

Criteria Grid  
Best Practices and Interventions for the Prevention and Awareness of Hepatitis C

Best Practice/Intervention:	Delarocque-Astagneau et al. (2010). The impact of the prevention programme of hepatitis C over more than a decade: The French experience. Journal of Viral Hepatitis, 17, 435-443.			
Date of Review:	May 21 2010			
Reviewer(s):	Alison Marshall			
<b>Part A</b>				
Category:	Basic Science <input type="checkbox"/> Clinical Science <input type="checkbox"/> Public Health/Epidemiology <input checked="" type="checkbox"/> Social Science <input type="checkbox"/> Programmatic Review <input type="checkbox"/>			
Best Practice/Intervention:	Focus:    Hepatitis C <input checked="" type="checkbox"/> Hepatitis C/HIV <input type="checkbox"/> Other: _____ Level:        Group <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other: _____ Target Population: <u>HCV infected patients</u> Setting: Health care setting/Clinic <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other: <u>Secondary data from clinics</u> Country of Origin: <u>France</u> Language:    English <input checked="" type="checkbox"/> French <input type="checkbox"/> Other: _____			
<b>Part B</b>				
	YES	NO	N/A	COMMENTS
Is the best practice/intervention a meta-analysis or primary research? Please go to Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meta-analysis --Multiple data sources: Two national cross-sectional population-based seroprevalence surveys conducted in 1994 and 2004 and two surveillance networks [261 public and private laboratories; 26 university hepatology wards] --National hepatitis C prevention programme implemented in 1999 to reduce HCV transmission, increase screening, & improve access to treatment -- Evaluate trends in prevalence, testing, epidemiological and clinical characteristics of patients from 1994-2006

				--Part of national programme focused on strengthening access to safe injection materials as well as implementing screening campaigns between 2000-2002
The best practice/intervention shows evidence of "scale up" ability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
The best practice/intervention shows evidence of transferability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Methodology could be transferred.
The best practice/intervention shows evidence of adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Do the methodology/results described allow the reviewer(s) to assess the generalizability of the results?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	N/A	COMMENTS
Are the best practices/methodology/results described applicable in developed countries?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methodology is applicable in developed countries
Are the best practices/methodology/results described applicable in developing countries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Might not have same electronic data sources
The best practice/intervention has utilized a program evaluation process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Consultation and feedback with community has taken place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
The best practice/intervention is sensitive to gender issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The paper separates results based on gender.
The best practice/intervention is sensitive to multicultural and marginalized populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The paper separate results based on age, beneficiaries of welfare, and region but not by ethnicity.
The best practice/intervention is easily accessed/available electronically	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Journal of Viral Hepatitis
Is there evidence of a cost effective analysis? If so, what does the evidence say?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Please go to Comments section				
How is the best practice/intervention funded? Please go to Comments section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Financial Disclosure.
Is the best practice/intervention dependent on external funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Less so than primary research.
Other relevant criteria: <u>Notable Findings</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>--1994 to 2004: Decrease in anti-HCV prevalence in adults 20-59 years from 1.05% to 0.71%, with biggest differences seen in the 20-29 years age group</p> <p>--The proportion of anti-HCV positive persons aware of their status increased from 24% to 56%</p> <p>--Anti-HCV screening activity increased by 45% from 2000-2005</p> <p>--HCV among those persons tested decreased from 4.3% to 2.9%</p> <p>--Analysis indicates that national programme had a positive impact at the population level. There is evidence of improved prevention, screening, and management</p> <p>--However, screening activities may have been less targeted to those most greatest at risk</p> <p>--With no comparison group cannot be sure that changes are related to the national programme</p> <p>--proportion of cirrhosis patients as well as co-morbidities remained high</p> <p>--anti-HCV prevalence in current IDUs remained high</p> <p>--Need to better target IDUs, assess co-morbidities and provide multidisciplinary approach for co-morbidities (e.g. HCV and alcohol dependence)</p>