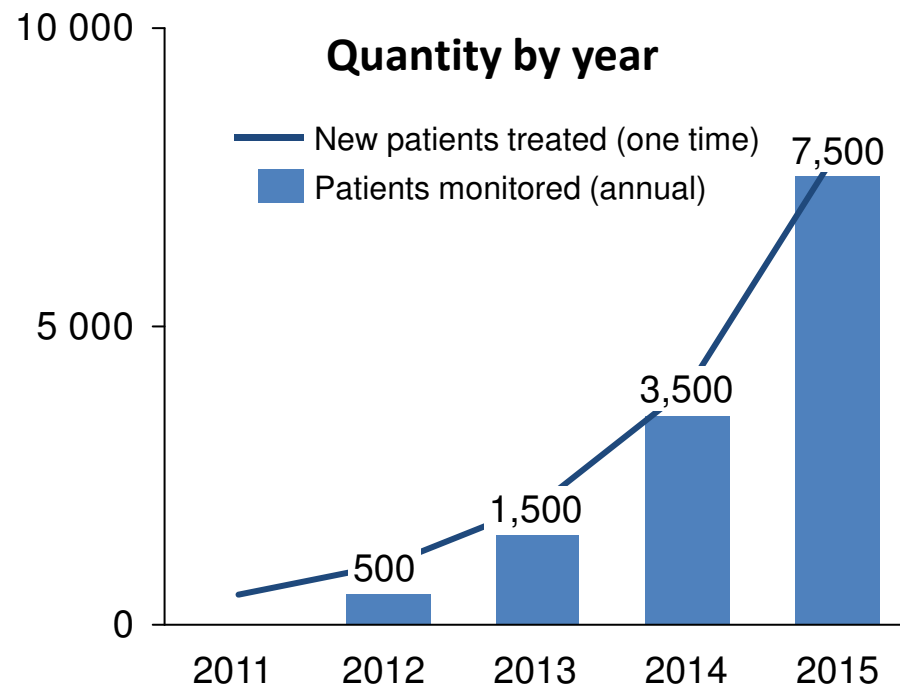


health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Priority 3: Hepatitis C Treatment with DAAs



Currently, less than 300 patients are treated for Hep C each year in South Africa

Over 300,000 persons in South Africa with Chronic Hep C infection, of which at least 30% will need treatment.

Non-monetary challenges to scale up:

- MCC & NEMLC approval and procurement of at least one combination DAA (e.g. "Harvoni" SOF/L) by beginning of 2019 to avoid large volume of Section 21 requests.*
- Need ~ 1 full-time clinician with specialty training in hepatology per 1000 patients*
- Training programs at UCT will need to be approved and funded to train the number of clinicians needed to meet these scale up numbers*
- Need to do enough additional screening in high-risk populations to find Hep C patients in 2019 and beyond*

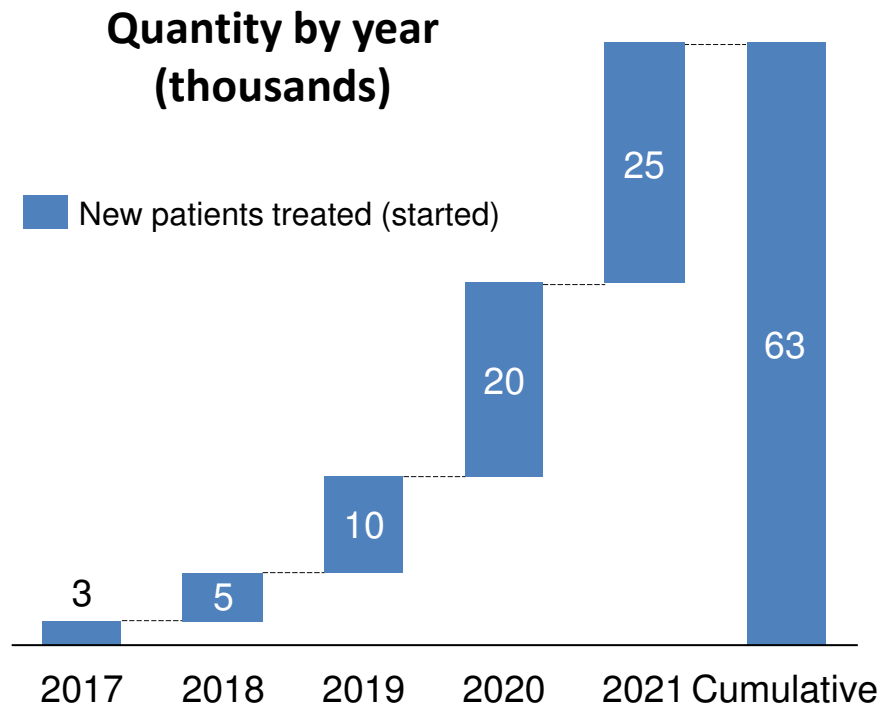


health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Priority 4: Hep B Treatment



Assumptions:

Currently, less than 1000 patients are treated for Hep B each year in South Africa

Several million infected (6.7% prevalence) and roughly 30% of those infected will need treatment in coming years.

Non-monetary challenges to scale up:

- TDF supply chain to get drugs to clinics.
- Need ~ 1 full-time clinician with specialty training in hepatology per 1250 patients
- Training programs to be planned, as currently only 2-4 FTE of clinicians with hepatology training in practice
- Likely need to protocolize and piggyback on ART care system to achieve significant volume in outer years
- Universal screening of pregnant women for HBsAg AND screening of household members of HBsAg+ women to detect CHB cases for treatment prior to progression to symptomatic disease (which is more expensive to treat).



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Implementation Process



- Launch and Disseminate the National Guidelines on Viral Hepatitis Control
- Disseminate costed National Action plan for Viral Hepatitis Control
- Advocacy and resource mobilization
- Monitoring and Evaluation of implementation process



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Conclusion



- The WHO 2030 targets challenges us to strengthen & up-scale Hepatitis focal Programmes
- While the guidelines and action plan create a roadmap towards realizing the WHO 2030 goals
- Our ability to reach the goals is dependent on consistent commitment from all stakeholders and the availability of resources



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Acknowledgement



- Prof W.Spearman
- Prof M.Sonderup
- World Health Organization
- PHAROS Team
- National Viral Hepatitis Technical Working Group
- Provincial HIV and Communicable Diseases' Managers



health

Department:
Health
REPUBLIC OF SOUTH AFRICA





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



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

