Recommendations for the Promotion of case-finding for Viral Hepatitis B and C, including targeted screening measures for risk groups

Summary

Hepatitis B and C – a global health threat that requires immediate action

- One third of the world's population is infected with HBV and more than 350 million people live with a chronic infection. An estimated 130 million people have a chronic HCV infection, with 3-4 million new infections occurring every year. In the World Health Organisation (WHO) Europe Region 14 million people are estimated to live with chronic hepatitis B while approximately 9 million people are thought to be infected with the hepatitis C virus.
- The WHO has compared hepatitis C to a "viral time bomb", as up to 90% of the infected persons are unaware of their condition and as many of the 130 million patients chronically infected with the virus have not yet reached the advanced stages of the disease.
- In the absence of strong measures to prevent the spread of the disease and further the identification of hepatitis carriers, the number of deaths resulting from long-term complications such as liver cirrhosis and liver cancer are predicted to rise considerably over the next 25 years.
- 75% to 85% of cases of primary liver cancer are attributable to persistent viral infections with either HBV (50%-55%) or HCV (25%-30%). Several studies find that the incidence of liver cancer in the developed world is increasing and predict this trend to continue for decades. Moreover, the costs connected with the treatment of liver cirrhoses and liver cancer, including the availability of donor organs, will pose considerable problems for the health systems and the economy at large.
- The facts and figures revealing the disease and mortality burden of hepatitis are even more alarming if complemented by the human and social dimension of the suffering caused to patients with hepatitis B and C and their families, who encounter significant levels of stigma, discrimination and fear.

Existing Solutions

- Effective methods to prevent, diagnose and treat viral hepatitis are available and can contribute to a reduction in the overall prevalence and consequences of hepatitis infection.
- The most effective way of preventing hepatitis B virus-related liver cancer is to prevent infection via global vaccination of infants. Treatment is effective in eliminating HBV infection or in achieving sustained suppression of the HBV virus and can reduce the risk of clinical endpoints such as cirrhosis and liver cancer among chronic carriers of the Hepatitis B virus.
- As far as chronic hepatitis C is concerned, multiple studies suggest that successful therapies will reduce the incidence rates of liver cancer, and that these therapies are most effective before the development of cirrhosis.
- Since the large majority of infected persons is unaware of their condition, the majority of persons with chronic viral hepatitis remain at risk of progressive liver disease and infection. Finding hepatitis B and C sufferers at an early stage is key to prevent further

deadly complications. Studies have shown that screening for hepatitis B and C can significantly reduce mortality and improve quality of life.

- For HCV it has been estimated that the application of current best practices of screening and treatment could reduce HCV mortality by 20% in the next 20 years compared to a scenario without screening and treatment. The greater the HCV prevalence in the sub-population screened, the higher are the gains in life years and quality of life.
- There is ample evidence that screening for Hepatitis B and C among risk groups with elevated prevalence is likely to be more cost-effective than individual screening on demand. Well managed screening among risk groups should therefore be a key instrument of prevention which also needs to have a science-based, cost-effective approach, built on best practice.
- Up to this day only a small minority of Member States have reacted to the growing threat and undertaken an awareness campaign and carried out screening programmes on a systematic basis. The public at large remains oblivious of the risk hepatitis is posing.

A Council Recommendation – The Way Forward

An evidence-based proposal for a Council Recommendation on screening for hepatitis B and C is a concrete step forward in European cooperation to fight the disease. A Council Recommendation to promote case-finding for hepatitis B and C, including targeted screening measures for risk groups should define the role of the Community in this important area of disease prevention and aim to achieve the following objectives:

1. Provide guidance to Member States on the implementation of case-finding measures, including screening programmes for Hepatitis B and C among high risk groups;
2. Encourage the implementation of best practice in targeted screening strategies for Hepatitis B and C in all Member States;
3. Support the development of specific national and regional long term plans for Hepatitis B and C disease management;
4. Support awareness raising campaigns on viral hepatitis and increase uptake of screening;
5. Help reduce health inequalities, especially addressing those most vulnerable and least likely to actively manage their health;
6. Promote research on prevention and cure of Hepatitis B and C;
7. Achieve a similar high level of early detection of Hepatitis B and C for all European citizens at elevated risk for contracting these viruses;
8. Achieve a significant reduction of HBV- and HCV-related mortality in all Member States.

A Council Recommendation would be the most effective political instrument to further hepatitis prevention, surveillance, screening and care in Europe, promote cooperation among Member States and encourage the adoption and implementation of best practices.

THE EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER

ELPA

The definition of high risk groups is an essential tool in designing targeted screening programmes for viral hepatitis

High risk groups for Hepatitis B	High risk groups for Hepatitis C
• Persons with elevated liver enzymes and/or clinical sign of hepatitis • Patients with liver cirrhosis or fibrosis • Patients with hepatocellular carcinoma • People who share or have ever shared needles (injecting drug users) • People with long-term imprisonment history • People who are undergoing or have undertaken hemodialysis • Men who have sew with men or heterosexual persons with multiple sex partners • People with HIV or HCV infection • Families and household members or sexual partners of persons infected with HBV Patients and staff in psychiatric institutions or residents of welfare institutions for mentally disabled persons • Pregnant women and newborns of HBV-infected mothers • Recipients of organ transplants and blood products • Blood and organ donors • Patients before or during immunosuppressive treatment or chemotherapy • Migrants from countries with high prevalence of Hepatitis B • Unvaccinated healthcare workers and public safety workers who undertake exposure-prone procedures.	• Persons with elevated liver enzymes and/or symptoms of hepatitis • Patients with liver cirrhosis or fibrosis • People who share or have ever shared needles (injecting drug users) • People with long-term imprisonment history • People who are undergoing or have undertaken hemodialysis • People who have received repeated percutaneous injections • People who have had invasive medical and paramedical or dental work in countries with high prevalence or poor sterilisation procedures, such as use of multidose vials • People who received blood transfusions or other blood derived products outside the EU or before 1992 in the EU • People who received organs and tissues transplants outside the EU or before 1992 in the EU • Haemophiliacs who received concentrated coagulation factors before 1987 • People with HIV infection • People who have used intra-nasal cocaine • People with body piercings if being performed in non hygienic environments • Children of HCV-infected mothers • Healthcare workers and public safety workers who undertake exposure-prone procedures