

Progress and challenges to Care: Treatment, management, and care strategies in China

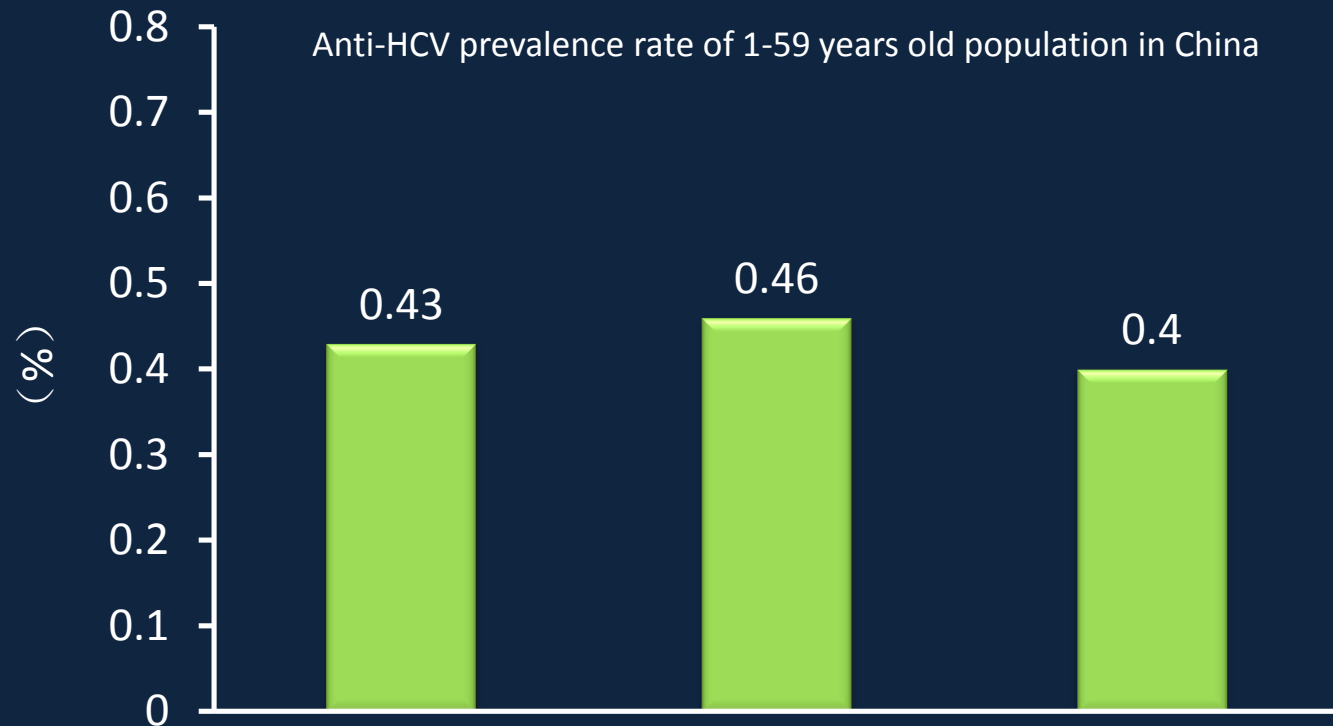
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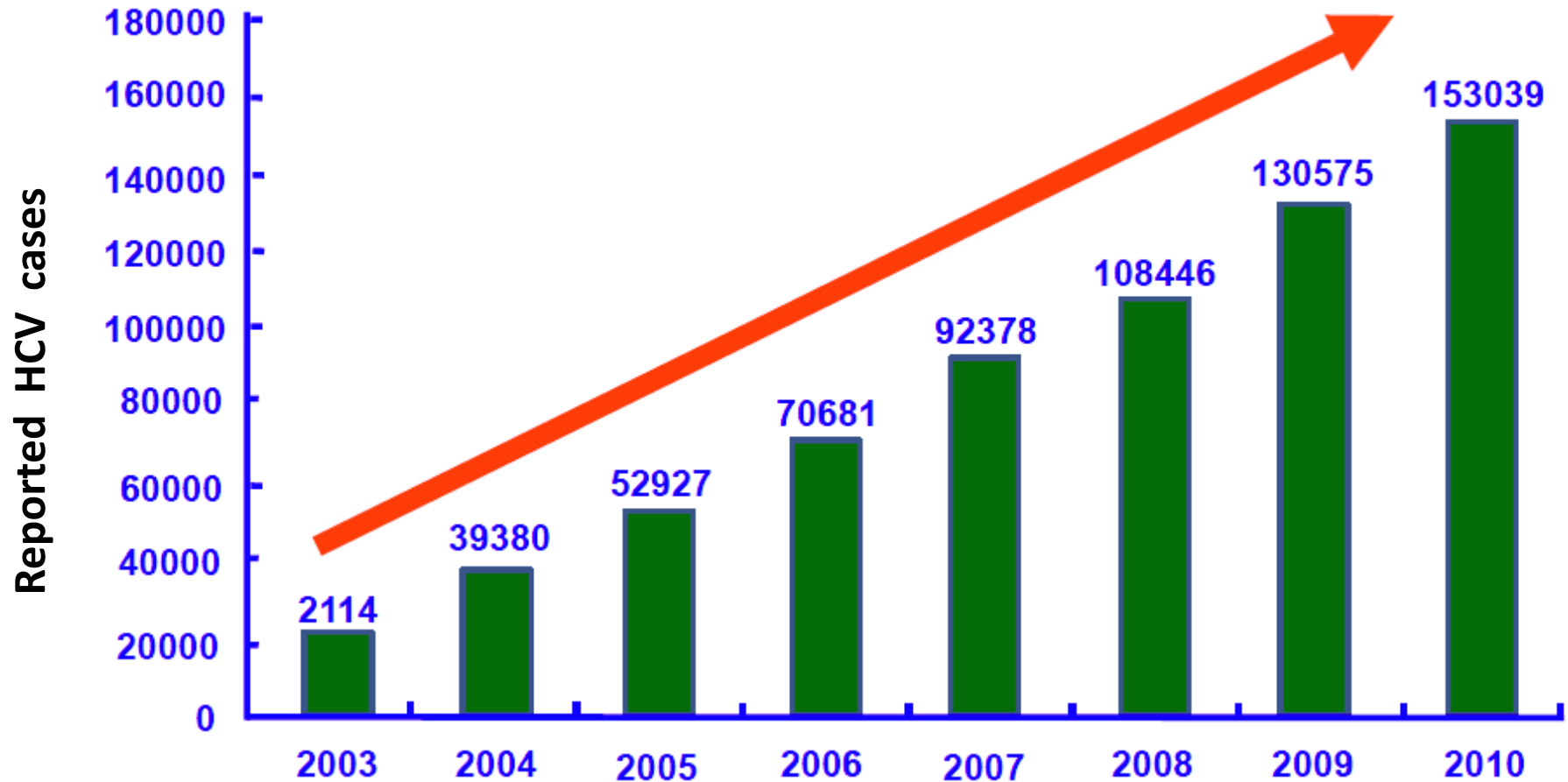
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China is currently low prevalence area of hepatitis C after comprehensive prevention and control



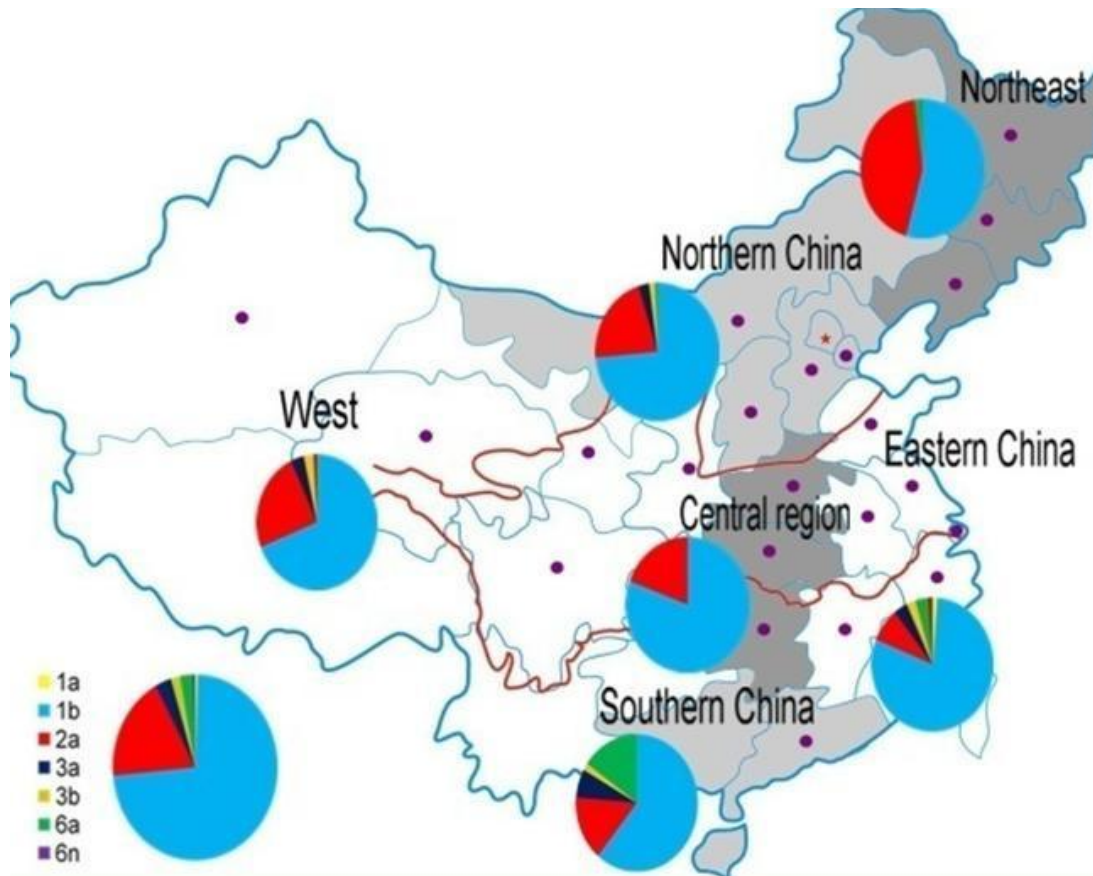
- The estimated number of HCV infected patients in China is 5.6 million. In this survey, the anti-HCV positive rate is lower than before, which may be related to the prevention and control measurements in China.

The reported HCV cases are increased by year China, 2003-2010



Data source: Published data by MOH

Molecular and Epidemiological Profiles of Hepatitis C Virus in Mainland China



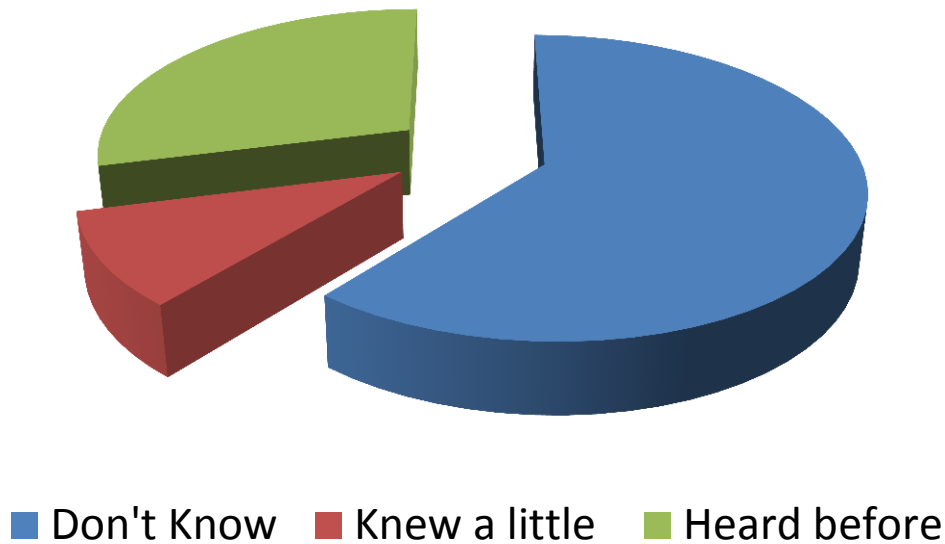
Determination of HCV genotype is significant for the prediction of response to anti-viral therapy and duration of treatment.

A total of 853 HCV RNA positive serum samples were collected from chronic HCV infected patients from 23 administrative units in mainland China during 2009.10 - 2011.6.

The results indicated new trends of HCV infection in mainland China. Phylogenetic analysis revealed **that genotype 1, 2, 3 and 6** were detected.

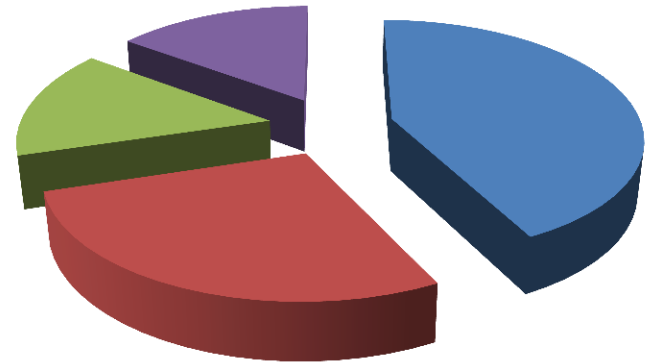
Knowledge among General Public and Professionals to Hepatitis C in China

A survey to people in streets in BJ and SH

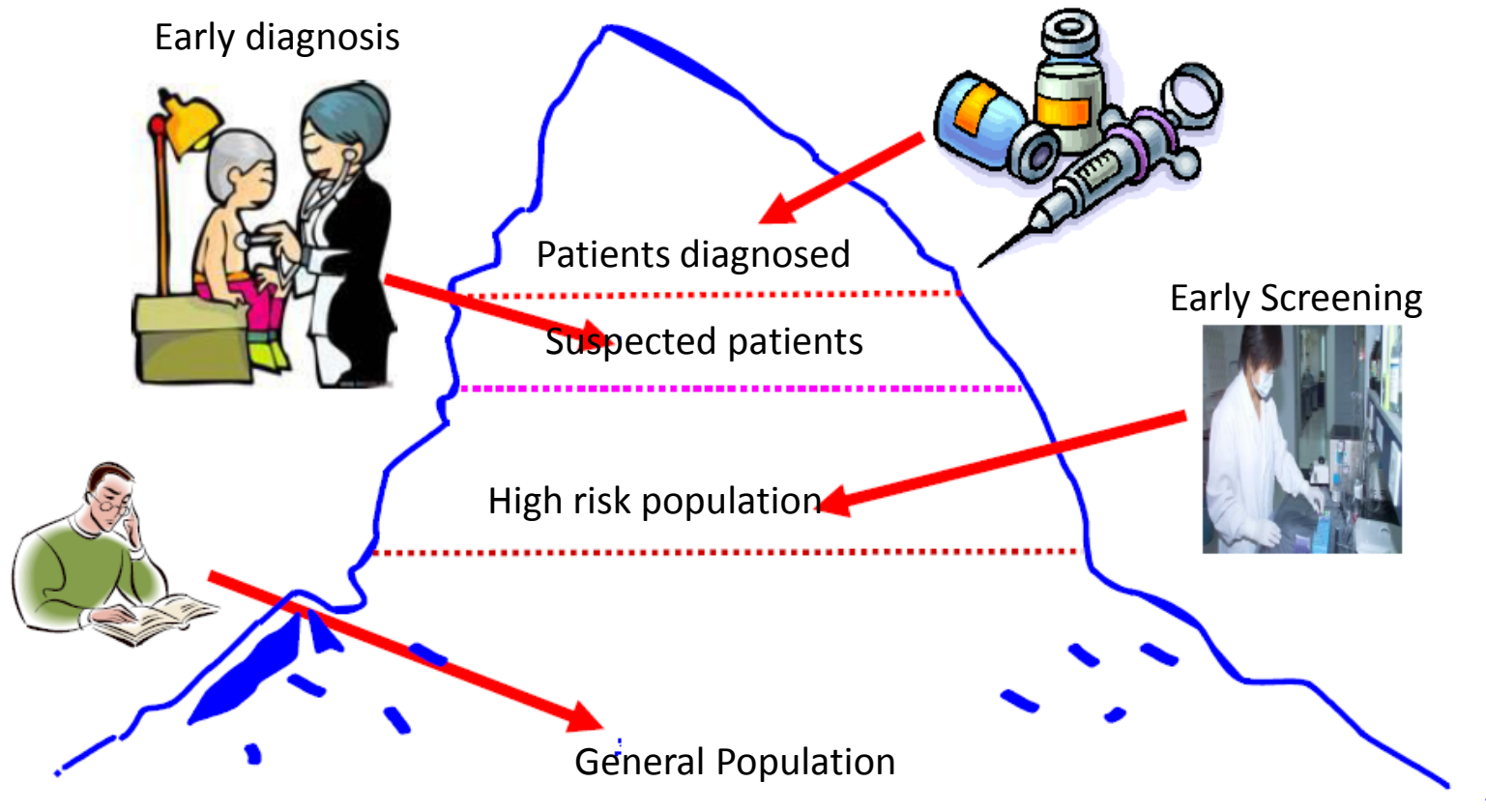


Knowledge of Physition who not treat HCV infection

■ Low cure rate ■ Uncureable
■ High cure rate ■ Unknown



The key strategy for controlling HCV - Screening



Policies added to Control HCV in China 1986-2011

- 1986: National funded researches had been done
- 1992: Sero-survey was conducted
- 1993: Screening policy to blood donors
- 1998: Blood donation law was issued
- 2004: Guideline of prevention and treatment issued
- 2008: Recommendations for controlling Hepatitis C to MOH
- 2010: Integrated HCV with HIV & STD surveillance in 87 counties
- 2011: National health education projects

Screening of High risk Population in China

- Has a history of blood transfusion or blood products application (especially before 1993);
- The history of paid blood donation;
- History of intravenous drug users;
- Occupational exposure (tattoos, perforation, acupuncture and moxibustion, etc.) of needle stick injuries caused ;
- Medical exposure history, including surgery, dialysis, impurity dental operation, organ or tissue transplants;
- History of high-risk sexual behavior, such as multiple sex partners, MSM;
- HCV infection of sexual partners and family members;
- People living with HIV and their sexual partners;
- Children born to mothers with the HCV infection.
- Damage the skin and mucous membrane by HCV infected blood pollutants

Management of HCV infection in China

- Screening to Population ready for a special or invasive medical procedures :
 - Blood transfusion or application of blood products;
 - All kinds of invasive duct and other invasive interventional diagnosis and treatment;
 - Endoscopy, such as gastroscope, colonoscopy, bronchoscope and cystoscope inspectors.
 - Unexplained abnormal liver biochemical tests, such as elevated ALT and bilirubin
- In accordance with the law of the People's Republic of China on the prevention and control of infectious diseases, viral hepatitis C, should be reported within 12 h in urban and 24 h in rural.
- Only those Anti- HCV positive and HCV RNA positive patients, need to be reported.

The Comparison of Antivirus Treatment Rate of HCV by Region



APASL: Updated points of Guideline Treatment of HCV infection

Maintain the 2007 recommendation

- SVR is one of the objective of antiviral treatment for chronic HCV infection
- HCV GT 1 : Treatment with peginterferon and ribavirin for 48 weeks is recommended.
- In those who have undergone previous treatment with conventional interferon or peginterferon monotherapy and experienced non-response or relapse, retreatment with peginterferon plus ribavirin can be considered, particularly in those with significant fibrosis or cirrhosis
- those with decompensated cirrhosis who have been treated with interferon and ribavirin

New recommendations

Telaprevir or boceprevir combination with peginterferon alfa plus ribavirin significantly improves SVR rates in treatment-naive and treatment-experienced HCV 1-infected patients.
(only to countries where telaprevir and boceprevir are available)

Barriers of Caring HCV infection in China

- Both Public and professionals have low awareness rate to HCV infection
- Screening is not regular conducted
- Most of infections are underground
- Screening to high risk population also not well implemented
- Anti-virus treatment is not universal practiced
- Policy is needed...

Thanks