



Summit Conference
Hepatitis B and Hepatitis C
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Summary of Video Address

Session V - European Commission and Member States – Responsibility for Action

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European initiatives to transform prevention and treatment of HBV and HCV

EU initiatives which could be relevant for Hepatitis B and C are related to the prevention and control of healthcare-associated infections, to the quality and safety of organ donations, and to the protection of workers from risks arising from biological agents at work. Hepatitis has also been mentioned in the EU Drugs Strategy and in the EU Strategy on Combating HIV.

Worthy as they are, I see one inherent flaw in all of these initiatives, namely that they only consider viral Hepatitis B and C in the context of primary prevention. They fail to address the fact that up to 90% of those infected with the virus are unaware of their infection. Therefore, what we urgently need are policy measures which aim to identify these Hepatitis carriers, so that they can be treated, where necessary.

The chances for a successful treatment, I understand, are very good. However to date only a few countries give Hepatitis sufficient attention in the form of a meaningful national programme or strategy. Scotland and France are amongst those countries which have developed and implemented such strategies with impressive results.

The European Parliament recognised the importance of the Hepatitis burden as early as 2007 calling inter alia for a Council Recommendation on Hepatitis Screening for those at risk. (A Council Recommendation provides guidance to Member States on a specific problem of EU wide importance. It is proposed by the European Commission and adopted by the EU governments, who commit themselves to implementing these measures to the best of their abilities by signing the Recommendation. A successful example in the field of public health, for example, is the Council Recommendation on Cancer Screening, which has really made a difference).

The European Commission responded to this call for action from the European Parliament by saying that before they would consider any EU action, more data was needed. That is understandable, of course, and I am very grateful that the European Centre for Disease Prevention and Control has now looked into the issue more closely. The ECDC report which investigates the burden of Hepatitis B and C and screening policies has only been available for a few days. I quote from its conclusions: *“The most significant finding is that there is evidence for significant disease burden caused by both HBV and HCV infection in many, if not most, countries in the EU and its neighbourhood”*. Furthermore, *“As part of a comprehensive prevention and control policy [...] wider screening could provide opportunities for significant future savings in both healthcare costs and productivity gains.”*

The ECDC also states that more research and realistic studies on costs are needed to provide the information basis for rational policy making on secondary prevention of HBV and HCV infection in the EU and its neighbourhood. But the need for more data must not be an excuse for delaying policy action and for recognising the important health threat that viral Hepatitis represents to Europe. Particularly since there is evidence that the burden will increase in years to come.

In this field the US offers a good practice example. The US Institute of Medicine was commissioned by the US government to conduct such a report in light of three worrying trends:

- 1) Liver cancer is one of few tumour types with both rising incidence and mortality in the US. The incidence rate of primary liver cancer in the US has tripled in the last 15 years.
- 2) Annual deaths attributable to Hepatitis B and C exceed those due to HIV/Aids. But in contrast to HIV/Aids, most Hepatitis carriers (65% for Hepatitis B and 76% for Hepatitis C) are unaware of their infection.
- 3) Current data underestimates the true prevalence and impact of Hepatitis B and C infections.

In view of this situation, the IOM recommends a comprehensive evaluation of the national Hepatitis B and C public health surveillance system; improved healthcare provider and community education; and the integration and enhancement of viral Hepatitis services.

In detail, the US recommendations entail:

- Primary prevention: vaccination for Hepatitis B of newborns and persons at risk, including immigrants; community education to improve disease awareness and transmission risks;
- Secondary prevention: Hepatitis B and C screening amongst specific risk groups during primary care; specialist referral for treatment as appropriate;
- Very importantly, screening persons with Hepatitis B or C for liver cancer.

What are the lessons for Europe from this initiative? Because we witness the same trends:

- 1) There is a rising rate of liver cancer mortality - in some EU Member States it has more than doubled in the past 20 years;
- 2) The annual deaths from Hepatitis B and C in Europe are much higher than that of HIV/Aids, and as in the US, Hepatitis B and C are basically unknown.
- 3) The prevalence of Hepatitis B and C through Europe is dangerously underestimated.

The IOM report does not hide the need for more data, but it does make crucial concrete policy recommendations on how to reduce the Hepatitis burden. This is what I expect from the European Commission. Funding Hepatitis-related projects through the EU Public Health Programme or the Research Framework Programme is not enough. This is surely helpful, but we also need the EU to take leadership and clearly identify Hepatitis as a significant and growing health threat in Europe and advise how Member States can curb this worrying trend. There are best practice countries and regions which can give guidance. As in the US, we may not know everything but we know enough to make some valuable recommendations.

The EU is hardly ever thanked immediately for such guidance, and is often blamed. But the European Commission must not be intimidated by that. Very often, national health ministers successfully use EU guidance as a proof point and accepted European standards to demand action internally from their cabinet colleagues.

I conclude by calling on the European Commission to be brave and act on the advice provided the collective wisdom of all the participants in this conference. They will be able to fill the remaining knowledge gaps - if not today, then in the coming months.