

Monitoring progress towards the hepatitis elimination targets across the EU/EEA

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Viral Hepatitis Prevention Board – Technical Meeting, April 2023

The framework for monitoring viral hepatitis in the EU/EEA



Scope of the monitoring system

Aims

Support EU/EEA countries monitor responses to tackling the epidemics of hepatitis B and C

To analyse and interpret data and provide information for action to key stakeholders

- Key purpose is to support generation of robust information in countries to facilitate assessment of local progress towards targets
- System built around existing data sources filling the data gaps and improving data quality through provision technical support to countries

The European hepatitis monitoring survey


- Two rounds of data collection: 2017/2018 and 2021
- Indicators and sections:


2018 survey	2021 survey
Brief policy section	Expanded policy section
Brief prevention section	Expanded prevention section
Standard WHO continuum of care indicators	Expanded continuum of care indicators
PWID only key population	Sections for PWID and people in prison
	COVID-19 impact section



Sub-national data reporting
Question on confidence for each reported figure

Prevention of hepatitis B and C in the EU/EEA (2020 data)






ECDC EVIDENCE BRIEF

Prevention of hepatitis B and C in the EU/EEA

December 2022



WHO European Action Plan Prevention Targets for 2020 [1]:

- 95% coverage with three doses of HBV vaccine in countries that implement universal childhood vaccination;
- 90% coverage with universal birth dose vaccination or other interventions to prevent vertical transmission of HBV;
- 100% of blood donations screened using quality-assured methods (Nucleic acid testing (NAT); non-remunerated donors);
- 50% of injections administered with safety-engineered injection devices;
- 200+ sterile injection equipment kits distributed per person per year for people who inject drugs, as part of a comprehensive package of harm reduction services and opioid substitution treatment coverage over 40%.

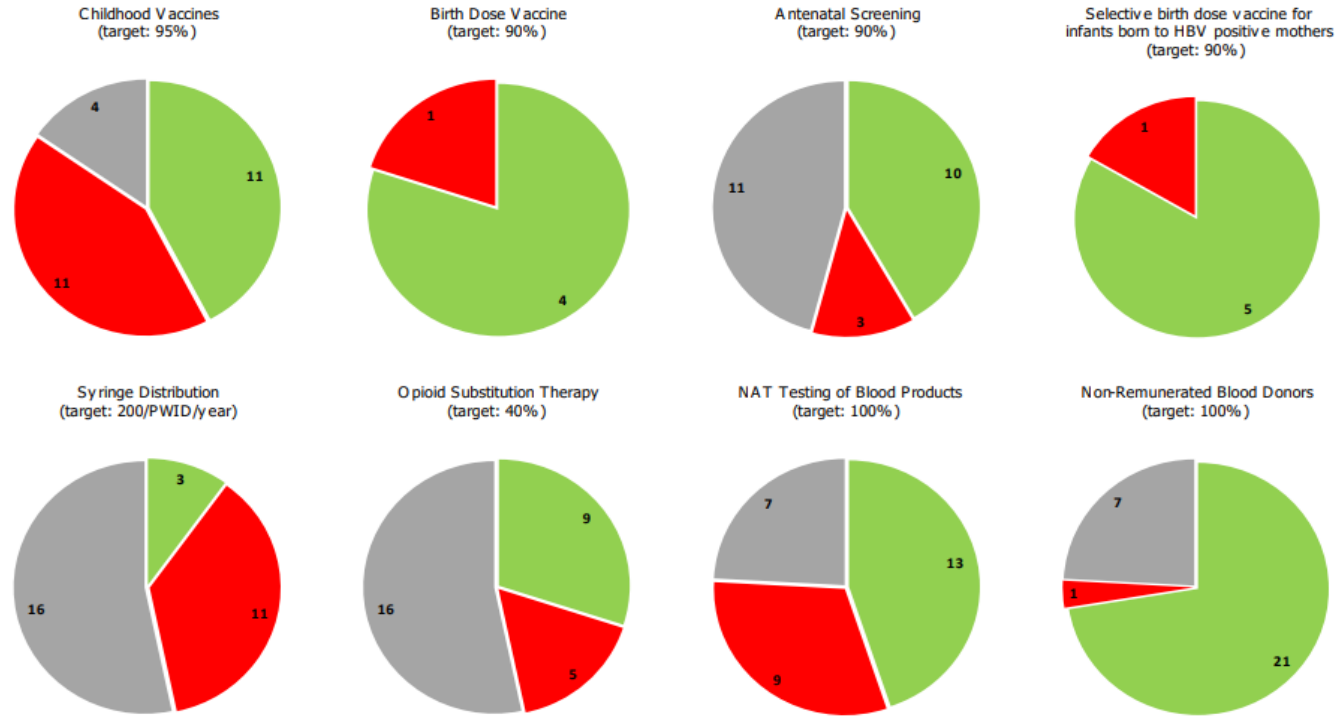
Key messages

- There has been a decline in the reported number of new transmissions of hepatitis B virus (HBV) and hepatitis C virus (HCV) infections across the European Union (EU) and European Economic Area (EEA), but there remain approximately six million people living with chronic HBV or HCV infection.
- There are gaps in the available data on hepatitis prevention activities across the EU/EEA, highlighting the need for countries to prioritise the collection of more complete monitoring data to properly assess progress towards the elimination targets.
- Based on available data, progress across the EU/EEA region is variable but overall many countries are far from reaching the 2020 WHO European Action Plan hepatitis prevention targets, and a strengthening of hepatitis prevention programmes is needed.
- The hepatitis B vaccine is an important tool for hepatitis B prevention, but only 50% of EU/EEA countries with universal childhood vaccination have reached the target of 95% hepatitis B vaccination coverage.
- Countries employ different approaches to help prevent vertical transmission of hepatitis B, including antenatal screening and HBV vaccine birth doses. Of the 13 countries with data on antenatal screening, 10 (77%) achieved the target of 90% coverage and only six countries had data on the coverage of birth dose vaccine for infants born to mothers who have HBV with coverage ranging from 82% to 100%, indicating a need for better data and for a further scaling up of programmes in some countries.
- Data on hepatitis B vaccine programmes aimed towards healthcare workers, prisoners and people who inject drugs are limited. Available data suggest that countries should expand their adult hepatitis B vaccination coverage, especially for populations at risk.
- Only 21 countries reported that all donated blood is from voluntary, non-remunerated donors, and 13 countries screen 100% of blood donations using nucleic acid testing (NAT).
- Sterile syringe distribution and opioid substitution therapy are effective ways to reduce the transmission of hepatitis B and C. However, only two EU/EEA countries have reached the targets for these programmes, suggesting a significant need to strengthen harm reduction programmes aimed towards people who inject drugs.
- Sexual transmission remains a key route of transmission for hepatitis B, and transmission among men who have sex with men has also been reported from some countries for hepatitis C. However, while limited data are available on the coverage of preventative measures for the sexual transmission targeting these infections, the available evidence suggests that a strengthening of responses is needed.

Erratum: on 6 February 2023 the title of Figure 1 was corrected from 'Map of hepatitis B and C prevalence in EU/EEA countries' to 'Estimates of hepatitis B surface antigen (HBsAg) prevalence in the general population based on pooled estimates of prevalence up to 2021'.

Suggested citation: Prevention of hepatitis B and C in the EU/EEA. Stockholm: ECDC; 2022

Reaching the WHO elimination targets for prevention across the EU/EEA countries, 2020

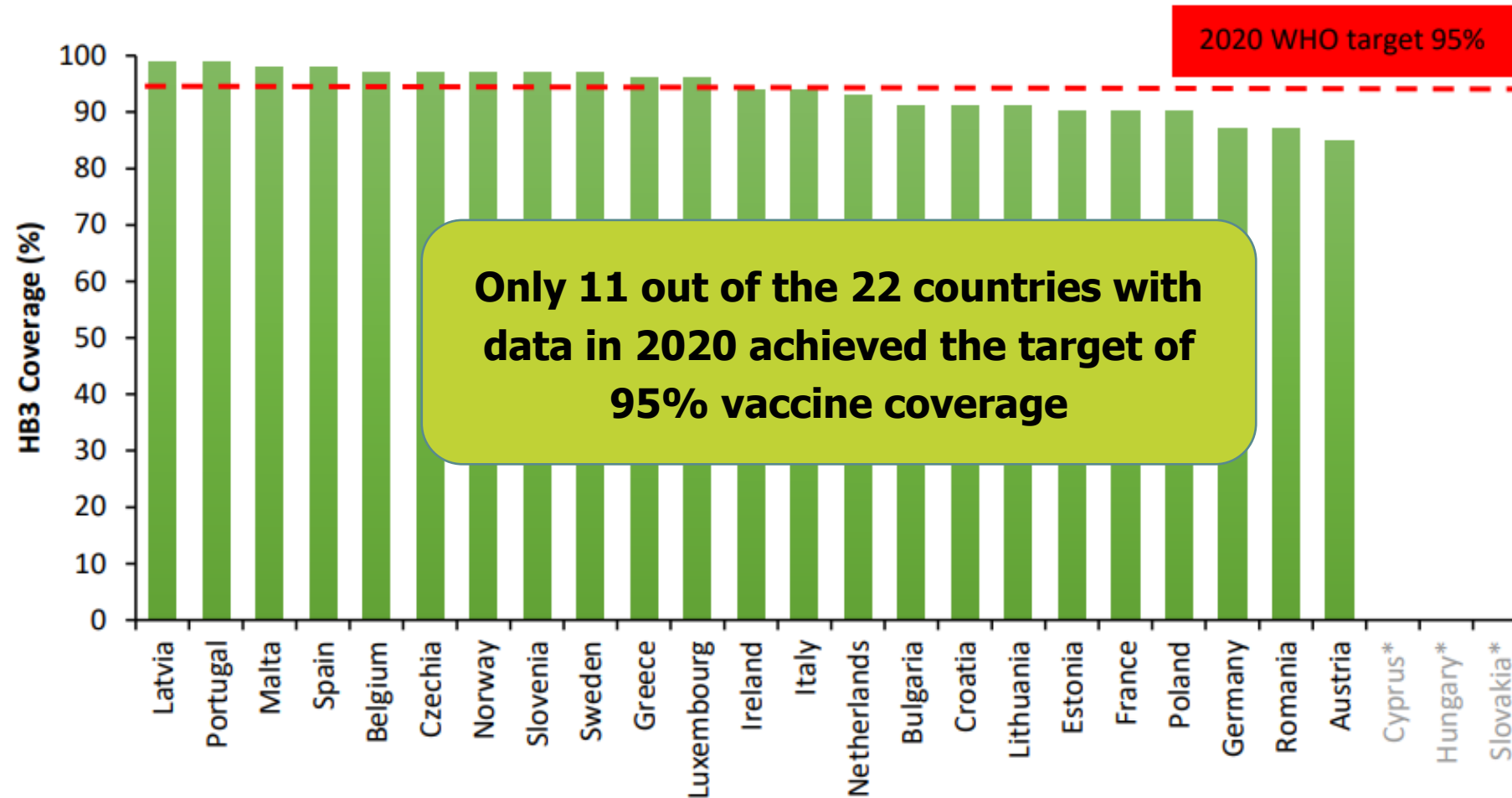


- Did not reach target
- Reached target
- No data reported

(OST: opioid substitution therapy; NAT: nucleic acid test)

Source: Data reported from EU/EEA countries through ECDC hepatitis monitoring survey, 2021, and WHO/UNICEF coverage estimates (<https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/immunization-coverage/who-unicef-estimates-of-national-immunization-coverage>), EDQM (Council of Europe). The collection, testing and use of blood and blood components in Europe: 2016 report. Strasbourg, France: EDQM Publishers; 2021, EMCDDA. The elimination barometer for viral hepatitis among PWID in Europe, 2021. Available at: https://www.emcdda.europa.eu/publications/html/viral-hepatitis-elimination-barometer_en

Hepatitis B vaccination in EU/EEA countries, 2020

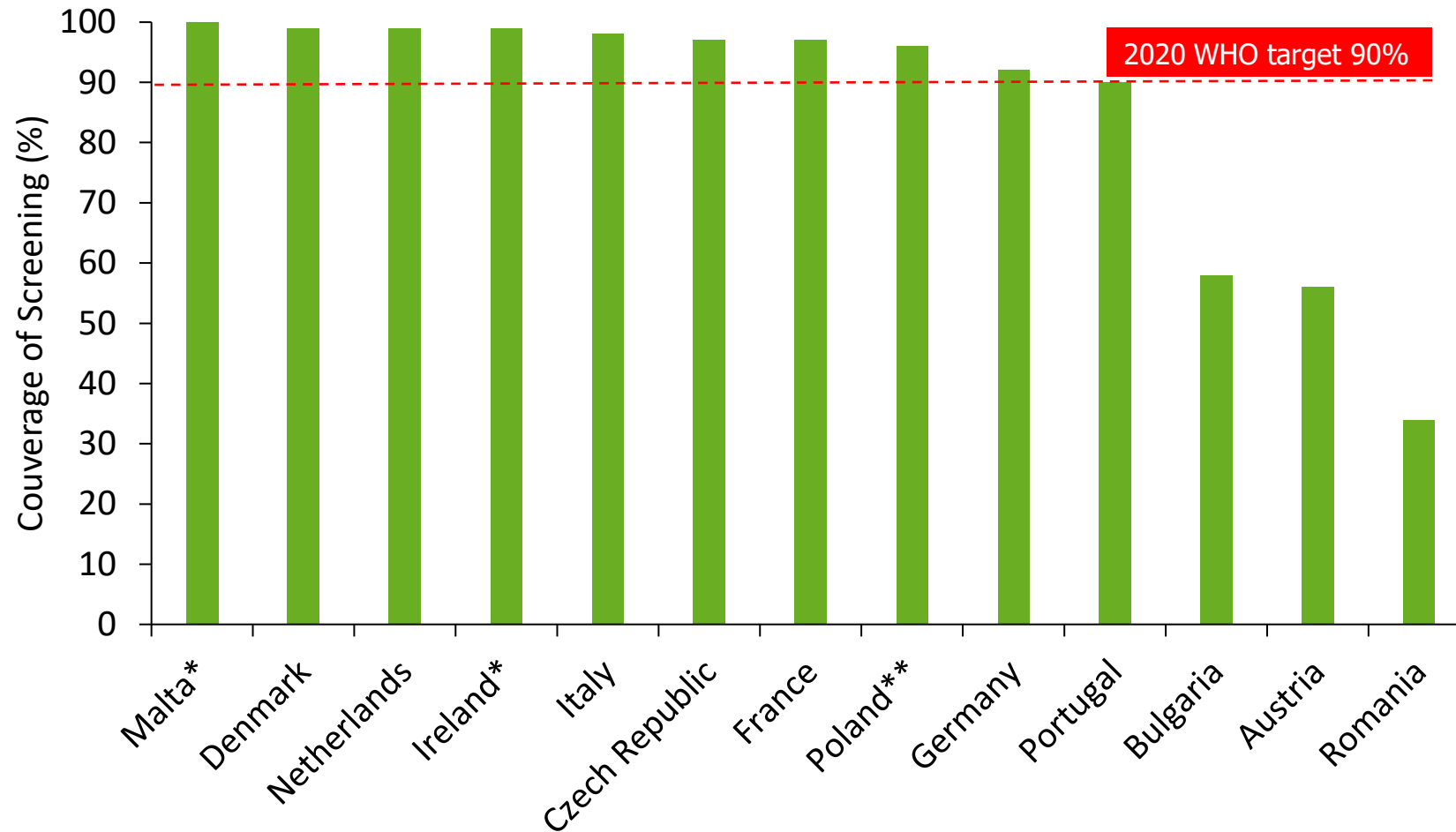


*Countries did not provide data.

NB. Denmark, Finland and Iceland do not have a national policy for universal childhood vaccination against hepatitis B and Hungary has a universal vaccination programme targeting school age children.

Source: WHO/UNICEF coverage estimates <https://www.who.int/teams/immunization-vaccines-and-biologicals/immunizationanalysis-and-insights/global-monitoring/immunization-coverage/who-unicef-estimates-of-national-immunization-coverage>

Prevention of mother-to-child transmission, 2020



2020 WHO target 90%

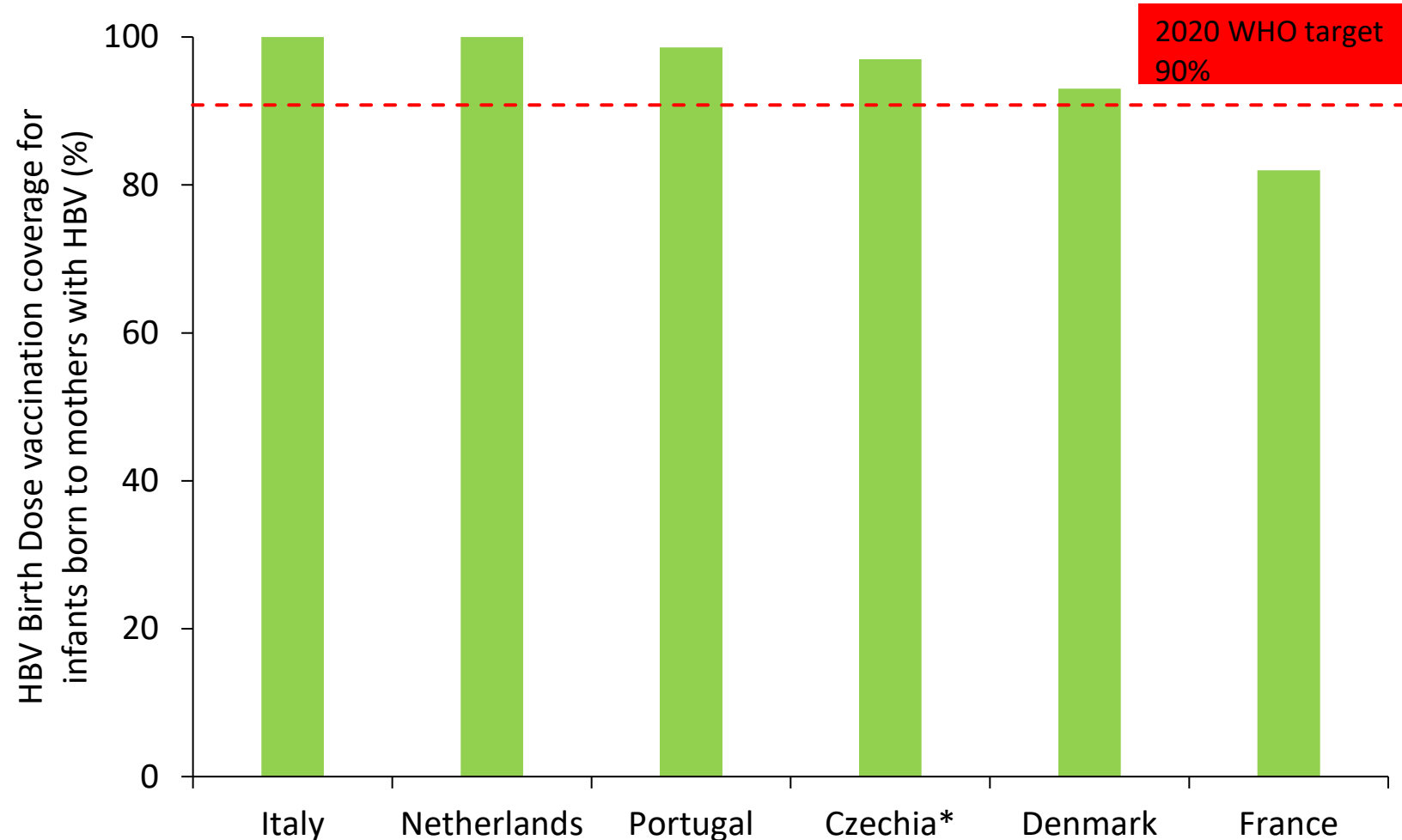
**25 of 26 countries
reported universal
antenatal screening
programmes for
hepatitis B**

*Clinic level data only

**Regional level data only

Source: European Centre for Disease Prevention and Control. Evidence brief: Prevention of Hepatitis B and C in the EU/EEA. Stockholm: ECDC; 2022.

Prevention of mother-to-child transmission, 2020



24 of 25 countries with universal antenatal screening reported a policy on post-exposure prophylaxis for infants born to HBsAg+ mothers

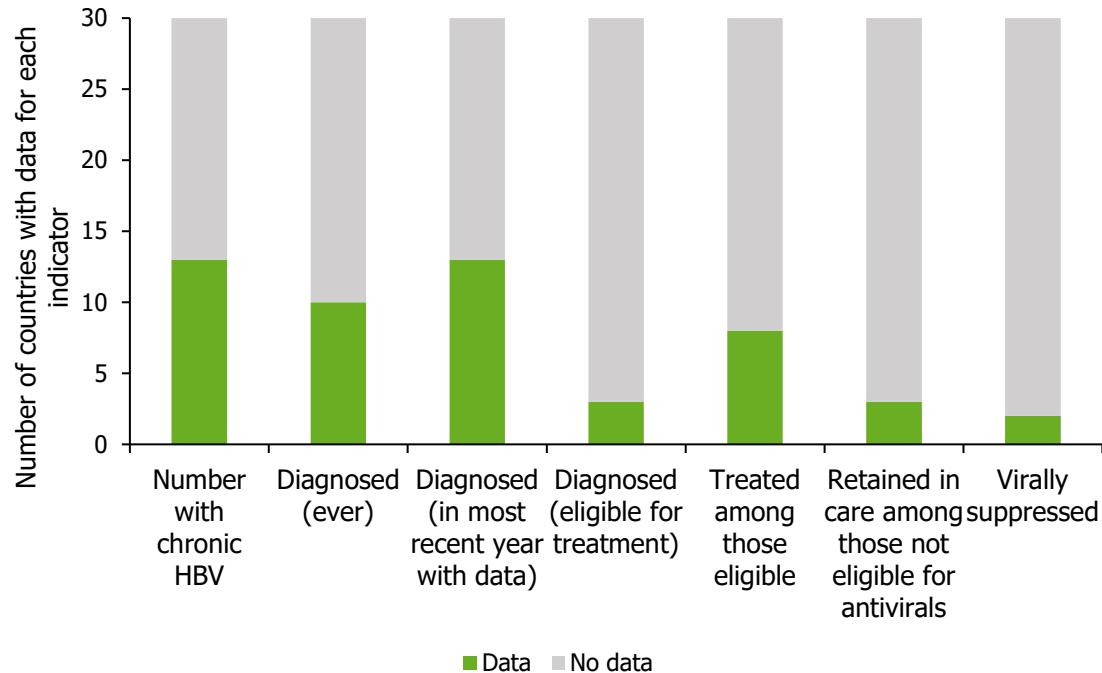
Data on the rate of vertical transmission available from 4 countries ranging from 0 – 0.5%

Continuum of Care for hepatitis B and C in the EU/EEA (2020 data)

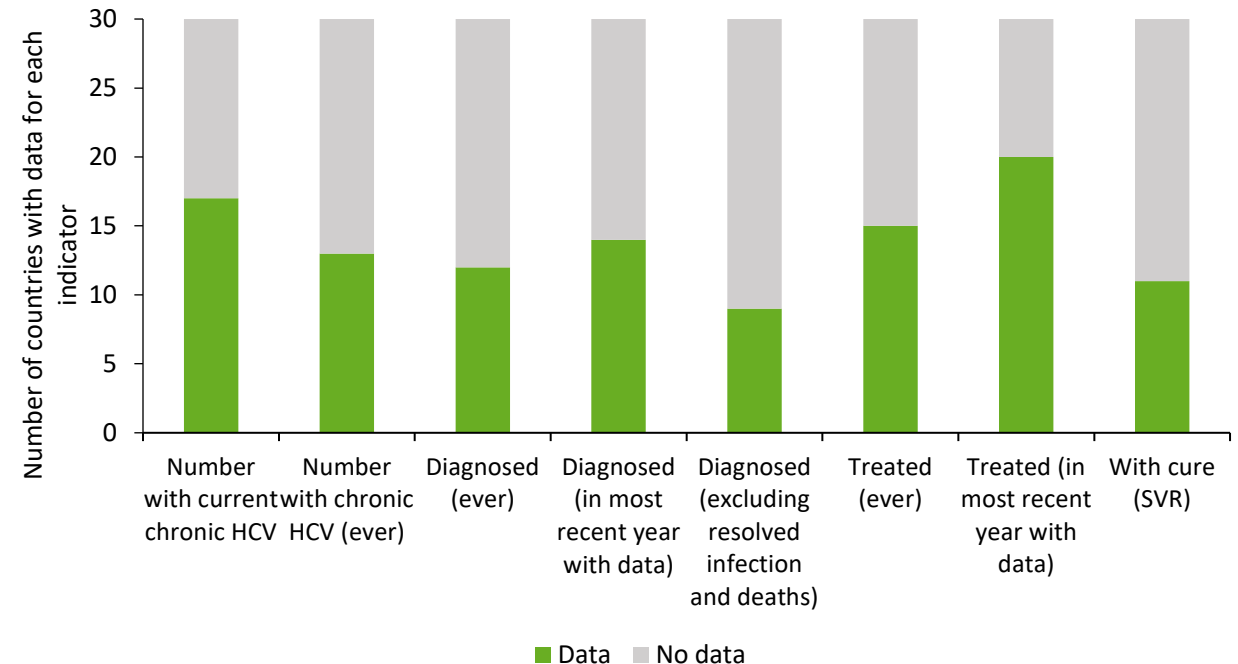


Availability of national-level data along the continuum of care for hepatitis B and C, in EU/EEA countries, 2020

Hepatitis B



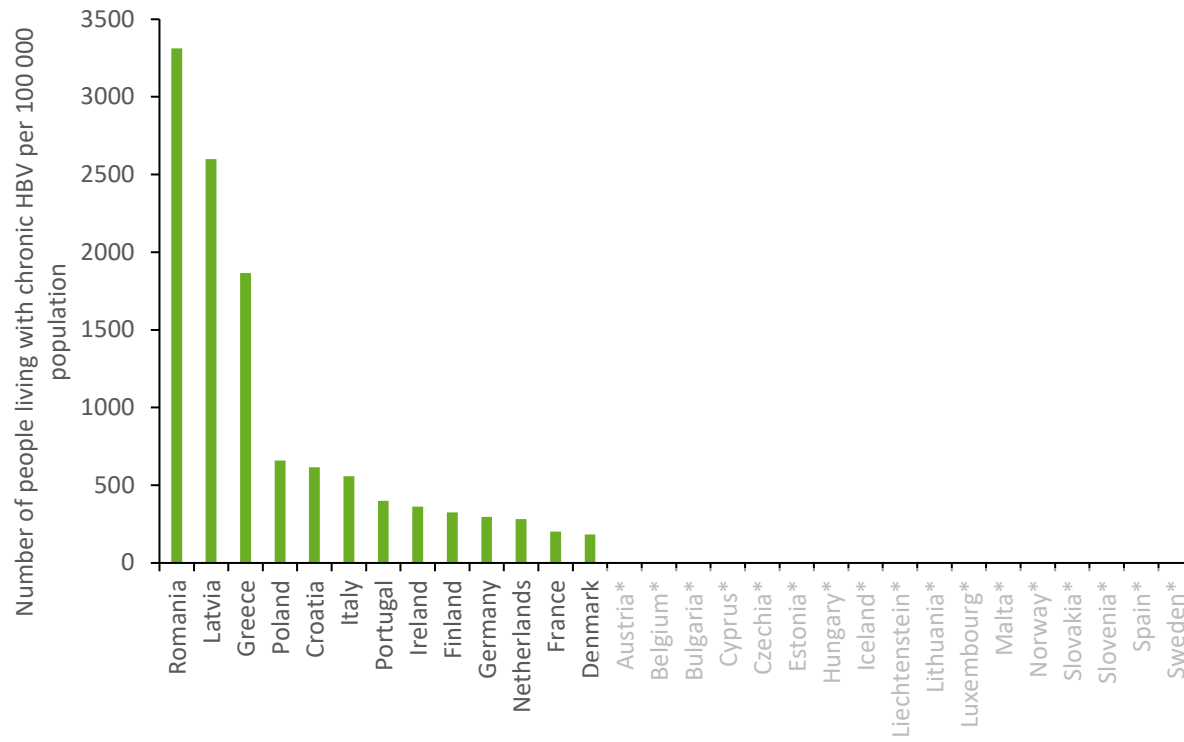
Hepatitis C



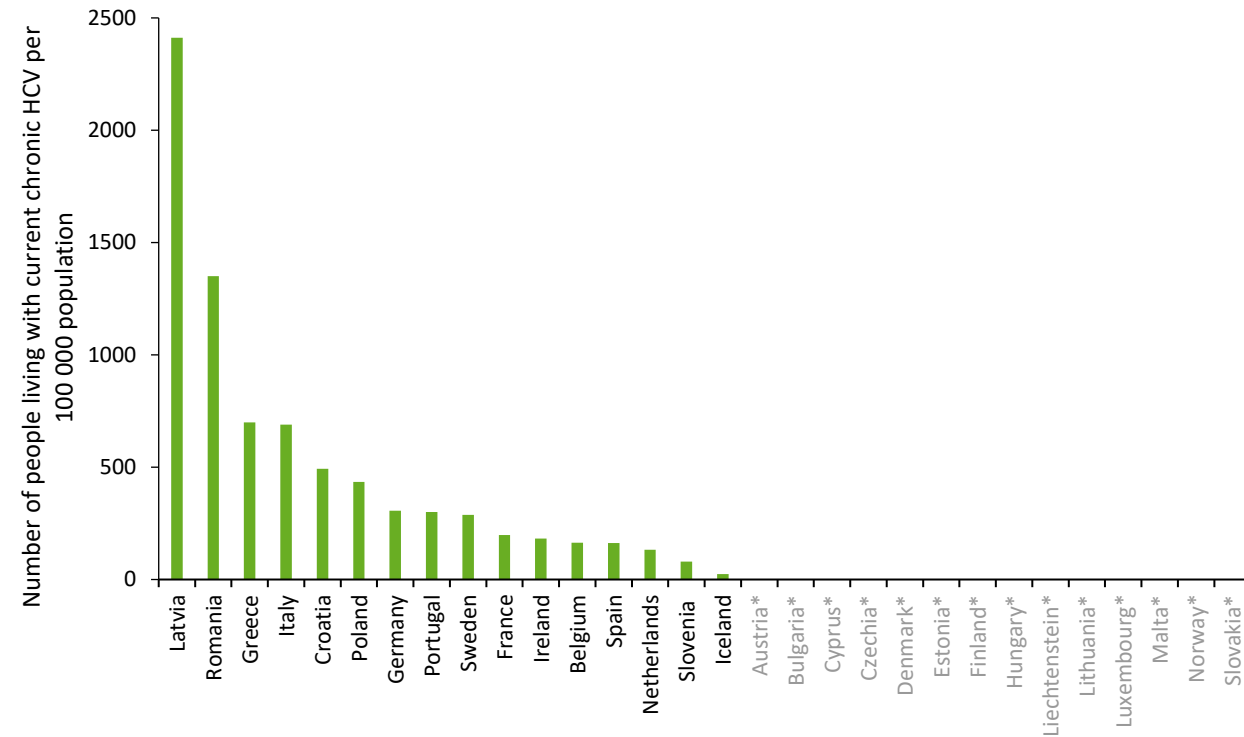
- Major gaps in availability of data, especially for hepatitis B
 - Reduction since 2017/18 data collection round
- Variation in data quality and age
 - Data collected ranged from 2001 - 2020

Estimated number of people with chronic HBV (HBsAg+) and chronic HCV infection (RNA+) by the end 2020**, per 100,000 population

Hepatitis B



Hepatitis C



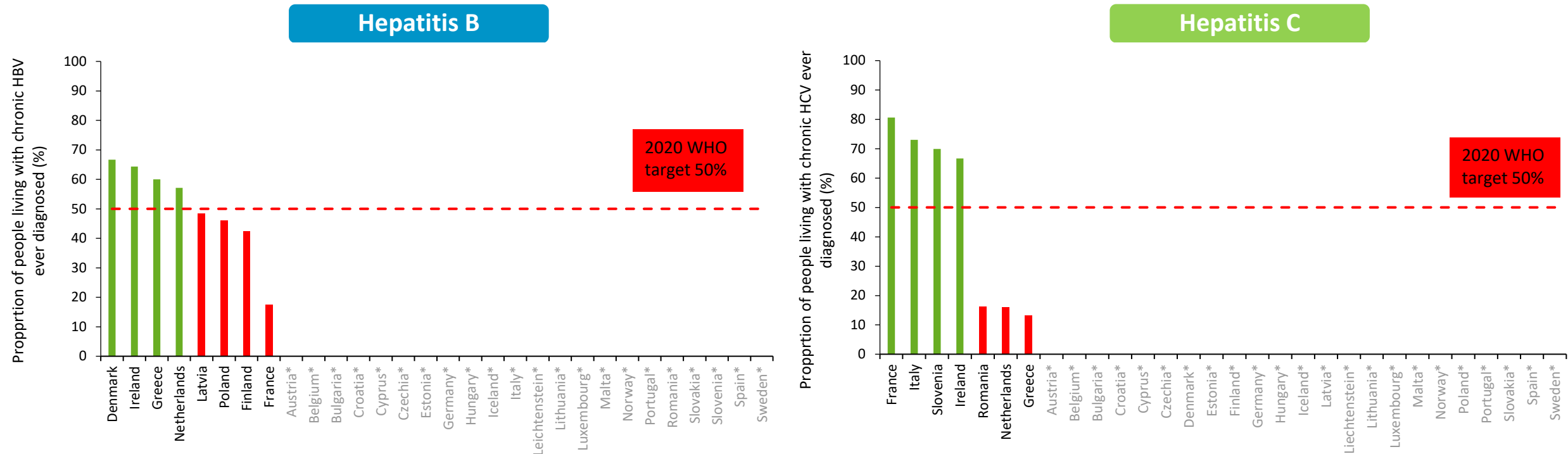
Source: ECDC. Monitoring the responses to hepatitis B and C epidemics in the EU/EEA Member States, 2022.

* Country did not provide data in monitoring survey.

**2020 or most recent year with available data.

NB. Data for Poland refer to adult population only.

Proportion people living with chronic HBV and HCV in EU/EEA countries, diagnosed by the end of 2020**



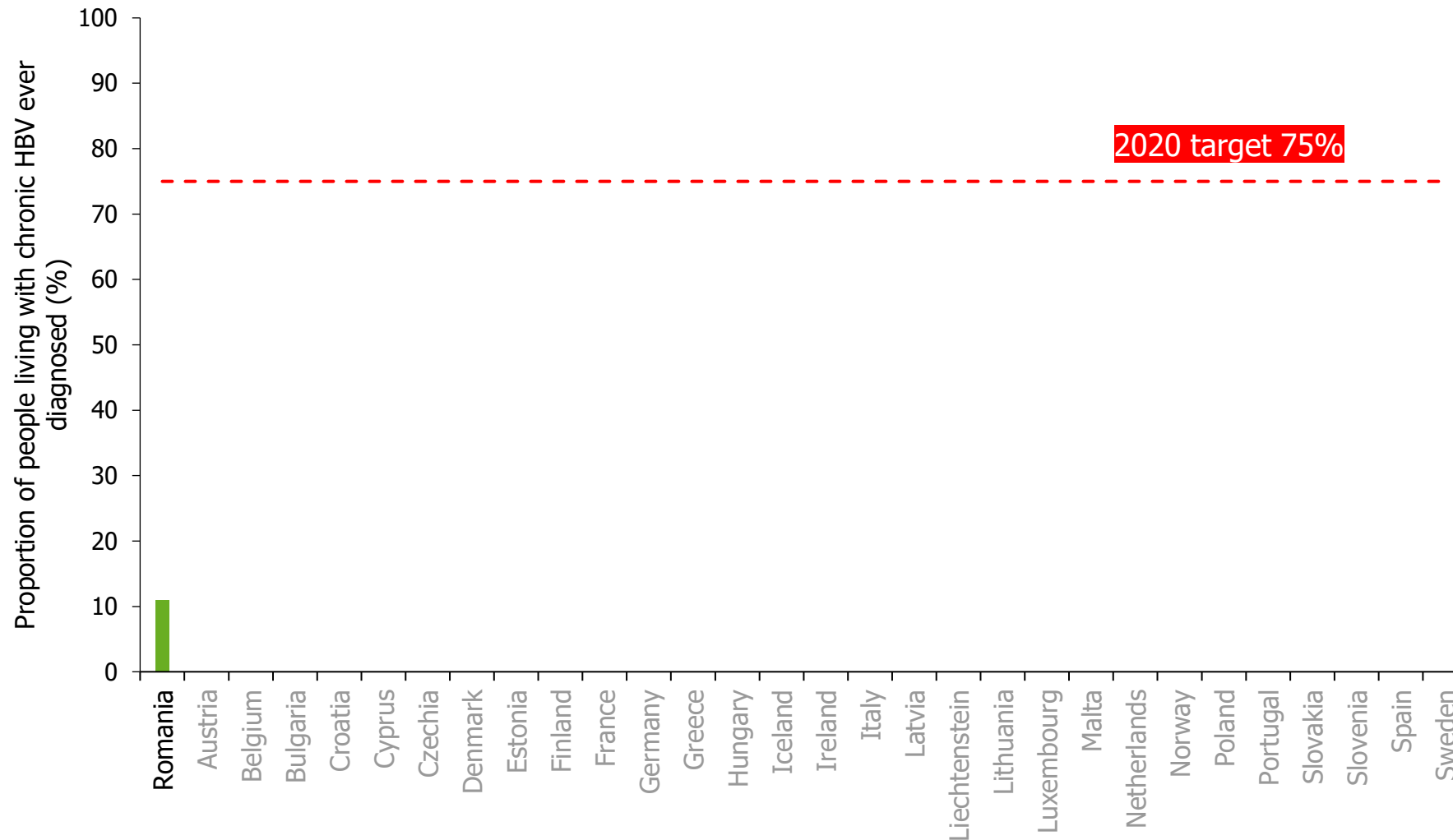
- Considerable variation across the region
- Variation in quality of the data with many countries unable to adjust HCV data for cases as they are treated and cured

Source: ECDC. Monitoring the responses to hepatitis B and C epidemics in the EU/EEA Member States, 2022.

* Country did not provide data in monitoring survey.

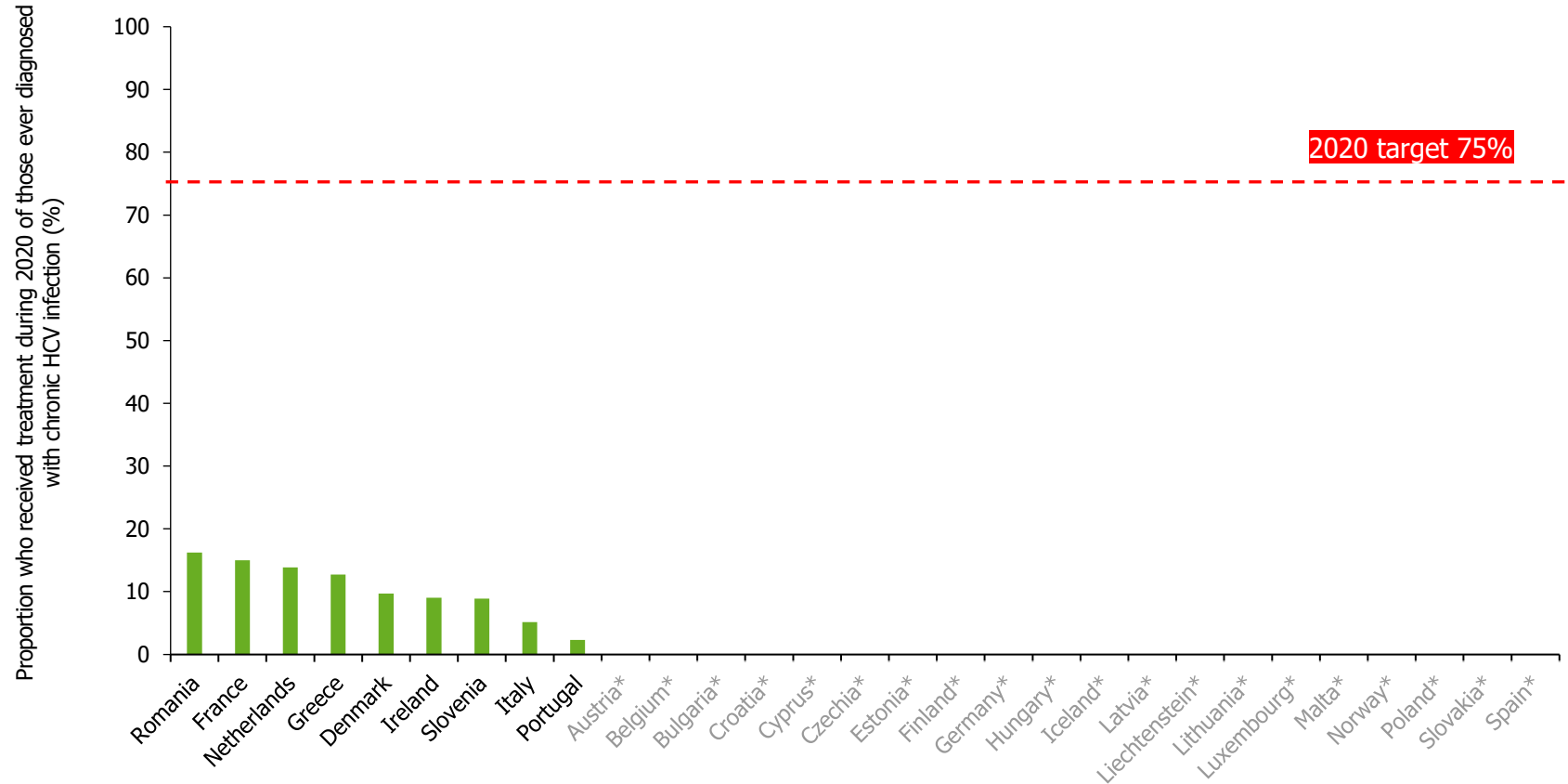
**2020 or most recent year with available data.

Proportion of those ever diagnosed and eligible for treatment receiving HBV treatment during 2020



No data available on the proportion of cases diagnosed and not eligible for antiviral treatment who were retained in care

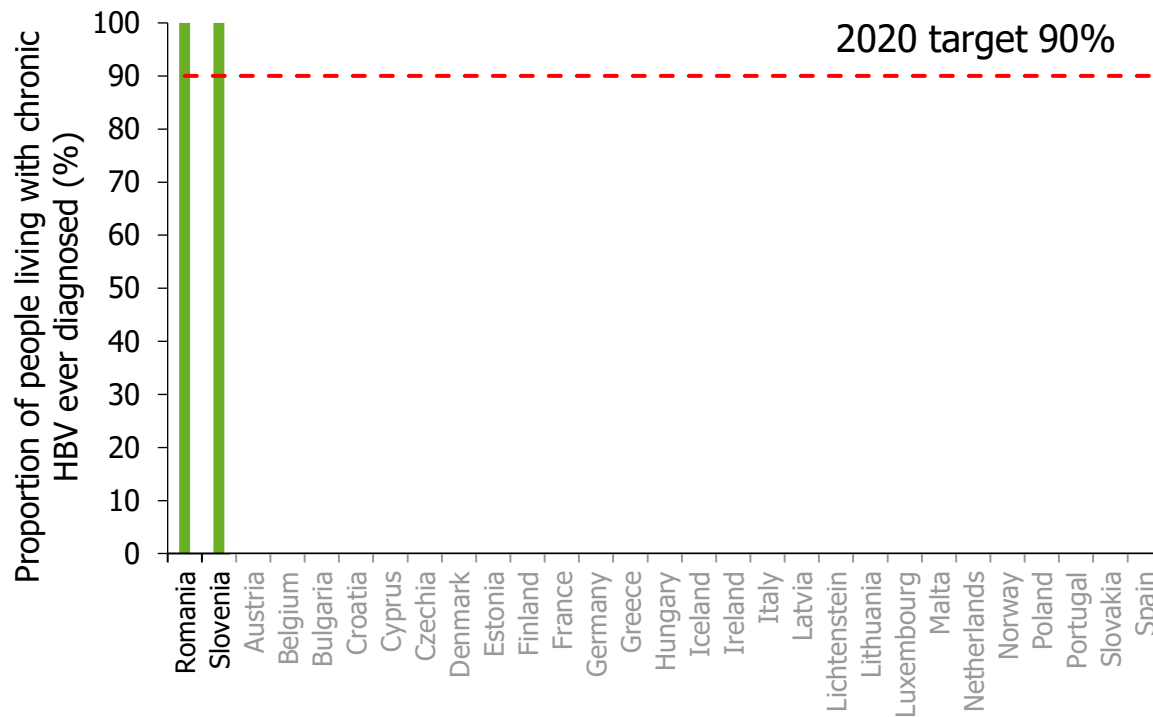
Proportion who started antiviral treatment during 2020 of those diagnosed with chronic HCV infection



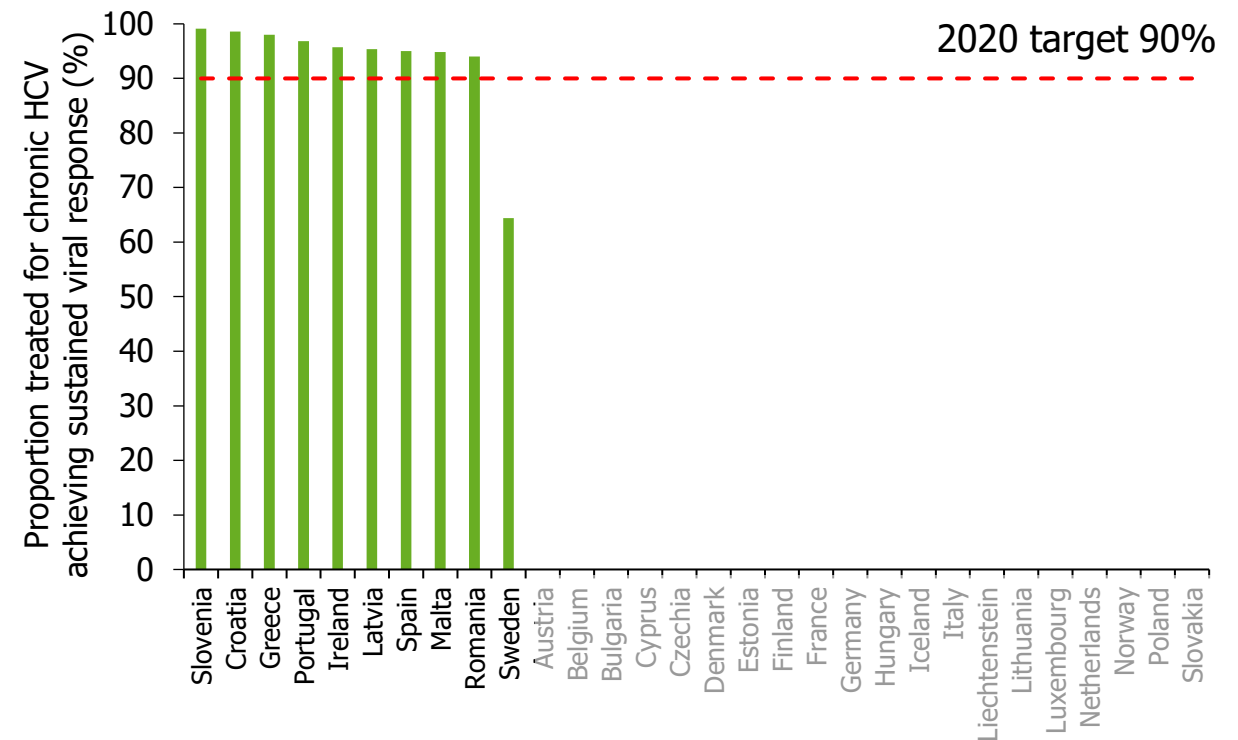
- Data lacking
- **No country** providing data achieved the 2020 targets:
 - >75% people diagnosed with HCV starting on treatment

Proportion HBV and HCV cases achieving viral suppression/SVR of those receiving antiviral treatment during 2020*

Hepatitis B



Hepatitis C

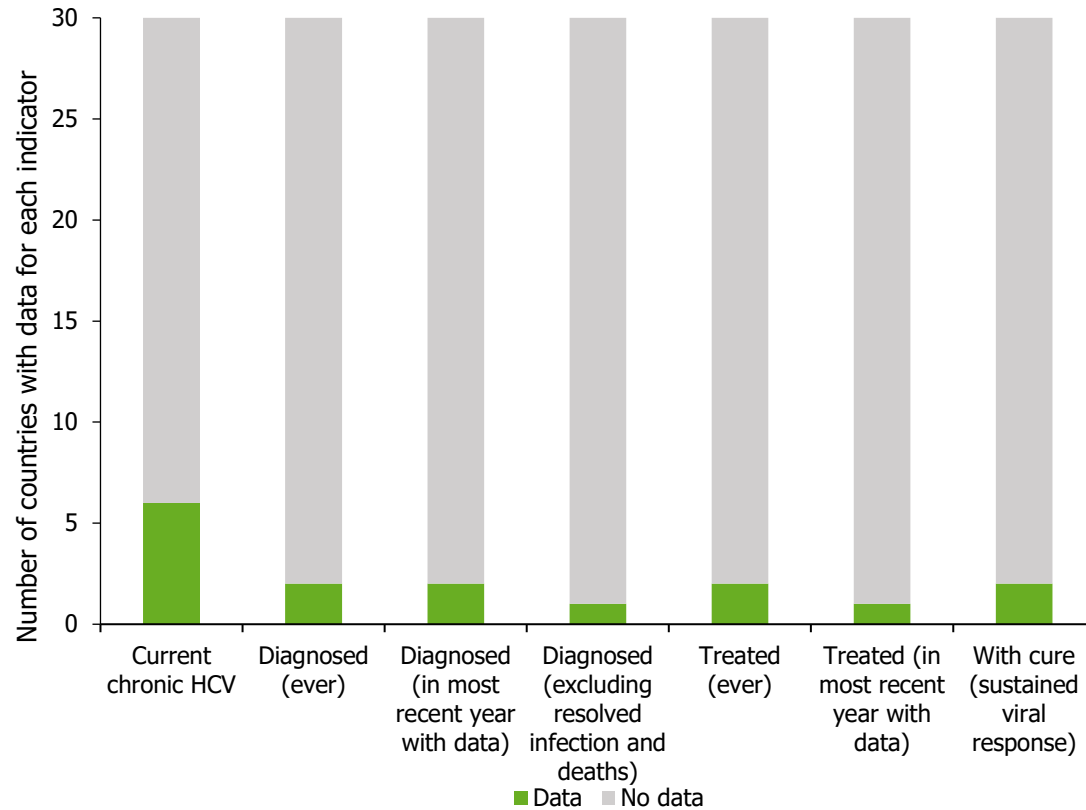


* Among those with documented treatment outcome

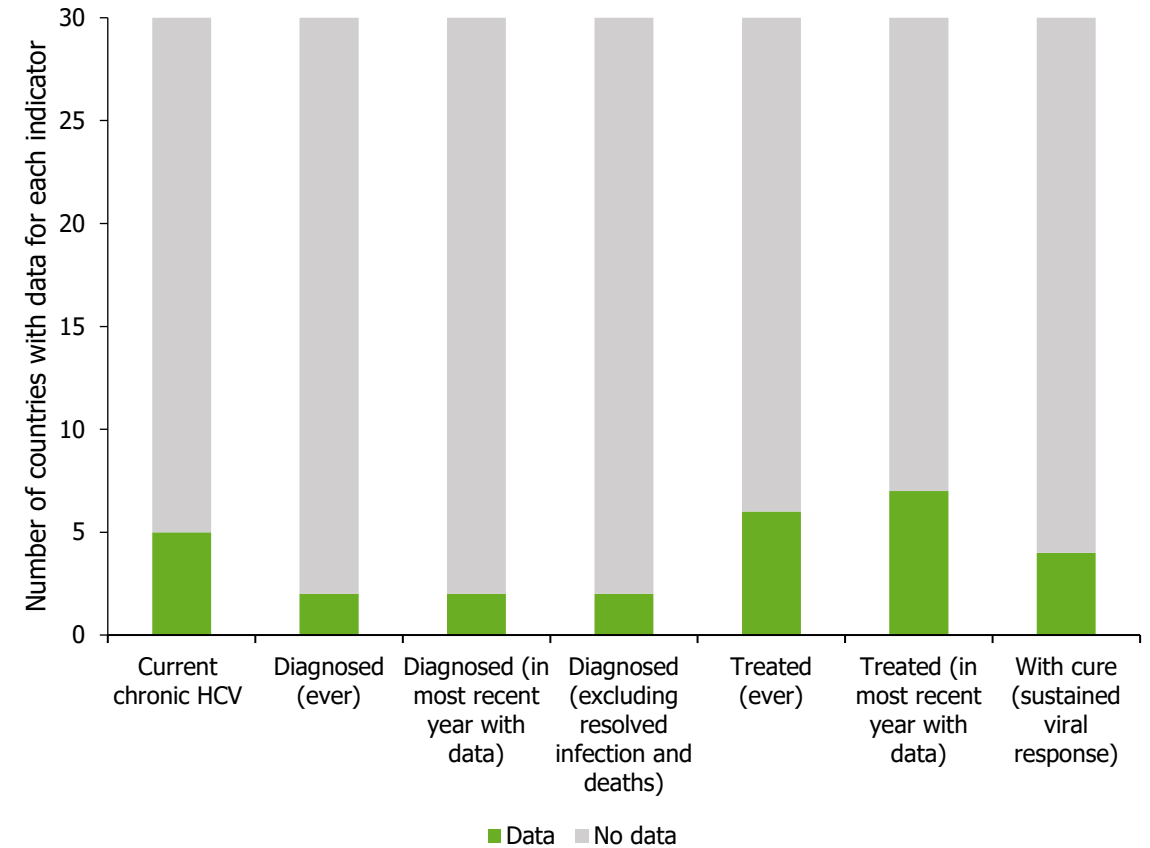
Source: ECDC. Monitoring the responses to hepatitis B and C epidemics in the EU/EEA Member States, 2022

Continuum of care for hepatitis C for key populations

People who inject drugs



People in prisons



Data availability for key populations was very limited

Going Forward

2023 data collection round

- Data collection: Spring 2023
- Survey further refined after feedback from expert advisory group and indicators updated
- Additions have included:
 - Questions on HDV prevalence amongst people living with chronic HBV
 - Questions on test and drug pricing
 - Section on migrants and hepatitis

Strengths of the monitoring system

Good engagement and strong collaboration

- >80% response rate to the survey
- Collaboration and data sharing between different organizations

Understanding where data gaps exist and working collectively to address them

Future Challenges

Lack of available data across all monitoring

- Available data varies in date collected and data source
- Many countries unable to provide data adjusted for migration/deaths/cures

Available data suggests that hepatitis continuum of care targets have not been met

- Strengthened prevention, testing and treatment services are needed to meet the 2025 interim targets and 2030 targets

Challenges interpreting indicators

- Indicator refinement is necessary