Summary of Address

Dr. Marc Sprenger, Director, European Centre for Disease Prevention and Control: The ECDC View

I. Hepatitis B and C are serious public health problems

Hepatitis B and C are serious public health problems. Every year, upwards of 7,000 newly diagnosed cases of hepatitis B and more than 27,000 newly diagnosed cases of hepatitis C are reported in the EU. Many of these people go on to develop liver cancer or liver cirrhosis, as a result of these infections. Indeed, the World Health Organisation (WHO) estimates that almost 80% of primary liver-cancer cases are linked to this viral hepatitis.

II. We have enough evidence to know that we must act

Here, then, you have viruses that are a leading cause of one of the most common types of cancer in Europe. This defies the distinction that health policymakers like to make between infectious and non-communicable diseases. They often argue that non-communicable diseases are much more important than communicable diseases, but we should be careful if we consider hepatitis B and C as infectious diseases. In a way they are, but the consequences are in a chronic disease. It also makes estimating the number of deaths attributable to hepatitis very complex. Nonetheless, I stress that we have enough evidence already to know that we need to do something. More research is always necessary, but we have a lot of knowledge now and can begin to take action.

III. Tailored national screening and vaccination programmes

In May 2010 the World Health Assembly recognised viral hepatitis and in particular, hepatitis B and C, as a global public-health problem. This Summit Conference is a recognition, by the EU public health community, of the need for European-level action against viral hepatitis.

What needs to be done in Europe? This is where finding conclusions becomes a bit more difficult because the ECDC's technical reports show that the epidemiology of hepatitis B and C in Europe is very diverse. For example, some countries have significant levels of infection among the general population; in others, however, hepatitis B and C are rare among the general population. Their epidemics are concentrated in groups at risk, such as migrants from high-epidemic countries and injecting drug-users.

From data we already have, it is evident that this is not an epidemic for which the EU can devise a one-size-fits-all solution. We need solutions that are tailored to the reality of the local and national situation in European countries. More data is needed to allow us to do this tailoring, but be careful, because we have a lot of information. More prevalence surveys are

needed, especially in sub-populations, and improved reporting of case-based surveillance, so that a fuller picture of the epidemics becomes available. In high-prevalence countries, universal screening and vaccination programmes might be cost-effective, if the price of test kits and vaccines is low. This is much less likely to be the case in lower-prevalence countries such as Germany, the Netherlands or the UK. In these countries, though, screening of certain high-prevalence populations such as migrants or injecting drug-users could be cost-effective.

I am a doctor but as a public-health official, I am obliged to call for evidence-informed decisions on screening and vaccination programmes which look at costs as well as, of course, the benefits. The Europe-wide evidence indicates that screening and vaccinations programmes in Europe need to be tailored to suit different national epidemics. The challenge for the ECDC and the EU is to manage this huge diversity in Europe.

IV. Managing diversity – not tolerating unjustified inequalities

Managing diversity should not mean tolerating unjustified inequalities. I call on you to read the report, in which you will find a lot of evidence. Use that evidence in your countries, and have your policymakers use it. We are not able to sign the Call to Action because of reasons which I think you understand, but please use the data.

In terms of unjustified inequalities, some national differences came to light during the compilation of the ECDC's technical reports which are very difficult to justify or to accept. The most striking example is the fact that a few countries appear not to offer hepatitis B testing to pregnant women. This means that the opportunity to prevent mother-to-child transmission is lost.

I hope that, in the EU, we can at least aspire to prevention for all. Antenatal testing for hepatitis B as a very cost-effective prevention measure that should be implemented across the whole of Europe. I hope that EU solidarity means that better-resourced countries will help their poorer or less well organised counterparts to achieve this. Rather than just talking, please act.

The EU, and particularly ECDC, has an important role to play in identifying and sharing good practice in the prevention and control of hepatitis B and C. Health-interest groups and professional associations, such as the organisers of this Conference, can also make a major contribution to sharing and disseminating knowledge. By sharing this knowledge and working together to identify good practice, we can facilitate a levelling upward of hepatitis B and C prevention and control in Europe.

V. Conclusions

My conclusions are:

- Hepatitis B and C are extremely serious public health problems.
- We have enough evidence already to know that we need to act.
- Screening and vaccination programmes are part of the answer, but must be tailored to suit different national epidemics.
- Europe's health experts must work together and pool their knowledge on hepatitis B and C.