Scaling up HCV testing for elimination in Mexico

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BLOOD BANKS

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>NÚMERO DE BANCOS</th>
<th>% DONACIÓN ALTRUISTA</th>
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<tbody>
<tr>
<td>SECRETARÍA DE SALUD</td>
<td>90</td>
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<td>IMSS</td>
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<td>ISSSTE</td>
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<td>PRIVADOS</td>
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<td>SERVICIOS ESTATALES</td>
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<td>PEMEX</td>
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<td>18.49%</td>
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<td>CRUZ ROJA</td>
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<td>HOSPITALES UNIVERSITARIOS</td>
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<td>SECRETARÍA DE MARINA</td>
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<td>SNDIF</td>
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<td>5.07</td>
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<td>SECRETARÍA DE LA DEFENSA NACIONAL</td>
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<td>51.82%</td>
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2018

Total number of candidates 2,720,307

Accepted for evaluation 1,807,728

Banned 912,579

Prevalence of antiHCV 0.5%
Screening in general population

Of 71,322 screened individuals, 367 were found to have detectable anti HCV antibodies (0.5%). These samples were then submitted for viral load determination and active HCV infection was confirmed in 221, therefore the overall prevalence was 0.3%.

Kershenobich et al.. Rev Invest Clin. 2014
Chirino R et al 2015
National plan for elimination of hepatitis C

Previous situation in México

- Viremic prevalence: 0.4%
- Estimated number of infected persons in México: 550,000

Cascade of treatment (up to 2018):
- Estimated Prevalence diagnosed: ~22,000
- Antibody: ~16,500
- HCV RNA Tested: ~6,000
- Treatment Initiated: ~6,000
How to facilitate diagnosis

• Increase Awareness.

- It is essential for screening and early detection.
- Allows the identification of patients at risk.
- It translates the importance of the elimination program.
- Provides educational resources.
- Key for prevention.
- Destigmatization.
How to facilitate diagnosis
Point of care testing

- Easy access to rapid diagnostic tests at point of care.

- Rapid testing.
- Allows testing and getting the result in the same visit.
- Can be done outside the clinical lab.
- Can be interpreted by non-specialists.
- Increases the number of patients tested and simplifies the process of confirmation and reference to treatment.
National plan for elimination of hepatitis C

AIM

To identify and treat 20,000 patients with hepatitis C in 2020 and 40,000 yearly/10 years

2020: Treat previously identified patients with viremic hepatitis C

- Eliminate hepatitis C in co-infected patients with HIV
- Ensure access to treatment for patients detected in blood banks
- Screen unaccepted candidates for donations at blood banks
MEXICO: Cascade of treatment……Opportunities

PRIMARY CARE PHYSICIANS (PCPs)

<table>
<thead>
<tr>
<th>Number of physicians</th>
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<tr>
<td>2017</td>
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<tr>
<td>2016</td>
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<tr>
<td>2015</td>
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<tr>
<td>2014</td>
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- Training of PCPs, to handle diagnosis and care of HCV-infected patients (EDUCADS).
- Community health workers.
- Lack of consistent supervision.
- Weak linkages to existing health systems.
- No sustained community financing.
- Networks and roles to have an explicit medical function.
- Address high levels of attrition from resignations, terminations, or leaving the few enthusiastic and reliable lay workers that remain to become overloaded with work.

Mexican Health System Report 2018
National plan for elimination of hepatitis C

Combo includes:

• Point of care testing.

• Viremic confirmation (RNA PCR), ALT, platelet count, creatinine, HbsAg.

• 125 specialized nurses.

• On line education programme for general physicians (educads).

• National Registry.
Building a Mexican Observatory on hepatitis C elimination

Data base of all diagnosed patients.
Registry of all elegible patients for treatment.
Data mining tool (screening criteria, dropouts during testing, compliance, outcomes, etc).
Timely information for key policies and decision themes.
Treatment effectiveness measured from outcomes in the registration.
Barriers and facilitation to engage general practitioners with DAA´s.
Referral system in place with National Health care services.
Benefits and disadvantages of implemented measures.
Elaborate risk disease maps.
Foster publication of consistent data.
National plan for elimination of hepatitis C

Cascade of treatment (up to 2018)

- Estimated Prevalence diagnosed: ~22,000
- Antibody: ~16,500
- HCV RNA Tested: ~6,000

Federal Health System
(50% of attended population)
Cascade of treatment (one year 2020)

- Estimated Prevalence diagnosed: ~138,180
- Point of care: ~5.89%
- HCV RNA Tested: ~8,143
- Treatment Initiated: ~8,143
Lessons Learned/Best Practices

TO FACILITATE HEPATITIS C ELIMINATION

SCREENING AND EARLY DETECTION OF PATIENTS

The model of care must be transformed and simplified.

It is necessary to implement an integral model of care with the participation of different stakeholders.

It is necessary to migrate from a treatment strategy to an elimination strategy.