Report on the 3rd International HIV/Viral Hepatitis Co-Infection Meeting

HIV/Viral Hepatitis: Improving Diagnosis, Antiviral Therapy and Access

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Context of meeting

• At present, viral hepatitis kills more people than HIV, TB or malaria.

• Mortality has increased by 63% since 1990.

• Lack of commitment to combat and eliminate viral hepatitis-related disease as a public health threat.
Meeting aims

• To provide a unique opportunity for stakeholders to interact and develop constructive solutions.
  – industry, academia, community, government, non-governmental organizations.

• To provide evidence to demonstrate the utility of curative therapies and prevention measures.

• To engage policy makers towards creating an environment enabling wider therapeutics access.
Meeting objectives

• To review the latest therapeutic developments in viral hepatitis B and C

• To identify challenges and successes in scaling up diagnosis, screening, antiviral treatment and prevention of viral hepatitis in HIV co-infected persons

• To identify how to optimize outcomes and costs to achieve sustainable and equitable access to these therapies globally

• To learn from successful models, such as novel voluntary licensing agreements and map a path toward scaling up of viral hepatitis treatment programmes in low-medium income settings
Key intervention areas

• Prevention
  – hepatitis B vaccination
  – safe injection practices
  – safe blood products
  – harm reduction among people who inject drugs
  – safer sex practices
Key intervention areas

• **Diagnosis of infected individuals**
  – Public health approach to diagnosis of infections.
  – Identification of high-risk populations.

• **Treatment**
HBV Topics: MTCT

• HIV-hepatitis B virus (HBV) co-infection burden remains a global public health challenge.
  – Burden driven by childhood-acquired infections.

• Routine maternal screening is needed, especially in resource limited settings (RLS) where infection is highly endemic.

• Provision of treatment to infected mothers to prevent MTCT of HBV.

• Also need to implement routine screening of HBV in HIV infected individuals.
HBV Topics: Infants

• Prompt implementation of birth dose HBV vaccine globally.
  – Need for availability of monovalent HBV vaccine.

• Post vaccine serological testing (PVST) of infants born to HBsAg+ mothers at 1-2 months after last vaccine.
  – Confirmation of protective responses to vaccine.
  – Feasibility in resource-limited settings?

• Booster dose recommended in HIV-exposed children.
  – Frequently have sub-optimal responses.
HBV Topics: other

• Need for routine surveillance for hepatocellular carcinoma (HCC) and other consequences of chronic HBV infection.
  – Faster progression of hepatitis B to advanced liver disease in HIV/HBV co-infection.

• Need to roll-out therapy for HIV/HBV co-infection and HBV mono-infection.
HCV Topics: Epidemiology

• Gaps in the epidemiology of HCV in Africa and beyond.
  – Lack of data among high risk groups, particularly PWID.
  – Criminalisation of PWID hinders access to testing and treatment services.

• The prevalence of PWID in Africa is likely underestimated.
  – Insufficient/limited data.
  – High in eastern sub-Saharan Africa.

• There is also limited awareness and access to testing, diagnosis and treatment of HCV in the general population.
HCV Topics: Treatment

• Governments encouraged to embrace scientific evidence and provide treatment to individuals infected with HCV.
  – Discrimination and stigmatisation against HCV-infected people must end.

• Effective and well-tolerated directly acting antivirals (DAAs) against HCV are available.
  – Pan-genotypic interferon-free DAAs available and result in excellent sustained virological response rates
HCV Topics: Treatment

• Pharmaceutical companies encouraged to share their patents through the Medicines Patent Pool.
  – MPP: Public health voluntary mechanism created in 2010 to increase access to quality, appropriate medicines for people living with HIV in developing countries

• Appeal to governments to register with MPP in order to access DAAs at reduced cost.
  – Lack of uptake especially among African countries.

• Challenges with the WHO pre-qualification process
  – Delaying availability of access to diagnostic modalities.
Screening for viral hepatitis and liver disease

• Innovative models to improve diagnosis and treatment within RLS were presented.
  – Public-private partnerships a means of availing funding for screening and treatment highlighted.
  – Need for quality POC diagnostic tests that can also be used in remote settings

• Data shared supporting use of non-invasive tests for screening of liver disease, initiating and monitoring response to therapy and monitoring disease progression.
  – Aspartate transaminase to platelet ratio index (APRI)
  – Fibroscan
Final messages

• If there will be a Durban Declaration for 2016, the group recommends universal implementation of a birth dose of HBV vaccine without further delay.

• Discrimination against people with viral hepatitis must end and treatment should be made accessible and affordable.
  – Criminalisation and stigmatization kills.

• We have made remarkable progress in HIV and we can do the same against viral hepatitis if we commit to the WHO Global Strategy for eliminating viral hepatitis.
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World Hepatitis Day 27 July
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