

# Viral Hepatitis Burden and Policy Directions in the European Region of WHO

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# Global Burden of Chronic Viral Hepatitis

- 2.7% all deaths estimated to be due to acute hepatitis B and C, cancer/cirrhosis of liver; and increasing trend over time
- 57% of liver cirrhosis and 78% of primary liver cancer estimated to be due to hepatitis B or C virus infection
- About 2 billion estimated to be infected with HBV worldwide,
  - > 350 million chronically HBV infected,
  - ~600,000 deaths/year as a result of HBV infection
- Approximately 130–170 million chronically infected with HCV,
  - > 350,000 deaths/year as a result of HCV infection

# Regional Burden of Viral Hepatitis

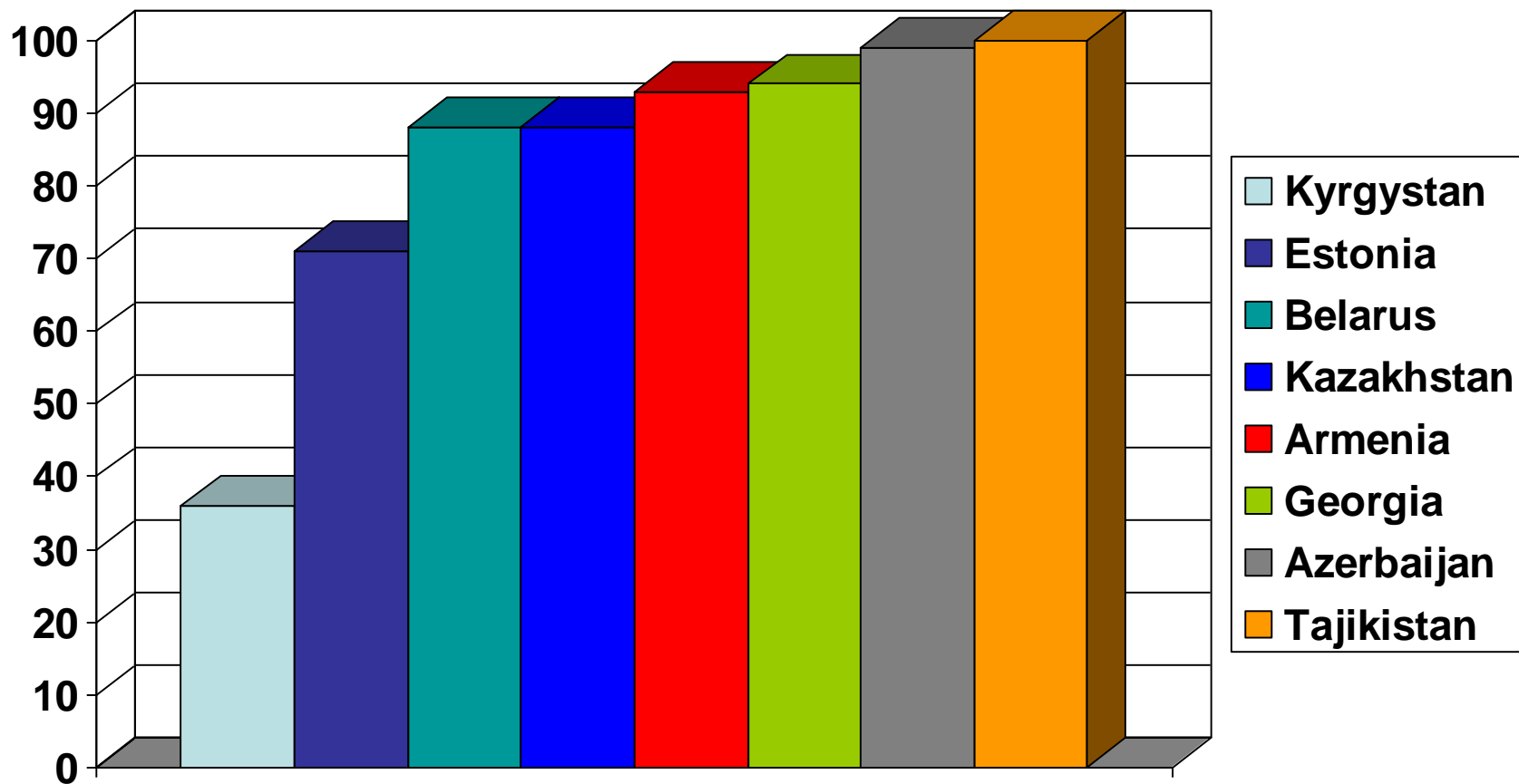
- Estimated number of chronic hepatitis B cases is ~14 million
- Estimated number of chronic hepatitis C cases is ~ 9 million
- HBV and HCV responsible for ~80% cases of hepatocellular carcinoma (3<sup>rd</sup> leading cause of cancer mortality) and cirrhosis
  - 36 000 deaths due to hep B annually
  - 86 000 death due to hep C annually

# Proportion of HCV and HBV infection among HIV infected, WHO European Region

<b>Risk groups</b>	<b>HCV (%)</b>	<b>HBV (%)</b>
IDU	<b>70-95</b>	7-10
MSM	1-12	<b>9-17</b>
Heterosexuals	9-27	4-6

Source: WHO, Health system response survey

# Proportion of HCV infection among HIV infected, WHO European Region, 2007



Source: country reports to WHO EURO

# VHB and VHC infection among injecting drug users, WHO European Region

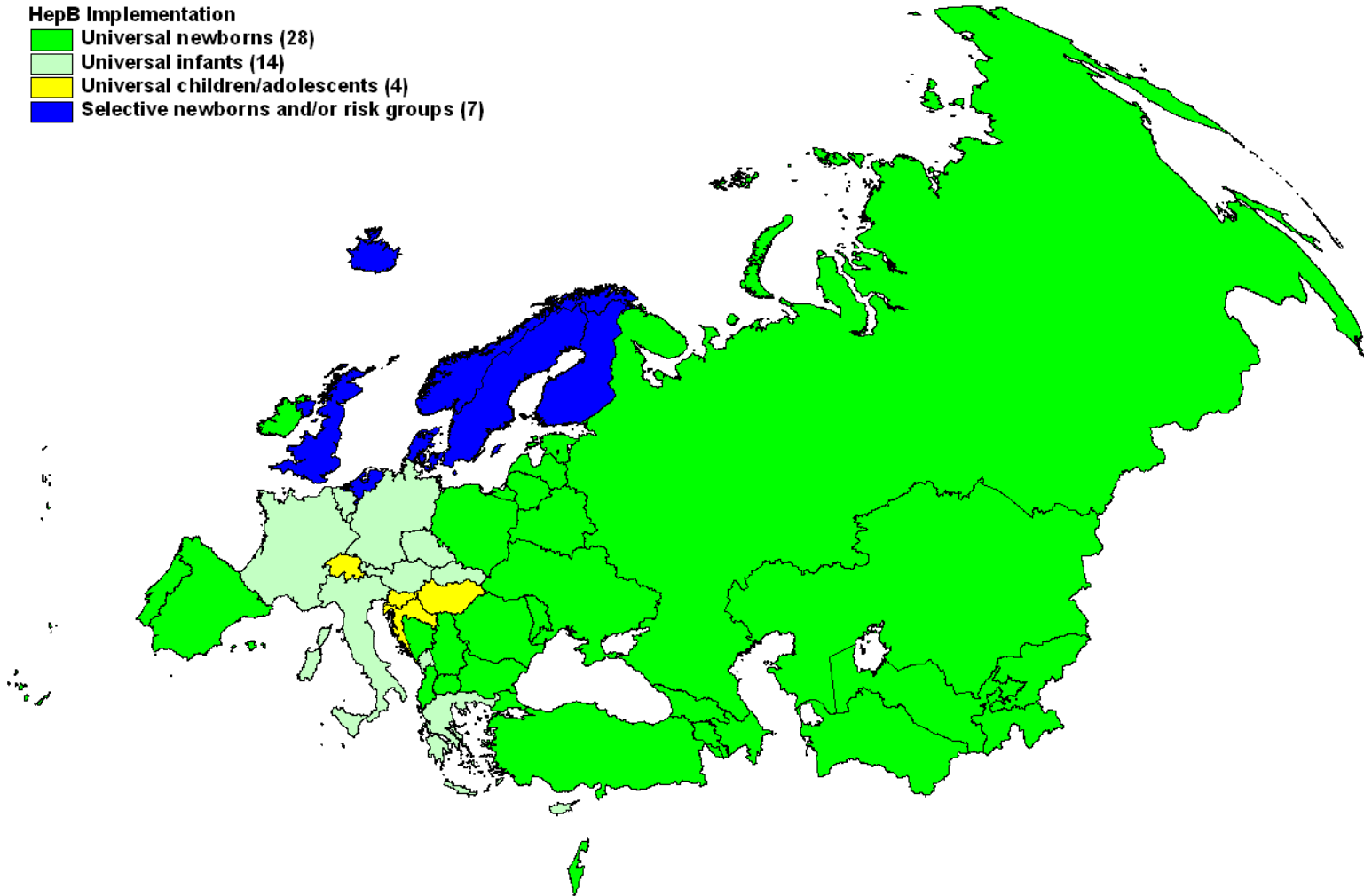
<b>Country</b>	<b>HBV (%)</b>	<b>HCV (%)</b>
Italy <sup>1</sup>	42-50	32-97
Russian Federation	34	54-97
Ukraine	62-64	29-77

<sup>1</sup> Quaglio et al, 2003; Montella et al, 2005; Lugoboni et al, 2004

# Hep B Vaccine implementation status WHO European Region, 2009

## HepB Implementation

- Universal newborns (28)
- Universal infants (14)
- Universal children/adolescents (4)
- Selective newborns and/or risk groups (7)



# Unsafe injections -global

- Globally 6.7 billion injections (40%) considered unsafe
- 23 million new viral hepatitis infections each year estimated as a result of unsafe injections
- 6 million units of blood not screened

Source: WHO Survey of viral hepatitis policy,2009  
193 Member States



# Viral Hepatitis Screening -global

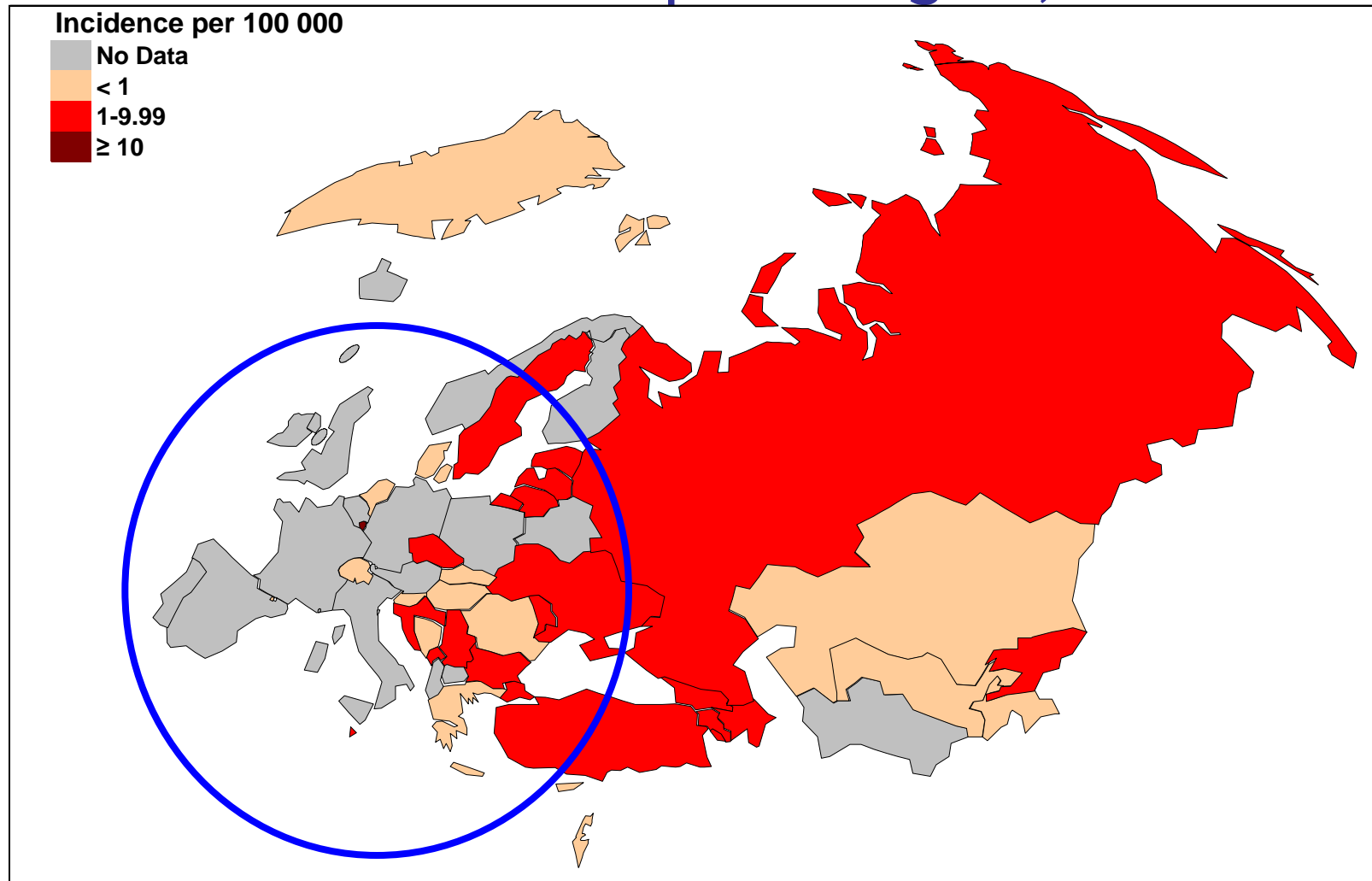
- Availability of testing varies substantially across the world
- More than half of the population lives in countries with no provision for free testing
- Just two in five people live in countries where testing is accessible to more than half of the population

WHO Survey of viral hepatitis policy, 2009  
193 Member States

# Hepatitis B and C Surveillance-European Region

- Surveillance systems vary substantially among countries in the Region
- Generally underreported and /or unreliable data
  - No or limited information on incidence in risk groups
  - No or limited information on sub-national incidence
  - Chronic carriage prevalence unknown in most of the Region
- Poor adherence to annual reporting mechanisms (through WHO/UNICEF Joint Reporting Forms)

# Hepatitis C-Acute (Incidence per 100 000) WHO European Region, 2008



# Global milestones in policies for viral hepatitis prevention and control

- 1993: Recommendations of the International Task Force for Disease Eradication
  - hepatitis B could be eliminated
- 1998: WHO Conference
  - immunization in all countries
- 2004: WHO Position paper on hepatitis B vaccine
  - universal routine vaccination of infants
- 2009: WHO Position paper on hepatitis B vaccine
  - universal newborn vaccination;
  - establishment of regional goals for hepatitis B control
  - serologic surveys of HBsAg to measure impact and achievement supplemented by acute disease surveillance and mortality data
- 2010: World Health Assembly resolution

# World Health Assembly Resolution: 63.18

- Recognize that viral hepatitis are global public health problem; stimulate strengthening of preventive and control measures
- Designate 28 July as World Hepatitis Day
- Develop comprehensive strategy for viral hepatitis prevention and control
- Provide vaccination strategies
- Establish guidelines, strategies, time-bound goals and tools for surveillance, prevention and control of viral hepatitis
- Encourage Member states to improve epidemiological surveillance systems and strengthen laboratory capacity

# World Health Assembly Resolution: 63.18

- Support integrated, cost-effective approach to Viral Hepatitis, considering linkages with HIV coinfection
- Promote access to preventive, diagnostic and treatment technologies against viral hepatitis
- Promote injection safety at all levels of national healthcare system
- Implement monitoring and evaluation tools in order to assess progress and strategy
- Support scientific research

# Comprehensive integrated Regional strategy (1)

## Improve prevention

- Integrate viral hepatitis prevention, treatment and care into national public health programmes and interventions
  - Service delivery (i.e. MCH, cancer control etc)
  - Targeting high risk groups (i.e. HIV, STI infections, IDUs etc)
- Immunization against hepatitis B
  - Increase HepB3 immunization coverage rates;
    - Particular attention to newborns, vulnerable populations and high risk groups (HCW)
- Safe healthcare services to prevent blood-borne pathogen transmission
  - health care infection control, safe blood and blood products and injections
  - ensure community and civil society involvement

# Comprehensive integrated Regional strategy (2)

## Enhance surveillance, early detection

- Strengthen surveillance at national and regional levels for hepatitis related morbidity and mortality
- Build laboratory networks to ensure availability and high quality laboratory testing
- Develop surveillance standards and tools
- Improve access to diagnosis and develop evidence and policy basis for screening of viral hepatitis
- Analyse social, economic, behavioural and political determinants as the bases for providing policy guidance



# Comprehensive integrated Regional strategy (3)

## Improve case management and treatment

- Strengthen health care by developing evidence-based norms, standards and guidelines for efficient and cost effective interventions
- Ensure provision of care for viral hepatitis is dealt in the context of overall health system strengthening
  - Appropriate policies
  - Trained human resources
  - Adequate access to essential medicines
  - Standards for primary health care
  - Well functioning referral mechanism
- Expand care and treatment services for people chronically infected with hepatitis viruses
- Provide continuum of care for patients with chronic hepatitis

# Future Directions (1)

Setting and achieving Regional control goals...

- Increase political commitment for chronic hepatitis prevention and control,
- Facilitate broad network of chronic hepatitis partners at global, regional and national levels
- Develop shared vision for health with partners, particularly with the European Commission and institutions (ECDC)
- Strengthen national health systems including tools for prevention, diagnosis and treatment of viral hepatitis

# Future Directions (2)

- Promote research for the prevention and control of viral hepatitis
- Facilitate networking for effective exchange of experiences and transfer of best practices among countries
- Provide technical support to countries in assessing current situation, defining appropriate policies, building national capacity
- Monitor and evaluate the prevention and control interventions using standard indicators

# Thank you