Are patients getting the treatment they need in Poland?

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Central-Eastern Europe – health expenditure data

5.1. Health expenditure per capita, 2015 (or nearest year)

- In Poland is 45% of OECD and 31% of Germany

22% of expenses are out of pocket (OECD 2014 data)

# Anti-HCV prevalence in Poland before the era of direct antivirals (2011-2012)

<table>
<thead>
<tr>
<th>Study</th>
<th>No of participants</th>
<th>Anti-HCV (1x)</th>
<th>HCV-RNA(+)</th>
<th>Predicted number of HCV-RNA(+) in Poland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flisiak, PGE HCV, 2011</td>
<td>N=26 059 (hospitals)</td>
<td>1.90 %</td>
<td>0.60%</td>
<td>220 000</td>
</tr>
<tr>
<td>Godzik, NIPH, 2012</td>
<td>N=4822 (emergency pts)</td>
<td>1.91 %</td>
<td>0.60%</td>
<td>220 000</td>
</tr>
<tr>
<td>Walewska, Medicover, 2004-14 – data for 2014</td>
<td>N=61,805 (primary health care)</td>
<td>1.10 %</td>
<td>N/A</td>
<td>150 000</td>
</tr>
</tbody>
</table>

**Diagnosis rate for HCV in Poland is appr. 20%**

Only one in five patients knows about their infection

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Walewska-Zielecka B et al. Eurosurveill. 2017
## Risk factors for anti-HCV positivity in Poland

N=26 057, anti-HCV: 1.94%, HCV-RNA: 0.6%, diagnosis rate in Poland ~15%

### Table 6  Multivariate analysis of risk factors for anti-hepatitis C virus positivity

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>OR (95% CI)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex male vs. female</td>
<td>1.74 (1.32, 2.29)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Age &gt; median</td>
<td>0.77 (0.59, 1.02)</td>
<td>0.07</td>
</tr>
<tr>
<td>Number of hospital admissions &gt; median</td>
<td>1.75 (1.31, 2.34)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Endoscopic procedures</td>
<td>–</td>
<td>&gt;0.1</td>
</tr>
<tr>
<td>Dialysis</td>
<td>–</td>
<td>&gt;0.1</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>–</td>
<td>&gt;0.1</td>
</tr>
<tr>
<td>Blood transfusions before 1992</td>
<td>2.88 (2.08, 3.98)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>History of tattooing and/or piercing</td>
<td>–</td>
<td>&gt;0.1</td>
</tr>
<tr>
<td>Intravenous drug use</td>
<td>6.13 (3.8, 10.0)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Cl, confidence interval; OR, odds ratio.

Anti-HCV in healthcare workers 1.42% vs 1.92% in patients (P=0.008)

Flisiak et al., Prevalence and risk factors of HCV infection in Poland. Eur J Gastroenterol Hepatol. 2011
Screening for HCV in Poland - reality

• Pilot screening actions show moderate success (primary healthcare n=22,659, anti-HCV 1.1%, pregnant women n=8006, anti-HCV 0.95%, PWIDs n=1219, 65% anti-HCV)*

• National Elimination Plan for HCV in Poland although created in 2005 is not implemented by Ministry of Health

• Among important barriers in screening is lack of reimbursement of anti-HCV testing in primary health settings

• Nationwide screening campaign urgently needed

* Data by National Institute of Public Health
Age cohort screening in CEE

Liakina et al., J Viral Hep 2015; Saraswat et al., J Viral Hep 2015, Bruggmann et al., J Viral Hep 2014
Linkage to care – education!

Questionnaire in 500 primary health physicians in Poland (2014-2016)

Question: Is HCV-infection a curable disease nowadays?

- Curable in 90-100%: 5.2%
- Curable in 51-89%: 16.4%
- Curable in <10%: 19.6%
- Curable in 10-50%: 28.2%
- Incurable: 14.8%
- I don’t know: 15.8%

* Data by National Institute of Public Health
Linkage to care – the shortage of health specialists

7.10. Practising doctors per 1,000 population, 2000 and 2014 (or nearest year)

7.33. Cataract surgery, waiting times from specialist assessment to treatment, 2006 to 2014/15


StatLink    http://dx.doi.org/10.1787/888933430022
Minimal fibrosis required for HCV interferon-free therapy in Europe

a: Fibrosis stage restrictions based on genotype and prior treatment experience
b: Fibrosis stage restrictions based on prior treatment experience

Marshall AD et al. EASL submission
Interferon free anti-HCV directs antivirals reimbursed by National Health Fund in Poland (2017)

- Ombitasvir-paritaprevir/r + dasabuvir – since 07.2015 for **genotype 1 and 4**
- Daclatasvir + asunaprevir – since 09.2015, for **genotype 1b**
- Sofosbuvir + ledipasvir – since 11.2015, for **genotype 1**
- Sofosbuvir + PegIFN + RBV – since 11.2015, for **genotype 3**

Distribution of HCV genotypes in Poland – EpiTer-1 study
N=9800

*Genotype 1 without subgenotyping*
Anti-HCV therapy with DAA in Poland

Expenditure for HCV therapy in Poland

Mean cost of a therapy per pt

Number of treated

Estimations based on National Health Fund and own data (Flisiak R, Wiroskop 2017)
Three scenarios for 2013-2030:

1. **Basic scenario**: 3000 newly diagnosed and 4000 treated patients with efficacy of 70% (as in 2013)

2. **Control scenario**: improvement, 5000 new cases, 5000 treated with efficacy of >90%.

3. **Elimination scenario (WHO target)**: significant improvement, 15000 new diagnoses and 15000 patients treated with efficacy of >90%.
Conclusions for Poland

• Only one in five HCV-infected knows about infection
• Barriers for effective HCV elimination
  – National Eradication Plan for HCV Elimination not implemented by Ministry of Health since 2005
  – No nationwide screening actions, lack of possibility of anti-HCV testing in primary health settings
  – Lack of routine testing in specific high risk groups (PWIDS, prisons)
  – Physicians have insufficient knowledge about screening and therapies for HCV
  – Insufficient number of consulting physicians in Poland is resulting in extremely long waiting lists
• Good access to HCV antiviral therapy with no restrictions of age, liver fibrosis, risk group
• WHO elimination target by 2030 still possible with maintenance of current budget but more efficient screening (involvement of government necessary)
Thank you!